



Arthritis NZ
Mateponapona
Aotearoa



Arthritis Confidence Index

2025 Report

Arthritis Confidence Index

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Authorship and Acknowledgements

The “Arthritis Confidence Index” (ACI) report was prepared by Dr Richard Griffiths, Research Manager at Arthritis NZ Mateponapona Aotearoa, with the support of colleagues from across our organisation. Additional analytical and production support was also provided by our market research partners, [Insights HQ](#).

We are extremely grateful to the respondents who shared their lived experience and views in our 2025 ACI survey.

We also very warmly acknowledge the members of our LINK Group who again participated in our pilot (initial test) survey to provide their input to ensure the final version of the survey was appropriate and engaging for other members of our consumer community.

Please use the following citation when referencing this report:

Griffiths, Richard (2025). *Arthritis NZ Mateponapona Aotearoa 2025 Arthritis Confidence Index Report*.

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The Arthritis Confidence Index (ACI) was developed by Arthritis NZ in 2024 to:

- Help us get a better understanding of the challenges our consumer community faces;
- What is going well with their arthritis throughout the year and over time; and
- Inform our work, including advocacy activities and relationships with the health sector.

Key Details

- A total of **1,563 consumers** completed our second ACI survey.
- The survey was formally launched on World Arthritis Day (Sunday 12th October 2025) and was available to members of our consumer database to complete for five weeks.
- While we again asked people about their diagnosed conditions, wait times for consults and quality of life, we also included new questions about whether they view their arthritis as a disability, levels of pain experienced in a typical week and whether they use and trust AI platforms.
- The survey took approximately 10 minutes to complete.
- Respondents could choose to enter a weekly prize draw for a \$50 supermarket voucher.
- The development of the ACI was again supported by grants from the Room-Simmonds Trust and Perpetual Guardian Foundation.

Arthritis Conditions

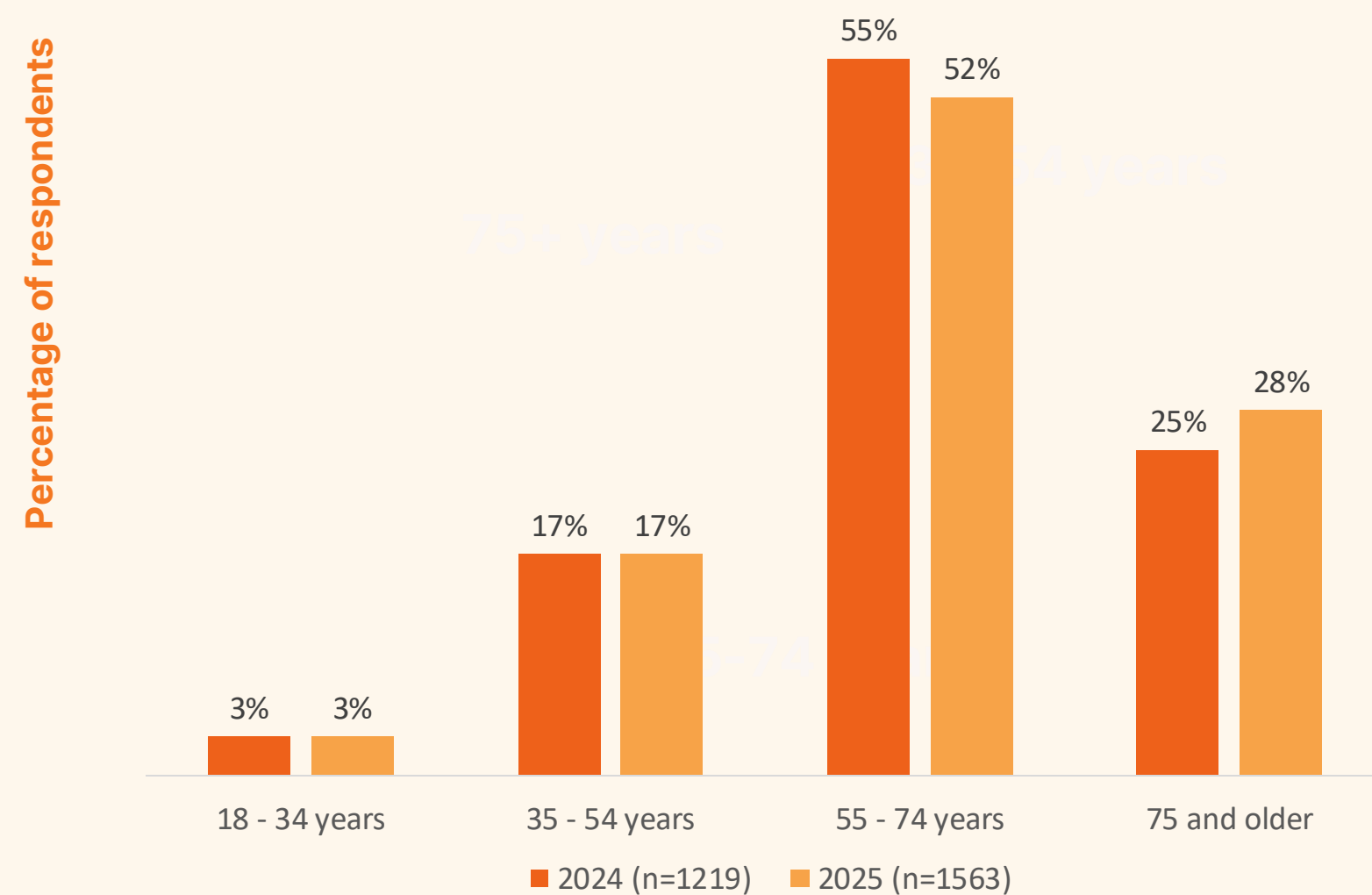


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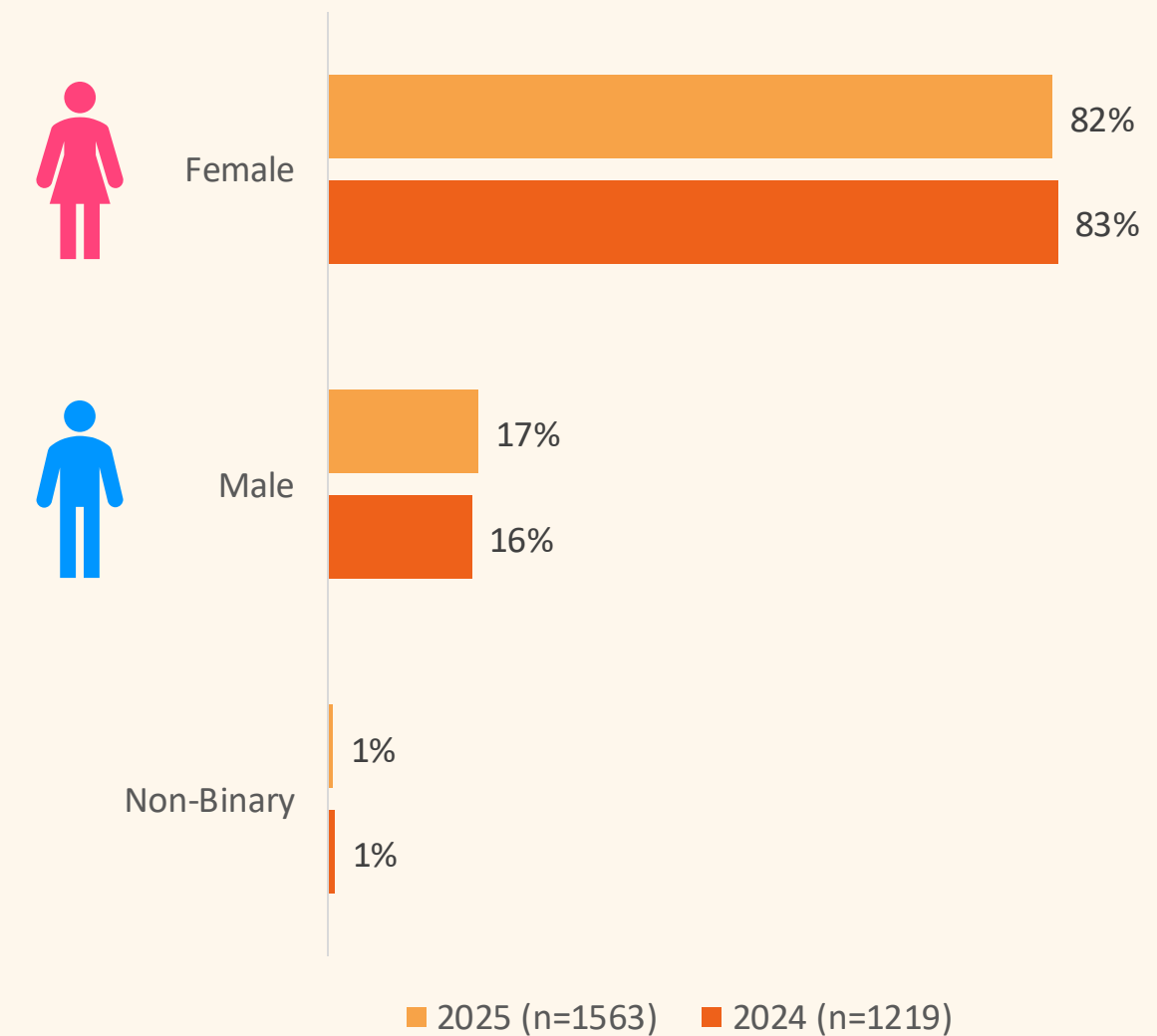
Arthritis Confidence Index consumer demographics.

