



Arthritis: The Impact on Daily Life

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1 Executive summary

This report presents the findings from an online survey of 2,074 people in Great Britain aged 25 to 65 with osteoarthritis or rheumatoid arthritis, the two most common types of arthritis. The research was commissioned by Arthritis Action to explore the experience of people of working age in Great Britain who are living with these conditions.

The report examines the impacts of arthritis on people's personal and professional lives, and investigates the effect arthritis can have on personal well-being and mental health. It also explores people's experience of support and self-management.

Living with arthritis

- Just over a quarter (28%) report having had poor or very poor physical health over the past four weeks because of their arthritis, a higher proportion than those who say their physical health has been very good or excellent (12%).
- One in five (21%) report usually living with severe or extreme pain even when taking all of their medication – and just 8% typically experience no pain at all.
- Many take painkillers on a frequent basis to alleviate arthritis pain, with two fifths taking them every day (40%) and another 9% taking them most days.
- Nine in ten (91%) have used at least one form of treatment to alleviate the pain they experience from arthritis since being diagnosed, with the most popular being anti-inflammatory gel (61%) and physiotherapy (50%).
- A third (34%) say that arthritis pain always or often stops them from doing everyday activities, and the vast majority (86%) struggle with at least one activity when their arthritis is at its worst – which is significantly higher among those with rheumatoid arthritis (90%).

Working life impacts

- One in two people (49%) aged 25 to 65 living with arthritis indicate that their condition has affected their or their partner's working life in one way or another. Most commonly this has meant having needed to give up work (21%) or take time off (13%).
- A fifth of those currently in employment miss an hour or more of work every month (21%) as a result of their arthritis or its side effects, and this rises to 27% among those with rheumatoid arthritis.

- People report encountering a range of challenges at work as a result of their arthritis, with some of the most common being difficulty coping with the job (24%), less confidence in their abilities (23%), added stress (22%), and guilt for needing to take time off (21%).

Personal well-being

- On average, people aged 25 to 65 living with arthritis report lower levels of life satisfaction than adults of the same age range among the general public overall. On an 11 point scale, where 0 is 'not at all' and 10 is 'completely', average life satisfaction for our sample of people with arthritis is 6.41, while this score among the national population is 7.61¹.
- Life satisfaction decreases with young people living with arthritis; among those aged 25 to 39, the average score falls to 5.50.
- The score is also lower among people who are unemployed or not working (5.62) in comparison with those who are in employment (6.64) or retired (6.83).
- Similarly, people living with arthritis produce a lower average score than the UK population overall when asked about the extent to which they feel the things they do in life are worthwhile. Their average score (on the same 11 point scale) is 6.63, in comparison with 7.85 as the UK national average from ONS data.
- Following the trend observed with life satisfaction, younger people with arthritis aged 25 to 39 appear less likely to feel their life is worthwhile, with their average score dipping to 5.73.
- When asked to think about how happy they felt the previous day, results indicate that people aged 25 to 65 living with arthritis felt less happy than the general population of the same age range – with average scores of 6.31 and 7.43 respectively.
- A similar story is told when examining levels of anxiety; on average, people with arthritis report feeling more anxious than the UK general public (4.00 compared with 3.01).

¹ This is an official statistic on personal well-being produced by the Office for National Statistics (ONS). More detail about the method and approach is provided in Chapter 5 of this report.

