

THE STATE OF MUSCULOSKELETAL HEALTH 2024

Arthritis and other musculoskeletal
conditions in numbers



**DATA
VERSUS
ARTHRITIS**

CONTENTS

Introduction & Methods 3

What is arthritis? 4

01 Population health 5

How many people have arthritis? 6

What are musculoskeletal conditions? 9

How many people have musculoskeletal conditions? 10

Health inequalities 11

02 Person 16

Impact of arthritis and musculoskeletal conditions 17

Arthritis, musculoskeletal conditions and multiple long-term conditions 20

Arthritis, musculoskeletal conditions, and wider health 22

03 Provision 25

Access to care 26

04 Societal impact 28

Impact on healthcare, social services, and the economy 29

05 Conditions where arthritis is the main symptom 31

Osteoarthritis 32

Gout 34

Rheumatoid Arthritis 36

Psoriatic Arthritis 38

Axial Spondyloarthritis 40

Juvenile Idiopathic Arthritis (JIA) 42

06 Conditions where arthritis is one symptom among many 44

Lupus 45

07 Other Musculoskeletal conditions 47

Chronic pain 48

Back pain 51

Fibromyalgia 53

Osteoporosis and fragility fractures 55

Glossary 56

References 57

INTRODUCTION & METHODS

What is The State of Musculoskeletal Health?

The State of Musculoskeletal Health is a collection of the most up-to-date, UK-wide statistics on arthritis and other musculoskeletal (MSK) conditions. This includes how many people have these conditions, the number at risk of developing these conditions, the impact of these on a person, on the health system and society, and inequalities that can be found within all the topics above.

Who is it for?

It is a resource for healthcare professionals, policy makers, public health leads, researchers, people with these conditions, and anyone interested in MSK health. We believe that with the best information you can build awareness, make more informed decisions, feel more confident and ultimately help more people with MSK conditions, such as arthritis.

About Versus Arthritis

Over 10 million people in the UK have arthritis¹. That's one in six people living with the pain, fatigue, lack of mobility and dexterity it can cause. The impact is huge as these conditions can intrude on everyday life – affecting the ability to work, care for a family, to move free from pain and live independently. Yet arthritis is often dismissed as an inevitable part of ageing or shrugged off as 'just a bit of arthritis'. We don't think this is OK. Versus Arthritis is here to change that.

[Find out more about Versus Arthritis here.](#)

Methods

Data, information, and insights about MSK conditions such as arthritis are available from numerous sources. At Versus Arthritis, we judge all evidence based on individual merit and 'good evidence' is evidence that accurately represents the needs, experiences, and perspectives of people with arthritis and musculoskeletal conditions. Different types of evidence can help answer different types of questions. The key is to select evidence based on the question and what is most relevant and useful for answering it. Figure 1 depicts a hierarchy of evidence. It is important to note that while such frameworks have their merits in specific contexts, they are not without their limitations as ranking evidence in this way may indirectly favour certain sources of evidence over others.

The evidence in this report mainly comes from quantitative studies and real-world evidence. However, it also includes evidence that has been generated from other methodological approaches, some of which may not rank highly in such hierarchies. This kind of evidence, drawing on lived experience of MSK conditions such as arthritis, adds increased depth and context to some of the statistics we present in this report.

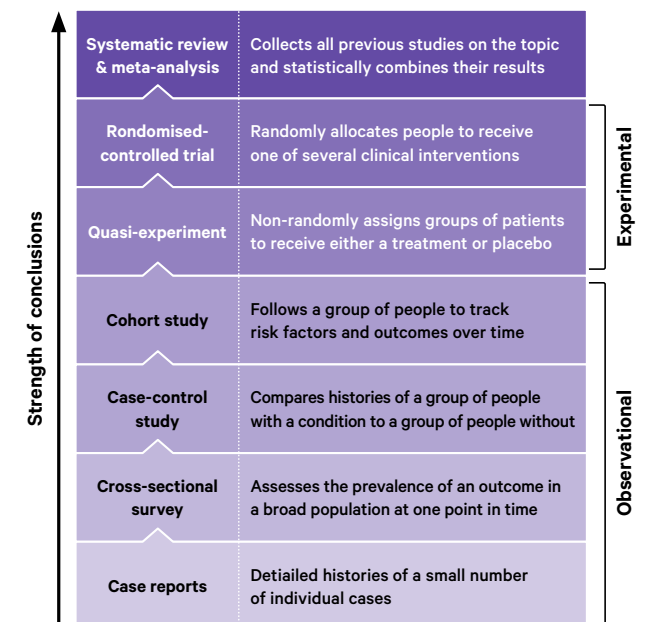


Figure 1. Hierarchy of Evidence²

WHAT IS ARTHRITIS?

Arthritis refers to painful, stiff, or restricted joints. These symptoms are common in conditions that cause joint damage or inflammation. These include osteoarthritis (OA), autoimmune inflammatory arthritis conditions including axial spondyloarthritis, rheumatoid arthritis, crystal arthritis (such as gout), or as symptom of inflammatory connective tissue diseases (such as lupus).


Arthritis is also used as an umbrella term for a range of conditions where arthritis is their main symptom.

Most types of arthritis are long-term conditions. The most common type is osteoarthritis, where the body is unable to maintain and repair the joints leading to thinned and damaged cartilage, due to rising age or injury to a joint. Osteoarthritis mainly affects older adults and is uncommon below age 45 years. People with arthritis often have multiple long-term conditions.

Less common types of arthritis are autoimmune conditions, such as rheumatoid arthritis (RA), psoriatic arthritis and axial spondyloarthritis. Here the immune system attacks and inflames the joints and surrounding tissues causing swelling, pain, stiffness, and joint damage. Peak onset is usually in middle age, but these can strike at any age including Juvenile Idiopathic Arthritis (JIA) in childhood. Arthritis is also a common symptom in other, mainly rare autoimmune conditions, including lupus, sarcoid and Behçet's.

Conditions such as gout are types of crystal arthritis, where people have severe but self-limiting arthritis episodes caused by microscopic crystals being deposited in and around the joints.

Because people often have more than one type of arthritis at the same time (such as osteoarthritis alongside a form of inflammatory arthritis), the size of the population with arthritis can't be estimated by simply adding up the numbers of the most common different types. The best current estimate is that between 10 and 11 million people in the UK have arthritis.^{1,87}



**OVER
10 MILLION
PEOPLE IN
THE UK HAVE
ARTHRITIS¹**

1/6



01

**POPULATION
HEALTH**

HOW MANY PEOPLE HAVE ARTHRITIS?

There is no definitive figure of how many people have arthritis in the UK.

Instead, to create estimates of how many people have each type of arthritis, researchers rely on a range of data sources to estimate how many people have a particular condition. These data vary in both how they identify someone with arthritis, and their coverage across the UK population.

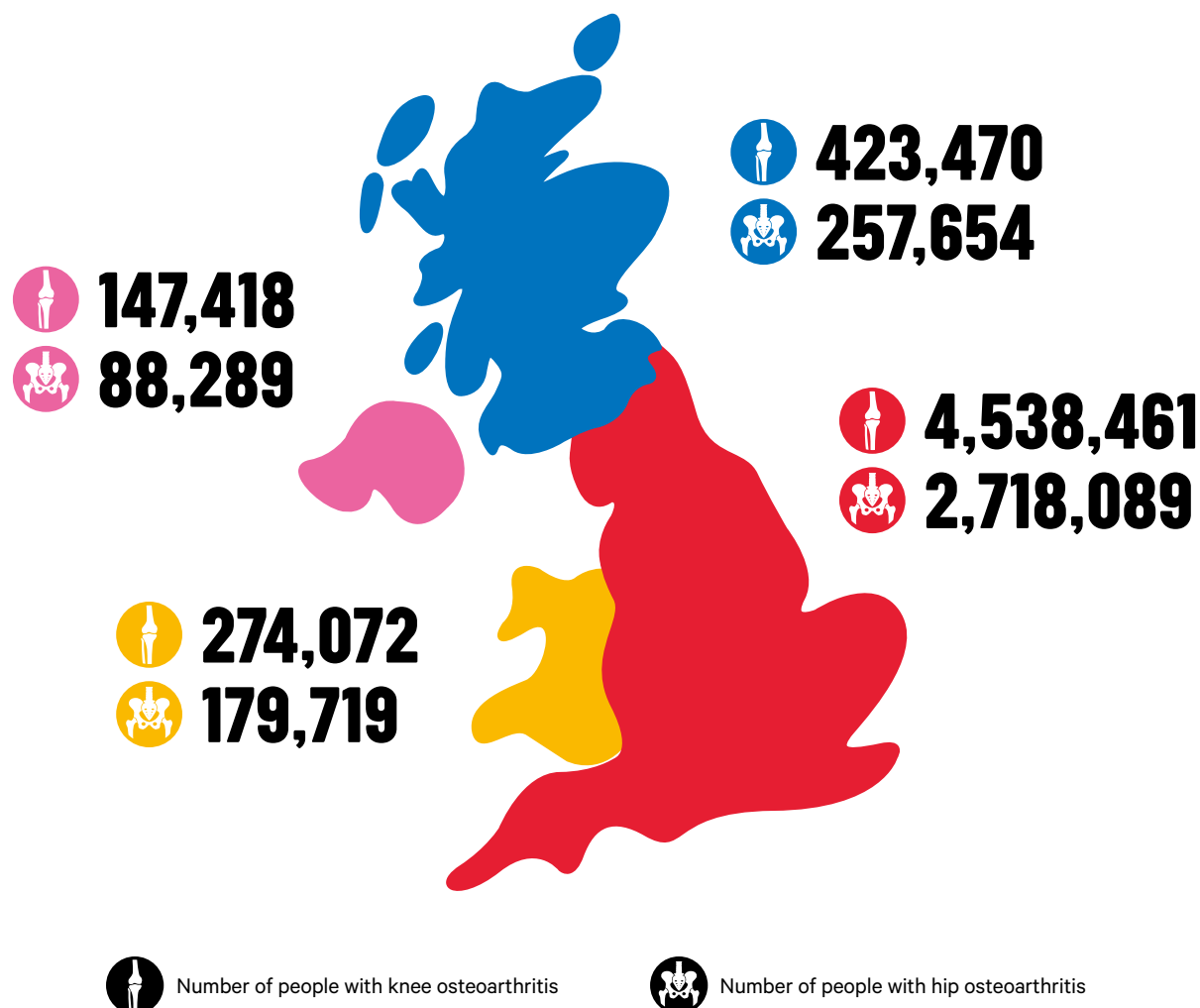
As data with different ways of identifying if someone has arthritis, or improved coverage of the population become available, researchers may update estimates. The underlying true prevalence can also change over time with changes in characteristics of the population, such as levels of obesity, poverty, and changes in ethnic mix.

The prevalence estimates we have are based on data from a sample of people, which is used to give an estimate of the true prevalence in the whole population of the UK. As these samples improve in their coverage of the population, the estimates will become more accurate.

How do we know someone has arthritis?

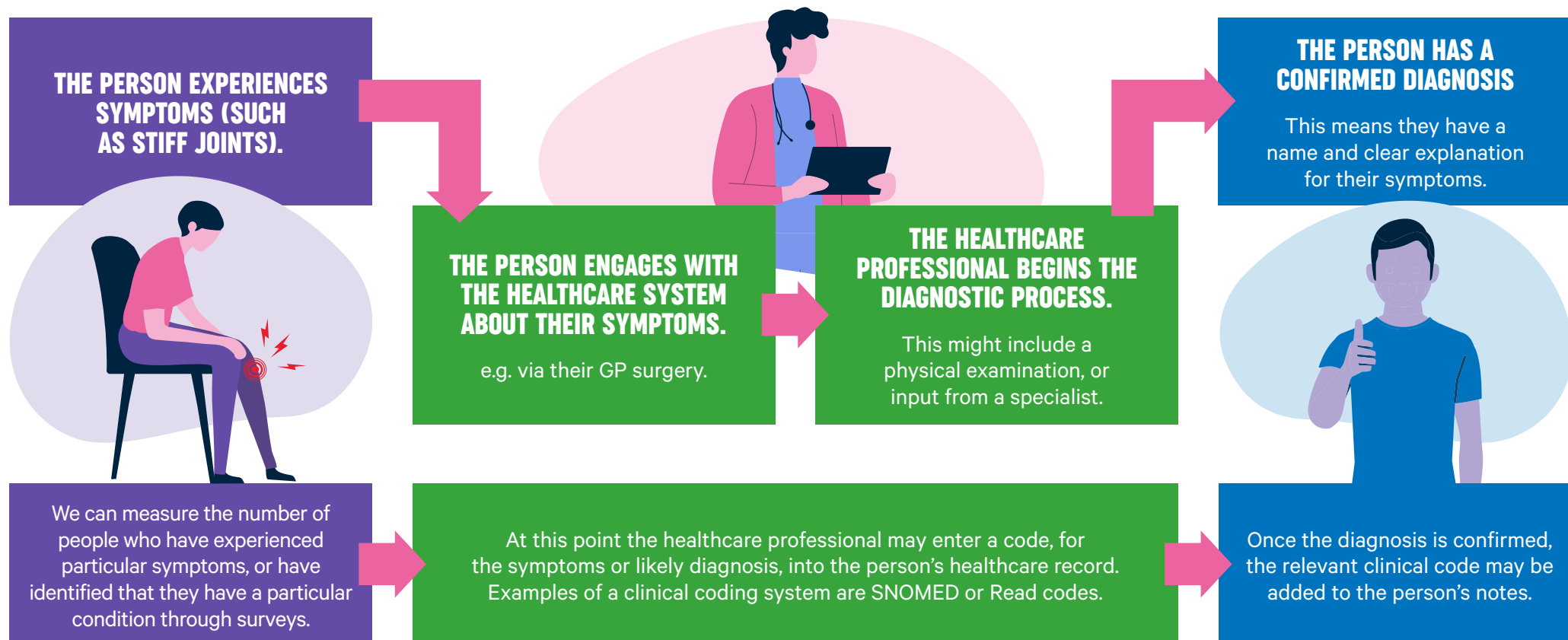
The first step to estimating prevalence of a condition is to define who will be included as 'having the condition'. There are several definitions that can be used, depending on where someone is on their journey to diagnosis. The typical journey to diagnosis differs between conditions; for example, diagnosis of osteoarthritis may be possible by reviewing symptoms and performing a physical examination, while diagnosing JIA is likely to require referral to a specialist and further investigations.

Number of people with hip and knee osteoarthritis in the UK³



HOW MANY PEOPLE HAVE ARTHRITIS?

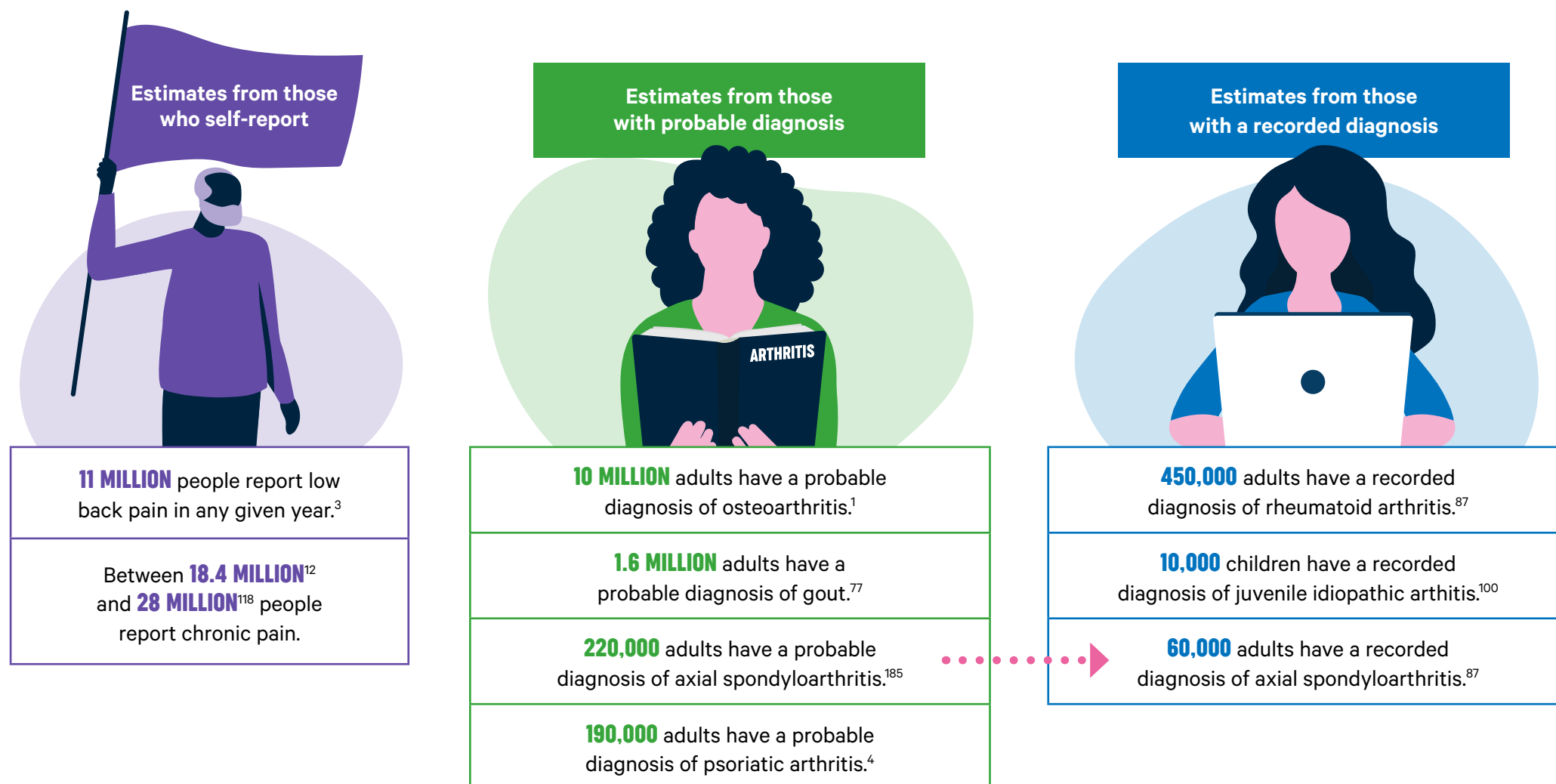
The prevalence of musculoskeletal conditions can be measured at different points on someone's journey to diagnosis



The anonymised national databases of healthcare data used for research purposes generally only include codes entered by healthcare professionals, not free text data. This means if no code is entered, or the incorrect code is used (even if the diagnosis is recorded in notes elsewhere in a patient's records) researchers will not capture this in their analysis. This is likely to underestimate the true prevalence of the condition.

HOW MANY PEOPLE HAVE ARTHRITIS?

What measures do our prevalence data use?



WHAT ARE MUSCULOSKELETAL CONDITIONS?

Musculoskeletal (MSK) conditions are problems with the muscles, bones, joints and adjacent connective tissues, leading to temporary or lifelong limitations in functioning, and the ability to participate in everyday activities. They are typically characterised by pain and limitations in mobility and dexterity, including conditions such as arthritis conditions, back and neck pain, and fibromyalgia. Some musculoskeletal conditions like osteoporosis may be painless.



I feel pain all of the time and this affects my ability to do day-to-day tasks. Every task I choose to do has a trade-off with another. For example, if I choose to cook something, doing the laundry becomes more difficult.

