



**ARTHRITIS
NEW ZEALAND**

KAIPONAPONA AOTEAROA

Taking the next steps for arthritis

An Arthritis New Zealand election manifesto

In New Zealand arthritis affects 624,000 people and is a leading cause of disability in this country. There are more than 140 different forms of arthritis.

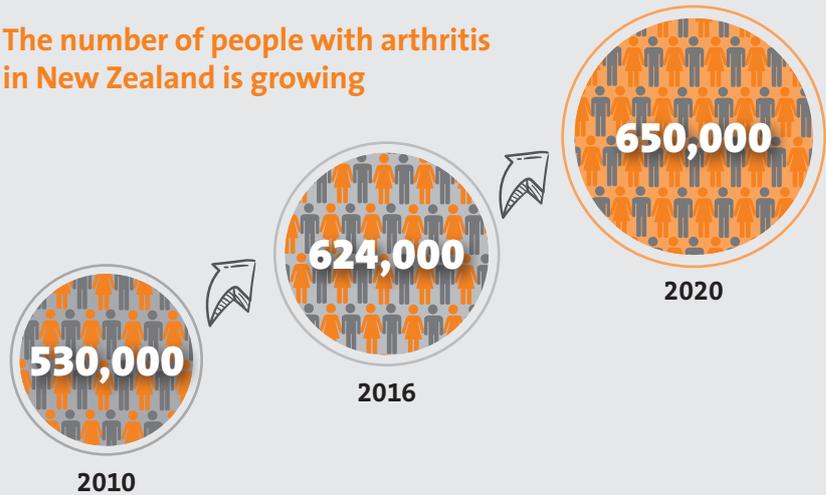
The most common are osteoarthritis, gout and rheumatoid arthritis. Gout is the second most common form of arthritis in New Zealand and is more prevalent here per capita than anywhere else in the world.

Arthritis can affect anyone of any age and makes up the largest proportion of all musculoskeletal conditions.

The burden of musculoskeletal disease is expected to increase in the next 10 to 20 years as an ageing population, coupled with increasing obesity, will put increased costs on the health system.

#nextsteps

The number of people with arthritis in New Zealand is growing



Painful arthritis facts

- The number of people with arthritis is more than the total number of people with diabetes and heart disease combined.
- Arthritis affects all age groups – 50% of those with arthritis are of working age.
- Juvenile Idiopathic Arthritis (JIA) affects around 1 in every 1,000 children.
- Women are more affected by arthritis than men.
- Māori and Pacific people have at least twice the rate of gout and are 5 times more likely to be hospitalised for gout than other ethnicities.
- Arthritis costs the New Zealand economy an estimated \$3.2 billion every year.
- The number of people with arthritis is increasing. By 2020 more than 650,000 people will be living with arthritis.

Arthritis can affect anyone, any age.

Arthritis New Zealand is calling for

1. Recognition and resourcing of arthritis as a health priority

The statistics above highlight the pressures, cost and demand arthritis places on health systems. Increased investment in healthcare can save money in other areas.

Early intervention and treatment will help achieve better outcomes for individuals and reduce the rising economic burden of arthritis.



“Having arthritis recognised as a priority would give me access to more up-to-date medication and a shorter waiting time for joint operations.”

Steps to achieve this include:

- Increased funding for primary care to facilitate early diagnosis and intervention.
- More publicly funded specialists.
- The inclusion of arthritis as a Ministry of Health National Target.
- More community support programmes.
- Funding for evidence based allied health services such as physiotherapy and podiatry.
- Early identification and treatment for all forms of arthritis.

Arthritis New Zealand is calling for

2. Early identification and treatment of gout especially for Māori and Pacific people

Gout is an easily managed form of inflammatory arthritis caused by increased levels of uric acid in the blood that forms crystals in the joints and can result in acute attacks. Approximately 160,000 people were diagnosed with gout in 2014.