Emotional impacts and mental health

- When thinking about the impact of arthritis on their mental health over the past 4 weeks, around half (51%) say their mental health has been fair/good. The self-reported impact of arthritis on mental health is almost evenly divided between those who report very poor or poor mental health over the past four weeks (21%) and those who report very good or excellent mental health (26%).
- People in younger age groups are more likely than older adults to rate their current mental health as a result of arthritis as poor. Less than a fifth (18%) of those aged 55 to 65 report very poor/poor mental health, in comparison with 27% of people aged 25 to 54.
- One in five people with arthritis (20%) have most or all of the time over the past few weeks felt stressed as a result of their condition – and similar proportions have most/all of the time felt tense (16%) or depressed (16%). This is more common among people with rheumatoid arthritis than those with osteoarthritis.
- In contrast, one in four (24%) have mostly, if not all the time, felt optimistic in recent weeks in relation to their condition.
- The areas of their life that people with arthritis are most concerned their condition will interfere with are their mobility (82%), ability to exercise (78%) and recreational activities (75%).
- Younger people aged 25 to 39 are more likely than older adults to be concerned about the impact arthritis will have on their personal relationships (60%) and financial situation/security (66%).
- Three quarters (73%) worry that they will not be able to continue enjoying their leisure activities as a result of their arthritis, a theme that presents itself throughout the research.
- Two in five employed people (41%) feel anxious that their condition will negatively impact their performance at work – and this is significantly higher among people with rheumatoid arthritis (53%).
- More than half (59%) agree that they feel depressed when their pain is at its worst – and the factors which most often make people feel down or depressed are pain (49%) and fatigue (45%).

Support and self-management

- The source of advice/support used most often by people with arthritis is an NHS GP or nurse (75%).
- Younger people aged 25 to 39, are less likely than older adults to seek support from a GP or nurse (60%, compared with 79% of people aged 40 to 54, and 75% of those aged 55 to 65). Younger people in the sample are more likely than older people to be receiving support from less common sources such as acupuncturists (18% compared with 9% of people aged 55 to 65) and hypnotherapists (6% compared with 1% of people aged 55 to 65).
- Half (49%) are satisfied with the extent to which they have been able to access the services they require to manage their arthritis, leaving 20% neither satisfied nor dissatisfied and an equal proportion (21%) dissatisfied.
- Two in five (42%) people say that clinical appointments would help them deal with their arthritis and the pain associated – the most popular response. Other forms of support often considered to be helpful are pain management (34%), one-to-one exercise sessions (23%) and training for self-management (22%). By contrast, one third (33%) do not think any of these would help.
- Older adults living with arthritis are more likely to cite the most popular forms of support as being helpful, while younger people aged 25 to 39 more often express interest in some of the less common options. They feel more positively than older adults about group sessions, with 19% citing group exercises and 17% local support groups. Additionally, training for self-management is most preferred by the younger age group, with close to half (46%) feeling it would help them deal with their arthritis in comparison with 23% of 40 to 54 year-olds and 21% of 55 to 65 year-olds.
- One third (34%) of people living with arthritis are aware of the concept of ‘self-management’ – and this rises to 44% among people with rheumatoid arthritis.
- Of those who have tried self-management techniques, roughly two thirds (64%) found them helpful, while 28% feel they were not very or not at all helpful.
- Exercise is the technique used most commonly to manage arthritis (53%), followed by healthy eating (49%) and weight management (47%).

2 About the research

2.1 Background and method

- 2.1.1 A survey of 2,074 people with arthritis in Great Britain aged 25 to 65 was conducted online between 28th June and 25th July, 2018. All respondents were drawn from the YouGov online panel of people who have signed up to undertake research with YouGov.
- 2.1.2 The research focuses specifically on GB adults with osteoarthritis and rheumatoid arthritis (the two most common types of arthritis), although 14% of respondents also have another type of arthritis in addition to one of these two conditions. The sample is broken down between 1,266 adults with osteoarthritis and 808 adults with rheumatoid arthritis. Eleven percent have both osteoarthritis and rheumatoid arthritis, but for the purposes of comparison between condition types, they have been classified under rheumatoid arthritis².
- 2.1.3 To ensure a robust number of responses among people with both condition types, a higher number of people with rheumatoid arthritis were interviewed than would exist proportionally within the overall population of people with arthritis. To allow for a representative balance between the two condition types in the final results, weighting has been applied to the data to produce a sample representative of the overall population of GB adults with arthritis aged 25 to 65. The weight structure was developed using a combination of three sources³ which enabled us to determine roughly what proportion of the population of people with arthritis aged 25 to 65 have osteoarthritis and rheumatoid arthritis. The results have also been weighted by gender for both condition types.
- 2.1.4 The table below breaks down the weighted and unweighted counts and percentages by condition type within the survey sample.