Age Groups: *Age is constant year over year*



Q. Which age group are you?

Gender: *Gender is constant year over year*



Q. What is your gender?

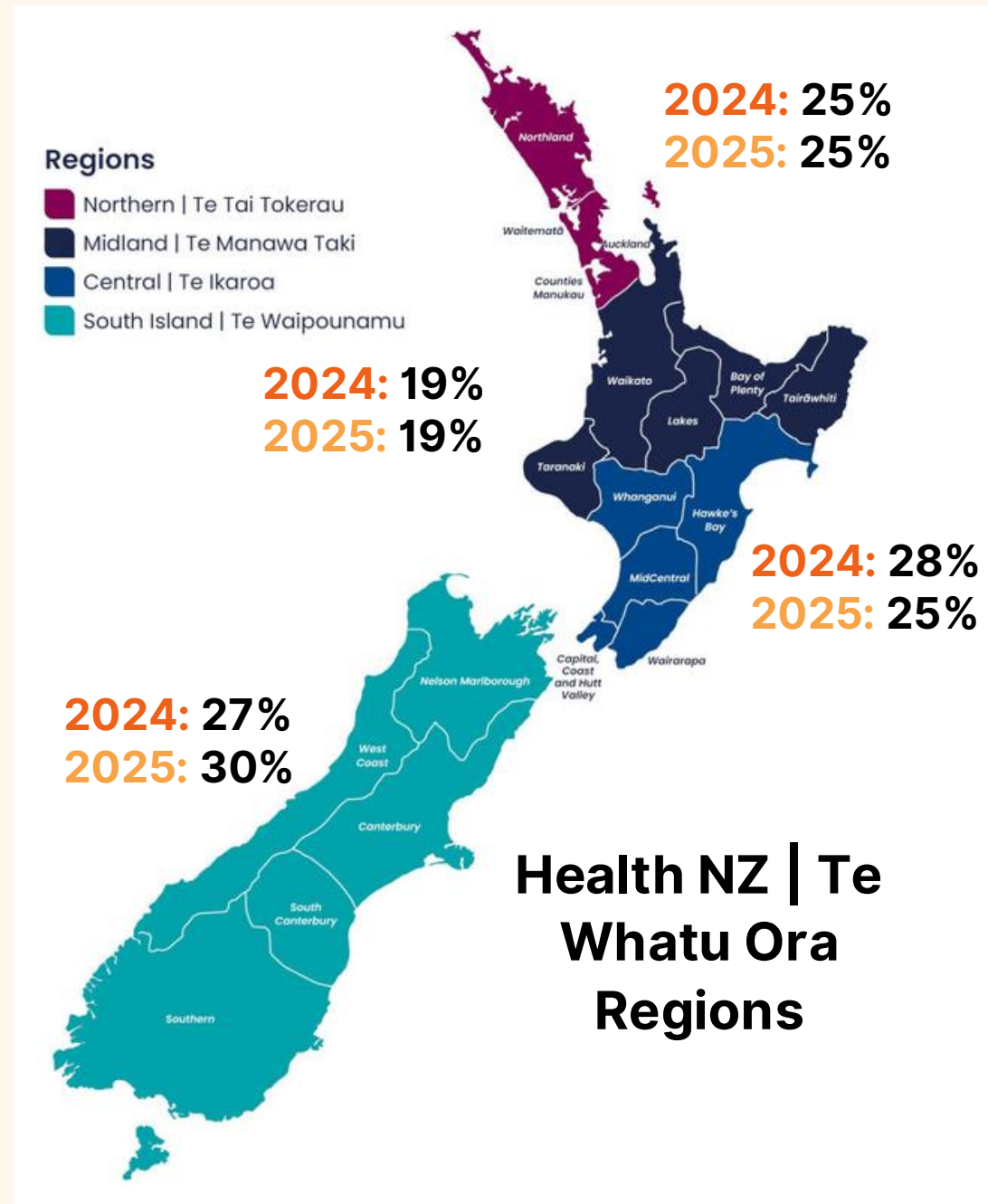
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Arthritis Confidence Index consumer demographics.



Percentage of respondents



Ethnicity



	2024 (n=1219)	2025 (n=1563)
NZ European/Pakeha	90%	94%
Māori	6%	7%
Pasifika	1%	1%
Asian	1%	2%
Middle East/Latin America/African	1%	1%

Q. In which Health NZ | Te Whatu Ora district do you live?

Q. Which of the following ethnic groups do you identify with? (respondents could select multiple options)

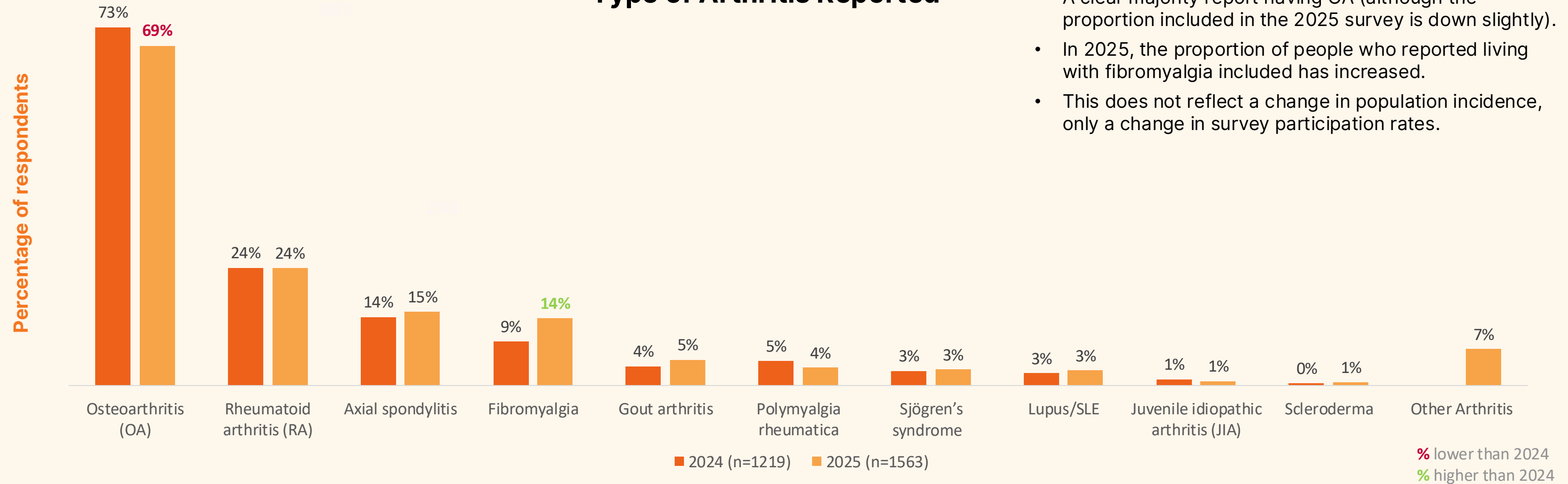
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OA is the most commonly reported condition.



Type of Arthritis Reported



- A clear majority report having OA (although the proportion included in the 2025 survey is down slightly).
- In 2025, the proportion of people who reported living with fibromyalgia included has increased.
- This does not reflect a change in population incidence, only a change in survey participation rates.

- Reports of osteoarthritis increase with age, particularly for people 65 years of age and older.

