

Arthritis and Joint Pain

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INSTITUTE FOR HEALTHCARE
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Arthritis and joint pain affect millions of older adults. Arthritis is associated with reduced physical activity, increased disability, and higher rates of sleep problems, depression, anxiety, and falls. In January and February 2022, the University of Michigan National Poll on Healthy Aging asked a national sample of adults age 50–80 about their experiences with, and management of, arthritis and joint pain.

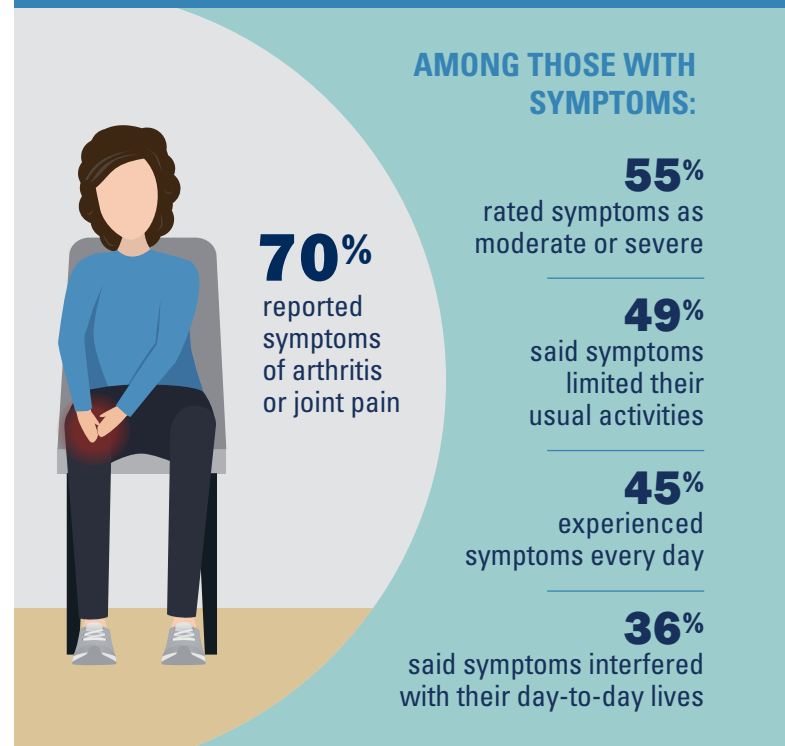
Prevalence and severity of arthritis

Three in five adults age 50–80 (60%) reported ever being told by a health care professional that they have arthritis, with 30% reporting a diagnosis of osteoarthritis (i.e., “wear and tear,” “bone-on-bone,” or degenerative arthritis). Less commonly reported types of arthritis were rheumatoid arthritis (8%), gout or pseudogout (7%), or another kind of arthritis (5%). About three in ten older adults (29%) said a health care provider told them they had arthritis, but they were unsure what type.

Overall, 70% of older adults reported currently experiencing joint pain. Women were more likely than men to report joint pain (75% vs. 65%), as were those age 65–80 compared to those age 50–64 (74% vs. 68%). Additionally, older adults with lower levels of education, in lower income households, and in fair or poor physical or mental health were more likely to report joint pain.

Overall, 31% of adults age 50–80 rated their joint pain as mild, 31% as moderate, and 8% as severe, while 30% reported experiencing no symptoms of arthritis. Among those with arthritis symptoms, 55% rated their joint pain as moderate or severe. Women were

Experiences with arthritis and joint pain AMONG ADULTS AGE 50–80



more likely than men to report moderate or severe joint pain (43% vs. 34%). Older adults who were Black, had lower levels of education, in lower income households, and in fair or poor physical or mental health were also more likely to report moderate or severe joint pain.

Of those with joint pain, 45% said they experienced symptoms every day, 26% about half the days, 19%

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less than half the days, and 10% rarely. About half (49%) said they were limited in their usual activities (very or somewhat) because of joint pain and 36% said joint pain interfered with their day-to-day life.