² The rationale for this decision is that on average rheumatoid arthritis is likely to have a larger impact on health and well-being than osteoarthritis.

³ 1) Arthritis Research UK: State of Musculoskeletal Health 2018; 2) Arthritis Research UK: Osteoarthritis in General Practice (2013); 3) National Audit Office: People with Rheumatoid Arthritis, their carers, and the NHS (2009)

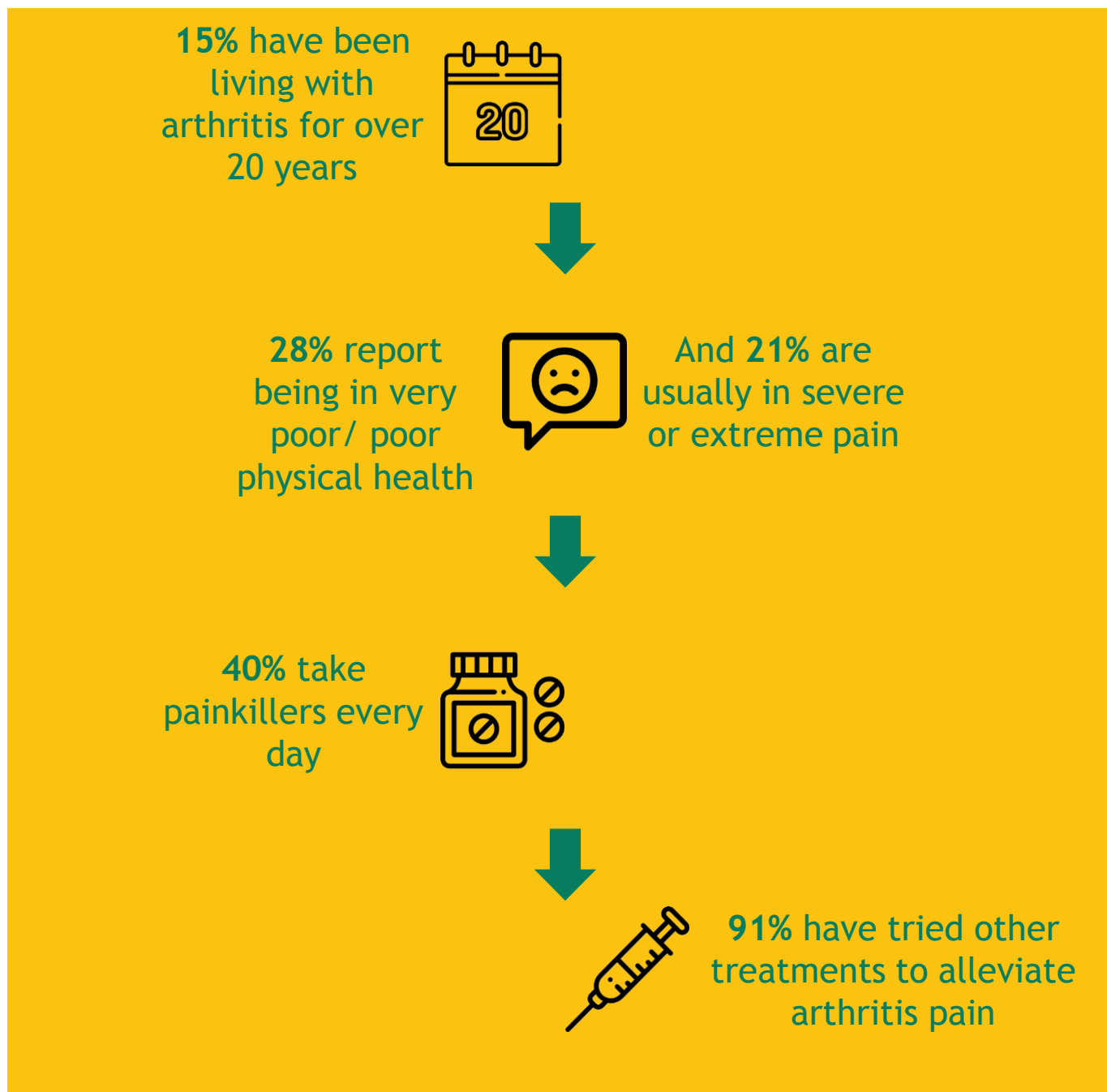
	Unweighted count	Unweighted percentage	Weighted count	Weighted percentage
Osteoarthritis	1266	61%	1918	92%
Rheumatoid arthritis	570	27%	110	6%
Osteoarthritis and rheumatoid arthritis	238	11%	46	2%
Total	2074	100%	2074	100%