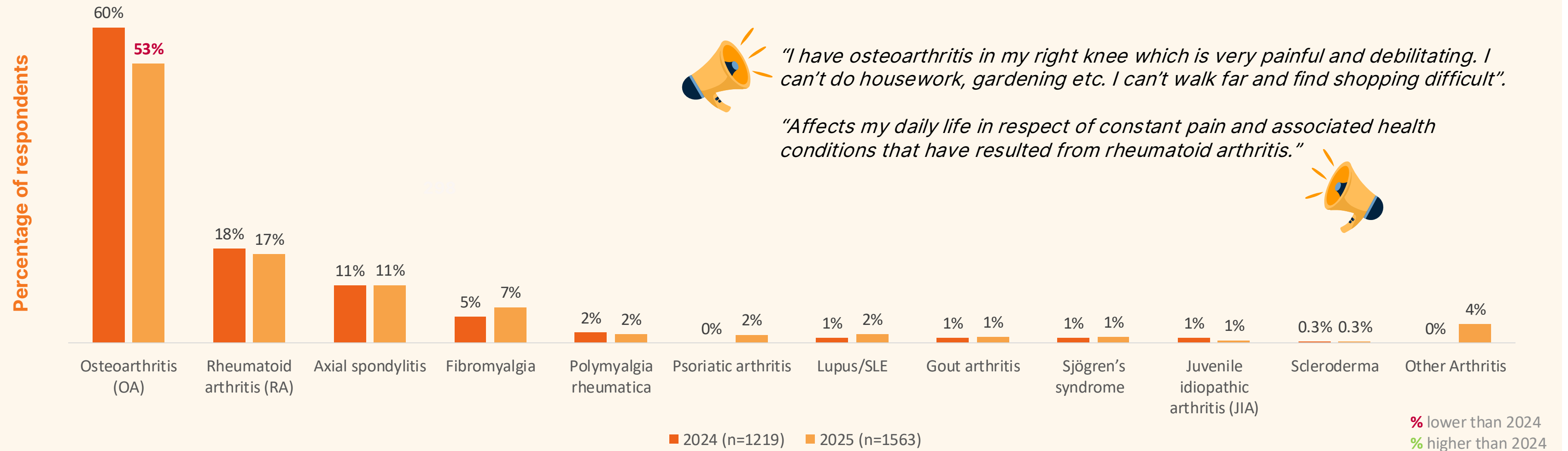
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OA is the type of arthritis that is most likely to affect people most in their daily lives.



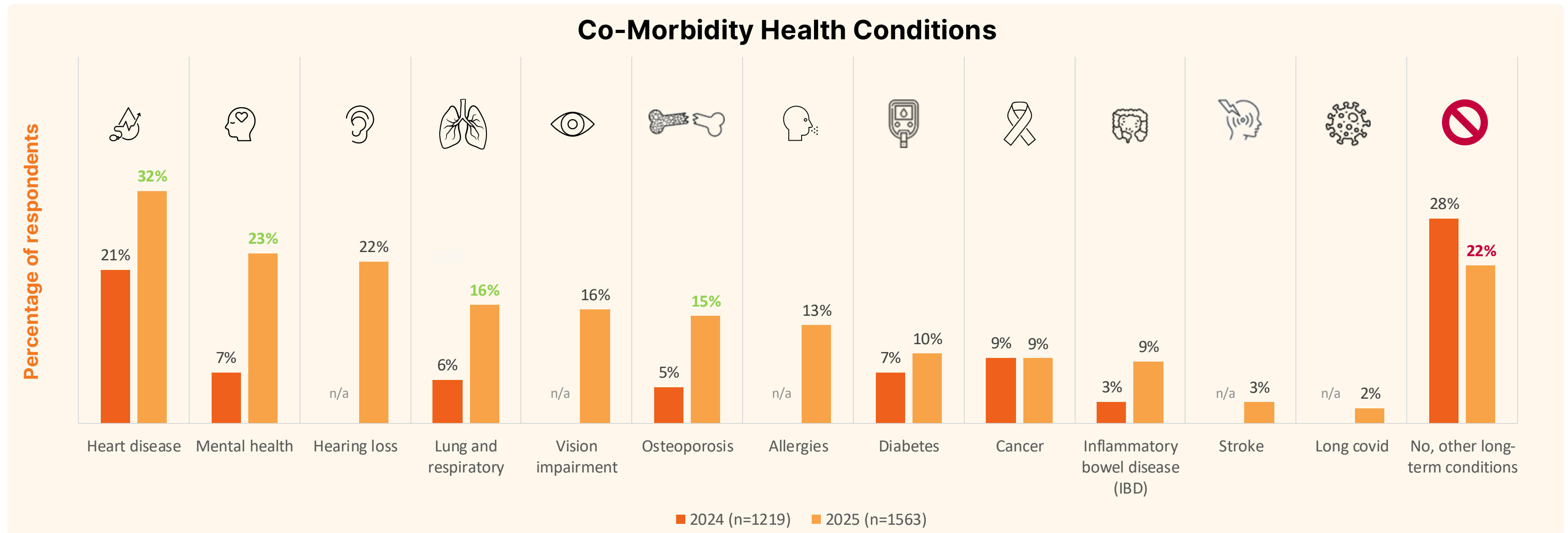
MAIN Type of Arthritis



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Heart disease is the most commonly reported other long term health condition.



- Almost a third of respondents live with heart disease in addition to arthritis (32%).
- Slightly less than a quarter of respondents with arthritis also reported a mental health diagnosis (23%).
- Respondents are reporting a higher incidence of other long-term health conditions in addition to arthritis.

% lower than 2024
% higher than 2024
n/a not asked

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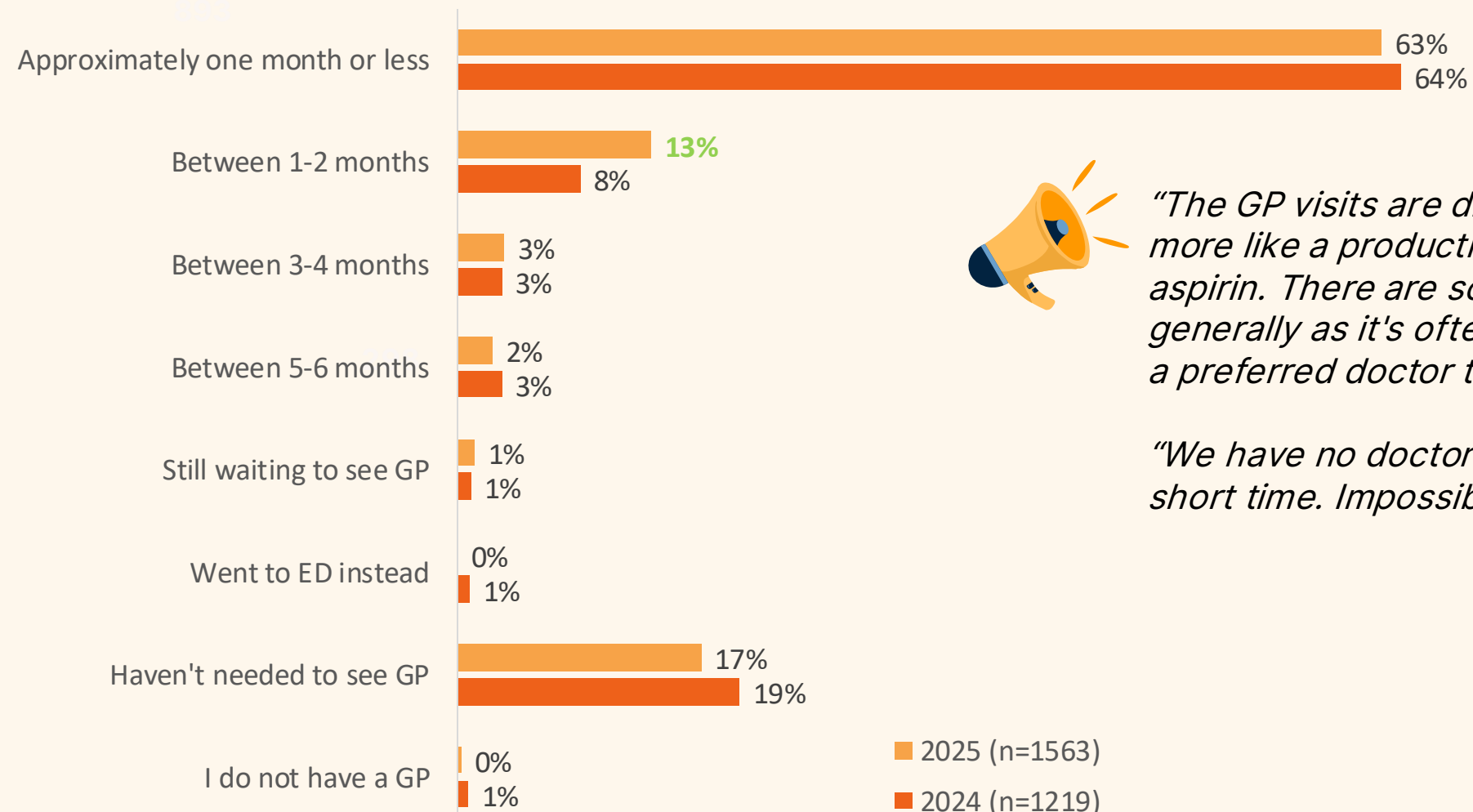
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Almost two-thirds of people with arthritis waited one month or less to visit their GP.