Due to genetic factors Māori and Pacific people are particularly affected, with at least twice the rates of gout as other ethnic groups, especially so for men. This group is less likely than other groups to receive effective therapies. Left

untreated, gout can lead to long term joint damage and disability. A simple test can be used to measure uric acid levels and enable gout to be managed effectively with medications that are currently funded.

Steps to achieve this include:

- Inclusion of uric acid testing as a key government target for Māori and Pacific communities.
- More gout programmes in high risk areas such as South Auckland, the East Coast and Northland.
- Uric acid tests to be included alongside tests for other conditions such as heart disease and diabetes in high risk areas for gout.
- MPs advocating for increased screening and testing levels for Māori and Pacific communities.



“Gout is the one thing that can bring a grown person to tears – even a man.”

Arthritis New Zealand is calling for

3. Improved access to arthritis medications

Patients in New Zealand are at the end of the queue for cost-effective, innovative medicines compared with other countries. Only an estimated 3 percent of the total patient population receives treatment for arthritis with the latest innovative medications such as biologics,

compared to around 9 to 10 percent in Australia and the United Kingdom.

Five biologic medications that are available in other countries cannot be accessed at present in New Zealand and six arthritis medications

approved by the Pharmacology and Therapeutics Advisory Committee (PTAC) are currently waiting for funding. Early treatment prevents ongoing and irreversible damage, improves patients' quality of life, and saves the cost of hospital visits and lost work days.

Steps to achieve this include:

- Clearing the PTAC approval waiting list.
- Increased funding for PHARMAC.

An increase of \$40 per person per year would clear the backlog for all medications on the waiting list.



"I really wish the newer biologics were available in New Zealand... They need to be available earlier and more easily for people because they can stop damage."

Arthritis New Zealand is calling for

4. Packaging and products to be designed with ease of access in mind

The ability to open packaging easily is an ongoing challenge for people with arthritis. We know there are particular difficulties with tear open packaging, milk containers, medication and tight lids on jars.

As the population ages and arthritis becomes more prevalent, specific needs in relation to design and labelling will become even more important.

Steps to achieve this include:

- MPs advocating for and supporting New Zealand businesses to include accessibility in design principles.



"Sometimes it takes me 20 minutes to get the lid off a jar."



"I have a jar lid opener tool that you place around the lid and then twist. It doesn't always work, depending on how tight the manufacturer has put the lid on."

Arthritis New Zealand is calling for

5. More rheumatologists to meet a recommended ratio of one rheumatologist per 100,000 people

Rheumatologists are specialists trained in the diagnosis and treatment of arthritis and other diseases of the joints, muscles, and bones. People with arthritis need early diagnosis and treatment to ensure the best outcomes.

An internationally recommended ratio is one rheumatologist for 100,000 people. In many areas of New Zealand there are well over 200,000 people for each available specialist.

There is a shortage of rheumatologists in New Zealand. Many train here but tend to work overseas, leaving unfilled vacancies. Access to a rheumatologist can therefore depend on where a patient lives.

Some people may never see a specialist; others have to travel long distances to appointments.

The number of people with arthritis is increasing yearly. We need more specialists to match the need, especially those that are publicly funded.



“I was put on a waiting list and it took almost a year before I was able to see a rheumatologist.”

“It’s a 2.5 hour drive to see a specialist.”

Steps to achieve this include:

- Greater promotion of rheumatology as a career in New Zealand.
- Incentives for trained rheumatologists to practise within New Zealand.
- An increase in the number of publicly funded rheumatology positions.



“What I would consider a good day for me, a healthy person could consider a rough day. Experiencing pain, inflammation, stiffness or weakness on a daily basis is normal for me. Flares are crippling. I choose to focus on what I am capable of doing, as opposed to focusing on what I can not. And that’s why support systems are so important to have in place, to help people manage when they are struggling, and even when they’re not.”

Arthritis New Zealand aims to improve the life of every person affected by arthritis. We are a national charity focused on raising awareness, advocating for those with arthritis and providing information, advice and support.

For more information phone 0800 663 463, find us on Facebook or visit www.arthritis.org.nz.