



“It’s just arthritis” BUT what about the 10% of the New Zealand population who have osteoarthritis?

What is osteoarthritis?

Osteoarthritis is the most common type of arthritis. It causes pain and disability and can greatly affect a person’s ability to undertake daily activities such as dressing, and managing household tasks

Who has osteoarthritis

The number of people with osteoarthritis is projected to rise to 616,766 in 2040 due to the ageing of our population. However you don’t have to be old to have it – some 30-year-old have osteoarthritis as a result of knee ACL surgery.

How osteoarthritis impacts on individuals, whanau and society

Osteoarthritis affects mood, sleep, fatigue and leads to loss of mobility. Social isolation, depression and anxiety are associated with chronic pain which is common for those with moderate to severe osteoarthritis. Osteoarthritis is a cause of early retirement for these between 45-64. Early retirees are likely to be poorer than others. Deloitte has estimated that the direct hospital costs due to osteoarthritis were \$423.7 million in 2018. Much of this cost comes from joint replacement surgeries due to a lack of care at the early stages of osteoarthritis. Operations also have risks. Australian research shows up to 25% of people having a total knee replacement have a poor outcome. We also know that the health system does not have the capacity to keep increasing surgical options indefinitely.

What solutions does Arthritis New Zealand propose

Early intervention reduces pain, increases independence, and reduces the need for expensive surgery. For most people, weight loss, healthy diet and exercise will slow the deterioration of their osteoarthritis. Exercise helps with weight loss, regaining strength and mobility and with mood. Chronic pain can be a barrier to self-care as it contributes to low mood and social isolation. Also cost barriers for services such as physiotherapy means that some people do not get the help they need.

Health professionals including physiotherapists, pain specialists, counsellors, dieticians, GPs, community health providers, iwi and Pacific providers, nurse educators, and surgeons need to work together to ensure that an alternative pathway to surgery is offered. Health education and supported activities are the first step on the alternative pathway. In New South Wales, physiotherapists lead multi-disciplinary teams that coordinate interventions. This has shifted the burden away from GPs and reduced the need for surgery. New Zealand has some good pilots underway, but funding remains minimal relative to need.

All recent Ministry of Health strategic documents say that increased focus on early intervention is essential as the population ages and Arthritis New Zealand is keen to see this focus increasing in the development of easily accessible local services.

Question from Arthritis New Zealand

- **Will your party commit to developing a national action plan to improve preventative services for people with osteoarthritis and require District Health Boards or their equivalents to report on progress against this plan?**