Attitudes towards arthritis and symptom self-management

Three in four older adults (74%) agreed with the statement that arthritis and joint pain are a normal part of aging (10% strongly agree, 64% agree). Older adults with joint pain were more likely to regard arthritis and joint pain as a normal part of aging than those without joint pain (80% vs. 60%).

Among those with joint pain, 80% were confident (24% very, 56% somewhat) that they could manage their symptoms on their own. However, 18% of older adults agreed with the statement that ‘there is nothing a person with arthritis or joint pain can do to make their symptoms better.’ Those with severe and moderate joint pain were more likely to agree with this statement than those with mild joint pain (49% severe, 24% moderate, 10% mild).

Use of medications, substances, and non-pharmacologic treatments

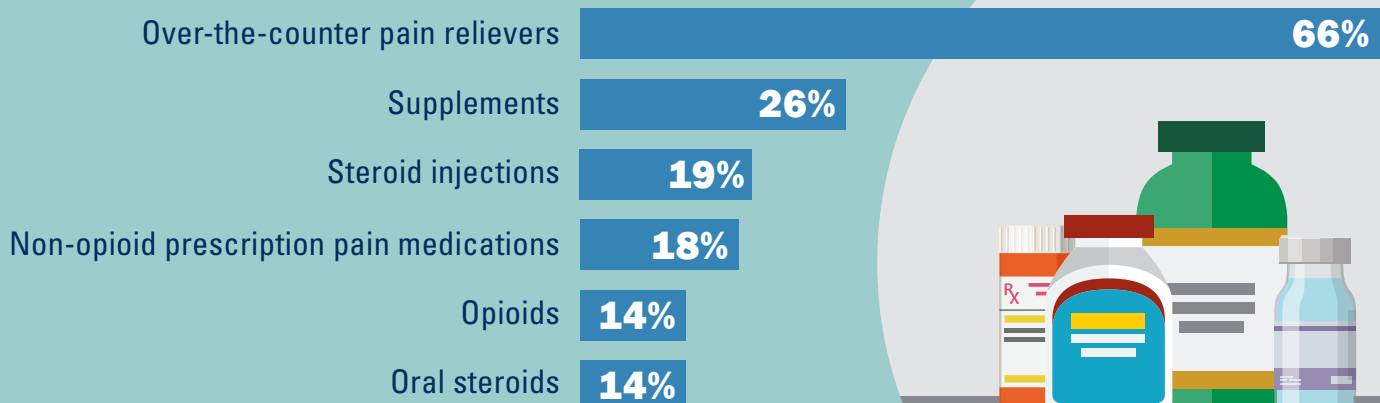
Two in three older adults with arthritis or joint pain (66%) reported using over-the-counter pain relievers like non-steroidal anti-inflammatory drugs (NSAIDs — such as aspirin or ibuprofen) or acetaminophen (Tylenol) for symptoms during the past year. Other medications and substances older adults reported using for arthritis or joint pain included supplements (such as glucosamine, chondroitin, turmeric) (26%), intra-articular steroid injections (19%), other non-opioid prescription pain medications (18%), oral steroids (14%), opioids (14%), cannabidiol (11%), marijuana (9%), and disease-modifying anti-rheumatic drugs (4%). Among these, marijuana, opioids, and NSAIDs were most often rated as helpful by the older adults who used them.

Among adults age 50–80 who took two or more arthritis medications or other substances in the past year, 40% recalled that their health care provider discussed the risks of medication interactions with them, 53% said their health care provider had not discussed risks, and 7% could not recall.

Among older adults who used oral steroids for joint pain in the past year, 24% took them at least once a

Use of medications and substances for joint pain

REPORTED USE BY ADULTS AGE 50–80 WITH JOINT PAIN DURING THE PAST YEAR



One in four older adults taking oral steroids for joint pain had not discussed the risks of steroids with their health care provider.

month, 38% one or more times per year, and 38% less than once a year. About seven in ten older adults receiving oral steroids for joint pain (71%) had discussed the risks of steroids with their health care provider, 26% had not discussed risks, and 3% could not recall.