Chris



UK Population, 2022

67,508,936

20,295,706

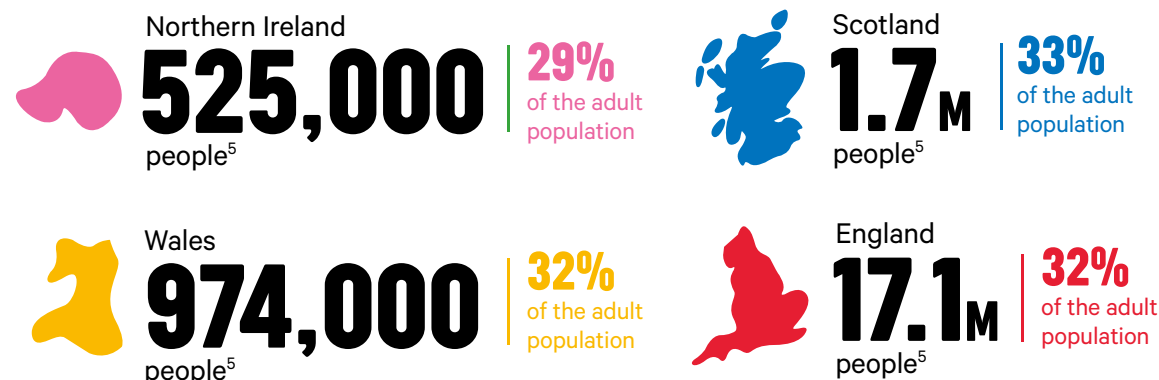
People live with an MSK condition in the UK



HOW MANY PEOPLE HAVE MSK CONDITIONS?

Around a third of the UK population, **OVER 20 MILLION PEOPLE** (20,295,706), live with an MSK condition.⁵

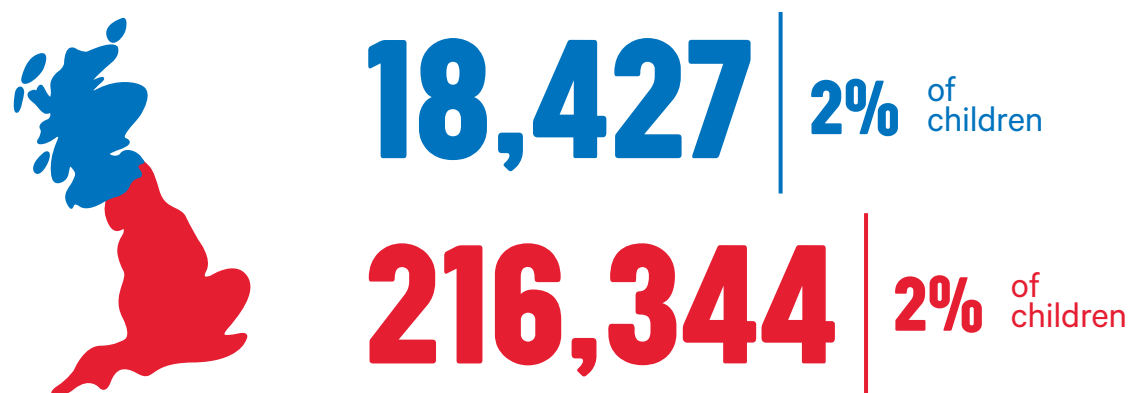
The estimated number of people with a MSK condition in...



Children and long-term MSK conditions

Two in 100 children (2%) aged under 16 years in England and Scotland report having a long-term MSK condition.^{7,10}

Children and long-term MSK conditions^{i,ii}



i Defined as a condition or illness that has lasted or is expected to last a year or more.

ii Data is unavailable for Northern Ireland and Wales so has not been included in the infographic.

HEALTH INEQUALITIES

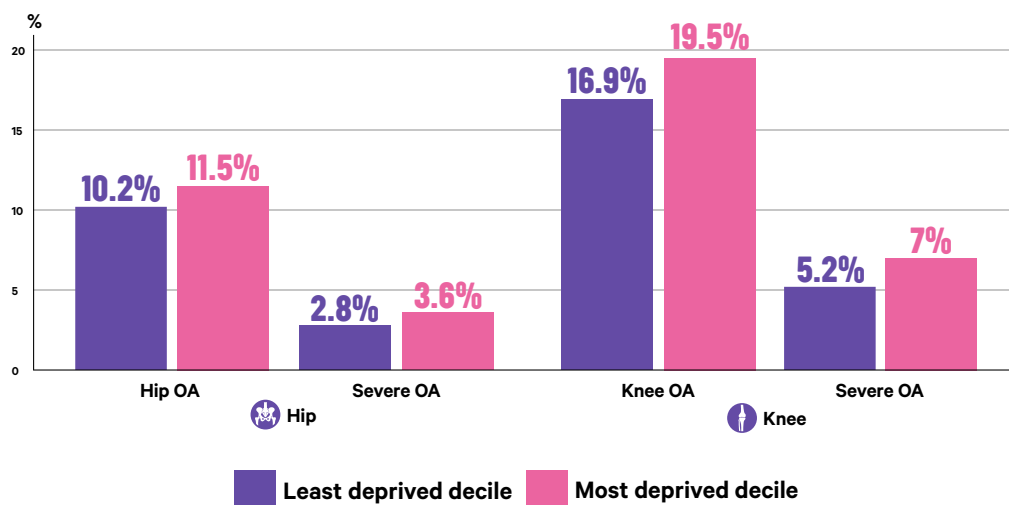
Health inequalities are “unfair and avoidable differences in health across the population, and between different groups within society.”¹¹

Deprivation

Arthritis, MSK conditions and chronic pain are more common in areas of greater poverty.

Arthritis⁶

Prevalence of osteoarthritis (OA) in people aged 45 and over

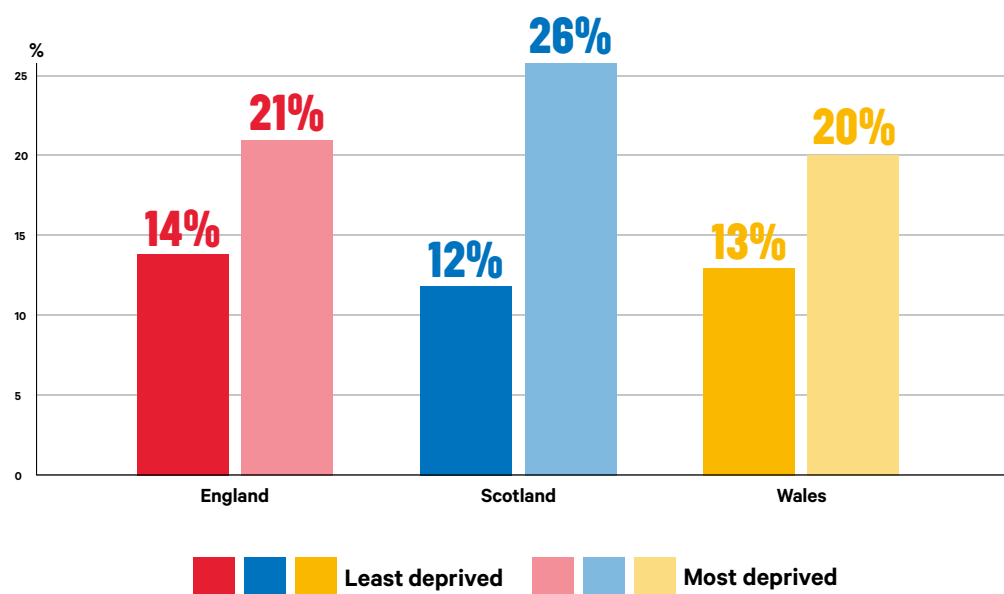


The prevalence of hip osteoarthritis is higher in people living in the most deprived tenth of society than those living in the least deprived tenth.⁶

The prevalence of knee osteoarthritis is higher in people living in the most deprived tenth of society than those living in the least deprived tenth.⁶

MSK Conditionsⁱⁱⁱ

Percentage reporting a long-term MSK condition^{7,8,10}



People who live in the most deprived fifth of society are more likely to report arthritis or a long-term^{iv} MSK condition compared to those living in the least deprived fifth.

iii Defined as a condition or illness that has lasted or is expected to last a year or more.

iv Northern Ireland has not been included in this graph as data for the prevalence of MSK conditions with varying deprivation is not available for Northern Ireland.

HEALTH INEQUALITIES

Chronic pain

Chronic pain is linked to deprivation. Four in ten people (41%) who live in the most deprived fifth of society in England report chronic pain compared to 3 in 10 (30%) in the least deprived quintile.¹²

41% of the most deprived fifth report chronic pain



4 in 10 people

30% of the least deprived quintile report chronic pain



3 in 10 people

Overweight and physical inactivity

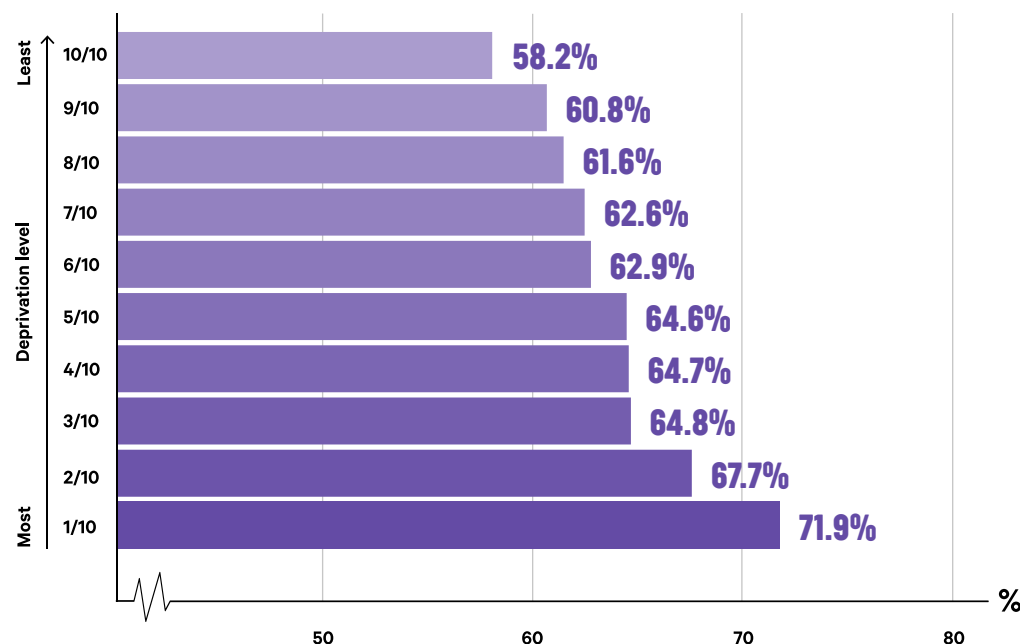
Arthritis

The risk of developing osteoarthritis increases by 1% for each 1kg/m² increase in BMI (Body Mass Index – an estimate of body fat based on weight and height)¹³. The risk of developing osteoarthritis increases by 3% for every 5cm increase in waist circumference.¹³

People who experience more deprivation are more likely to be overweight or obese than those experiencing less deprivation..¹⁴

Deprived areas have increased prevalence of osteoarthritis. The increased prevalence of obesity in these areas accounts for 50% of the extra risk for knee osteoarthritis.¹⁵

Percentage of adults (18+) classified as overweight or obese



The risk of developing osteoarthritis increases

BY 1% FOR EACH 1KG/M²

increase in BMI

The risk of developing osteoarthritis increases

BY 3% FOR EVERY 5CM

increase in waist circumference

To find out more on health inequalities and chronic pain you can read our report, **Chronic Pain in England: Unseen, Unequal, Unfair**

HEALTH INEQUALITIES

Ethnicity

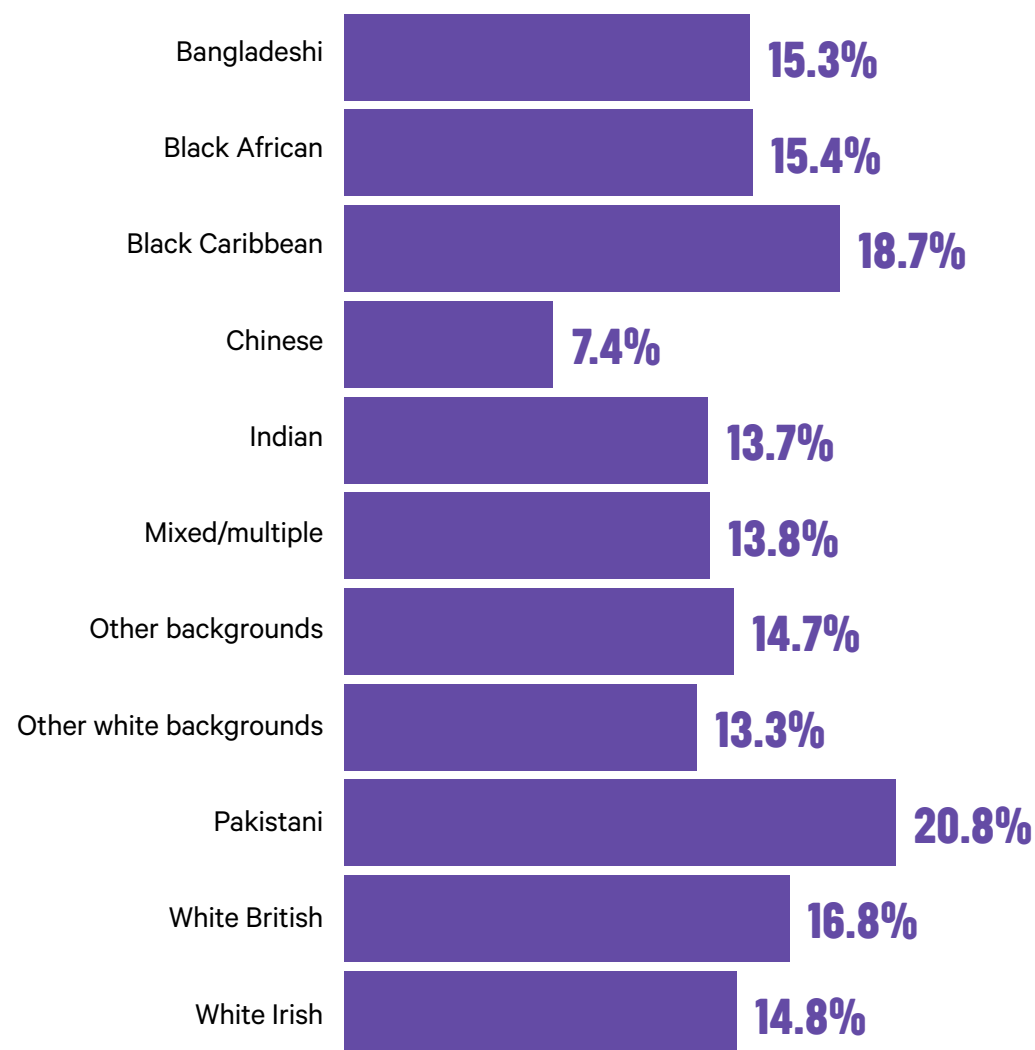
MSK conditions and chronic pain disproportionately affect some minority ethnic groups

In England, Pakistani (20.8%), Black Caribbean (18.7%) and White British (16.8%) ethnic groups are the most likely to report a long-lasting MSK condition.¹⁶

The Musculoskeletal health: trends, risk factors and disparities in England report provides data to expand awareness of disparities in MSK health at a national level. To find out more about this report please [click here](#).



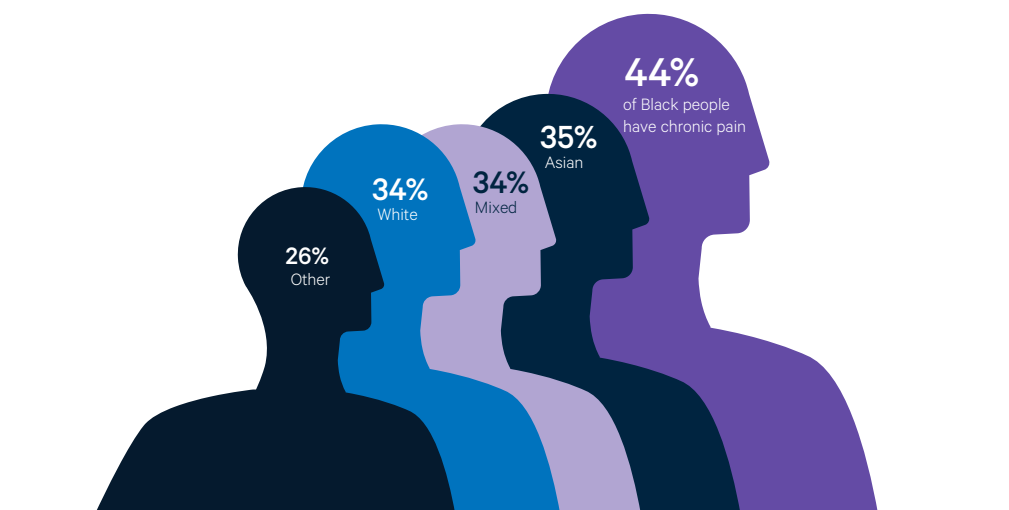
Prevalence of long term musculoskeletal conditions by ethnicity, 2012 to 2018¹⁶



HEALTH INEQUALITIES

Chronic pain

The prevalence of chronic pain differs between some ethnic groups.¹²



One England-based study found, 44% of Black people have chronic pain, compared with 34% of white people, 35% of Asian people, 34% of people of mixed ethnicity and 26% of people from other ethnicities.¹² Another study in England found that people from Pakistani and Bangladeshi ethnic backgrounds have the highest rates of chronic pain of all ethnic groups.¹⁷

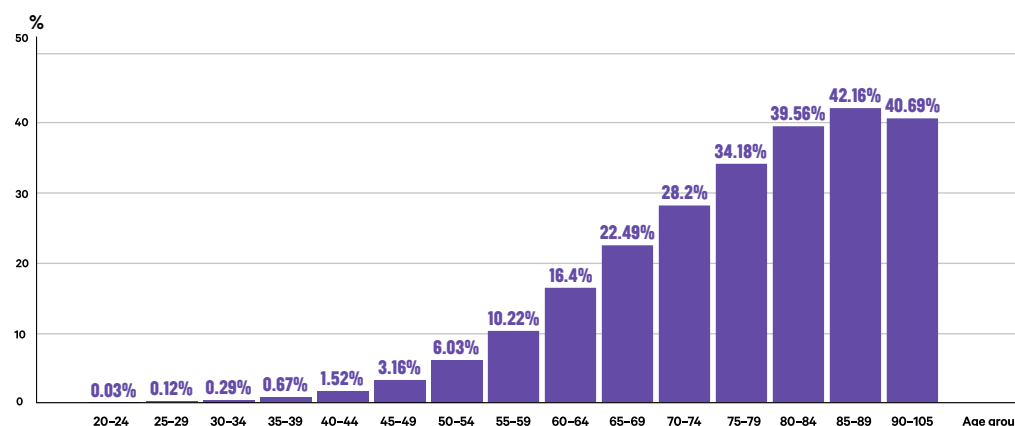
To find out more on health inequalities and chronic pain you can read our report, [Chronic Pain in England: Unseen, Unequal, Unfair](#)

Age

Arthritis

Osteoarthritis prevalence increases with age.

Prevalence of OA in any joint in men and women (%)¹⁸



Most people are aged between 46 and 70 years old when diagnosed with rheumatoid arthritis.¹⁹

MSK conditions

MSK conditions affect people of all ages but become more common with increasing age.