Longest Wait to Visit GP

Percentage of respondents



"The GP visits are difficult to access in a timely fashion, and I feel more like a production line, 15 minutes speak quickly here take an aspirin. There are some good doctors but there is no consistency generally as it's often lucky dip getting in to see a Doctor & if u have a preferred doctor the wait can sometimes onerous."

"We have no doctor up here and when we do get one it is only for short time. Impossible to get an appointment."



Note: Month categories changed in 2025. 2024 recalculated to align

- In 2025, there was a statistically significant increase in the proportion of respondents reporting they had to wait one to two months to see their GP.

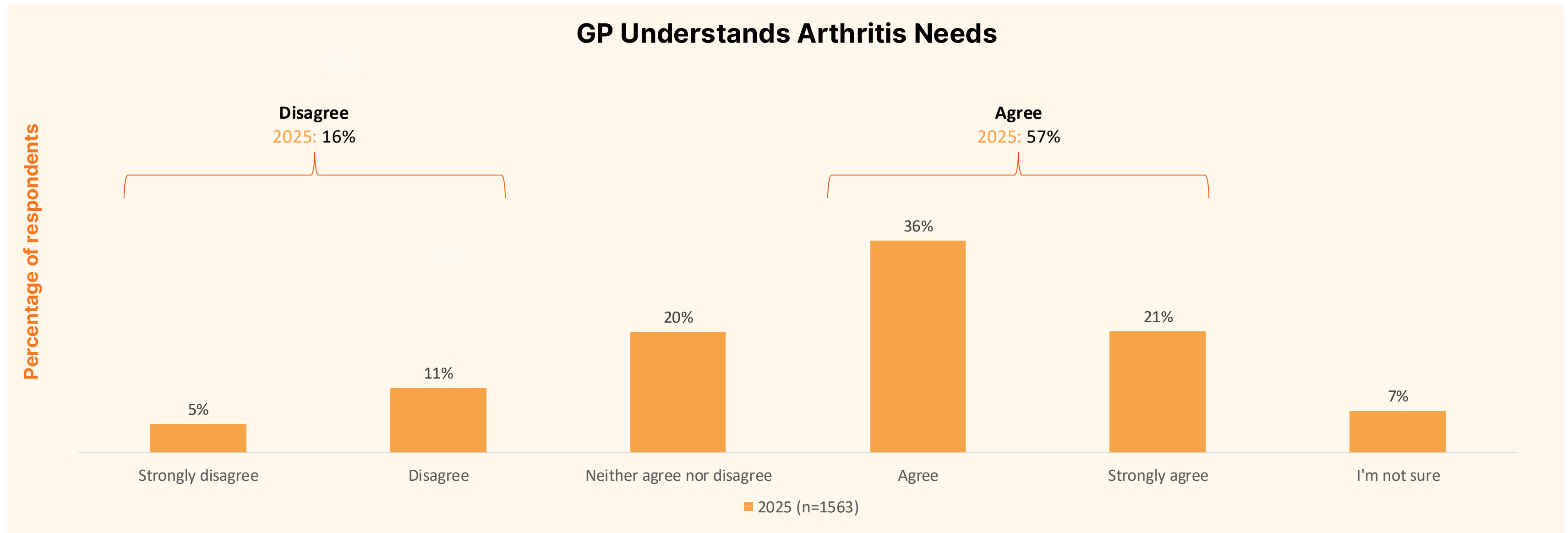
% lower than 2024
% higher than 2024

Q. What is the longest you have had to wait to see a doctor/GP at the medical centre or clinic you usually attend for an arthritis-related issue during the previous 6 months?

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More than half of respondents agree their GP understands their arthritis and needs.



- Almost one in 10 respondents who are unable to work due to their arthritis, strongly disagree with the statement about GPs and their needs.
- Sixteen percent either 'strongly disagreed' (5%) or 'disagree' (11%) with the statement that their GP understands their needs.
- Those with fibromyalgia or lupus are more likely to disagree with the statement.

Q. Please indicate your level of agreement with the following statement: "The GPs/doctors at the medical centre or clinic I usually attend understand my arthritis and needs that are associated with my condition(s)" (note: only asked in 2025 ACI survey).

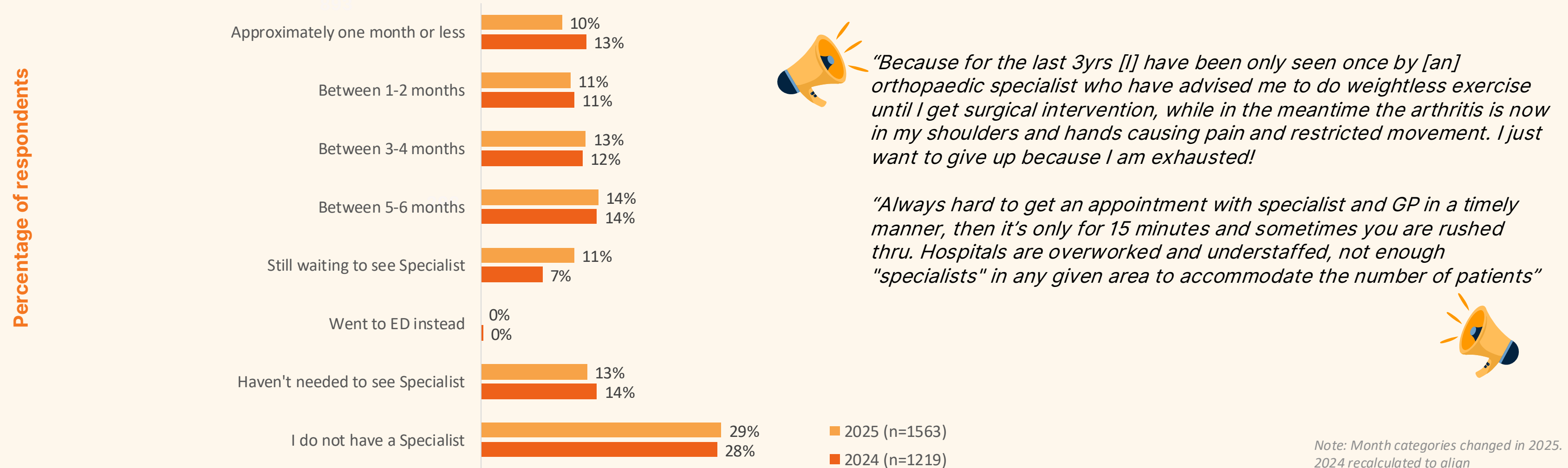
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A quarter of respondents do not have specialist for their arthritis. Wait times are longer than to see a GP.



Longest Wait to See Specialist



- The reported wait times to see a specialist have not changed year over year.

Q. What is the longest you have had to wait to see your main specialist for an arthritis-related issue during the previous 6 months? (e.g. a rheumatologist, orthopaedic surgeon, dermatologist, etc.)

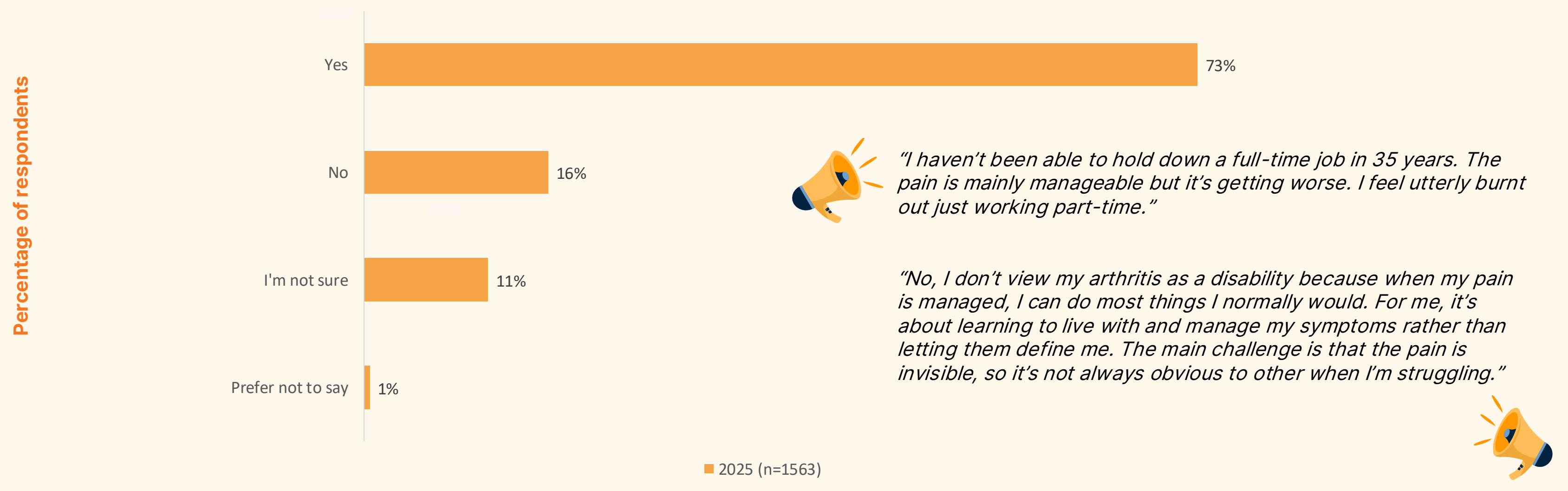
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Almost three quarters of respondents view their arthritis as a type of disability.