The majority of those with arthritis or joint pain (87%) reported using non-pharmacologic treatments to manage symptoms, including exercise (64%), massage (26%), physical therapy (24%), splints or braces (13%), and acupuncture or acupressure (5%). Among these, massage (91%), splints and braces (85%) and exercise (80%) were most often rated as helpful by those who used them. Four in five older adults (80%) reported using both medications or substances and non-pharmacologic treatments to manage their joint pain.

Implications

Joint pain is common among adults age 50–80, including among those who have not been formally diagnosed with arthritis. Nearly half of adults in this age group reported joint pain that limited their daily activities, but few rated their symptoms as severe. Most older adults, including about three in four of those with joint pain, regarded arthritis and joint pain as a normal part of aging that they could manage on their own. Most also felt the strategies they used to manage joint pain were helpful.

More than half of all adults age 50–80 used NSAIDs or other over-the-counter pain relievers for arthritis or joint pain symptoms, and one in ten used oral

steroids for joint pain. Yet, both NSAID and oral steroid use are associated with substantial health risks that can be especially problematic for older adults. For example, chronic NSAID use can worsen medical conditions such as hypertension, chronic kidney disease, gastrointestinal bleeding, and cardiovascular disease. Even short-term use of oral steroids is associated with similar problems, as well as increased risk of developing diabetes, cataracts, insomnia, depression, and anxiety. These risks are even greater for those who take NSAIDs and steroids together. Despite this, one in four older adults taking oral steroids for joint pain said they had not discussed the potential risks with their provider.

For older adults, the effectiveness and safety of treatment options for joint pain vary depending on the underlying diagnosis. Treatments such as massage, splints and braces, and exercise are often helpful for joint pain, even for those who have not been diagnosed with arthritis. In contrast, oral steroids should not be prescribed to treat joint pain in older adults, with the exception of short-term use (7–14 days) for acute flares of inflammatory joint conditions like rheumatoid arthritis or gout. While over-the-counter medications like NSAIDs can help with many types of joint pain, health care providers should educate older adults about their risks and monitor for potential complications in those who use them regularly.

The findings from this poll can be used to identify opportunities for more consistent conversations among older adults and their health care providers about safe and effective treatments for joint pain. For example, older adults in fair or poor physical or mental health are more likely to experience joint pain and may benefit from discussions about management strategies. Many of those who take oral steroids and/or multiple medications or substances for joint pain did not discuss or recall discussing the risks with a health care provider and may benefit from routinely reviewing their prescription and over-the-counter medications with a health care provider or pharmacist.

Arthritis symptoms among adults age 50–80

	No symptoms	Mild symptoms	Moderate symptoms	Severe symptoms
Age				
50–64	33%	30%	30%	7%
65–80	26%	34%	31%	9%
Race/Ethnicity				
White	29%	32%	32%	7%
Black	29%	23%	30%	18%
Hispanic	36%	30%	24%	10%
Education				
High school or less	24%	28%	36%	12%
Some college	29%	31%	32%	8%
Bachelor’s degree or higher	36%	36%	24%	4%
Household income				
Less than \$30,000	24%	23%	39%	14%
\$30,000 to <\$60,000	28%	33%	29%	10%
\$60,000 to <\$100,000	30%	34%	30%	6%
\$100,000 or more	36%	34%	26%	4%
Total	30%	31%	31%	8%

Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by NORC at the University of Chicago for the University of Michigan’s Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using NORC’s AmeriSpeak probability-based panel. This survey module was administered online and via phone in January and February 2022 to a randomly selected, stratified group of U.S. adults age 50–80 (n=2,277). The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau. The completion rate was 68% among panel members contacted to participate. The margin of error is ±1 to 3 percentage points for questions asked of the full sample and higher among subgroups.

Findings from the National Poll on Healthy Aging do not represent the opinions of the University of Michigan. The University of Michigan reserves all rights over this material.

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