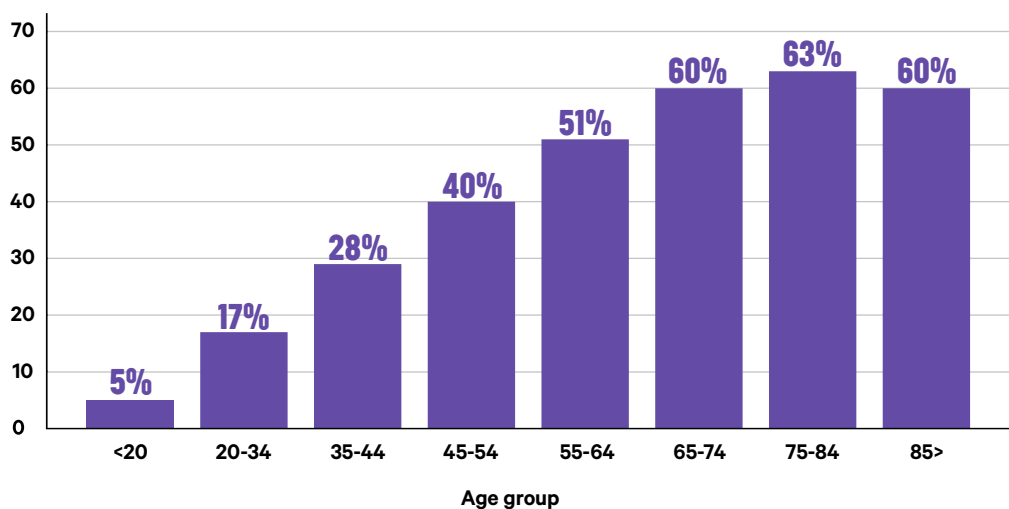
2.8 MILLION people aged under 35 years (11%) live with an MSK condition.⁵

10.2 MILLION people aged 35-64 years (40%) live with an MSK condition.⁵

7.4 MILLION people aged 65 and over (61%) live with an MSK condition.⁵

HEALTH INEQUALITIES

Percentage of people with an MSK condition⁵



Differences between Men and Women

Arthritis and MSK conditions have different prevalence between men and women.

Arthritis

Women are

2-3x

more likely to develop rheumatoid arthritis than men.²⁰



Axial spondyloarthritis or radiographic axial spondyloarthritis is more frequently diagnosed in men compared with women (3:1).²¹



Non-radiographic axial spondyloarthritis has an equal distribution between men and women.²¹

Osteoarthritis in the UK¹⁸

6M
Women

4M
Men

MSK conditions

11.6M
Women
of all ages

35%
have an MSK
condition⁵

8.7M
Men
of all ages

28%
have an MSK
condition⁵

Chronic pain

38%
of women

30%
of men

have chronic pain in England.¹²

14%
of women

9%
of men¹²

have high-impact chronic pain.¹²

02

PERSON

IMPACT OF ARTHRITIS AND MSK CONDITIONS

Quality of life

Quality of life can be measured using a self-reported Quality of Life score, a score of 1=perfect health. The presence of any long-term condition is associated with a drop in quality of life, (self-reported Quality of Life score of 0.79), but if arthritis or back pain is present as one of the long-term conditions the drop is greater (self-reported Quality of Life score of 0.71).²²

Having arthritis or another MSK condition is one of the biggest contributors to years lived with disability (YLDs).

YLDs is a measure which combines the prevalence of a disease with a rating of how disabling that disease is.²³

Low back pain is the leading cause of YLDs.⁵



21%

of YLDs in the UK are accounted for by MSK conditions.⁵

UK causes of YLDs are:⁵

1.	Low back pain
2.	Diabetes
3.	Depressive disorders
4.	Headache disorders
5.	Falls
6.	Neck pain
7.	Age-related hearing loss
8.	Osteoarthritis
9.	Other MSK conditions
10.	Gynaecological

Low back pain accounts for

960,132 YLDs⁵



Neck pain accounts for

370,075 YLDs⁵



Osteoarthritis accounts for

314,504 YLDs⁵



Rheumatoid arthritis accounts for

50,322 YLDs⁵



Gout accounts for

21,760 YLDs⁵

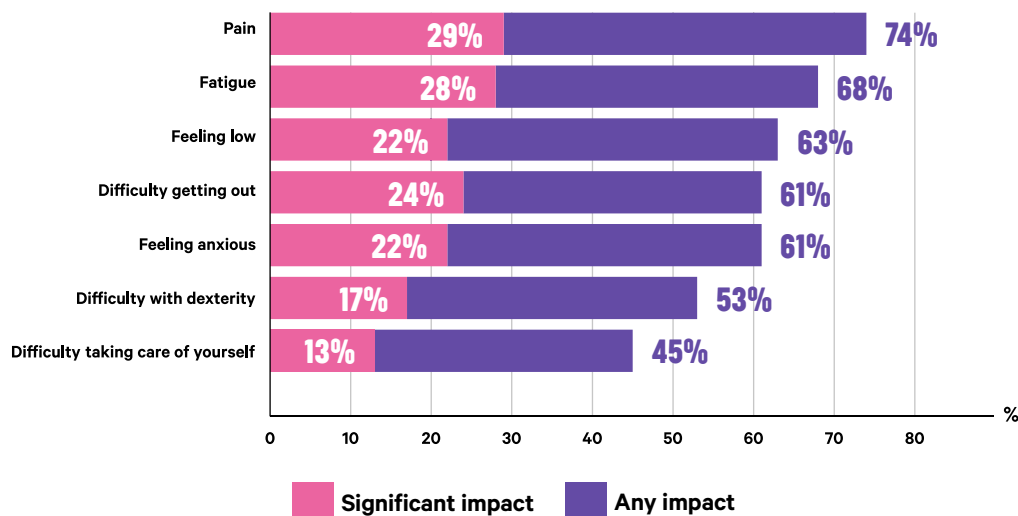


IMPACT OF ARTHRITIS AND MSK CONDITIONS

Impact on daily activities

Versus Arthritis surveyed people with MSK conditions to understand the factors that impact their lives.

Factors impacting the lives of people with MSK conditions²⁴



1/2
of respondents

reported they cannot do anything themselves to lessen the impact of their condition on their lives.²⁴

Work

Arthritis and MSK conditions can also impact a person's ability to work.

People with arthritis are **20% LESS LIKELY** to be in work than someone without arthritis.²⁵

Arthritis was associated with an increased chance of job loss during the Covid-19 pandemic. When researchers analysed data on people who had a job in January-February 2020, it was found that by September 2021 people with arthritis were **3.4 PERCENTAGE POINTS** less likely to still be in employment compared to someone without a health condition.²⁶



1 IN 3

current UK employees have a long-term health condition.²⁷



1 IN 10

current UK employees have an MSK condition.²⁷



1 IN 3

employees with a long-term condition have not discussed their MSK condition with their employer.²⁸

Percentage in employment²⁹

MSK condition

62.4%

No long-term condition

82.1%

Percentage economically inactive²⁹

MSK condition

34.9%

No long-term condition

15.2%

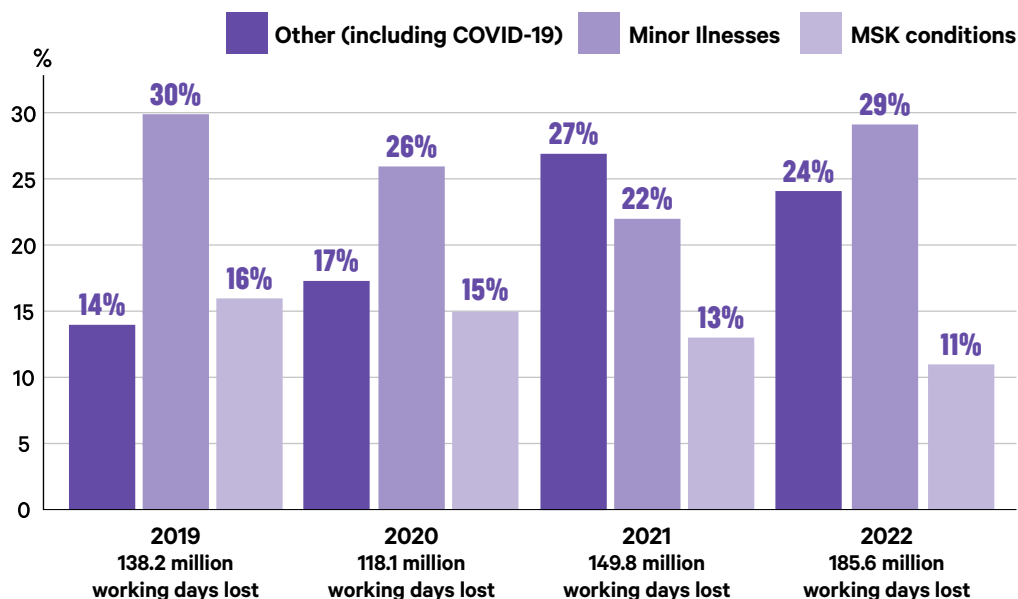
IMPACT OF ARTHRITIS AND MSK CONDITIONS

23.4M

working days were lost in 2022 due to MSK conditions.³⁰

MSK conditions are the 3rd most common reason for working days lost, only behind 'Other' (including COVID-19) and 'Minor Illnesses'.³⁰

Percentage of occurrences of sickness absence³⁰



14%
of sickness
absence

within the NHS in August 2023 was due to back problems and other MSK conditions.³¹



300,162

full-time equivalent working days lost in one month³¹

OVER
HALF



53%

of people we surveyed with MSK conditions say their symptoms have a negative impact on work.²⁴

1 IN 10



5,660

people receiving support from the UK's Access to Work scheme in 2022-23 had an MSK condition.³²

1 IN 8



13%

Employment and Support Allowance (ESA) claimants in Great Britain in May 2022 have a disease of the MSK system or connective tissue as their primary condition.³³

MSK conditions remain

THE SECOND MOST COMMON

diagnosis on fit notes written by GPs in England, after mental health conditions, from Sept 2022 to Sept 2023.³⁴

OVER
HALF



53%

of fit notes issued for MSK conditions sited episodes lasting 5 or more weeks.³⁴

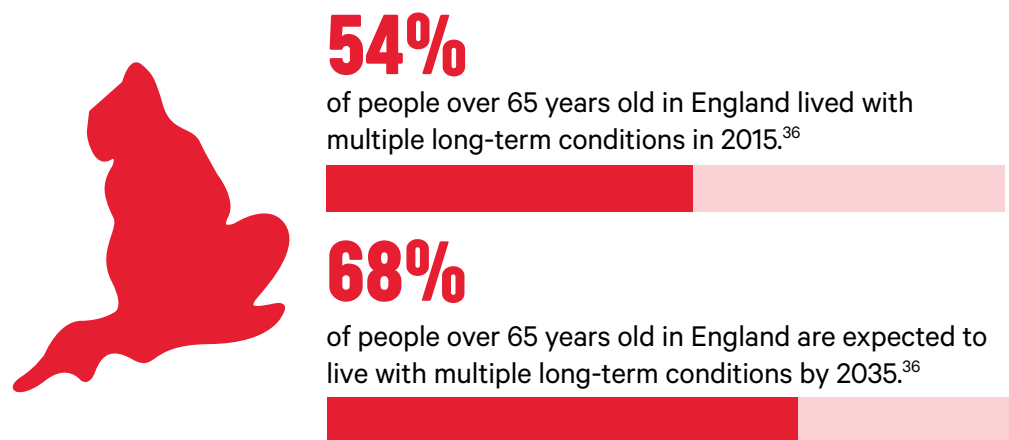
17%

of fit notes issued to patients by GPs in England were for MSK conditions from Sept 2022 to Sept 2023.³⁴

ARTHRITIS, MSK CONDITIONS AND MULTIPLE LONG-TERM CONDITIONS

Multiple long-term conditions, refers to when a single individual is living with two or more long-term conditions (multimorbidity).

1 IN 4 adults in the UK live with two or more long-term conditions.^{35,36}



The prevalence of people with 4 or more chronic conditions in the UK is expected to nearly double from:

9.8% IN 2018
TO 17% IN 2035³⁷

Multiple long-term conditions are common in people with arthritis.

People with OA are:

1.2x 

more likely to have an additional long-term condition than people without.³⁸

People with OA are:

3x 

more likely to also have ischaemic heart disease or have heart failure than those without OA, probably because of shared underlying risk factors for these conditions.³⁹

People with OA have a

61% 

higher risk of having diabetes mellitus than those without arthritis.³⁹

People with OA are:

2.5x 

more likely to have three or more additional conditions than people without.³⁸

20% 

The prevalence of depression in those with rheumatoid arthritis is 2-3 times higher than those without the condition.⁴⁰

AROUND 20% OF PEOPLE WITH OA EXPERIENCE SYMPTOMS OF DEPRESSION AND ANXIETY.⁴¹

ARTHRITIS, MSK CONDITIONS AND MULTIPLE LONG-TERM CONDITIONS

MSK conditions are very common in people with multiple long-term conditions.

The prevalence of multiple long-term conditions increases with increasing age.

FOUR IN TEN

people with multiple long-term conditions are living with a physical and a mental health condition.^{35,36}

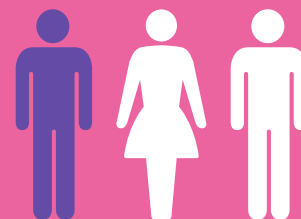
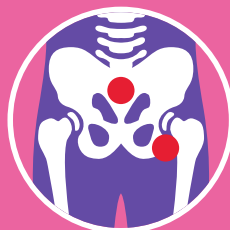


ONE IN FIVE

adults (21%) aged 46-48 in Britain with multiple long-term conditions have recurrent back issues.⁴²

ONE IN EIGHT

people (13.4%) in England report living with at least two long-term conditions, one of which is MSK related.⁶



ONE IN THREE

adults (34%) who are 46-68 years old live with multiple long-term conditions in Britain.⁴²



SIX IN TEN PEOPLE aged 65-84 years have multiple long-term conditions.^{35,36}



EIGHT IN TEN PEOPLE aged 85 years or over have multiple long-term conditions.^{35,36}

Multimorbidity is associated with social deprivation

People who experience more deprivation are significantly more likely to report two or more conditions³⁵ and can expect to develop them **10-15 YEARS EARLIER** than those experiencing less deprivation.³⁶

Adults from a more disadvantaged social class are at up to **43% GREATER RISK** of having multiple long-term conditions in midlife (46-48 years) compared to those from a less disadvantaged social class.⁴²

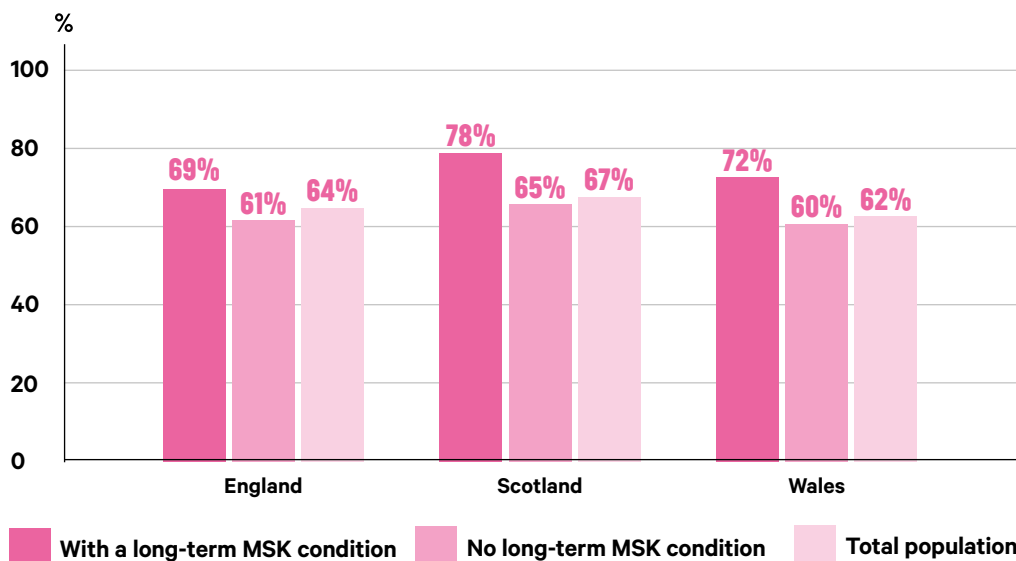
ARTHRITIS, MSK CONDITIONS AND WIDER HEALTH

People with arthritis, an MSK condition, or chronic pain are more likely to have wider health problems such as poor mental health, overweight and physical inactivity. The relationships here are complex. Some are because of shared risk factors such as deprivation. Some risk factors are causative, such as increased body weight contributing directly to knee osteoarthritis, or people struggling to be physically active because of painful arthritis or musculoskeletal conditions. These relationships can also be reciprocal, including where chronic pain worsens mental health, and poor mental health worsens chronic pain.

Overweight and obesity

Having overweight body weight or obesity can increase people's risk of developing arthritis conditions such as osteoarthritis and gout.

Prevalence of overweight and obesity (%)^{10,44,45}



6 IN 10 ADULTS



IN THE UK HAVE
OVERWEIGHT
BODY WEIGHT OR
OBESITY.^{43,44,45}

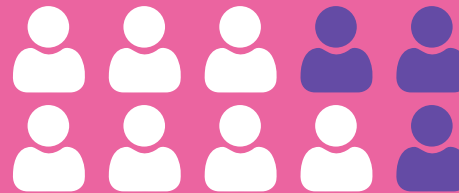
The risk of developing osteoarthritis increases by:

3% FOR EVERY 5CM

INCREASE IN WAIST CIRCUMFERENCE¹³



7 IN 10



(70%) adults 16+ with a long-term MSK condition have overweight body weight or obesity.^{10,44,45}

The risk of developing osteoarthritis increases by:

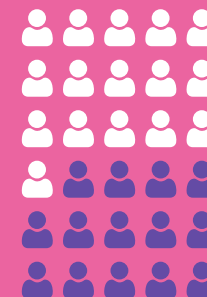
1% FOR EACH 1KG/M² INCREASE IN BMI¹³

1 IN 4 PEOPLE



WITH PSORIATIC ARTHRITIS
HAVE OBESITY⁴⁶

OVER HALF

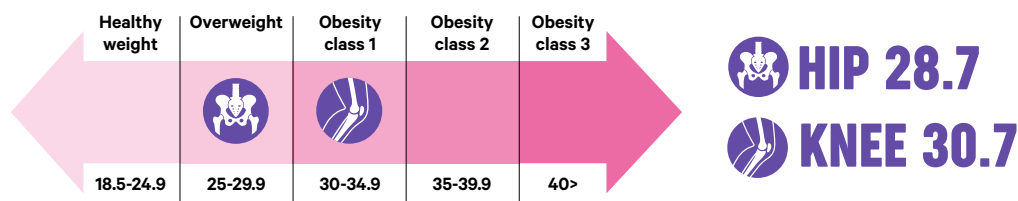


54%

of adults in England with high levels of obesity report chronic pain.¹²

ARTHRITIS, MSK CONDITIONS AND WIDER HEALTH

Average BMI of hip and knee replacement patients^{47,50}



Obesity directly damages weight-bearing joints, such as knees and hips, because of the abnormally high loads they have to carry.⁴⁸ In nearly a quarter (24.6%) of people with new onset knee pain, the symptoms can be attributed to having either overweight body weight or obesity.⁴⁹

People who have obesity are:

1.5–2.5x

more likely to have back pain than someone with BMI in the 'healthy' range.⁵¹

2x 

more likely than someone with BMI in the 'healthy' range to develop gout and more likely to develop it at a younger age.⁵²



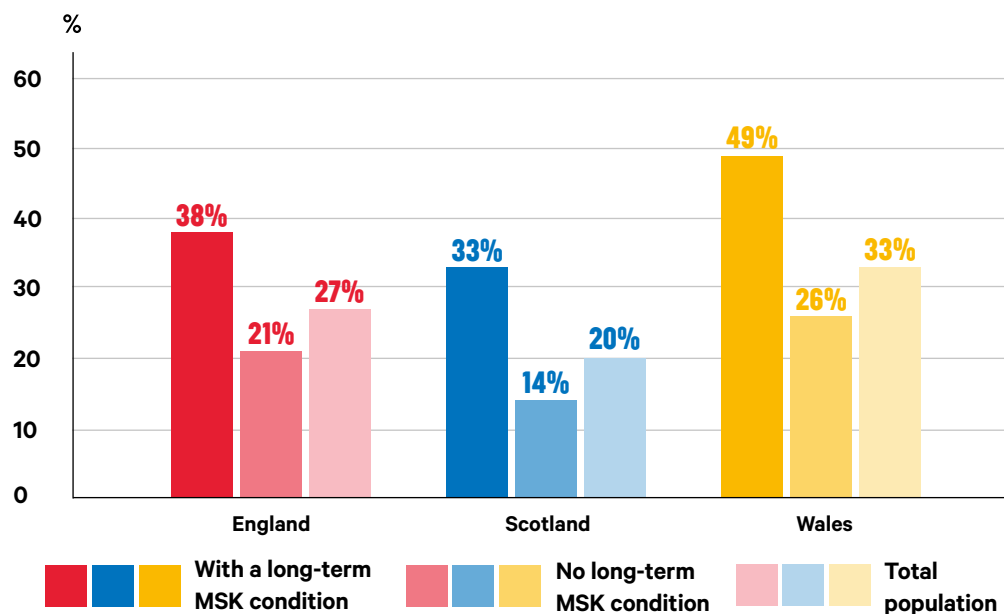
Have a significantly increased risk of developing rheumatoid arthritis.⁵³

Physical inactivity

Being physically inactive, defined as doing less than 30 minutes of moderate intensity physical activity a week⁵⁴, can increase people's risk of developing particular MSK conditions.