Consider Arthritis a Type of Disability



- Slightly more than one in ten respondents were not sure whether to frame their arthritis as a type of disability (11%).

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2025 Report – Arthritis and Disability

Some respondents are reluctant to identify as “disabled”.

- They acknowledge disabling effects but resist the label, preferring a more positive or neutral framing.
- Several also indicate their arthritis is manageable and they are mobile and able to continue their day-to-day activities.

“ I don't like to think of it as a disability - although it definitely disables me in terms of what I am capable of. I am no stranger to pain, so I tend to put it to the back of my mind and try to carry on as best I can. ”

“ It feels wrong to describe it as a disability even though the effects are disabling. ”

“ Sometimes arthritis prevents me from doing things and the pain is unbearable some days and it may be a disability but not sure if I'm happy with that. ”

Other respondents describe arthritis as a disability once it causes persistent pain, limits mobility and daily activities, requires ongoing adaptation or lifestyle changes.

Arthritis is more likely to be considered a disability when the following are experienced:

- **Pain and mobility limitations:** Persistent pain and reduced mobility are common, affecting walking, grip, and physical activity.
- **Impact on daily activities and independence:** Difficulties with routine tasks (e.g., household chores, personal care, hobbies) are frequently noted.
- **A need for adaptation:** Strong emphasis on coping, adjusting activities, and “getting on with it” despite limitations.
- **Work and lifestyle adjustments:** Many report modifying work, exercise, and recreational activities due to physical constraints.
- **Medication and treatment influence:** Effective treatment can significantly reduce impact, though symptoms may fluctuate or return.
- **Fluctuating impact:** Symptoms vary significantly day-to-day, with “good days” and “bad days” shaping perceptions of severity.
- **Quality of life impact:** Broader effects include disrupted sleep, reduced activity levels, and emotional/mood challenges.

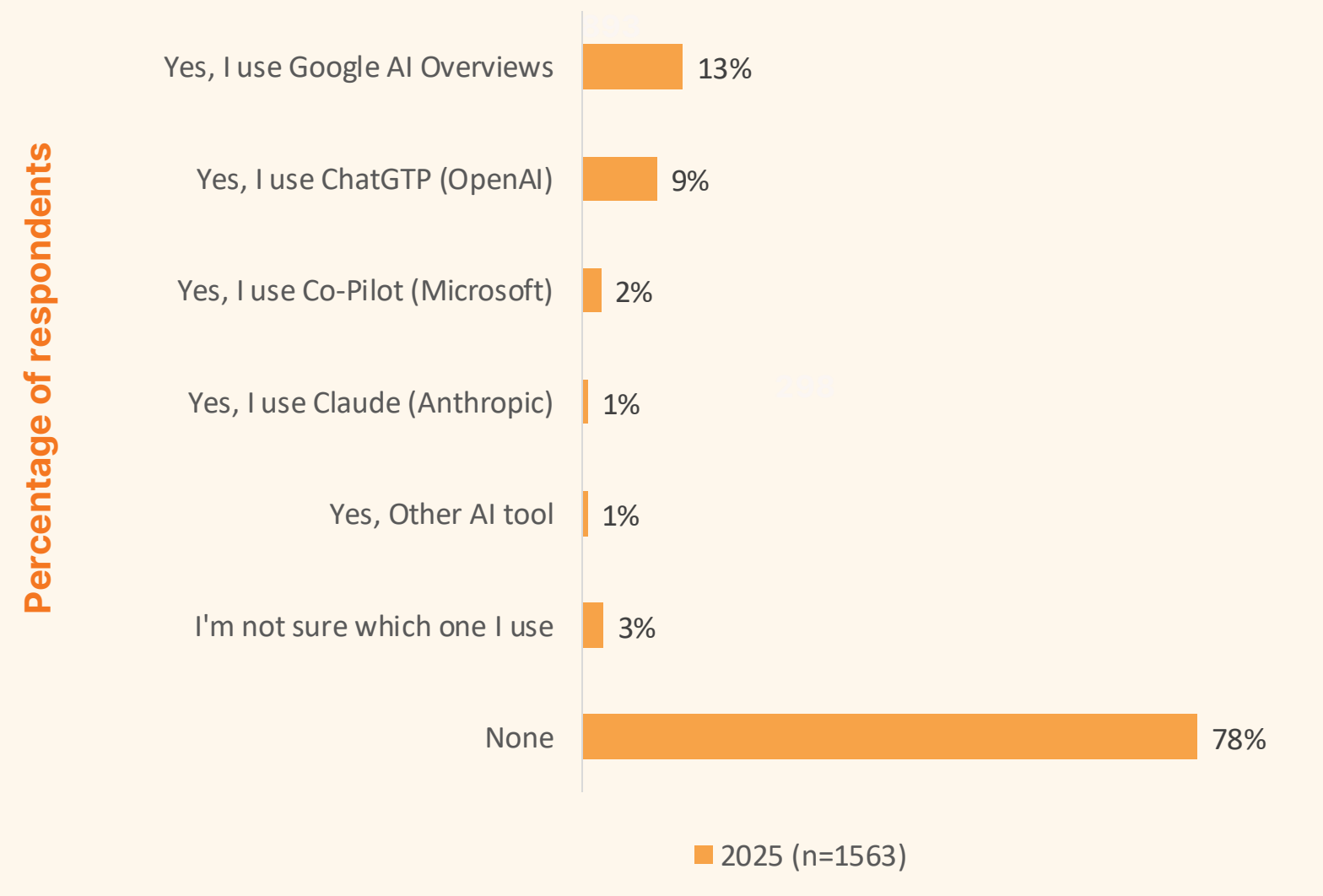
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Most respondents are not using AI for health information related to their arthritis.



Use AI for Health Information



- A clear majority do not use AI platforms to access health information or advice to help them with their arthritis (78%).
- Of those who do, Google AI Overview was the most popular choice at 13% followed closely at 9% by ChatGTP (OpenAI).
- A very small number noted they use AI platforms but aren't sure which one(s) they are (3%).
- Eighty-nine respondents chose to use two AI platforms to access information. Of these consumers, 47% use Google AI Overview, 17% use Co-Pilot, 13% use Gemini, 9% use Claude and 7% use ChatGTP.

Q. Are you currently using any form of artificial intelligence or "AI" tools such as Chat GTP, Claude or Co-Pilot to access health information and advice relating to your arthritis?
(Note: those who answered no to this question skipped the next survey question which asked those who do use AI whether they trust the information and advice they are being given)