2.2 Notes for interpretation

- 2.2.1 The findings throughout are presented in the form of percentages, and all differences highlighted between subgroups are statistically significant.
- 2.2.2 Where total percentages do not sum to 100%, this is the result of a small number of respondents having chosen not to provide a response to a question of a sensitive or personal nature.
- 2.2.3 Throughout the report, references are made to ‘social grade’. Social grade is a classification system based on occupation and it enables survey respondents to be grouped according to the occupation of their household’s Chief Income Earner. For the purposes of this research, it is used as a measure of socio-economic status. Respondents have been grouped into two categories:
- ABC1: 1) High managerial, administrative or professional occupations; 2) Intermediate managerial, administrative or professional occupations; 3) Supervisory, clerical and junior managerial, administrative or professional occupations
 - C2DE: 1) Skilled manual workers occupations; 2) Semi and unskilled manual workers occupations; 3) State pensioners, casual or lowest grade workers, unemployed with state benefits only occupations

3 Living with arthritis

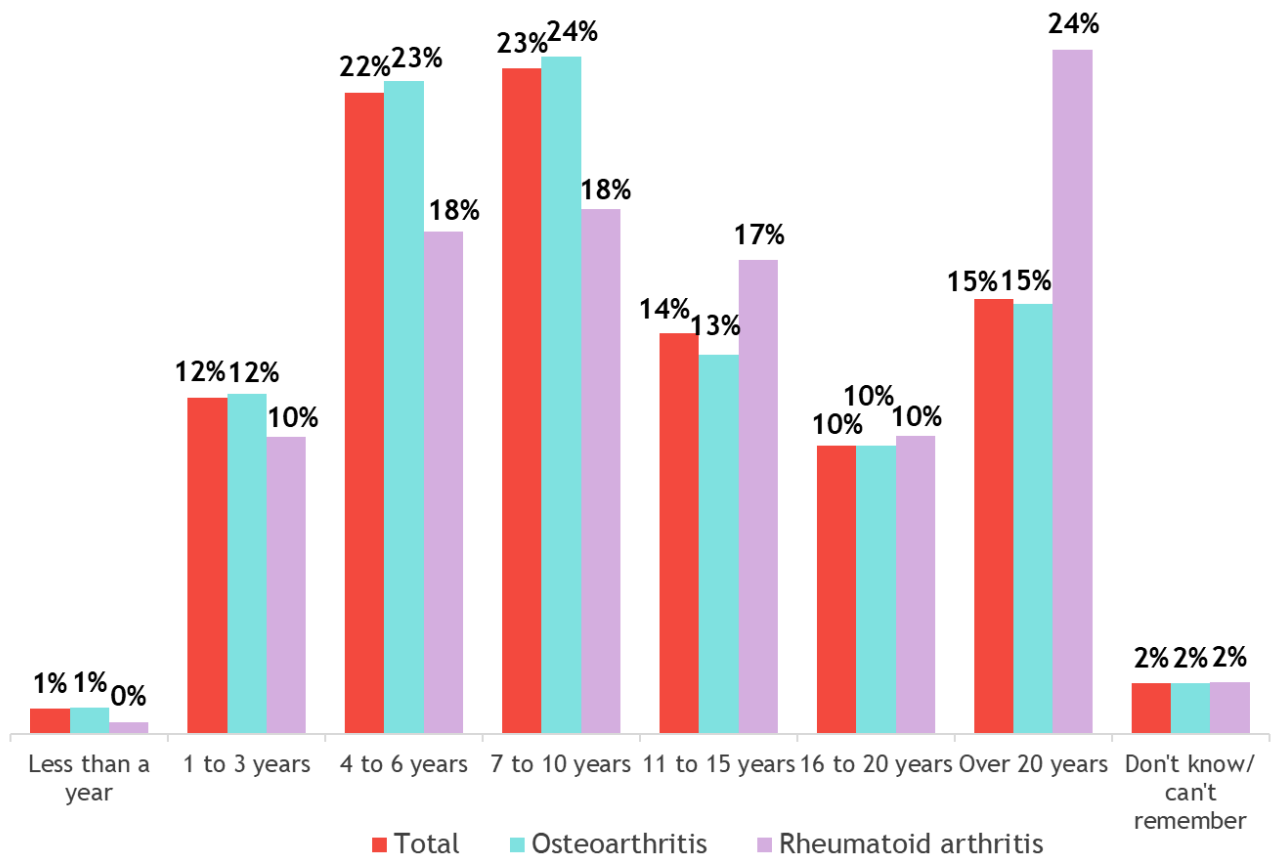
3.1.1 This section of the report sets the scene, looking at the symptoms, diagnoses, and treatments among people living with arthritis.



3.2 Background and diagnosis

- 3.2.1 Almost all (98%) GB adults aged 25 to 65 living with arthritis have had their condition diagnosed by a health professional.
- 3.2.2 Unsurprisingly, many people with arthritis have had it for a number of years. Over half (58%) of people aged 25 to 65 living with arthritis have had it for up to ten years, while a seventh (15%) have been dealing with their arthritis for more than twenty years.
- 3.2.3 Those who usually experience no pain or only mild pain are more likely to have only had arthritis for four to six years (26%) than those who experience severe or extreme pain (16%).
- 3.2.4 Among those with rheumatoid arthritis, a quarter have had the condition for over 20 years (24%), significantly higher than the proportion who have had osteoarthritis for the same amount of time (15%).

Figure 1. For roughly how long have you had arthritis?