AROUND 1 IN 4 PEOPLE in the UK are physically inactive.^{10,44,45,55}

Prevalence of inactivity^{10,44,45}



IN THE NORTHERN IRELAND HEALTH SURVEY

20%

of respondents reported 0 days where they had completed at least 30 minutes of physical activity (inactive).⁵⁵



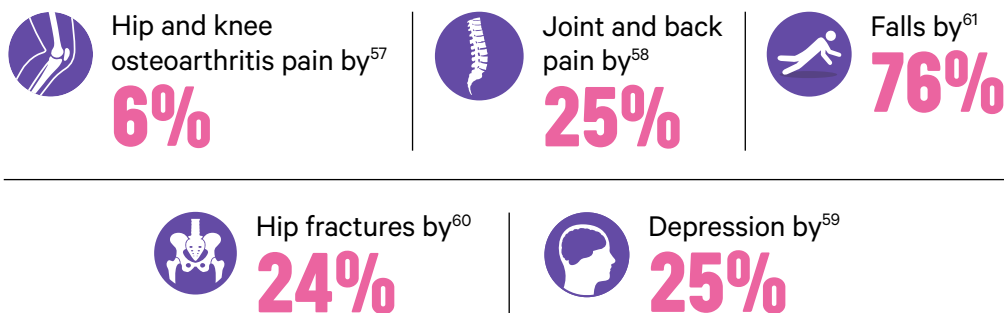
People with a long-term MSK condition are around **twice as likely** to report being physically inactive than those without.^{10,44,45}

60% OF PEOPLE with rheumatoid arthritis are physically inactive.⁵⁶

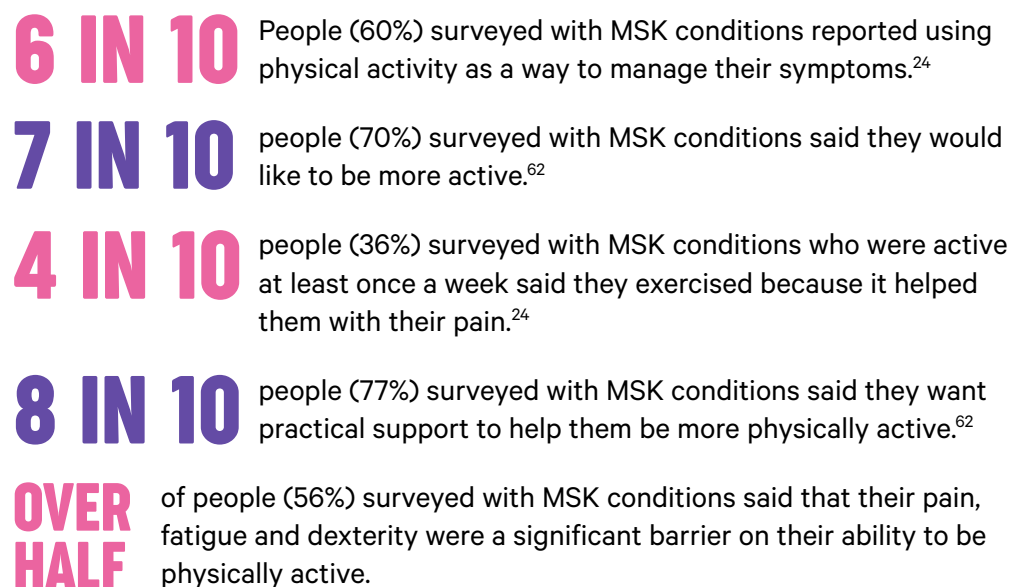
45% OF PEOPLE who are physically inactive in England have chronic pain.¹²

ARTHRITIS, MSK CONDITIONS AND WIDER HEALTH

Regular physical activity reduces people's risk of:

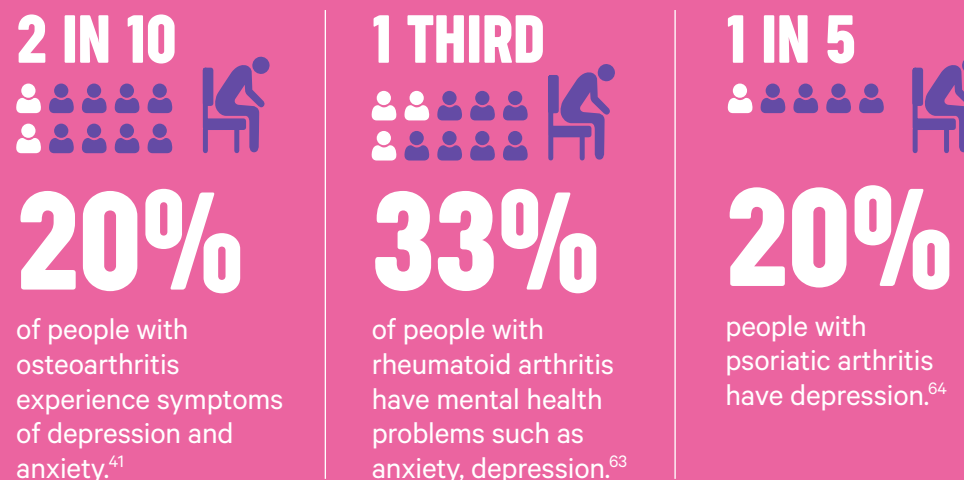


Those struggling with their MSK conditions are less likely to be active but have the most to gain, if offered the right support.



Mental health

People with arthritis, MSK conditions or chronic pain are more likely to have mental health conditions.



The odds of having a self-reported mental health condition

1.4x

as high in people with an MSK condition, compared with people with no MSK condition.⁶

Depression is

4x

more common among people in persistent pain compared to those without pain.⁶⁵

03

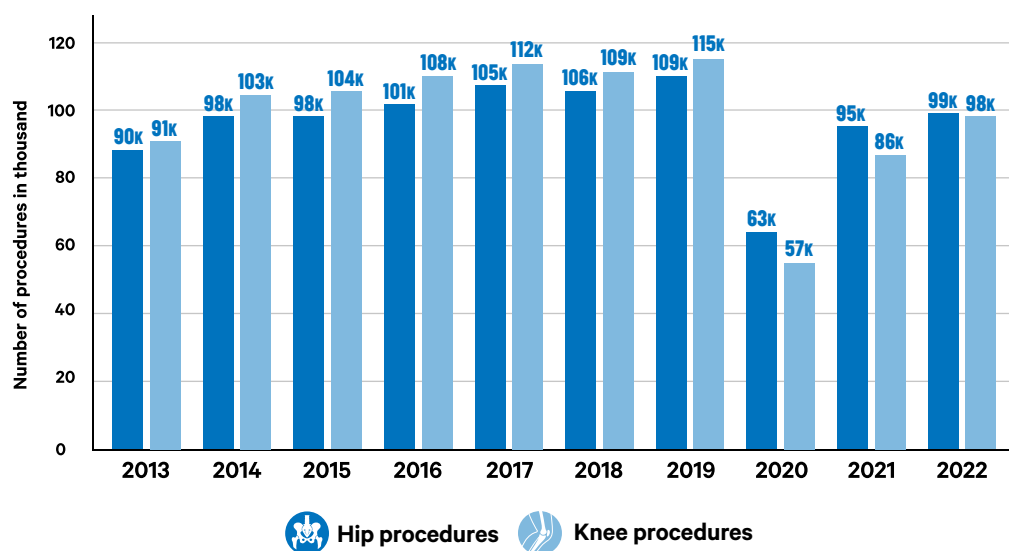
PROVISION

ACCESS TO CARE

Joint replacements and waiting times

An important treatment for osteoarthritis, when other less invasive interventions have not worked, is joint replacement surgery. Typically, this will be a replacement of the hip or knee.

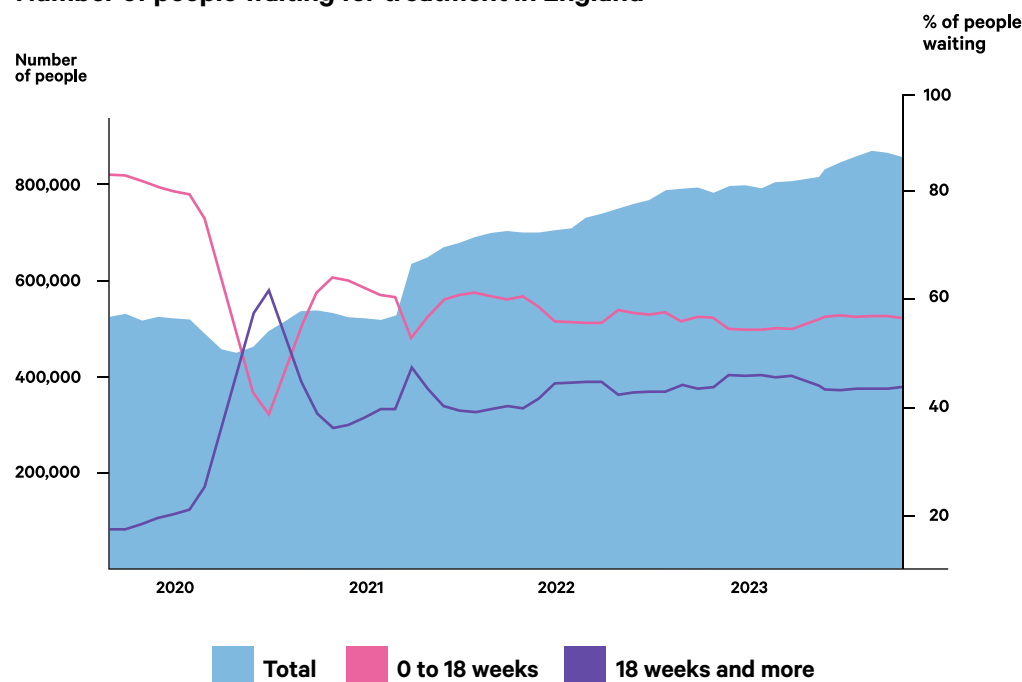
The number of hip and knee replacements conducted each year from 2013-2022⁵⁰



The number of joint replacement surgeries conducted steadily increased from 2013 until 2020 where around half the number were conducted.⁵⁰

Due to the COVID-19 pandemic these operations were delayed and therefore waiting lists for these operations grew across each of the four UK nations.^{66,67,68,69}

Number of people waiting for treatment in England⁶⁶



In England the waiting list for Trauma and Orthopaedic treatment contains **857,307** people, **6%** have waited over a year for treatment (November 2023 data).⁶⁶ **264,146** (31%) people on the list are waiting with a decision to be admitted to a hospital bed, **13%** of these people have waited over a year (November 2023 data).⁶⁶ At the waiting list's peak, in March 2021 in England, **17%** of those on the list had been waiting over a year.⁶⁶

In Wales **98,396** people are waiting for Trauma and Orthopaedic treatment with **30%** waiting over a year and **7%** waiting over two years (November 2023 data).⁷⁰

ACCESS TO CARE

In Scotland **99,818** people are waiting for Trauma and Orthopaedic inpatient and outpatient treatment with **14%** waiting for a year (September 2023 data).⁷¹

In Northern Ireland **46,645** people are waiting for Trauma and Orthopaedic inpatient and outpatient treatment with **50%** waiting over a year (September 2023 data).⁷²

Joint replacement and health inequalities

People who experience the most deprivation across England and Wales are more likely to need a hip replacement than those experiencing less deprivation.⁷³ Yet those living in deprived areas are less likely to receive an NHS funded hip replacement than those in more affluent areas.⁷³

National inflammatory arthritis waiting times

These data come from the National Early Inflammatory Arthritis Audit (NEIAA) which collects data from England and Wales.⁷⁴

56%

of people with suspected inflammatory arthritis are referred within the target of 3 working days.⁷⁴

39%

of people with suspected inflammatory arthritis are seen within 3 weeks of a rheumatology clinic receiving a referral.⁷⁴

56%

of people with confirmed autoimmune inflammatory arthritis receive treatment within 6 weeks of receipt of referral.⁷⁴

For all the NEIAA metrics there is significant geographical variation.⁷⁴

IN THE MIDLANDS

51%

of people with suspected inflammatory arthritis are referred within the target of 3 working days compared to...

LONDON WHERE

62%

of people with suspected inflammatory arthritis are referred within the target of 3 working days.⁷⁴

IN WALES

25.4%

of people with confirmed inflammatory arthritis are seen within 3 weeks of referral, compared to...

NORTH EAST AND YORKSHIRE WHERE

50.9%

of people with confirmed inflammatory arthritis are seen within 3 weeks of referral.⁷⁴

IN THE EAST OF ENGLAND

40.6%

of people with confirmed autoimmune inflammatory arthritis start cDMARD therapy within 6 weeks of referral, compared to...

SOUTH WEST WHERE

79.2%

of people with confirmed autoimmune inflammatory arthritis are seen within 6 weeks of referral.⁷⁴

04

**SOCIETAL
IMPACT**

IMPACT ON HEALTHCARE, SOCIAL SERVICES, AND THE ECONOMY

Health and Care Services

Those with arthritis and MSK conditions are more likely to contact and use primary healthcare, secondary healthcare, and community healthcare such as physiotherapy.

MSK conditions accounted for:


**1.06M HOSPITAL
ADMISSIONS**
8.3%

of the total number of hospital admissions in England in 2021-22.⁷⁵


Every year:

1 IN 5 
adults will consult their GP for an MSK condition.⁷⁶

1 IN 7 
GP consultations.¹

2 IN 5 
people we surveyed see their GP as the main person they are supported by.²⁴

People with arthritis and MSK conditions often take medicines to help manage their symptoms.

1 IN 2  **47%**
people with long-term MSK conditions in England take five or more medicines on a regular basis.⁷⁷

OVER 30M
prescriptions were dispensed for MSK conditions and joint diseases in England 2022-2023.⁷⁸

Prescriptions for MSK conditions cost approximately
£139M 
in England 2022-2023.⁷⁸

Social services

Adults with chronic MSK pain have high levels of social care use in the UK.⁷⁹ One study found that **OVER HALF (54%)** of those with chronic pain received social care services in the last month.⁷⁹

IMPACT ON HEALTHCARE, SOCIAL SERVICES, AND THE ECONOMY

Economy

Musculoskeletal ill health results in significant costs for individuals, employers, the health service, and the wider economy.



The cost of working days lost due to osteoarthritis and rheumatoid arthritis was estimated at **£2.58 BILLION IN 2017** rising to **£3.43 BILLION BY 2030**.⁸⁰



The total work-related costs of axial spondyloarthritis due to early retirement, absenteeism and presenteeism is estimated to be

£11,943 PER PERSON

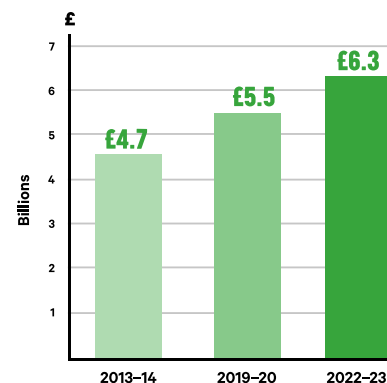
with axial spondyloarthritis per year.⁶⁷

Combined costs from worklessness and sickness absence in the UK amount to around

£100 BILLION ANNUALLY⁸³

vi Data for 2019-2020 are shown here to demonstrate the increase prior to the COVID-19 pandemic.

MSK conditions accounted for the third largest area of NHS programme spending at £4.7 billion in 2013-14.⁸¹ This was 3.5% of total spending in 2013-2014. If the proportion has stayed the same – MSK conditions will have accounted for £5.5 billion spending in 2019-2020^{vi} and an estimated £6.3 billion in 2022-2023.^{82,81}



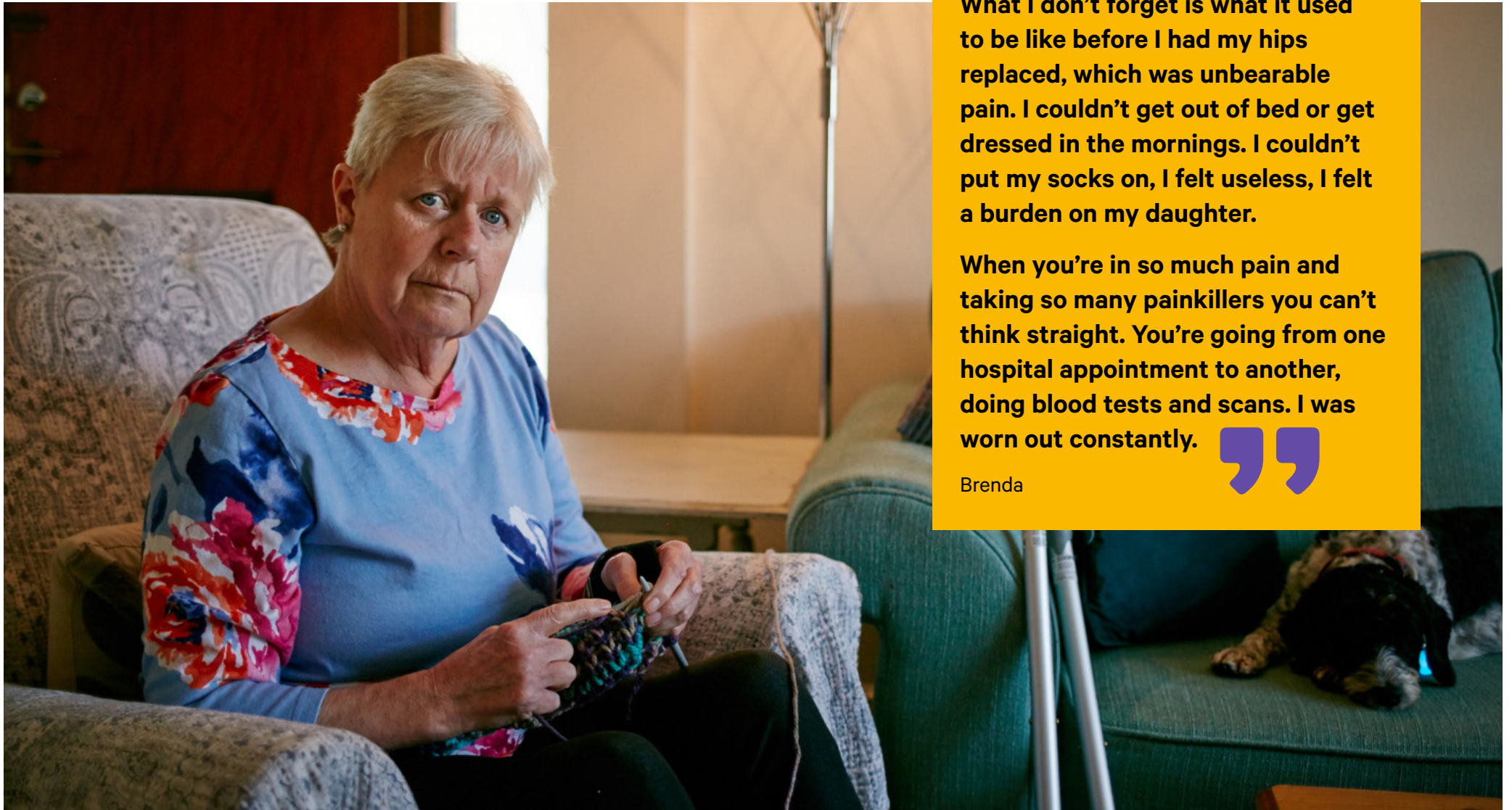
Treating the two most common forms of arthritis (osteoarthritis and rheumatoid arthritis) is estimated to have cost the economy **£10.2 BILLION IN DIRECT COSTS* TO THE NHS** and wider healthcare system in 2017.