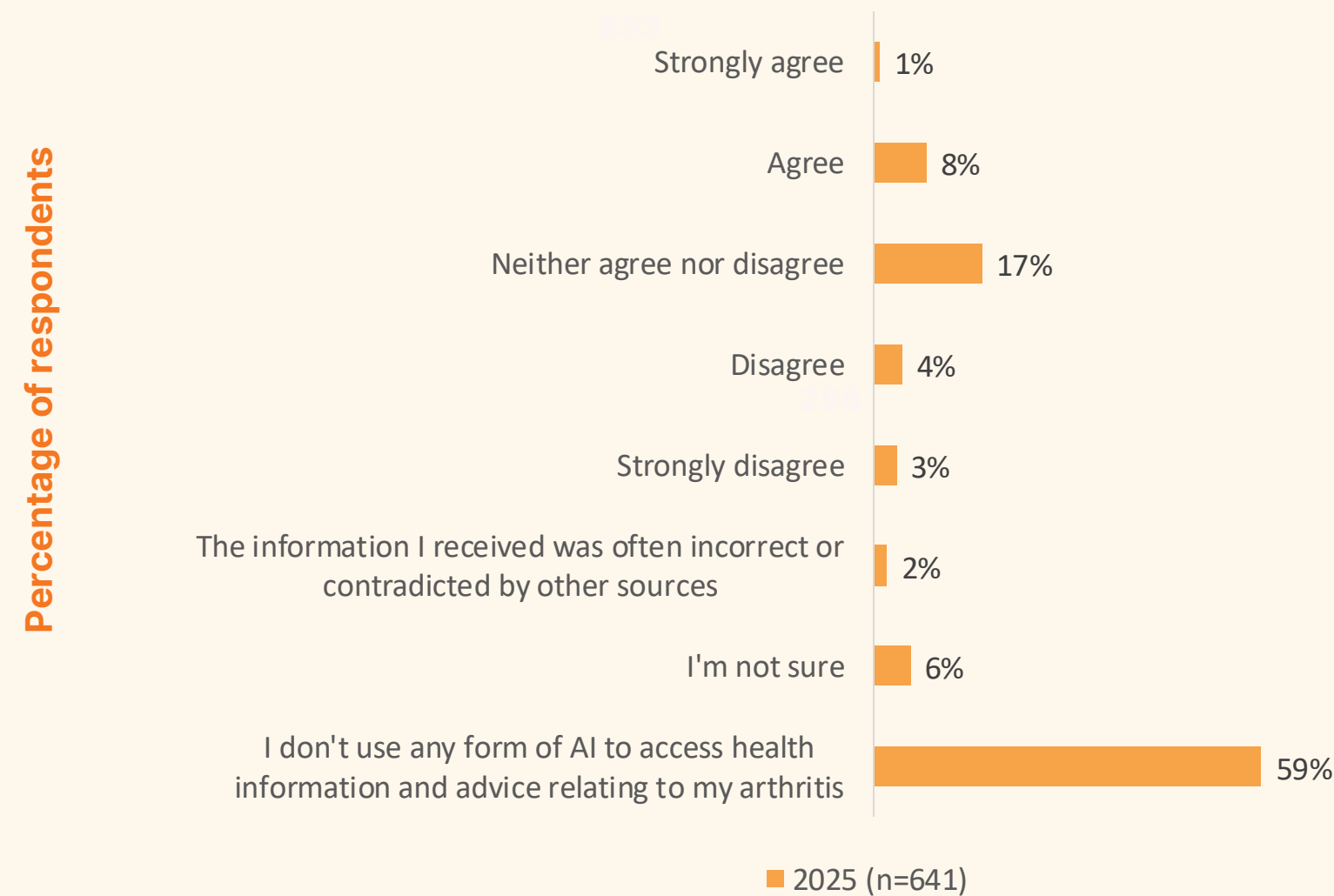
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Those using AI are clearly ambivalent or tend not to trust it as a credible info source.



Trust AI Information on Arthritis



- Of those consumers who do, around one in 10 people told us they either 'agreed' (8%) or 'strongly agreed' (1%) that they trusted what AI is telling them (9%).
- While 7% either 'disagreed' (4%) or 'strongly disagreed' (3%), 59% said they don't use any form of AI to find out advice that could potentially help them with their arthritis.
- Close to a quarter of the sample are clearly ambivalent or uncertain of how much trust to put in AI (23%). Seventeen percent revealed they 'neither agree nor disagree' with the statement about trust and AI platforms.
- Six percent were unsure about how much to trust what AI was telling them in relation to their arthritis.

Q. Please indicate your level of agreement with the following statement: "I trust the information and advice I am being given by the AI assistant or platform I am using in relation to my arthritis." Q. Are you currently using any form of artificial intelligence or "AI" tools such as Chat GTP, Claude or Co-Pilot to access health information and advice relating to your arthritis?

(Note: those who answered no to the previous question skipped this survey question about trust and AI)

Quality of Life



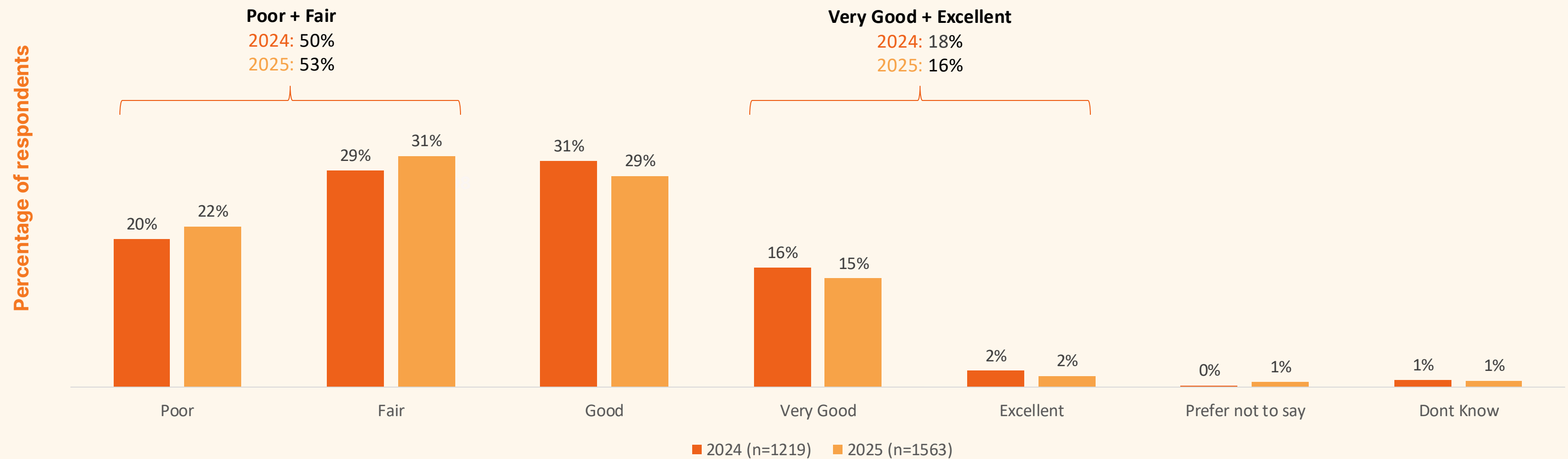
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A significant proportion of people with arthritis report poor or fair health (53% in 2025).



Self Reported Personal Health Status

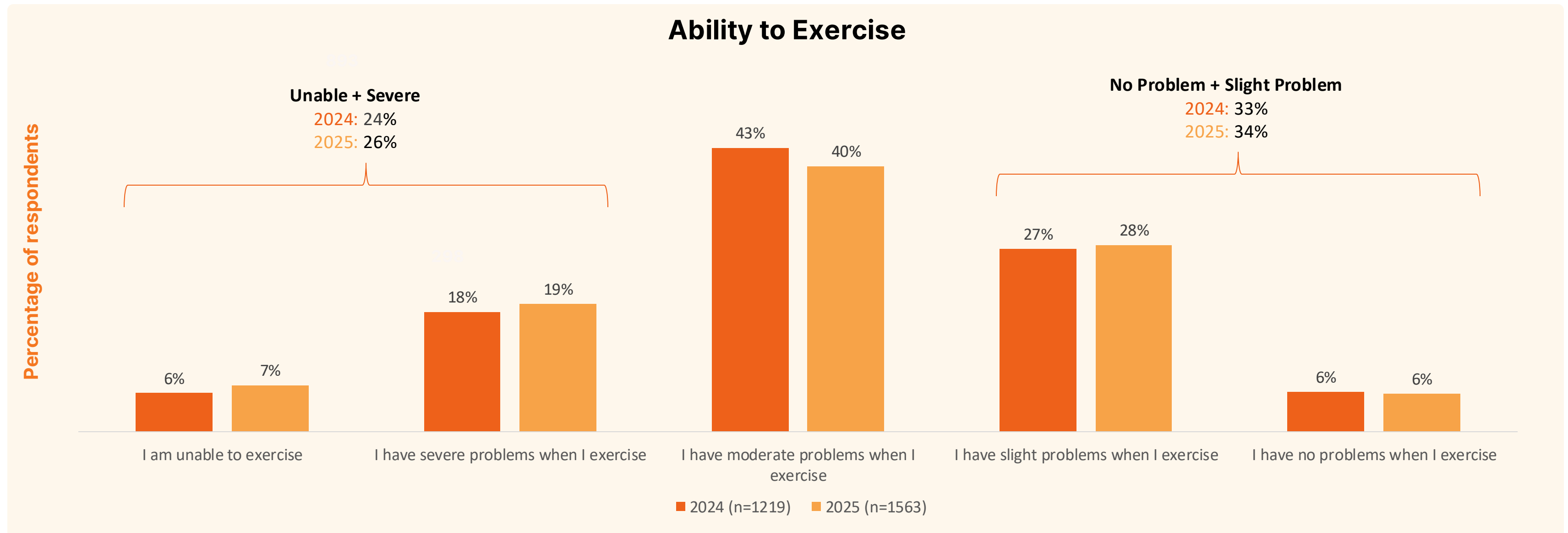


- Very few people with arthritis are reporting they are in very good or excellent health. Most tend to say good or fair.
- There were no statistically significant differences identified between 2024 and 2025.