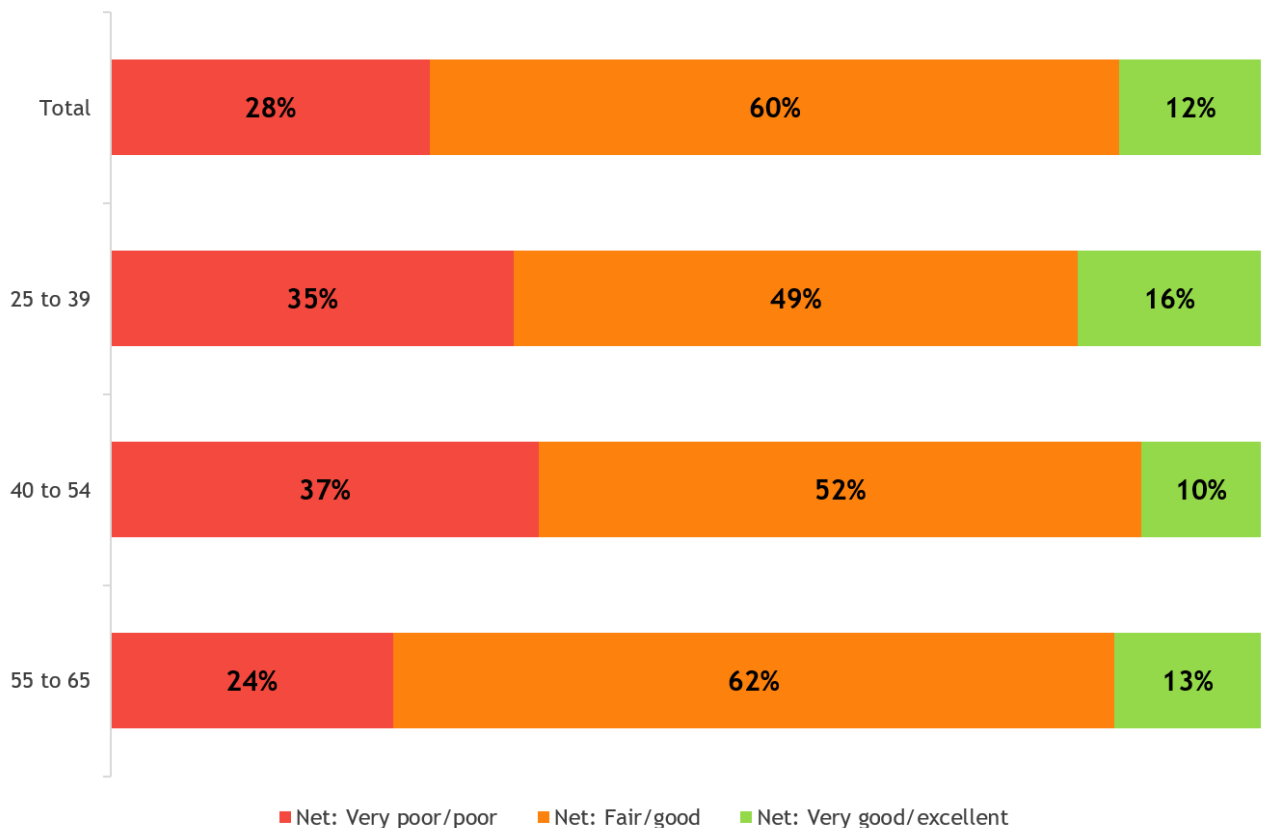


Base: All (N=2,074); Osteoarthritis (1,266); Rheumatoid arthritis (N=808)

3.3 Self-reported physical health and usual pain levels

3.3.1 The reported impact of arthritis on physical health is mixed, but more people report having had poor or very poor physical health over the past month because of their arthritis than very good or excellent physical health. One in eight report that their physical health over the last four weeks has been very good or excellent (12%), but three fifths rate it as only fair/good (59%), and over a quarter say they have poor or very poor physical health (28%).

Figure 2. Because of your arthritis, how would you rate your physical health in the past 4 weeks?