Cumulatively the healthcare cost will reach **£118.6 BILLION** over the next decade.⁸⁰

05

**CONDITIONS
WHERE ARTHRITIS
IS THE MAIN
SYMPTOM**

OSTEOARTHRITIS



“

What I don't forget is what it used to be like before I had my hips replaced, which was unbearable pain. I couldn't get out of bed or get dressed in the mornings. I couldn't put my socks on, I felt useless, I felt a burden on my daughter.

When you're in so much pain and taking so many painkillers you can't think straight. You're going from one hospital appointment to another, doing blood tests and scans. I was worn out constantly.

”

Brenda

OSTEOARTHRITIS

Osteoarthritis (OA) happens when the body can no longer maintain and repair one or more joints – commonly affecting hands, hips, and knees. The cartilage becomes thin and uneven, preventing the joint from moving easily. The body's attempts to repair these changes can lead to pain, stiffness and swelling.

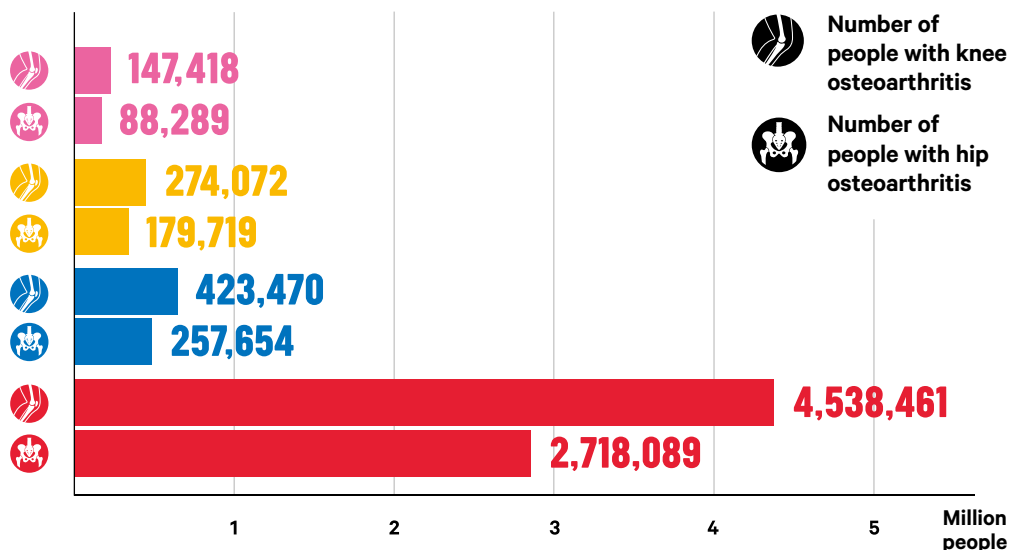
Prevalence and incidence

10M
people have OA¹

3.2M
people have hip OA³

5.4M
people are estimated
to have knee OA³

Number of people with hip and knee osteoarthritis in the UK^{3,v}



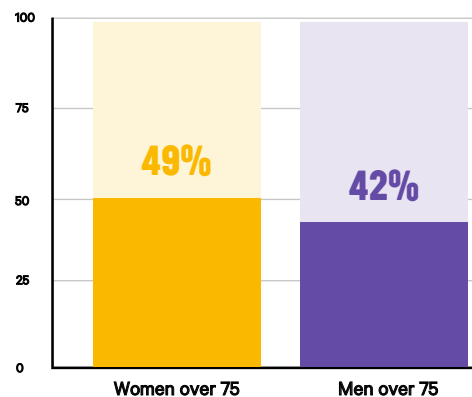
Every year around

350,000

people are diagnosed with OA¹⁸

Studies suggest that the median age of symptom onset of OA is approximately 55 years old, although severity of symptoms will vary.^{84,85}






% Prevalence of OA



Almost half (**49% OF WOMEN** and **42% OF MEN**) of people aged 75 or over have OA.¹

^v Due to data unavailability, we have applied the prevalence of England to produce the totals for Northern Ireland. Please use this statistic with caution.

Risk Factors

-  **Rising age** – OA is uncommon in people under 45 years old.
-  **Men and women** – For most joints, OA is more common and more severe in women.
-  **Heredity** – Inherited genetic and genomic factors.
-  **Abnormal loading onto joints** – Due to abnormalities in joint shape, or overweight/obesity.
-  **Inflammatory arthritis** – Leading to loss of cartilage.

OA and other long-term conditions

People with OA are nearly **3 TIMES** more likely to also have ischaemic heart disease or have heart failure than those without OA, probably because of shared underlying risk factors for these conditions.³⁹

Wider health

Around **20%** of people with OA experience symptoms of depression and anxiety.⁴¹

GOUT



“

My gout started when I was only a year into my thirties and the only way that I could get around was by crawling on all fours. At its worst I couldn't walk for three months, I couldn't drive, I couldn't even play with my daughter.

”

Neil

GOUT

Gout is a type of inflammatory arthritis where the immune system, which is the body's natural self-defence system, attacks joints and surrounding tissues where urate crystals have formed, causing episodes of severe inflammation, stiffness, pain, and damage. Urate crystals form in joints when the body's urate (uric acid) level is consistently too high.

Prevalence and incidence

1.6M

(1 in 50) people have recorded diagnoses of gout.⁸⁶

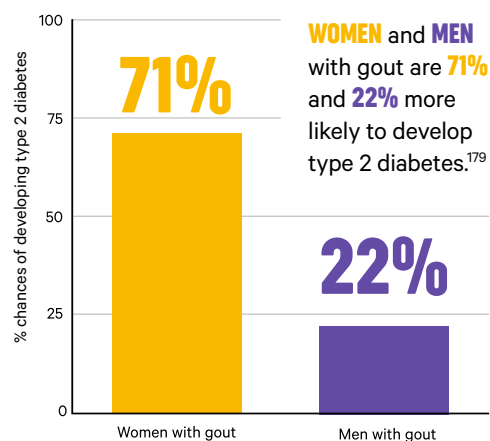
66,000

people are newly diagnosed with gout each year.⁸⁶

Risk Factors

-  **Age** – The risk increases with age.
-  **Men and women** – Gout is more common in men.
-  **Weight** – Being overweight or having obesity increases the risk of gout.
-  **Heredity** – Inherited genetic and genomic factors.
-  **Food and drink intake** – Some food and drink raise urate levels.
-  **Medicines** – That lead to increased urate levels.
-  **Long term conditions** – Kidney disease.


Gout and other long-term conditions




People with gout are at

29%

HIGHER RISK of chronic kidney disease than people without gout.¹⁸⁰



Recent evidence has also shown that **flare-up** episodes of gout are associated with an increase in cardiovascular events in the 4 months following the flare.¹⁷⁶



RHEUMATOID ARTHRITIS



“

I was diagnosed with rheumatoid arthritis at the age of 21. I was in my third year of university, studying to be a primary school teacher. Suddenly, one morning, my thumbs became very painful. Then my elbows became stiff and sore, and I couldn't straighten my arms.

At the moment, I'm doing ok. There are good days and bad days. I still experience pain every day, but am doing much better than when I was first diagnosed. I have fewer flare-ups, which shows that the medication I'm using is really helping me.

”

Keri

RHEUMATOID ARTHRITIS

Rheumatoid arthritis (RA) is a type of inflammatory arthritis where the immune system attacks the body's joints, causing inflammation, swelling, pain, stiffness and damage to the joints.

Prevalence and incidence

450,000

adults have a recorded diagnosis of RA.⁸⁷

27,000

adults are newly diagnosed with RA each year.⁸⁷

RA and other long-term conditions



Around **30%** of people with RA develop osteoporosis-weak bones.¹⁶⁸



Evidence suggests **1 IN 10** people with rheumatoid arthritis will be diagnosed with interstitial lung disease over the lifetime of their disease, putting them at increased risk of early death.¹⁸¹

Wider health

60%

of people with RA are physically inactive.⁵⁶

Around **1/3** of people with RA have mental health problems such as anxiety, depression.⁶³



Work



Around **1/3** of people with RA quit work within 5 years of diagnosis.¹⁶⁹

Risk Factors



Age – Most people are aged between 46 and 70 years old when diagnosed with rheumatoid arthritis.¹⁹



Men and women – RA is 2-3 times more common in women than men.



Weight – Being clinically overweight or having obesity increases risk.⁸⁹



Heredity – Inherited genetic, genomic, and epigenetic factors.



Microbiomes – Changes in the microbiome.^{90,91}



Smoking tobacco – Increases risk, worsens disease, and weakens treatment response.⁸⁸

PSORIATIC ARTHRITIS



“

After my diagnosis, my arthritis developed quite fast over the next 10 years. My back had naturally fused with the arthritis and spondylitis had developed. I medically retired in 2015 because of this. Effectively, arthritis cost me my career.

”

Sarah

PSORIATIC ARTHRITIS

Psoriatic arthritis (PsA) is a type of inflammatory arthritis linked to psoriasis where the immune system attacks the body's joints, causing inflammation, swelling, stiffness, pain and damage to the joints. Psoriasis is an autoimmune condition affecting the skin and around **1 IN 4 PEOPLE** who have psoriasis have psoriatic arthritis.⁹² Some people may develop psoriatic arthritis without noticeable skin psoriasis.

Prevalence and incidence

It is estimated that

190,000

adults have psoriatic arthritis.⁴

Each year, around

8,430

adults are newly diagnosed with psoriatic arthritis.⁴

Risk Factors



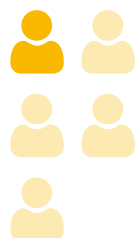
Age – Peak onset is between 30 and 50 years old.



Heredity – Inherited genetic, genomic, and epigenetic factors.⁹³

Psoriatic arthritis and other long-term conditions

1 IN 5



Around **19%** of people with psoriatic arthritis have a cardiovascular disease.⁴⁶

1 IN 4



25% who have psoriasis have psoriatic arthritis.⁹²

1 IN 5



Around **20%** people with psoriatic arthritis have depression.⁶⁴

1 IN 4



25% psoriatic arthritis patients have obesity.⁴⁶

Wider Health

AXIAL SPONDYLOARTHRITIS



“

If you're young and have a condition like axial spondyloarthritis, you shouldn't think it's the end of the world.

The key is to have faith in yourself, that you are strong enough to overcome the obstacles. But also, be realistic and pre-empt what might be difficult and take steps to overcome or avoid potential problems.

It can be difficult, and there will be days when you won't want to get out of bed, when everything hurts, and it sucks, but you have to break through it. As soon as you're up and moving, the adrenalin takes over and it goes to the back of your mind.

I cannot emphasise strongly enough that you should use the people around you for support. It can take a lot of strength to ask for help, but it's important to.

”

Ben

AXIAL SPONDYLOARTHRITIS

Axial spondyloarthritis is a type of inflammatory arthritis where the immune system attacks the spine and sometimes joints causing inflammation, stiffness, pain, and damage. Axial spondyloarthritis can be either 'radiographic (r-axSpA)' or 'non-radiographic (nr-axSpA)'. In radiographic axial spondyloarthritis there are visible changes on X-rays. Radiographic axial spondyloarthritis was previously called ankylosing spondylitis (AS). In non-radiographic axial spondyloarthritis there are no changes visible on X-rays, but may be picked up on an MRI scan.

Prevalence and incidence

Assessment of healthcare records suggest

60,000

people have a confirmed diagnosis of axial spondyloarthritis.⁸⁷ However, coding in both primary and secondary care remains an obstacle to having an accurate number of diagnoses and indeed one study in the UK suggests that the number of people with the condition could be approximately

220,000¹⁸⁵

Work

In a study on men with radiographic axial spondyloarthritis (previously known as ankylosing spondylitis), **24%** reported retiring early due to axial spondyloarthritis.^{97,98} **45%** changed to a less physically demanding job due to their condition.^{97,98}

Each year, around

2,200

adults are newly diagnosed with axial spondyloarthritis.⁸⁷

Axial spondyloarthritis and other long-term conditions

21%

of people with axial spondyloarthritis will have a painful eye condition called uveitis which can cause blindness if untreated.⁹⁴

Around

1 IN 5

people with axial spondyloarthritis have hypertension.⁹⁶




Around


1 IN 10


people with axial spondyloarthritis have depression.⁹⁶



Risk Factors

 **Age** – Axial spondyloarthritis often presents in people's late teens or twenties.

 **Chronic Conditions** – Axial spondyloarthritis is more common in those with psoriasis⁹⁴ or inflammatory bowel disease.⁹⁵

 **Men and women** – Axial spondyloarthritis with changes on X-ray/MRI is more frequently diagnosed in men than women (3:1), but axial spondyloarthritis with a normal X-ray/MRI has an equal sex distribution.²¹

 **Heredity** – Inherited genetic factors.⁹³

JUVENILE IDIOPATHIC ARTHRITIS (JIA)



“

I started getting really bad swelling a few years before my diagnosis at 11. I had loads of inflammation, to the point where I couldn't go to school or even walk. I was in a lot of pain. I'd be on the sofa or couldn't get out of bed. There was no way I'd be able to walk around the school building.

The main thing after the diagnosis was telling people I had arthritis. They'd be like, "don't be silly, kids don't get arthritis". People will still say to me now, "aren't you too young to be getting that?" I was glad to know what it was, but it was strange to have a lot of people not believe I had arthritis.

”

Becca

JUVENILE IDIOPATHIC ARTHRITIS (JIA)

JIA refers to a group of arthritis conditions that present before children are 16 years old. Although JIA is a diagnosis given in children under 16 years old, this remains your diagnosis into adulthood. JIA are autoimmune diseases where the immune system attacks the body. There are different types of JIA, and the severity of the condition varies depending on the type.⁹⁹

Prevalence and incidence

It is estimated that

10,000

children under 16 years old have been diagnosed with JIA.¹⁰⁰

AROUND HALF

of the children diagnosed with JIA will be discharged from care (perhaps due to drug-free remission).¹⁰¹

Risk Factors



Age – Typical onset age is between 2 and 10 years.



Men and women – JIA is more common in girls.

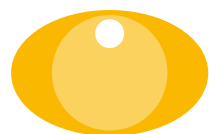


Heredity – Inherited genetic, genomic and epigenetic factors.



Microbiomes – Changes in the microbiome.

JIA and other long-term conditions



**11–38%
OF CHILDREN**

with JIA have JIA-associated uveitis, an eye condition which can cause eye pain and if untreated can lead to blindness.^{102, 103}



**AROUND 15%
OF CHILDREN**

with JIA in the UK develop Macrophage Activation Syndrome (MAS) – a rare inflammatory condition.¹⁰⁴

06

**CONDITIONS
WHERE ARTHRITIS
IS ONE SYMPTOM
AMONG MANY**

LUPUS



“

One day I went to the cinema and I became very unwell. When the movie was finished, I couldn't put my feet on the ground, I was in excruciating pain. It was like pins and needles multiplied by 1,000 times. I had to be carried out of the cinema. It was scary.

Shortly after I got home to London, I went to my local hospital for further tests. This led to a diagnosis of lupus.

”

Monique

LUPUS

Lupus (systemic lupus erythematosus, SLE) is a condition where the immune system, which is the body's natural self-defence system, attacks the body. Lupus commonly affects the joints, causing arthritis with inflammation, swelling, stiffness, pain, and damage. It can also attack other organs including the skin, kidneys, lungs, and nervous system.

Prevalence and incidence

An estimated

70,000

people in the UK have lupus.¹⁰⁵

3,000

people are newly diagnosed with lupus each year.¹⁰⁵

Lupus and other long-term conditions



Patients with lupus have a mortality rate nearly

2 TIMES HIGHER

than those without lupus.¹⁵⁷



In patients with mild lupus, of more than 10 years duration, there is a

3-4 TIMES

increased risk of cardiovascular events and death compared with people who do not have lupus.¹⁵⁹

Risk Factors



Age – Onset in women is typically between 15 and 40 years old.



Men and women – Lupus is more common in women.



Ethnic background – Lupus is especially common in women of African, Caribbean, and Chinese origin.



Heredity – Inherited genetic, genomic and epigenetic factors.¹⁰⁶



Microbiome – Changes in the microbiome.¹⁰⁷

07

**OTHER
MUSCULOSKELETAL
CONDITIONS**

CHRONIC PAIN



“

When it first started, I was completely bed ridden and then I went to the wheelchair and slowly I was able to start walking with the stick. It got better, but it never went away. I'm in constant pain to be quite honest.

I've learnt to control the pain and live with it. In the morning, as soon as I get up it takes me about 3 hours to straighten up. I get up slowly and then I try to take a few steps and take my medicines. I haven't been able to walk now for some time.

”

Kokila

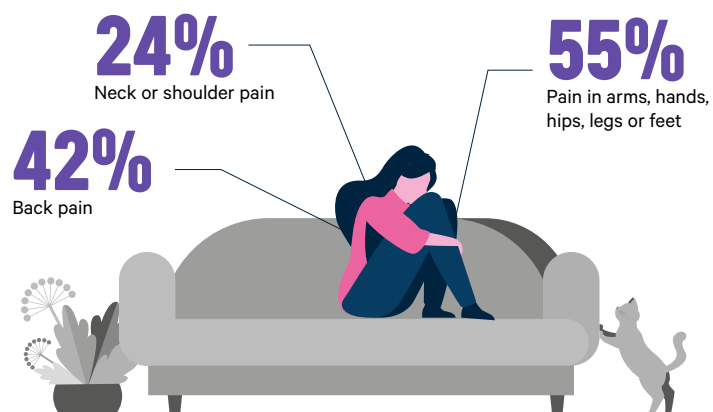
CHRONIC PAIN

Pain is one of the leading symptoms of MSK conditions. Chronic pain is defined as pain which has lasted for more than three months – affects between **18.4 MILLION** (34%)¹² and **28 MILLION** people (43%) in the UK.¹¹⁸

Chronic pain in England

15,500,000
people (34%) have chronic pain in England.¹²

About **8 IN EVERY 10** people (84%) with chronic pain in England report that at least some of their chronic pain is in the **neck or shoulder, back, limbs or extremities** – all sites where pain is most likely to be musculoskeletal.¹²



5,500,000
people (12%) have high-impact chronic pain, which is severe and where people are unable to carry out their daily activities.¹²

More women are affected by chronic pain than men.

