THE PAINFUL TRUTH

Nationally, one in five, or an estimated 50 million adults, report that they have doctor-diagnosed arthritis (being told by a doctor that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia). By 2030, an estimated 67 million Americans aged ≥18 years are projected to have doctor-diagnosed arthritis. This is concerning because arthritis and related conditions are the leading causes of disability for people in the U.S. In addition, arthritis commonly occurs with other chronic conditions, such as obesity, diabetes, and heart disease. In 2003, total costs (direct and indirect) attributed to arthritis and other rheumatic conditions in the U.S. were $128 billion, up from $86 billion in 1997; total costs attributable to arthritis in Oregon were $1.6 billion.

THE ACTIVITY GAP

A recent MMWR examined the difference in activity levels for people with and without arthritis in the U.S. The results were striking, especially regarding the very low levels of activity among those with arthritis.

In particular, the report looked at the prevalence of no leisure-time physical activity (LTPA) among people with and without arthritis. Respondents with doctor-diagnosed arthritis (defined above) were classified as “no LTPA” if they answered “no” to the question, “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?” No LTPA was particularly of interest because it was thought to be the physical activity area that is most readily modified for most people (as opposed to activity at work).

Nationally, the report found that:
1) the prevalence of no LTPA is significantly higher among adults with arthritis than among those without arthritis in every state and the District of Columbia; 2) the disparity in no LTPA between adults with and without arthritis is large; and 3) adults with arthritis comprised a substantial portion of all adults reporting no LTPA in each state (Table, below).

In Oregon, the proportion of people with arthritis reporting no LTPA is lower than the national average, but the difference between people with and without arthritis (% disparity gap), and the contribution of arthritis to no LTPA (% arthritis impact) are greater (Table). People with arthritis in Oregon are disproportionately represented among those reporting no LTPA, given that 27% of the population in Oregon reports having arthritis, but 40% of those reporting no LTPA have arthritis.

This limitation in physical activity is important because we know that arthritis symptoms tend to improve with appropriate physical activity, and people with arthritis often have other chronic medical conditions that benefit from physical activity. Among adults with arthritis in Oregon, 32% were obese, 15% had diabetes, and 12% had coronary heart disease during 2009. In addition, an increasing proportion of people with arthritis in Oregon report that arthritis symptoms restrict their daily activities (Figure, right). If we want to see activity levels increase across the population broadly, this large segment of the population with activity limitations will have to be addressed.

GETTING THINGS IN MOTION

The Oregon Arthritis Program works with the Arthritis Foundation to train instructors in the Arthritis Foundation Exercise Program (AFEP) and Walk With Ease, two evidence-based physical activity programs. The programs are supported by Arthritis Foundation staff and are promoted by local health departments. AFEP programs are currently available in 14 counties across Oregon. Since January of 2008, 692 participants have taken an AFEP program. The Walk With Ease program is just being launched in Oregon, with plans to make it more widely available during the next year. The Oregon Public Health Division also runs the “Arthritis Pain Reliever” campaign each spring, which encourages general exercise and active living.

Table. No LTPA among adults with and without arthritis.

<table>
<thead>
<tr>
<th>Location</th>
<th>With Arthritis (95% CI)</th>
<th>Without Arthritis (95% CI)</th>
<th>% Disparity Gap</th>
<th>% Arthritis Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>31.8 (30.2–32.9)</td>
<td>20.7 (19.6–21.8)</td>
<td>53.0</td>
<td>35.2</td>
</tr>
<tr>
<td>Oregon</td>
<td>25.5 (22.7–28.6)</td>
<td>13.9 (12.3–15.8)</td>
<td>183.5</td>
<td>40.7</td>
</tr>
</tbody>
</table>

RESOURCES

• The Oregon Prevention and Wellness Self-Management Website: [http://public.health.oregon.gov/PreventionWellness/SelfManagement/Pages/index.aspx](http://public.health.oregon.gov/PreventionWellness/SelfManagement/Pages/index.aspx)
• Centers for Disease Control and Prevention Arthritis Program: [www.cdc.gov/arthritis/pa_overview.htm](http://www.cdc.gov/arthritis/pa_overview.htm)
If you need this material in an alternate format, call us at 971-673-1111.

If you would prefer to have your CD Summary delivered by e-mail, zap your request to cd.summary@state.or.us. Please include your full name and mailing address (not just your e-mail address), so that we can purge you from our print mailing list, thereby saving trees, taxpayer dollars, postal worker injuries, etc.

REFERENCES

Novel Influenza A H3N2 swine origin virus
On November 20, CDC confirmed that three children in Iowa were infected with a novel strain of influenza A H3N2. This strain is a triple reassortant swine-origin virus, which has been identified in 11 cases in 5 states since July. Although 19 human infections with swine-origin H3N2 have been documented since 2009, this strain is different: it contains a gene for the matrix (M) protein from the pandemic H1N1 flu strain. All three Iowa children were only mildly ill and have recovered. They had not been exposed to swine, but they did have contact with one another, which suggests human-to-human transmission. No other cases were detected in Iowa. The 11 cases reported since July have primarily been children (median age 3 years), but ages ranged from 11 months to 58 years.

A preliminary analysis of sera from patients vaccinated with last year’s (same as this year’s) seasonal vaccine suggests that in adults it induces antibodies with limited cross-protection against the novel strain, but probably not in children <3 years of age. The good news is that the novel viruses were susceptible to both zanamivir (Relenza®) and oseltamivir (Tamiflu®).

No novel H3N2 cases have been detected in Oregon this season. We will continue to monitor the emergence of such strains through PCR testing of specimens from sentinel providers throughout the state, outbreaks, and hospitalized patients in the Portland metro area. Any strain that cannot be subtype by the Oregon State Public Health Laboratory will be forwarded to CDC for really fancy testing.

As usual, clinicians who identify influenza-like illness (fever ≥100°F [37.8°C], oral or equivalent, AND cough or sore throat in the absence of another known cause) among patients recently exposed to swine should contact our on-call epidemiologist at 971-673-1111. Influenza outbreaks should be reported to your local health department.

If you are a clinician interested in participating in the Oregon influenza-like illness sentinel provider network (ILINet), which helps to track flu activity in the state, please e-mail Patricia. Newman@state.or.us.

REFERENCE