



## Arthritis News

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### **ARTHRITIS PATIENTS SPEND TWICE AS MANY HEALTH CARE DOLLARS**

SAN ANTONIO, TEXAS—The expenses for medical care for those with arthritis are at least double the amount spent by those without this debilitating disease, according to research presented this week at the American College of Rheumatology Annual Scientific Meeting in San Antonio, Texas.

Researchers recently utilized results from the 1999–2000 Medical Expenditure Panel Survey (MEPS) to track expenditures for patients with arthritis within a national sample of 4,176 individuals, age 45 years and older. MEPS had followed these individuals for two years, collecting information about chronic diseases including arthritis, demographics, and functional limitations in daily living such as walking, dressing, bending and grasping. The health care expenditures monitored included office and hospital-based care, home health care, dental services, vision aids, other medical equipment and services, and prescribed medicines. To determine which expenses were related to arthritis, researchers examined three questions: 1) Do persons with arthritis have higher expenditures than those without? 2) Does arthritis result in increased costs after adjusting for differences in age, race, and gender, economics and the presence of other chronic conditions? 3) What contributes to high arthritis expenditures?

Data tabulated from these questions demonstrated that total health care expenditures for persons with arthritis are at least doubled when compared to the general population for all levels of expenditures examined. Even after adjusting for age, race, gender, other health conditions and economic status, expenditures for those with arthritis remained at least 1.5 times higher.

The greatest factor contributing to the higher costs for arthritis sufferers was found to be limitations in daily activities. These functional limitations were experienced by two in every five respondents, more than three times the frequency of limitations among persons without arthritis.

“Arthritis-related functional limitation is a major contributor to high U.S. health care costs,” said Orit Almagor, MA, Northwestern University, Institute for Health Services Research and Policy Studies, Chicago, Illinois, and an investigator in the study. “Public health and clinical approaches that prevent and treat arthritis and preserve daily activities in persons with arthritis should be pursued for both potential cost savings and improved quality of life for patients.”

The American College of Rheumatology is the professional organization for rheumatologists and health professionals who share a dedication to healing, preventing disability and curing arthritis and related rheumatic and musculoskeletal diseases. For more information on the ACR’s annual meeting, see [www.rheumatology.org/annual](http://www.rheumatology.org/annual).

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*Editor’s Note: Mr. Almagor will present this research during a scientific session at the ACR Annual Scientific Meeting from 12:15–2:00 PM CT (1:15–3:00 PM ET) on Wednesday, October 20, in Exhibit Hall C–D of the Henry B. González Convention Center.*

## **The Distribution of Health Care Expenditures: Comparison between Persons with and without Arthritis**

Orit Almagor, Larry M. Manheim, Rowland W. Chang, Dorothy D. Dunlop. Northwestern University, Chicago, IL

**Purpose:** Examine the distribution of health care expenditures for persons with and without arthritis and factors that contribute to added expenditures due to arthritis, using a nationally representative sample.

**Methods:** The 1999–2000 Medical Expenditure Panel Survey (MEPS) is used to obtain a nationally representative sample of 4,176 individuals age forty-five years and older. The MEPS survey followed those individuals for two years. Baseline (1999) self-reported information includes demographics, function limitations, and chronic diseases including arthritis, as defined by the National Arthritis Data Workgroup. Self-reported total health care expenditures (sum of office and hospital-based care, home health care, dental services, vision aids, other medical equipment and services, and prescribed medicines) and concurrent insurance status were obtained from the second year (2000). We examined three questions: 1) Do persons with arthritis have higher expenditures than those without? 2) Does arthritis cost more after controlling for differences in demographics, economics and comorbid chronic conditions? 3) What baseline factors contribute to high arthritis expenditures? Total health care expenditures were described over a spectrum of low to high expenditures: 10th, 25th, 50th (median), 75th, and 90th percentiles. Quantile regression at each percentile compared health care expenditures between persons with and without arthritis. Logistic regression examined what factors predict high expenditures among persons with arthritis.

**Results:** Total health care expenditures for persons with arthritis are at least doubled compared to persons without for all levels of expenditures examined. Expenditures for persons with arthritis remain at least 1.5 times higher after adjusting for demographics, health conditions, and economics status compared to their counterparts without arthritis. Among persons with arthritis, functional limitation is consistently the strongest factor predicting high expenditures (above the 90th percentile)

**Conclusions:** These data provide a nationally representative estimate of the distribution of medical expenditures among persons with and without arthritis. Total expenditures among persons with arthritis are over 1.5 times greater compared to counterparts without arthritis controlling for risk factors across a spectrum of low to high expenditures. Functional limitation is the strongest predictor of high health care expenditures among people with arthritis.

**Disclosure:** O. Almagor, NIAMS 2; L.M. Manheim, NIAMS 2; R.W. Chang, NIAMS 2; D.D. Dunlop, NIAMS 2.

**Author disclosure legend**—Authors' disclosures of third-party relationships are listed in numeric format according to the following listing:

None—Nothing to disclose; 1—Stock options or bond holdings in a for-profit corporation or self-directed pension plan; 2—Research grants; 3—Employment (full or part-time); 4—Ownership or partnership; 5—Consulting fees or other remuneration (payment); 6—Non-remunerative positions of influence such as officer, board member, trustee or public spokesperson; 7—Receipt of royalties; 8—Speakers bureau.