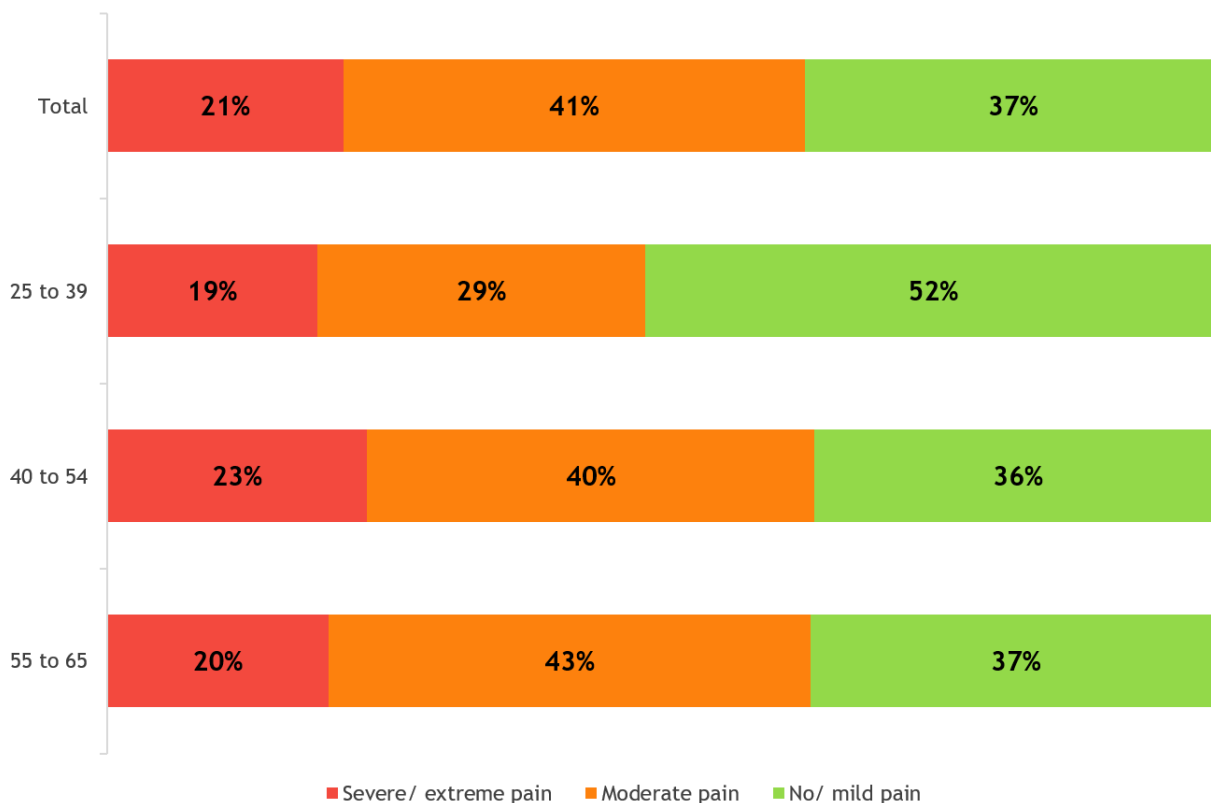


Base: All (N=2,074); 25 to 49 (N=111); 40 to 54 (N=541); 55 to 65 (N=1,422)

3.3.2 One factor when considering physical health is the pain experienced as a result of arthritis. When asked to think about the level of pain they usually experience when taking all their medication, a fifth report living with severe or extreme pain (21%). Only 8% experience no pain at all, over a quarter report mild pain (29%), and two fifths (41%) tend to live with moderate pain when taking all their medication.

3.3.3 Similar to reports of the state of their physical health, those under 40 are the most likely to report not experiencing pain at all (14%). In line with their higher reports of poor physical health, those aged 40 to 54 are the most likely age group to report severe/extreme pain (23%).

Figure 3. Which of the following best describes your usual level of pain from your arthritis when you are taking all your medicines?



Base: All (N=2,074); 25 to 49 (N=111); 40 to 54 (N=541); 55 to 65 (N=1,422)

