

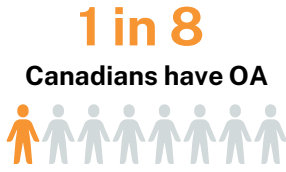
OSTEOARTHRITIS (OA) IN THE MARITIMES

Current management and health care use



BACKGROUND

Osteoarthritis (OA) is a degenerative joint disease and a leading cause of disability



Rates rising fastest:
45-55 year-olds
leading to higher health care use for longer



- Surgery alone is unsustainable
- Early diagnosis and clinical management are crucial

To build a better understanding of who has OA in the Maritimes, and how their physical activity levels are associated with specific health issues and health care use.

STUDY AIMS

PART 1

Maritime data

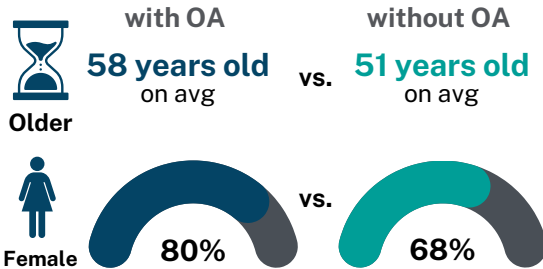
Survey data from **Atlantic PATH core questionnaire** was used to compare characteristics of people with OA to people without OA in all three Maritime Provinces.



28,591 People
3,740 with OA
24,851 without OA

30-74 years old

Individual Characteristics



People with OA reported

- Lower education levels and income
- Higher unemployment

Lifestyle, behaviour, and mood

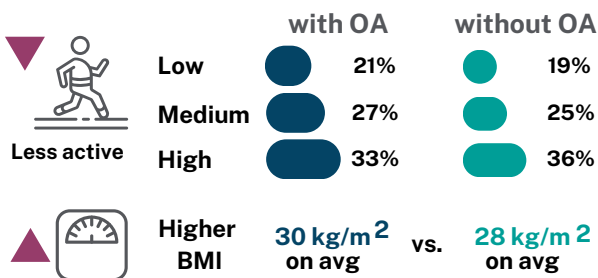
	With OA	Without OA
Trouble sleeping		
Sometimes	39%	35%
Most or all of the time	29%	20%
Depression		
Moderately severe	2%	1%
Severe	0.7%	0.4%

After adjusting for individual and lifestyle differences, people with OA were:

3.2x more likely to use opioids

4.0x more likely to use opioids and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Physical activity levels



Other diseases

# Diseases	With OA	Without OA
1	35%	30%
2	18%	11%
3	6%	3%
4+	2%	1%

Other diseases are more common

People with OA who had low physical activity levels had more additional diseases than those without OA who also had low physical activity levels.

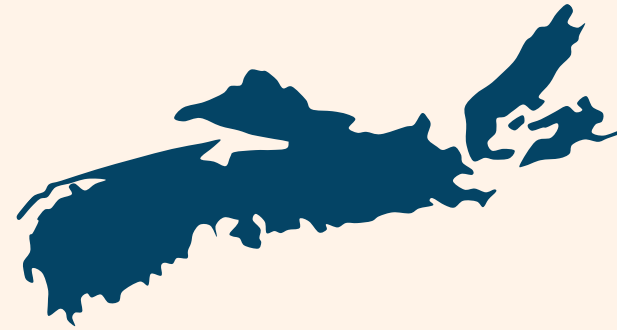


OA and health care use in Nova Scotia


PART 2

Nova Scotia Data

Includes **Atlantic PATH core questionnaire** NS data and **administrative health data** from one year before and one year after people completed the PATH core questionnaire.



17,778 People
2,485 with OA
15,293 without OA

 **30-74** years old

Areas for future research

- Build a better understanding of how treatments (e.g. physiotherapy and medication) are prescribed by health care providers.
- Determine how current OA management in the region aligns with the latest international guidelines.
- Investigate whether health care needs of people with OA are being adequately met.

LEARN MORE

Visit: <https://mssu.ca/research/research-projects/osteoarthritis-in-the-maritimes/>

Infographic created by: R. Giacomantonio and A. Bruce.

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	With OA	Without OA
Diagnoses consistent with OA		
Lower limb (e.g. hips, knees)	14%	2%
Upper limb and spine	2%	0.4%
Medical procedures associated with OA		
Lower limb (e.g. hips, knees)	6%	1%
Upper limb and spine	0.8%	0.4%

Overall, health care use was higher for people with OA, and for those with lower physical activity levels.



Ambulatory Care	With OA	Without OA	Low Activity (regardless of OA status)	High Activity
# Visits	14.3	10.4	11.7	10.5
# Providers	3.4	3.1	3.3	3.1

People with OA had a higher MMCI (a measure of continuity of care), which suggests more consistent interactions with health care providers.



KEY FINDINGS

This study provides important baseline data about the individual characteristics, physical activity and health of people with OA in the Maritimes.

- Despite being healthier and less clinically severe than the general OA population, people with OA in this study were older, more likely to be female, and had lower education levels, lower income, and higher rates of unemployment, compared to people without OA.
- People with OA reported lower physical activity levels than those without OA. People with OA who reported low levels of physical activity levels had more additional diseases.
- People with OA used significantly more opioid and NSAID medications than those without OA. Yet, people with OA who reported higher physical activity levels reported less opioid use, which suggests a possible protective effect of increased physical activity.
- In Nova Scotia, people with OA used more health care resources than those without OA. People with lower physical activity levels had higher health care use, regardless of whether they had OA.