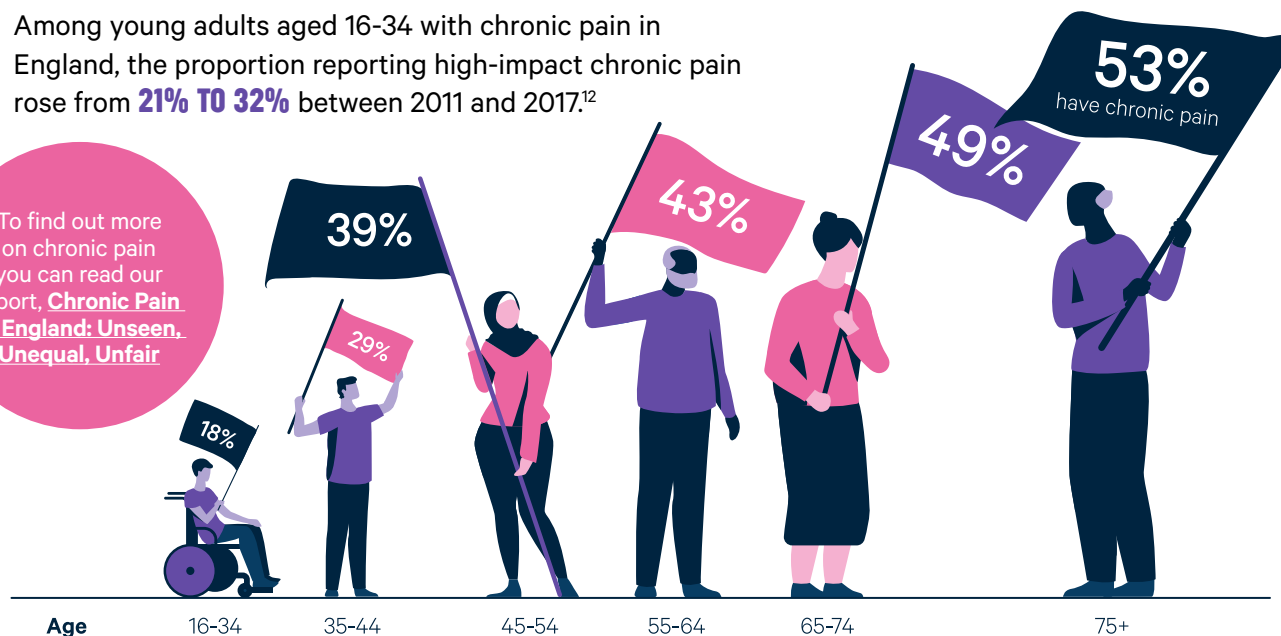
38% OF WOMEN have chronic pain in England compared to **30% OF MEN**.¹²

14% OF WOMEN have high-impact chronic pain compared to **9% OF MEN**.¹²

Chronic pain increases with increasing age, but people of all ages can have it.

Among young adults aged 16-34 with chronic pain in England, the proportion reporting high-impact chronic pain rose from **21% TO 32%** between 2011 and 2017.¹²

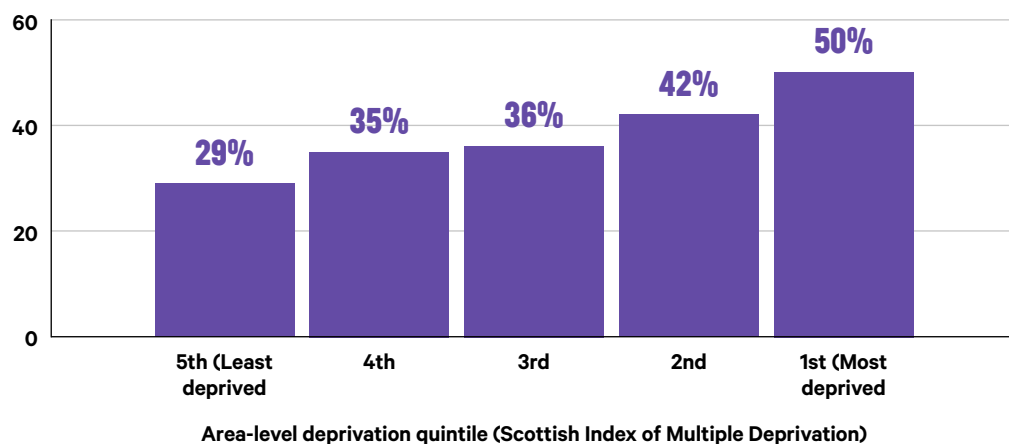
To find out more on chronic pain you can read our report, **Chronic Pain in England: Unseen. Unequal. Unfair**



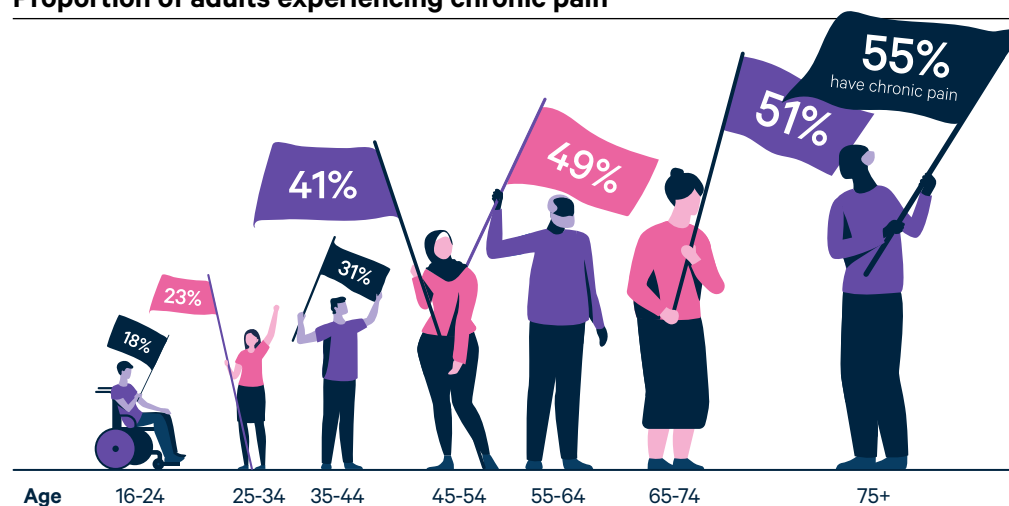
CHRONIC PAIN IN SCOTLAND

In 2022, **OVER A THIRD** (38%) of adults in Scotland were experiencing chronic pain.¹⁸⁴ Although people of all ages can be impacted by chronic pain, prevalence increases with age.¹⁸⁴ As was also seen in England, more women than men are affected by chronic pain in Scotland, **43%** of women have chronic pain compared to **33%** of men.¹⁸⁴

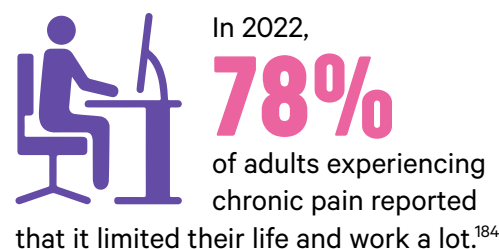
Proportion of adults reporting chronic pain by area deprivation



Proportion of adults experiencing chronic pain



Work

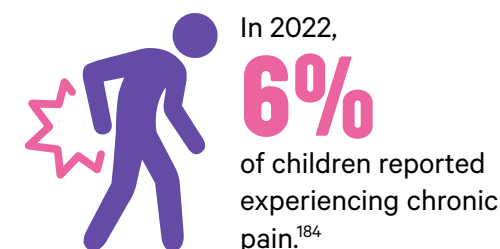


The proportion of adults experiencing chronic pain is

HIGHEST IN THE MOST DEPRIVED 5TH OF SCOTLAND,

where the proportion of adults reporting chronic pain is **21% HIGHER** than the proportion reporting chronic pain in the least deprived 5th.¹⁸⁴

Children



THE MOST COMMON TYPE OF CHRONIC PAIN WAS IN ARMS, HAND, HIPS, LEG OR FEET.¹⁸⁴

To read more about Chronic Pain in Scotland visit **5 Chronic Pain – The Scottish Health Survey 2022 – volume 1: main report – gov.scot** (www.gov.scot)

BACK PAIN



“

I was diagnosed with osteochondritis at 7, and then with osteoarthritis in the back at 23. It affects my shoulders, back, knees and hands. I also have fibromyalgia.

I developed reactive arthritis and I have daily pain. My back is strapped up at the moment. I have lost 2.5 inches in height which is being looked at and creates immense pain.

”

Sarah

BACK PAIN

Back pain is a common MSK condition. Non-specific low back pain which has not been caused by damage or inflammation in the spine is the most common type. Low back pain is the top cause of years lived with disability in the UK (2019).⁵

Prevalence and incidence

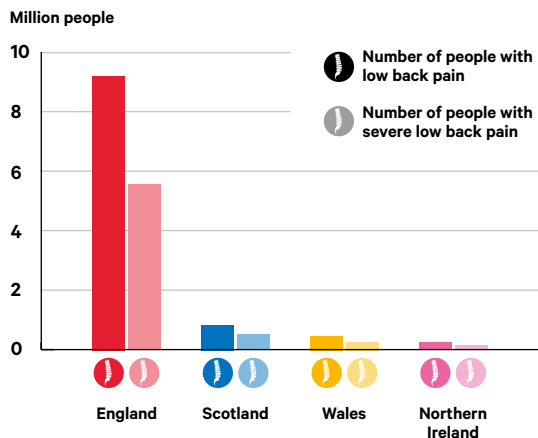
11,000,000

people in the UK experience low back pain in any given year and of these 11 million, **6.5 MILLION** experience severe back pain.³

2,600,000

new cases of low back pain occur each year in the UK.⁵

The number of people with low back pain^{3,vi}



^{vi} Due to data unavailability, we have applied the prevalence of England to produce the totals for Northern Ireland. Please use this statistic with caution.

Wider health

The odds of back pain in people with symptoms of depression have been shown to be

50% HIGHER

than in those without symptoms of depression.¹⁰⁹



Work

As of March 2023

995,000






people in the UK are economically inactive due to problems or disabilities connected to the back or neck.¹¹⁰

Around

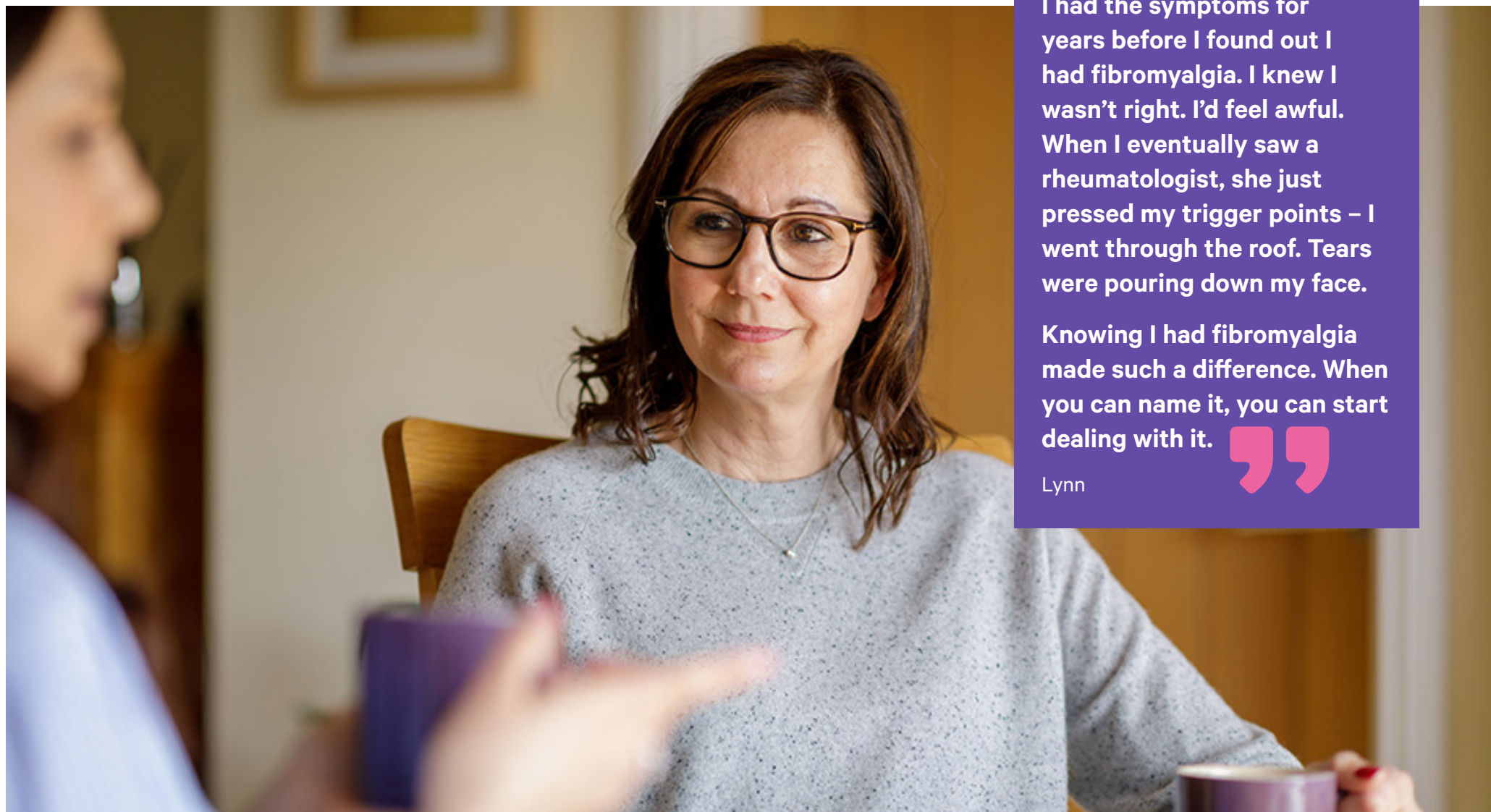
1 IN 5

workers with back pain take time off work over a period of 6 months or longer.¹¹¹

Risk Factors

-  **Age** – Whilst back pain can occur at any age it's not more common with age and seems to decline in the oldest people.¹⁰⁸
-  **Men and women** – Back pain is more common in women.
-  **Injury**
-  **Weight** – Those who are overweight or obese are more likely to have lower back pain than those classified as having a normal weight.⁵¹
-  **Poor general health**

FIBROMYALGIA



“

I had the symptoms for years before I found out I had fibromyalgia. I knew I wasn't right. I'd feel awful. When I eventually saw a rheumatologist, she just pressed my trigger points – I went through the roof. Tears were pouring down my face.

Knowing I had fibromyalgia made such a difference. When you can name it, you can start dealing with it.

”

Lynn

FIBROMYALGIA





Fibromyalgia is a chronic condition, which is a form of chronic primary pain. Fibromyalgia does not itself cause any lasting damage on the body's tissues but is associated with widespread pain, fatigue, physical symptoms, and cognitive symptoms.

Prevalence and incidence

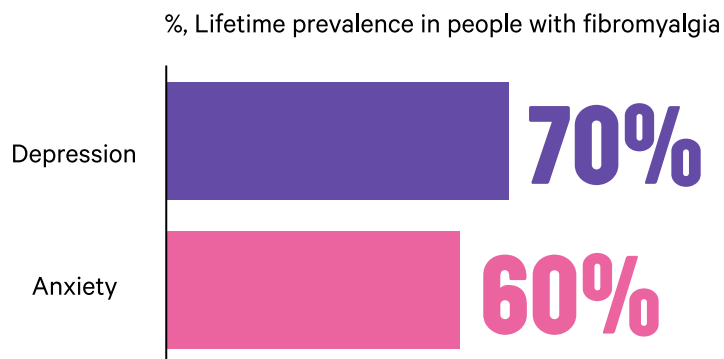
Around
1.7-2.8 MILLION*
people have fibromyalgia.¹¹²

270,000
Adolescents aged 11-18
years have fibromyalgia.^{113,114}

Risk Factors

-  **Age** – Fibromyalgia most commonly presents between 25 and 55 years.
-  **Men and women** – Fibromyalgia is more common in women.
-  **Heredity** – Inherited genetic, genomic, and epigenetic factors.
-  **Microbiomes** – Changes in the microbiome.¹¹³


Wider health



Lifetime prevalence of **DEPRESSION** and **ANXIETY** in people with fibromyalgia go up to **70%** and **60%**, respectively.^{116,117}

Common comorbidities

Fibromyalgia is associated with a
1.54-FOLD INCREASED RISK
for irritable bowel syndrome.¹¹⁵



*prevalence estimation varies due to variation in classification/diagnostic criteria.

OSTEOPOROSIS AND FRAGILITY FRACTURES

Osteoporosis is a silent condition where bones are weak and can break easily. A fragility fracture is a broken bone which results from a force that would not usually result in a fracture, such as a fall from standing height or less.

Prevalence

More than

3,000,000

people in the UK are estimated to have osteoporosis.¹¹⁹

Osteoporosis and other long-term conditions

Adults over 50 years old with osteoporosis are more than

2 TIMES MORE LIKELY

to develop arthritis, chronic low back pain, chronic heart failure and depression than someone without osteoporosis.¹²⁰

Fractures

Around

75,000
HIP FRACTURES

occur each year in the UK.¹²¹

Hip fractures are associated with a total cost to health and social services of

OVER
£1 BILLION
PER YEAR¹²¹

AROUND 3%
of all broken hip bones (femoral fractures) in England and Wales in 2022 **occurred in inpatient settings.**¹²²

People who broke their hip (femoral fracture) while they were in hospital were

19% LESS LIKELY TO SEE A GERIATRICIAN
within the 72-hour target than non-inpatients.¹²²

People who broke their hip (femoral fracture) while they were in hospital were

6% LESS LIKELY

to receive surgery within the 36-hour target than non-inpatients.¹²²

The economic burden of osteoporosis related fractures is approximately

£4 BILLION PER YEAR
in the UK.¹²³

GLOSSARY

Cartilage: a type of connective tissue found throughout the human body including within the joints.¹²⁴

Comorbidity: the occurrence of more than one illness or condition at the same time.¹²⁵

Epigenetic: refers to a factor that affects the expression of a gene without altering the DNA sequence.¹²⁶

Fatigue: severe mental and physical exhaustion which is not attributable to exertion.¹²⁷

Genomics: the study of all of a person's genes (the genome) including the interactions of those genes with each other and the environment.¹²⁸

Health Inequalities: unfair and avoidable differences in health across the population, and between different groups within society.¹¹

Immune system: the network of cells and tissues in your body that work to provide defence from viruses, bacteria, and other infections.¹²⁹

Incidence: the number of individuals who develop a specific disease during a particular time period.¹³⁰ In this report the time period used is year.

