

**MEDIA RELEASE: EMBARGOED 00:01 hrs, TUESDAY 21 MARCH 2023**

## **Crisis brewing in arthritis set to hit community and economy hard**

- **Advocates warn mismatch between poor funding and scale of arthritis burden creating future ‘tipping point’**
- **Neglected community will grow 50% reaching 5.4M by 2030, generating a \$9.4 billion loss in GDP<sup>1</sup>**
- **Urgent action needed to avert long-term impact of under-investment**

[Canberra, Australia] -- Leading patient organisations Arthritis Australia and Juvenile Arthritis Foundation Australia (JAFA) have called for urgent action to start addressing the challenges and impact of a rapidly growing arthritis community, set to increase by 50% to reach 5.4 million within this decade with associated costs to skyrocket.<sup>1</sup>

Currently more than 3.6 million Australians, of all ages, are living with one of 100 forms of arthritis and musculoskeletal conditions, representing a leading cause of disability and a total estimated cost to the health system of \$14 billion every year.<sup>1</sup> This represents 13% of Australia’s overall disease burden, equivalent to cardiovascular disease and mental health (both 12%) yet arthritis remains a low priority in terms of provision of health services and research funding.<sup>2</sup>

The number of Australians with arthritis - including rheumatoid arthritis, osteoarthritis and juvenile forms - is growing fast, as the population increases and people live longer. An overall loss of \$9.4 billion in GDP is projected in 2030 due to the impact of arthritis on the labour force via lost income, additional welfare payments, and lost taxation revenue.<sup>1</sup>

More than \$1.4 billion a year is currently spent on knee replacements alone due to osteoarthritis.<sup>1</sup> At least \$200 million of this could be avoided by delivering better management and lifestyle modifications for those at risk.<sup>1</sup>

“We are reaching a tipping point where these already high costs will skyrocket in coming years with an ageing population and rising obesity levels. The health system is spending huge amounts of money on joint replacements, some of the most expensive items in the health budget, and still struggling to keep up with demand,” said Jonathan Smithers, chief executive officer, Arthritis Australia. “To reduce the excessive and rising cost to the health system we need to fund more of the preventative programs that we know work.”

“Maintaining a ‘head in the sand’ approach fails not only to properly recognise the burden of arthritis on individuals but will also see dire consequences for Australia’s wider productivity,” Jonathan said.

“Starting now, we can make positive changes, provided arthritis is given the right level of attention, that we coordinate across stakeholders, and that we invest strategically on services and research - before it’s too late,” he said.

The latest figures reinforce the considerable strain:

- More than 800,000 hospitalisations (7% of the total) will be needed this year for arthritis and musculoskeletal-related issues<sup>3</sup>

- Over \$2.3 billion per year is spent on hip and knee replacements for osteoarthritis. This is expected to more than double to \$5.3 billion per year by 2030<sup>1</sup>
- There are just 13 clinical full-time equivalent (FTE) paediatric rheumatologists in Australia to treat between 6,000–10,000 young people aged 0–16 years with juvenile arthritis – less than a quarter of the number required<sup>4</sup>
- Some 43% of young people with arthritis have no access at all to specialist multidisciplinary healthcare and 80% experience pain daily<sup>5,6</sup>

“Arthritis is not just a disease of older people – it affects kids too. One year on from Parliament’s own Inquiry into Childhood Rheumatic Diseases, Australia’s health services for juvenile arthritis remain well below international standards, and well below Australian standards for other similarly serious and prevalent childhood diseases,” said A/Prof Ruth Colagiuri, founder of Juvenile Arthritis Foundation Australia (JAFSA). “Increasing the paediatric rheumatology workforce is critical to ensuring accessible, affordable services to stop pain and disability in children with arthritis.”

Musculoskeletal conditions including arthritis received 60% lower funding from the National Health and Medical Research Council in 2021 than cardiovascular disease or mental health – with investment declining year on year, it is now at its lowest level in a decade.<sup>7</sup> There is no dedicated Medical Research Future Fund (MRFF) Mission for musculoskeletal conditions, compared with a \$220M Mission for cardiovascular disease and \$125M for mental health, which carry comparable burdens.<sup>8</sup>

### **Critical actions needed now - before it’s too late**

Arthritis Australia and Juvenile Arthritis Foundation Australia (JAFSA) have prioritised three urgent requests:

1. **Juvenile Arthritis Workforce** - Formal and detailed commitment to implementing all recommendations of the 2022 House of Representatives Standing Committee on Health, Aged Care and Sport Inquiry into Childhood Rheumatic Diseases, most pressingly by **providing \$7 million for an urgent increase in paediatric rheumatologists, specialist paediatric rheumatology nurses and allied health in public hospitals and increasing training positions**
2. **Joint Replacement** - **Expanded roll-out of a national surgery catch-up package with equitable prioritisation** of those in most clinical need and proven support programs for people on waiting lists
3. **Research** - Formal and detailed commitment to major and sustained funding for research to support high-value care, via **a dedicated MRFF Mission and explicit prioritisation within the MRFF incorporating 2023 additional funds of \$25 million** and every year, until proportionate investment is achieved

Orthopaedic surgeon Professor Ian Harris, who researches evidence-based approaches to ensure surgeries are as effective as possible, said, “Many costly joint replacement surgeries would simply not be necessary if earlier intervention was available to all Australians. Australia is not in line with best practice for the management of arthritis complications, which is increasingly compounded by obesity-related comorbidities. We need earlier intervention with evidence-based support so that surgery is not the only option.”

“As a leading cause of disability and reduced work hours, the costs of arthritis and musculoskeletal conditions to the broader economy are increasing,” said Jonathan. “Urgent action is needed for the large and growing community of forgotten, unwell Australians for whom poor outcomes, poor quality of life and excessive financial pressures are the norm.”

-- ends --

Issued by Cube on behalf of Arthritis Australia and Juvenile Arthritis Foundation Australia (JAFA). For more information, please contact: **Anne-Marie Sparrow on 0417 421 560** or Nicole Birch on 0423 916 330.

#### **More information:**

[Inquiry into childhood rheumatic diseases: Interim report – Parliament of Australia \(aph.gov.au\)](#)  
[Impactful Arthritis Research - Arthritis Australia](#)  
[Counting the Cost: Current and Future Burden of Arthritis - Arthritis Australia](#)  
[Rheumatology Workforce Report - Australian Rheumatology Association](#)  
[National Strategic Action Plan for Arthritis – Australian Government Department of Health](#)  
[2023 Pre-budget Submission – Arthritis Australia](#)  
[2023 Pre-budget Submission - Juvenile Arthritis Foundation Australia \(JAFA\)](#)

#### **Available for interview:**

- Jonathan Smithers, CEO, Arthritis Australia
- A/Prof Ruth Colagiuri, Founder, Juvenile Arthritis Foundation Australia and Honorary Associate Professor of Menzies Centre for Health Policy, University of Sydney. Ruth has a grandchild living with juvenile arthritis
- Prof Ian Harris, Professor of Orthopaedic Surgery, University of NSW and Director of Orthopaedic Surgery, Liverpool Hospital, NSW

Arthritis Australia is the peak national body for arthritis, working with many other arthritis organisations to deliver information and support to people living with more than 100 types of arthritis and musculoskeletal conditions. Arthritis Australia is a leading non-government funder of arthritis research in Australia and advocates for policies, programs and funding initiatives that will improve the health and wellbeing of people living with arthritis. Visit: [arthritisaustralia.com.au](http://arthritisaustralia.com.au)

Juvenile Arthritis Foundation Australia (JAFA) is the primary organisation representing children with juvenile arthritis and their families in Australia. JAFA was founded in 2019 in response to the urgent need for a national voice dedicated exclusively to representing and addressing the needs of children and adolescents living with arthritis and related rheumatic diseases (collectively referred to as juvenile arthritis). Visit: [jafa.org.au](http://jafa.org.au)

**Declaration:** Arthritis Australia received \$4 million over four years from 2020 as an output of the National Strategic Action Plan for Arthritis, which has funded consumer and health professional information resources on many forms of arthritis, enhancement of the national Arthritis Infoline and expanded access to arthritis kids' camps. JAFA has received no federal funding to date.

#### **References:**

1. 'Counting the Cost: Current and Future Burden of Arthritis', Arthritis Australia, May 2016. Accessed March 2023
2. 'Australian Burden of Disease Study December 2022', Australian Institute of Health and Welfare. Accessed March 2023
3. Chronic musculoskeletal conditions - Australian Institute of Health and Welfare
4. 'Rheumatology Workforce Report', Australian Rheumatology Association, February 2023. Accessed March 2023
5. Cox A, Piper S, and Singh-Grewal D. Pediatric rheumatology consultant workforce in Australia and New Zealand: the current state of play and challenges for the future. *Int J Rheumatic Diseases* 2017; 20: 647–65
6. 'Model of Care for the NSW Paediatric Rheumatology Network', Agency for Clinical Effectiveness, 2013. Accessed March 2023
7. National Health and Medical Research Council research funding statistics 2013-2021. Accessed March 2023
8. National Health and Medical Research Council expenditure 2021. Accessed March 2023