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Approximately a quarter of people with arthritis can't exercise or have severe problems exercising.



- Two in five have moderate problems, but a third don't have any significant problems.
- Males are more likely than females to say they do not have any problems exercising (12% vs 5%).

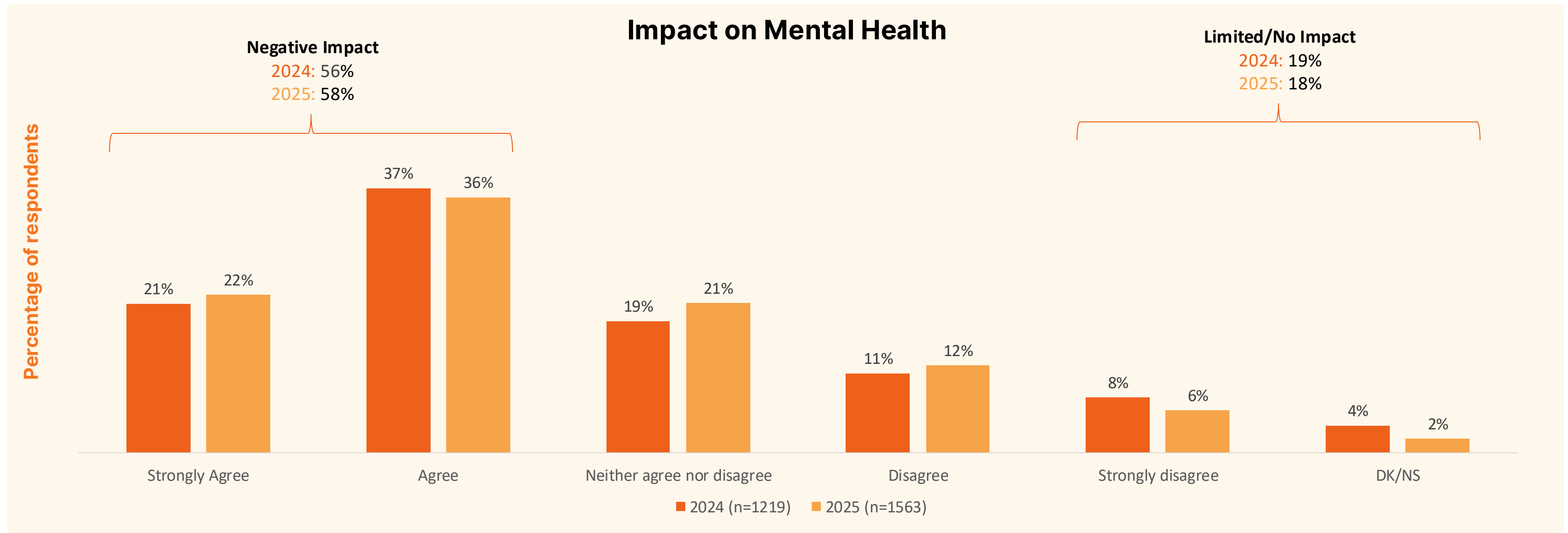
Q. Which of the following best describes your current ability when it comes to doing exercise?
(i.e., activity requiring physical effort, carried out to sustain or improve health and fitness)

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Slightly more consumers' mental health has been adversely impacted by arthritis in the past 12 months than in 2024.



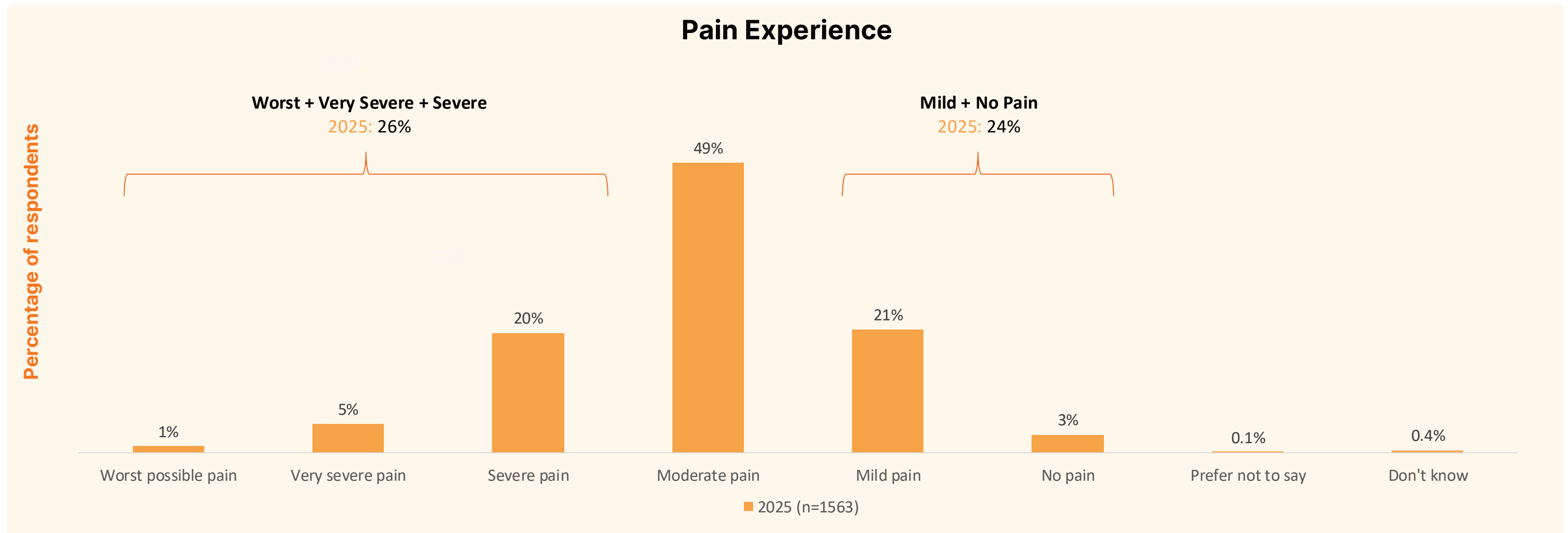
- A majority of respondents 'strongly agreed' (22%) or 'agreed' (36%) with our mental health statement in 2025 (vs. 56% in 2024).
- As with personal health there were no statistically significant differences reported in relation to mental health between 2024 and 2025.

Q. Please indicate your level of agreement with the following statement: "My mental health and wellbeing are adversely affected by my arthritis"

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About half of people living with arthritis are experiencing moderate pain levels in a typical week.



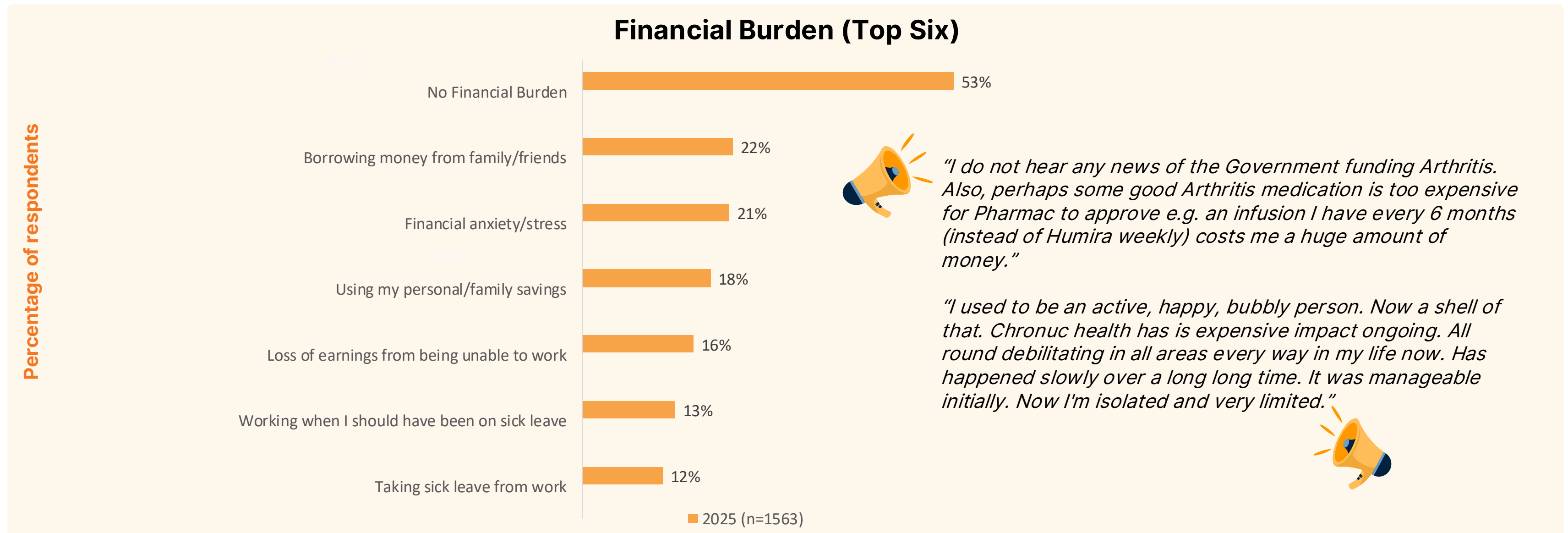
- A quarter of people described their pain level as either 'severe' (20%), 'very severe' (5%) or the 'worst possible pain' (1%).
- Those with high pain levels are more likely to say it is impacting their ability to work.