Microbiome: refers to all of the microbes including bacteria, fungi and viruses that naturally live on and within our bodies.¹³¹

Phototherapy: is a therapy prescribed by a dermatologist to treat Psoriasis. The skin is exposed to ultraviolet light on a regular basis.¹³²

Prevalence: the total number of individuals in a population who have a disease or health condition at a specific period of time.¹³⁰

Quantitative: refers to the numerical measure of something. In quantitative research a range of methods concerned with the systematic investigation of a phenomena are used, using statistical or numerical data. Quantitative research involves measurement and assumes that the phenomena under study can be measured.¹³³

Years Lived with Disability (YLDs): is a measure which summarises levels of disability in a given population, it combines the prevalence of a disease with a rating of how disabling that disease is.²³

REFERENCES

1. *Annual consultation prevalence of regional musculoskeletal problems in primary care: an observational study*. Jordan, K P, et al. 144, s.l. : BMC Musculoskeletal Disorders, 2010, Vol. 11.
2. Belluz, J. & Hoffman, S. The one chart you need to understand any health study. Vox. [Online] 2015. <https://www.vox.com/2015/1/5/7482871/types-of-study-design>.
3. Versus Arthritis. The Musculoskeletal Calculator. *Versus Arthritis*. [Online] 2023. [Cited: 05 01 2023.] <https://www.versusarthritis.org/policy/resources-for-policy-makers/musculoskeletal-calculator/>.
4. Druce, K L, et al. The epidemiology of Psoriatic Arthritis in the UK A health intelligence analysis of UK primary Care Electronic Health Records 1991-2020. *In Preparation for submission*. s.l. : In Preparation for submission, 2023.
5. Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019. *Results*. [Online] 2020.
6. Public Health England. Public Health England Fingertips Musculoskeletal Conditions Profile. *GP Patient Survey 2023 data*. [Online] 2024 <https://fingertips.phe.org.uk/profile/msk/data#page/4/gid/1938133186/pat/159/par/K02000001/ati/15/are/E92000001/iid/93453/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>.
7. Government, Scottish. Scottish Health Survey 2021. *ScotCen Social Research*. [Online] 2022. <https://www.gov.scot/collections/scottish-health-survey/>.
8. Welsh Government. National Survey Wales: April 2021 to March 2022. *Gov. Wales*. [Online] 2022. [Cited: 16 01 2023.] <https://gov.wales/national-survey-wales-april-2019-march-2020>.
9. Northern Ireland Statistics and Research Agency. Health. *NI Summary Statistics, UK National Wellbeing Measures: Northern Ireland Data*. [Online] 2017. [Cited: 23 01 2023.] <https://www.nisra.gov.uk/statistics/uk-national-wellbeing-measures-northern-ireland-data/health>.
10. NHS Digital. Health Survey for England 2018: Longstanding Conditions. *Health and Social Care Information Centre*. [Online] 2019. [Cited: 04 01 2023.] <http://healthsurvey.hscic.gov.uk/support-guidance/public-health/health-survey-for-england-2018/longstanding-conditions.aspx>.
11. NHS England. What are healthcare inequalities? *NHS England*. [Online] 2022. [Cited: 25 01 2023.] <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/>.
12. Versus Arthritis. Chronic Pain in England: Unseen, unequal, unfair. *Versus Arthritis*. [Online] 2021. <https://www.versusarthritis.org/about-arthritis/data-and-statistics/chronic-pain-in-england/>.
13. *Does body mass index mediate the relationship between socioeconomic position and incident osteoarthritis?* Witkam, Rozemarijn, et al. s.l. : Seminars in Arthritis and Rheumatism, 2022, Vol. 56.
14. Office for Health Improvement and Disparities. Percentage of adults (18+) classified as overweight or obese. *Fingertips*. [Online] 2021. [Cited: 25 01 2023.] https://fingertips.phe.org.uk/profile/msk/data#page/7/gid/1938133152/pat/6/par/E12000008/ati/401/are/E07000223/iid/93088/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_in-ye-1:2020:-1:-1_in-ct-44_in-pt-0_in-ao-1.

15. *Socio-economic status and the risk of developing hand, hip or knee osteoarthritis: a region-wide ecological study*. Reyes, C, et al. s.l. : Osteoarthritis and Cartilage, 2015, Vol. 23.
16. Office for Health Improvement and Disparities. Musculoskeletal health: trends, risk factors and disparities in England. *Fingertips*. [Online] 11 2022. [Cited: 02 02 2023.] <https://fingertips.phe.org.uk/static-reports/musculoskeletal-conditions/musculoskeletal-health-trends-risk-factors-and-disparities-in-england.html>.
17. Watt, Toby, Raymond, Ann and Rachet-Jacquet, Laurie. *Quantifying health inequalities in England*. s.l. : The Health Foundation, 2022.
18. *Trends in incidence and prevalence of osteoarthritis in the United Kingdom: findings from the Clinical Practice Research Datalink (CPRD)*. Swain, S, et al. 6, s.l. : Osteoarthritis Cartilage, 2020, Vol. 28.
19. *Worse outcomes linked to ethnicity for early inflammatory arthritis in England and Wales: a national cohort study*. Adas, Maryam A, et al. 1, s.l. : Rheumatology (Oxford), 2022, Vol. 62.
20. *Rheumatoid Arthritis – Common origins, divergent mechanisms*. Gravelle, Ellen M and Firestein, Gary S. s.l. : The New England Journal of Medicine, 2023, Vol. 388.
21. *Sex and gender differences in axial spondyloarthritis: myths and truths*. Rusman, T, van Bentum, R E and van der Horst-Bruinsma, I E. 59, s.l. : Rheumatology, 2020, Vol. 1.
22. *Versus Arthritis. Musculoskeletal conditions and multimorbidity*. s.l. : Arthritis Research UK (Now Versus Arthritis).
23. Public Health England. *Research and analysis: Methods, data and definitions*. s.l. : [Gov.UK](https://www.gov.uk), 2018.
24. *Versus Arthritis. Unmet Needs Research – Survey Data (Unpublished)*. 2020.
25. *How does arthritis affect employment? Longitudinal evidence on 18,000 British adults with arthritis compared to matched controls*. Rajah, Nasir, et al. s.l. : Social Science and Medicine, 2023, Vol. 155606.
26. Martin, Adam, et al. *How does arthritis affect employment in the UK?* s.l. : University of Leeds , 2023.
27. Office for Health Improvement and Disparities. *Workplace Health: Applying All Our Health*. [Gov.uk](https://www.gov.uk). [Online] 10 03 2022. [Cited: 05 01 2023.] <https://www.gov.uk/government/publications/workplace-health-applying-all-our-health/workplace-health-applying-all-our-health>.
28. Public Health England. *Guidance: Health Matters: health and work*. [Online] 2019. [Cited: 16 01 2023.] <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>.
29. Labour Force Survey. *Employment Status of persons by long-term main health condition (data request-unpublished)*. 2020.
30. Office for National Statistics. *Sickness absence in the UK labour market 2022*. ONS. [Online] 2023. [Cited 18/01/2024] <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket>.
31. NHS Digital. *NHS Sickness Absence Rates, August 2023*. Published 4th January 2024. Cited 18/01/2024 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/august-2023-provisional-statistics>.
32. Official Statistics. *Access to Work Statistics: April 2007 to March 2023*. Published 28/09/2023. Cited 18/01/2024. <https://www.gov.uk/government/statistics/access-to-work-statistics-april-2007-to-march-2023>.
33. Department for Work and Pensions. *Employment and Support Allowance: ESA data from May 2022 (data collection)*. *Stat-Xplore Online Tool*. [Online] 2022. [Cited: 17 01 2023.] <https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml>.

34. NHS Digital. Fit Notes Issued by GP Practices, England, September 2023. *Experimental Statistics*. [Online] 2023. [Cited: 18 01 2024.] <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/september-2023>.
35. *Epidemiology of multimorbidity and implications for health care, research and medical education: a cross-sectional study*. Barnett, K, et al. 9836, s.l. : The Lancet, 2012, Vol. 380.
36. *The epidemiology of multimorbidity in primary care: a retrospective cohort study*. Cassell, A, et al. 699, s.l. : Br J Gen Pract, 2018, Vol. 68.
37. *Multimorbidity-a defining challenge for health systems*. Pearson-Stuttard, Jonathan, Ezzati, Majid and Gregg, Edward W. 12, s.l. : The Lancet, 2019, Vol. 4.
38. *Comorbidities in Osteoarthritis: A systematic review and meta-analysis of observational studies*. Swain, Subhashisa, et al. 7, s.l. : Arthritis Care and Research , 2019, Vol. 72.
39. *Diabetes mellitus and arthritis is it a risk factor or comorbidity? A systematic review and meta-analysis*. Dong, Qing, et al. 18, s.l. : Medicin, 2017, Vol. 96.
40. *Long-term physical functioning and its association with somatic comorbidity and comorbid depression in patients with established rheumatoid arthritis: a longitudinal study*. van den Hoek, J, et al. s.l. : Arthritis Care & Research, 2013, Vol. 65.
41. *Prevalence of depressive symptoms and anxiety in osteoarthritis: a systematic review and meta-analysis*. Stubbs, Brendon, et al. 2, s.l. : Age and Ageing, 2016, Vol. 45.
42. *Prevalence and early-life determinants of mid-life multimorbidity: evidence from the 1970 British birth cohort*. Gondek, D, et al. 1, s.l. : BMC Public Health, 2021, Vol. 21.
43. Office for Health Improvement and Disparities. Obesity Profile. *Fingertips Public Health Data*. [Online] 2021. [Cited: 23 01 2023.] <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/1/gid/1938133368/pat/159/par/K02000001/ati/15/are/E92000001/yr/1/cid/4/tbm/1>.
44. Scottish Government. Data Request. Scottish Health Survey 2021. ScotCen Social Research. 2023.
45. National Survey for Wales 2021-22. Reported physical inactivity and overweight or obesity of adults who report that they have a long-standing MSK condition. s.l. : Data request, 2023.
46. *Comorbidities in psoriatic arthritis: a systematic review and meta-analysis*. Gupta, Sonal, et al. s.l. : Rheumatology International, 2021, Vol. 41.
47. National Institute for Health and Care Excellence. Obesity: How should I confirm if a person is overweight or obese. *National Institute for Health and Care Excellence*. [Online] 09 2022. [Cited: 01 03 2023.] <https://cks.nice.org.uk/topics/obesity/diagnosis/identification-classification/>.
48. *Obesity and knee osteoarthritis. The Framingham Studys*. Felson, D, et al. 1, s.l. : Annals of Internal Medicine, 1998, Vol. 109.
49. *Current evidence on risk factors for knee osteoarthritis in older adults: a systematic review and meta-analysis*. Silverwood, V, et al. 4, s.l. : Osteoarthritis and Cartilage, 2015, Vol. 23.
50. *National Joint Registry. National Joint Registry 20th Annual Report 2023 – Surgical Data. National Joint Registry for England, Wales, Northern Ireland and the Isle of Man*. s.l. : National Joint Registry, 2023.
51. *Body mass index as a risk factor for developing chronic low back pain: a follow-up in the Nord-Trøndelag Health Study*. Heuch, I, Hagen, K and Zwart, J. 2, s.l. : Spine, 2013, Vol. 38.

52. *Obesity and younger age at gout onset in a community-based cohort*. McAdams DeMarco, Mara A, et al. 8, s.l. : Arthritis Care and Research, 2011, Vol. 63.
53. *Body Mass Index and Risk of Rheumatoid Arthritis: A Meta-Analysis of Observational Studies*. Feng, Jian, et al. s.l. : 95, 2016, Vol. 8.
54. [Gov.UK](https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/physical-inactivity/latest). Physical Inactivity. *Health*. [Online] 14 05 2019. [Cited: 24 01 2023.] <https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/physical-inactivity/latest>.
55. Department of Health. Health Survey NI First Results 2020-21. [Online] 2022. [Cited: 23 01 2023.] <https://www.health-ni.gov.uk/sites/default/files/publications/health/hsni-first-results-20-21.pdf>.
56. *Physical inactivity and sedentary behavior: Overlooked risk factors in autoimmune rheumatic diseases?* Pinto, Ana Jessica, et al. 7, s.l. : Autoimmunity Reviews, 2017, Vol. 16.
57. *Exercise interventions and patient beliefs for people with hip, knee or hip and knee osteoarthritis: a mixed methods review*. Hurley, Michael, et al. 4, s.l. : Cochrane Database Systematic Review, 2018, Vol. 17.
58. *Exercises for prevention of recurrences of low-back pain*. Choi, Brian KL, et al. 1, s.l. : Cochrane Database Systematic Review, 2010, Vol. 20.
59. *Association Between Physical Activity and Risk of Depression: A Systematic Review and Meta-analysis*. Pearce, M, et al. 6, s.l. : JAMA psychiatry, 2022, Vol. 79.
60. *Physical activity and the risk of hip fracture in the elderly: a prospective cohort study*. Lagerros, Y T, et al. 11, s.l. : European journal of epidemiology, 2017, Vol. 32.
61. Foster, C, et al. *Muscle and bone strengthening and balance activities for general health benefits in adults and older adults: Summary of a rapid evidence review for the UK Chief Medical Officers' update of the physical activity guidelines*. s.l. : Public Health England , 2017.
62. *Versus Arthritis. Musculoskeletal conditions and physical activity – Scoping Research (Unpublished)*. 2019.
63. *Increased burden of psychiatric disorders in rheumatoid arthritis*. Marrie, R A, et al. 7, s.l. : Arthritis care and research, 2018, Vol. 70.
64. *Systematic review of mental health comorbidities in psoriatic arthritis*. Zhao, S S, et al. 1, s.l. : Clinical Rheumatology, 2020, Vol. 39.
65. *The epidemiology of pain in depression*. Lepine, J and Briley, M. 1, s.l. : Human Psychopharmacology, 2004, Vol. 10.
66. NHS England. Consultant-led Referral to Treatment Waiting Times Data 2023-24. Published 11/01/2024. Cited 18/01/2024. <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2023-24/>
67. Department of Health. Northern Ireland waiting time statistics: outpatient waiting times. *Hospital waiting times statistics, Department of Health*. [Online] 2022. [Cited: 24 01 2023.] <https://www.health-ni.gov.uk/topics/doh-statistics-and-research/hospital-waiting-times-statistics>.
68. StatsWales. Patient pathways waiting to start treatment by month, grouped weeks and treatment function, January 2021 onwards. *StatsWales*. [Online] 2023. [Cited: 19 01 2023.]
69. Public Health Scotland. NHS waiting times – 18 weeks referral to treatment. *Public Health Scotland*. [Online] 29 11 2022. [Cited: 24 01 2023.] <https://publichealthscotland.scot/publications/show-all-releases?id=20545>.
70. StatsWales. Referral to Treatment. *StatsWales*. [Online] 18/01/2024 [Cited 18/01/2024] <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment>.

71. Public Health Scotland. NHS waiting times – stage of treatment. Inpatients, day cases and new outpatients quarter ending 30 September 2023. *Public Health Scotland*. [Online] 28/11/2023. [Cited: 18/01/2024] <https://publichealthscotland.scot/publications/nhs-waiting-times-stage-of-treatment/stage-of-treatment-waiting-times-inpatients-day-cases-and-new-outpatients-quarter-ending-30-september-2023/>.
72. Department of Health. Hospital waiting times statistics. *Department of health*. [Online] 2023. [Cited: 18 01 2024.] <https://www.health-ni.gov.uk/topics/doh-statistics-and-research/hospital-waiting-times-statistics>.
73. *Equity of access to NHS-funded hip replacements in England and Wales: Trends from 2006 to 2016*. Wyatt, Steven, et al. 21, s.l. : The Lancet, 2022.
74. *British Society for Rheumatology. National Early Inflammatory Arthritis Audit (NEIAA) State of the Nation Report 2023*. October 2023.
75. NHS Digital. Hospital Admitted Patient Care Activity 2021-22. [Online] 2022. [Cited: 11 01 2023.] <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2021-22>.
76. *International comparisons of the prevalence of health care for musculoskeletal disorders using population-based health care data from England and Sweden*. Jordan, K P, et al. 1, s.l. : Annals of the Rheumatic Diseases, 2014, Vol. 73.
77. Ipsos Mori and NHS England. GP Patient Survey January – March 2020 (data collection). *GP-patient*. [Online] 2020. [Cited: 16 01 2023.]
78. NHS England Business Services Authority. Prescription Cost Analysis – England. National Summary Tables – Financial Year. [Online] 2023. [Cited: 10/01/2024.] <https://www.nhsbsa.nhs.uk/statistical-collections/prescription-cost-analysis-england/prescription-cost-analysis-england-2022-23>.
79. *The Influence of Chronic Pain on Social Care Service Use in the UK*. Humphreys, J H, et al. s.l. : Journal of Long-term Care, 2022.
80. York Health Economics. The Cost of Arthritis: Calculation conducted on behalf of Arthritis Research UK. s.l. : Unpublished, 2017.
81. NHS England. CCG Programme Budgeting Benchmarking Tool 2013/14. 2015.
82. Kingsfund. The NHS budget and how it has changed. *The King's fund*. [Online] 08 12 2022. [Cited: 21 02 2023.] <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget>.
83. Public Health England. Health matters: health and work. *gov.uk*. [Online] 2019. [Cited: 11 01 2023.] <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>.
84. *Primary osteoarthritis of hip, knee and hand in relation to occupational exposure*. Rossignol, M, et al. s.l. : Occup Environ Med, 2005, Vol. 62.
85. *Lifetime risk and age of diagnosis of symptomatic knee osteoarthritis in the US*. Losina, Elena, et al. 5, s.l. : Arthritis Care Res, 2013, Vol. 65.
86. *Has the gout epidemic peaked in the UK? A nationwide cohort study using data from the Clinical Practice Research Datalink, from 1997 to across the COVID-19 pandemic in 2021*. Abhishek, A, et al. 6, s.l. : Annals of the Rheumatic Diseases, 2022, Vol. 86.
87. *Rheumatoid arthritis, psoriatic arthritis, and axial spondyloarthritis epidemiology in England from 2004 to 2020: An observational study using primary care electronic health record data*. Scott, Ian C, et al. 100519, s.l. : The Lancet, 2022, Vol. 23.
88. *Smoking and rheumatoid arthritis*. Chang, Kathleen, et al. 15, s.l. : International journal of molecular sciences , 2014, Vol. 3.
89. *Obesity in rheumatoid arthritis*. Stavropoulos-Kalinglou, Antonios, et al. 3, s.l. : Rheumatology, 2011, Vol. 50.
90. *Intestinal barrier dysfunction plays an integral role in arthritis pathology and can be targeted to ameliorate disease*. Matei, D E, et al. 7, s.l. : Med, 2021, Vol. 2.

91. Expansion of intestinal *Prevotella copri* correlates with enhanced susceptibility to arthritis. Scher, J U, et al. s.l. : eLife, 2013, Vol. 2.
92. Prevalence of psoriatic arthritis in patients with psoriasis: A systematic review and meta-analysis of observational and clinical studies. Alinaghi, Farzad, et al. 1, s.l. : Journal of the American Academy of Dermatology, 2019, Vol. 80.
93. The Molecular Pathophysiology of Psoriatic Arthritis – The Complex Interplay Between Genetic Predisposition, Epigenetic Factors and the Microbiome. Carvalho, Ana L and Hedrich, Christian M. 8, s.l. : Frontiers in molecular biosciences, 2021, Vol. 1.
94. Identifying and visualising multimorbidity and comorbidity patterns in patients in the English National Health Service: a population-based study. Kuan, Valerie, et al. 1, s.l. : Lancet Digital Health , 2023, Vol. 5.
95. National Axial Spondyloarthritis Society. Your Gut. National Axial Spondyloarthritis Society. [Online] 2022. <https://nass.co.uk/>.
96. Prevalence and impact of comorbidities in axial spondyloarthritis: systematic review and meta-analysis. Zhao, Sizheng Steven, et al. 4, s.l. : Rheumatology, 2020, Vol. 59.
97. Patient Burden of Axial Spondyloarthritis. Strand, Vibeke and Singh, Jasvinder. 7, s.l. : Journal of Clinical Rheumatology, 2017, Vol. 23.
98. Work disability in ankylosing spondylitis: differences among working and work-disabled patients. Cakar, Engin, et al. 11, s.l. : Clinical Rheumatology, 2009, Vol. 28.
99. Harding, D M. Juvenile Idiopathic Arthritis. Patient. [Online] 22 11 2018. [Cited: 27 01 2023.] <https://patient.info/bones-joints-muscles/rheumatoid-arthritis-leaflet/juvenile-idiopathic-arthritis>.
100. Humphreys, J. (2023). JIA Additional Rates and Standardisation. University of Manchester. Unpublished
101. Continuing specialist care into adulthood in young people with juvenile idiopathic arthritis: a retrospective cohort study using electronic health records in England. Costello, R E, et al. s.l. : Rheumatology, 2022.
102. The CARRA Registry Investigators (2013) Risk markers of juvenile idiopathic arthritis-associated uveitis in the childhood arthritis and rheumatology research Alliance (CARRA) registry. Angeles-Han, S T, et al. 12, s.l. : Journal of Rheumatology, 2013, Vol. 40.
103. The role of gender in juvenile idiopathic arthritis-associated uveitis. Moradi, A, Amin, R M and Thorne, J E. s.l. : Journal of Ophthalmology, 2014.
104. Burden of comorbid conditions in children and young people with juvenile idiopathic arthritis: a collaborative analysis of 3 JIA registries. Kearsley-Fleet, Lianne, et al. 6, s.l. : Rheumatology (Oxford), 2022, Vol. 61.
105. The incidence and prevalence of systemic lupus erythematosus in the UK, 1999-2012. Rees, Frances, et al. 1, s.l. : Annals of the rheumatic diseases, 2016, Vol. 75.
106. Epigenetics in SLE. Hedrich, Christian Michael. 9, s.l. : Current Rheumatology Reports, 2017, Vol. 19.
107. The microbiome and systemic lupus erythematosus. Katz-Agranov, N and Zandman-Goddard, G. 2, s.l. : Immunologic research, 2017, Vol. 65.
108. Does back and neck pain become more common as you get older? A systematic literature review. Fejer, Rene and Leboeuf-Yde, Charlotte. 24, s.l. : Chiropractic & Manual Therapies, 2012, Vol. 20.
109. Symptoms of Depression and Risk of New Episodes of Low Back Pain: A Systematic Review and Meta-Analysis. Pinheiro, M, et al. 11, s.l. : Arthritis Care & Research , 2015, Vol. 67.
110. Office for National Statistics. Rising ill-health and economic inactivity due to long-term sickness, UK: 2019 to 2023. ONS. [Online] 26/07/2023. [Cited: 10 01 2024.] <https://www.ons.gov.uk/releases/risingillhealthandeconomicinactivityduetolongtermsicknessuk2019to2023>.

111. *Absence from work and return to work in people with back pain: a systematic review and meta-analysis.* Wynne-Jones, Gwenllian, et al. 6, s.l. : Occupational and Environmental Medicine, 2013, Vol. 71.
112. Jones, G., Atzeni, F., Beasley, M., Flüb, E.P. & Macfarlane, G. (2015). *The prevalence of fibromyalgia in the general population: a comparison of the American College of Rheumatology 1990, 2010, and modified 2010 classification criteria.* *Arthritis & Rheumatology.* 67 (2), 568-75. doi: 10.1002/art.38905.
113. *Long-term outcomes of adolescents with juvenile-onset fibromyalgia in early adulthood.* Kashikar-Zuck, Susmita, et al. 3, 2014 : *Pediatrics*, Vol. 133.
114. *Cognitive behavioural therapy for the treatment of juvenile fibromyalgia: a multisite, single-blind, randomised, controlled clinical trial.* Kashikar-Zuck, Susmita, et al. 1, s.l. : *Arthritis and Rheumatism*, 2012, Vol. 64.
115. *Risk for Irritable Bowel Synfrome in Fibromyalgia Patients: A National Database Study.* Yang, T, et al. 10, s.l. : *Medicine*, 2015, Vol. 94.
116. *The management of fibromyalgia from a psychosomatic perspective: an overview.* Sancassiani, Federica, et al. 5, s.l. : *International Review of Psychiatry*, 2017, Vol. 29.
117. *Poor Illness Perceptions Are a Risk Factor for Depressive and Anxious Symptomatology in Fibromyalgia Syndrome: A Longitudinal Cohort Study.* de Heer, E, Vrizekolk, J and van der Feltz-Cornelis. s.l. : *Frontiers in Psychiatry*, 2017.
118. *Prevalence of chronic pain in the UK: a systematic review and meta-analysis of population studies.* Fayaz, A, et al. 6, s.l. : *BMJ Open*, 2016, Vol. 20.
119. *Osteoporosis in the European Union: a compendium of country-specific reports.* Svedbom, A, et al. 1, s.l. : *Archives of osteoporosis*, 2013, Vol. 8.
120. *Prevalence and comorbidity of osteoporosis – a cross-sectional analysis on 10,660 adults aged 50 years and older in Germany.* Puth, Marie-Therese, et al. 1, s.l. : *BMC Musculoskeletal Disorders*, 2018, Vol. 19.
121. Royal College of Physicians. *National Hip Fracture Database Annual Report 2022.* s.l. : <https://www.rcplondon.ac.uk/projects/outputs/nhfd-annual-report-2022>, 2022.
122. *National Audit of Inpatient Falls (NAIF), The 2023 National Audit of Inpatient Falls (NAIF) report on 2022 clinical data.* s.l. : Royal College of Physicians, 2023.
123. *The epidemiology of osteoporosis.* Clynes, Michael A, et al. 1, s.l. : *British Medical Bulletin*, 2020, Vol. 133.
124. Knapp, Sarah. *Cartilage.* *Biology dictionary.* [Online] 27 10 2020. [Cited: 01 02 2023.] <https://biologydictionary.net/cartilage/>.
125. Collins English Dictionary. *Collins English Dictionary – Complete and Unabridged.* s.l. : HarperCollins, 2014.
126. Tirado, C A. *Epigenetics.* [book auth.] Linda M McManus and Richard N Mitchell. *Pathobiology of Human Disease, A Dynamic Encyclopedia of Disease Mechanisms.* s.l. : Academic press, 2014.
127. NICE. *Tiredness/fatigue in Adults.* *National Institute for Health and Care Excellence.* [Online] 10 2021. [Cited: 01 02 2023.] <https://cks.nice.org.uk/topics/tiredness-fatigue-in-adults/>.
128. National Human Genome Research Institute. *A Brief Guide to Genomics.* *National Human Genome Research Institute.* [Online] 16 08 2022. [Cited: 01 02 2023.] <https://www.genome.gov/about-genomics/fact-sheets/A-Brief-Guide-to-Genomics>.
129. National Institute of Arthritis, and Musculoskeletal and Skin Diseases. *Autoimmune Diseases.* *National Institutes of Health.* [Online] 2016. [Cited: 01 02 2023.] <https://www.niams.nih.gov/health-topics/autoimmune-diseases>.


130. Harvard T H Chan School of Public Health. Prevalence and Incidence Defined. *Harvard T H Chan School of Public Health*. [Online] 2023. [Cited: 01 02 2023.] <https://www.hsph.harvard.edu/obesity-prevention-source/prevalence-incidence/#:~:text=Incidence%20refers%20to%20the%20number%20of%20individuals%20who,time%20period%20%28such%20as%20a%20month%20or%20year%29.>
131. National Institute of Environmental Health, Sciences. Microbiome. *Health and Education*. [Online] 05 04 2022. [Cited: 01 02 2023.] <https://www.niehs.nih.gov/health/topics/science/microbiome/index.cfm>.
132. National Psoriasis Foundation. Phototherapy. *National Psoriasis Foundation*. [Online] 21 12 2022. [Cited: 01 02 2023.] <https://www.psoriasis.org/phototherapy/>.
133. *Quantitative research*. Watson, Roger. 31, s.l. : Nursing Standard, 2015, Vol. 29.
135. *Incidence and prevalence of juvenile idiopathic arthritis in the United Kingdom, 2000–2018: results from the Clinical Practice Research Datalink*. Costello, Ruth, et al. 6, s.l. : Rheumatology, 2022, Vol. 61.
136. *Physical activity and autoimmune diseases: Get moving and manage the disease*. Sharif, K, et al. 1, s.l. : Autoimmunity Reviews, 2018, Vol. 17.
137. *Osteoarthritis: new insights*. Part 2: treatment approaches. Felson, D T, et al. 9, s.l. : Annals of internal medicine , 2000, Vol. 133.
138. *Obeisty is a risk factor for musculoskeletal pain in adolescents: findings from a population – based cohort*. Deere, Kevin C, et al. 9, s.l. : Pain, 2012, Vol. 153.
139. *Factors associated with osteoarthritis of the knee in the first national Health and Nutrition Examination Survey (HANES I). Evidence for an association with overweight, race and physical demands of work*. Anderson, J and Felson, D. 1, s.l. : American Journal of Epidemiology, 1998, Vol. 128.
140. *Does physical activity influence the relationship between low back pain and obesity?* Smuck, M, et al. 2, s.l. : The Spine Journal, 2014, Vol. 14.
141. Office for Health Improvement and Disparities. Musculoskeletal Conditions. *Fingertips Public Health Data*. [Online] 2021. [Cited: 04 01 2023.] <https://fingertips.phe.org.uk/profile/msk/data>.
142. *Trends in incidence and prevalence of osteoarthritis in the United Kingdom: findings from the Clinical Practice Research Datalink (CPRD)*. Swain, S, et al. 6, s.l. : Osteoarthritis Cartilage, 2020, Vol. 28.
143. Labour Force Survey. Labour Force Survey dataset for July-September 2022. Employment Status of persons by long-term main health condition. s.l. : Data Request, Unpublished, 2022.
144. National Services Scotland. *Scottish Arthroplasty Project Report 2022*. s.l. : <https://www.publichealthscotland.scot/publications/scottish-arthroplasty-project/scottish-arthroplasty-project-13-september-2022/dashboard/>, 2022.
145. *The economic burden of back pain in the UK*. Maniadakis, N and Gray, A. 1, s.l. : Pain, 2000, Vol. 84.
146. *The Work-Related Costs of Ankylosing Spondylitis in a UK Cohort*. Husain, M J, et al. s.l. : Rheumatology, 2014, Vol. 43.
147. *Fragility fractures in Europe: burden, management and opportunities*. Borgstrom, F, et al. 1, s.l. : Archives of osteoporosis, 2020, Vol. 15.
148. National Osteoporosis Guideline Group – UK. *Clinical Guideline for the Prevention and treatment of Osteoporosis*. s.l. : National Osteoporosis Guideline Group – UK, 2021.
149. *The prevalence of axial spondyloarthritis in the UK: a cross-sectional cohort study*. Hamilton, Louise, et al. s.l. : BMC Musculoskeletal Disorders, 2015, Vol. 16.

150. *The prevalence of depression in axial spondyloarthritis and its association with disease activity: a systematic review and meta-analysis.* Zhao, S, et al. 1, s.l. : Arthritis research and therapy, 2018, Vol. 20.
151. *Barriers and facilitators for being physically active in patients with ankylosing spondylitis: a cross-sectional comparative study.* Forgen, C, Halvorsen Sveaas, S and Dagfinrud, H. s.l. : Musculoskeletal Care, 2015, Vol. 13.
152. Office for National Statistics. Half a million more people are out of the labour force because of long-term sickness. *Office for National Statistics*. [Online] 10 11 2022. [Cited: 18 01 2023.] <https://cy.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/economicinactivity/articles/halfamillionmorepeopleareoutofthelabourforcebecauseoflongterm sickness/2022-11-10#:~:text=10%20November%202022%20The%20number%20of%20working-age%20adults,2019%2C%20>
153. *Family consequences of chronic back pain.* Strunin, L and Boden, L I. 7, s.l. : Social Science and Medicine, 2004, Vol. 58.
154. *Fibromyalgia.* Rahman, Anisur, Underwood, Martin and Carnes, Dawn. s.l. : BMJ , 2014, Vol. 24.
155. Harding, D M. Juvenile idiopathic arthritis: Joint inflammation in children, Patient info. [Online] 2018. [Cited: 20 10 2022.] <https://patient.info/bones-joints-muscles/rheumatoid-arthritis-leaflet/juvenile-idiopathic-arthritis>.
156. National Scientific Council on the Developing Child. Early Experiences Can Alter Gene Expression and Affect Long-term Development: Working Paper No. 10. [Online] 2010. <http://www.developingchild.net>.
157. *Mortality, causes of death and influence of medication use in patients with systemic lupus erythematosus vs matched controls.* Bultink, Irene E M, et al. 1, s.l. : Rheumatology, 2021, Vol. 60.
158. Lupus UK. Psychological and psychiatric problems in Lupus. *Lupus UK*. [Online] 2019. [Cited: 27 10 2022.] <https://www.lupusuk.org.uk/medical/nurses-guide/psychiatricproblems/>.
159. *Exercise and physical activity in systemic lupus erythematosus: A systematic review with meta-analyses.* O'Dwyer, T, Durcan, L and Wilson, F. 2, s.l. : Seminars in arthritis and rheumatism, 2017, Vol. 47.
160. *Effect of Self-Care management on Health Outcomes and Symptoms for Females with Systemic Lupus Erythematosus.* Mohamady, S H, Srour, O A A and Saad, N S E. 22, s.l. : Tanta Scientific Nursing Journal, 2022, Vol. 25.
161. *Depression and osteoarthritis.* Lin, E H. 11, s.l. : The American journal of medicine, 2008, Vol. 121.
162. NHS Digital. Finalised Patient Reported Outcome Measures (PROMs) in England, for Hip and Knee Replacement Procedures (April 2020 to March 2021). [Online] 2021. <https://digital.nhs.uk/data-and-information/publications/statistical/patient-reported-outcome-measures-proms/finalised-hip-and-knee-replacement-april-2019---march-2020/introduction>.
163. *Prevalence of rheumatologist – diagnosed psoriatic arthritis in patients with psoriasis in European/North American dermatology clinics.* Mease, P J, et al. 5, s.l. : J Am Acad Dermatol, 2013, Vol. 69.
164. *Gender specific differences in patients with psoriatic arthritis.* Nas, Kemal, et al. 2, s.l. : Modern Rheumatology, 2017, Vol. 27.
165. *An epidemiological study on trigger factors and quality of life in psoriatic patients.* Khaja, Alert, et al. 3, s.l. : Materia Socio-medica, 2014, Vol. 26.
166. *Prevalence and predictors of reduced work productivity in patients with psoriatic arthritis.* Kennedy, M, et al. s.l. : Clinical and Experimental Rheumatology, 2014.


167. *Epigenetics in rheumatoid arthritis: a primer for rheumatologists*. Bottini, N and Firestein, G S. 11, s.l. : Current rheumatology reports, 2013, Vol. 15.
168. *Osteoporosis in Rheumatoid Arthritis: Dangerous Liaisons*. Llorente, Irene, et al. 7, s.l. : Frontiers in medicine, 2020, Vol. 23.
169. *Which patients stop working because of rheumatoid arthritis? Results of five years' follow up in 732 patients from the Early RA Study (ERAS)*. Young, A, et al. 4, s.l. : Annals of the Rheumatic Diseases, 2002, Vol. 61.
170. Office for Health Improvement and Disparities. Percentage of physically inactive adults. *Fingertips*. [Online] 2021. [Cited: 25 01 2023.] https://fingertips.phe.org.uk/profile/msk/data#page/7/gid/1938133151/pat/6/par/E12000008/ati/401/are/E07000223/iid/93015/age/298/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_in-ao-1_in-eyo-1:2020:-1:-1_in-ct-44_in-pt-0.
171. NASS. Facts & figures. NASS. [Online] 2023. [Cited: 26 01 2023.] <https://nass.co.uk/about-as/as-facts-and-figures/#:~:text=Axial%20SpA%20has%20a%20profound%20effect%20not%20only,people%20with%20axial%20SpA%20report%20absenteeism%20at%20work>.
172. *Symptoms of depression and risk of new episodes of low back pain: a systematic review and meta-analysis*. Pinheiro, M B, et al. 11, s.l. : Arthritis care & research, 2015, Vol. 67.
173. *The prevalence of fibromyalgia in the general population: a comparison of the American College of Rheumatology 1990, 2010 and modified 2010 classification criteria*. Jones, G, et al. 2, s.l. : Arthritis & Rheumatology, 2015, Vol. 67.
174. *Continuing specialist care into adulthood in young people with juvenile idiopathic arthritis: a retrospective cohort study using electronic health records in England*. Costello, Ruth E, et al. s.l. : Rheumatology, 2022.
175. *Annual consultation incidence of osteoarthritis estimated from population-based health care data in England*. Yu, Dahai, et al. 11, s.l. : Rheumatology (Oxford), 2015, Vol. 54.
176. *Association between gout flare and subsequent cardiovascular events among patients with gout*. Cipolletta, Edoardo, Tata, Laila J and Nakafero, Georgina. 5, s.l. : JAMA, 2022, Vol. 382.
177. *Association between osteoarthritis and cardiovascular disease: Systematic review and meta-analysis*. Hall, Andrew J, et al. 9, s.l. : European Journal of Preventive Cardiology, 2020, Vol. 23.
178. *Excess mortality in rheumatoid arthritis: Gains in life expectancy over 25 years*. Norton, Sam, et al. 1, s.l. : Rheumatology, 2014, Vol. 53.
179. *Independent impact of gout on the risk of diabetes mellitus among women and men: a population-based, BMI-matched cohort study*. Rho, Young Hee, et al. 1, s.l. : Annals of The Rheumatic Diseases, 2016, Vol. 75.
180. *Gout and the risk of advanced chronic kidney disease in the UK health system: a national cohort study*. Stack, Austin G, et al. 8, s.l. : BMJ Open, 2019, Vol. 9.
181. *Incidence and mortality of interstitial lung disease in rheumatoid arthritis: A population-based study*. Bongartz, T, et al. s.l. : Arthritis & Rheumatism, 2010, Vol. 62.
182. *Mortality, causes of death and influence of medication use in patients with systemic lupus erythematosus vs matched controls*. Bultink, Irene E, et al. 1, s.l. : Rheumatology, 2020, Vol. 60.
183. University of Manchester. Estimated number of people with Psoriatic Arthritis and Fibromyalgia in 2020. Manchester: Unpublished, 2023.
184. The Scottish Health Survey 2022 – volume 1: main report. 5. Chronic Pain. 5th December 2023. Accessed on 15th January 2024. [5 Chronic Pain – The Scottish Health Survey 2022 – volume 1: main report – gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/health-survey-2022-volume-1-main-report/pages/5-chronic-pain.aspx).
185. *The prevalence of axial spondyloarthritis in the UK: a cross-sectional cohort study*. Hamilton, Louise, et al. In: BMC Musculoskeletal Disorders, 2015, Vol. 16.

For more information please visit
our website: versusarthritis.org

0300 790 0400

 /VersusArthritis

 @VersusArthritis

 @VersusArthritis

Versus Arthritis
Copeman House
St Mary's Gate
Chesterfield
S41 7TD

DATA
VERSUS
ARTHRITIS