Q. We all experience pain differently depending on many different factors, including stress, seasons, flares, etc. Allowing for this, what level of pain do you normally experience in a typical week from your arthritis?

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One in five consumers reported the need to borrow money or that they have experienced financial anxiety.

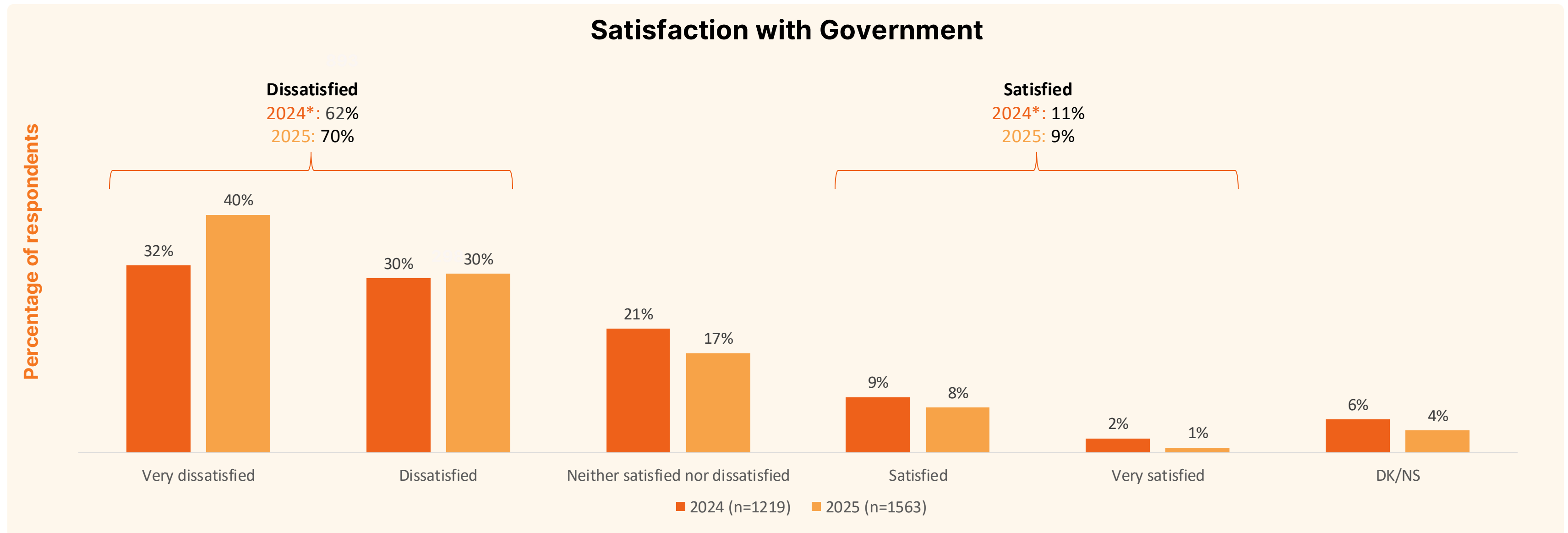


- Slightly more than half indicate they are not experiencing any financial burden as a result of their arthritis.
- The impact of working with arthritis was reported by respondents as a key issue for three of the top six financial burdens.

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People are even more dissatisfied with the the government's management of the health sector in 2025.



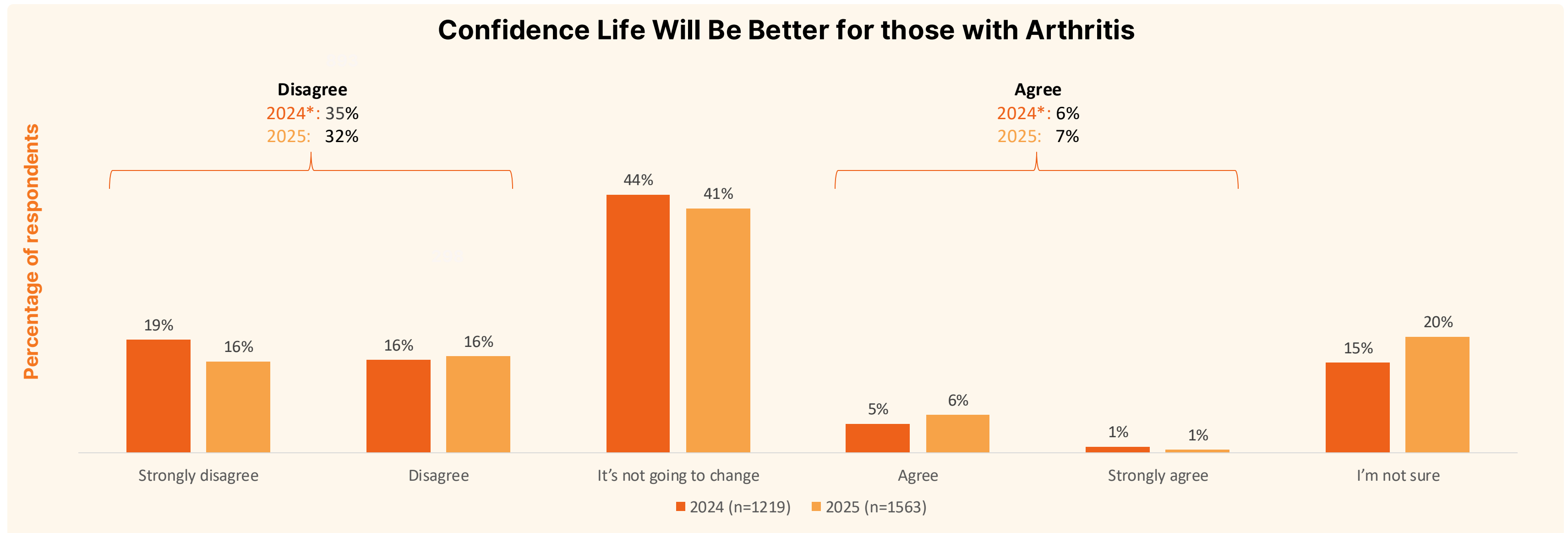
- Dissatisfaction with the government's management of the health sector and healthcare issues has increased from 62% in 2024 to 70% in 2025.
- Less consumers are uncertain of their view around this issue ('neither satisfied nor dissatisfied' or 'don't know/not sure' 27% in 2024 vs. 21% in 2025).

Q. How satisfied are you with the government's management of the health sector and healthcare-related issues during the past 12 months?
Note: 2024 asked about the previous six-month period, 2025 asked about the previous 12-month period (sig testing not included)

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Most people think life will not change in the next year for people with arthritis.



- Comments about consumer’s confidence indicate there is widespread skepticism about government commitment, political will and the likelihood of meaningful reform where arthritis care is concerned.
- Many believe that arthritis is viewed as less important than other long-term health conditions (e.g. heart disease, stroke and diabetes).

Q. Please indicate your level of agreement with the following statement: “I have confidence that life will be better for people living with arthritis in New Zealand one year from now.” Note: 2024 asked about the previous six-month period, 2025 asked about the previous 12-month period (sig testing not included)

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Final reflections



Arthritis NZ greatly appreciates the participation of our consumer community in our second ACI survey. The results and personal perspectives you have shared reveal many significant things, including:

- The findings about disability provide a very clear evidence base for advocating for even better support for those living with arthritis.
- People's wariness around AI platforms should provide an important pause for thought: our consumer community still seek a personal connection further highlighting the significance of our [Arthritis Assist service](#).
- Consumers expressed notable criticism of government management and felt there was lack of action, poor planning and concerns about creeping privatisation of health. Combined with worries about rising out of pocket costs, it will be very interesting to see if the 2026 results improve during this election year.
- Confidence remains static in terms of improvements for those living with arthritis, with respondents saying health is chronically under-resourced with low pay driving staff overseas. Consequently, this is seen as creating conditions that are leading to strikes, worker burnout and loss of continuity of care.
- Those with more optimism for the future reported having excellent treatment outcomes, compassionate staff and great care in the hospital and specialist service space.

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