3.4 Pain management and treatments

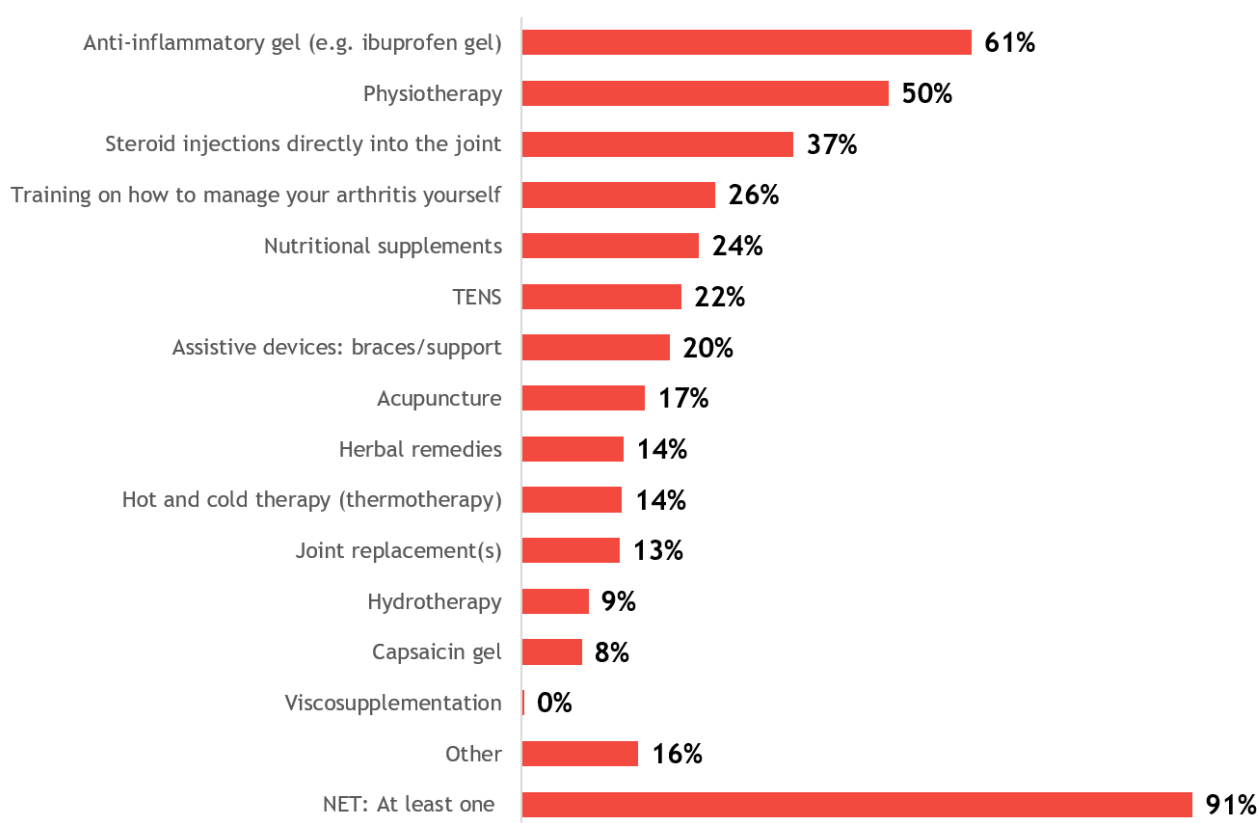
3.4.1 In order to alleviate pain, many of those living with arthritis take painkillers on a frequent basis. Two fifths (40%) of people with arthritis aged 25 to 65 take painkillers for their arthritis pain every day, and another 9% take them most days. A further two fifths (39%) take painkillers occasionally when they feel it is necessary, while just 11% say they never take them.

3.4.2 Consistent with their reports of severe pain and poor physical health, those aged 40 to 54 are the most likely to take painkillers daily (44%). Those under 40 are the least likely to take painkillers daily (31%), but the most likely to take them when they feel it is necessary (45%).

3.4.3 Most people (91%) report having other treatments to alleviate the pain they experience from arthritis – nine in ten have had at least one form of treatment since being diagnosed.

3.4.4 Some of the most popular treatments are self-administered, such as anti-inflammatory gel (61%) or nutritional supplements (24%). Others however, would require involvement and support from a medical professional, such as physiotherapy (50%) or steroid injections (37%), but these are still popular.

Figure 4. Since being diagnosed with arthritis, which, if any, of the following treatments have you had to alleviate the pain?



Base: All (N=2,074)

3.5 Lifestyle impacts

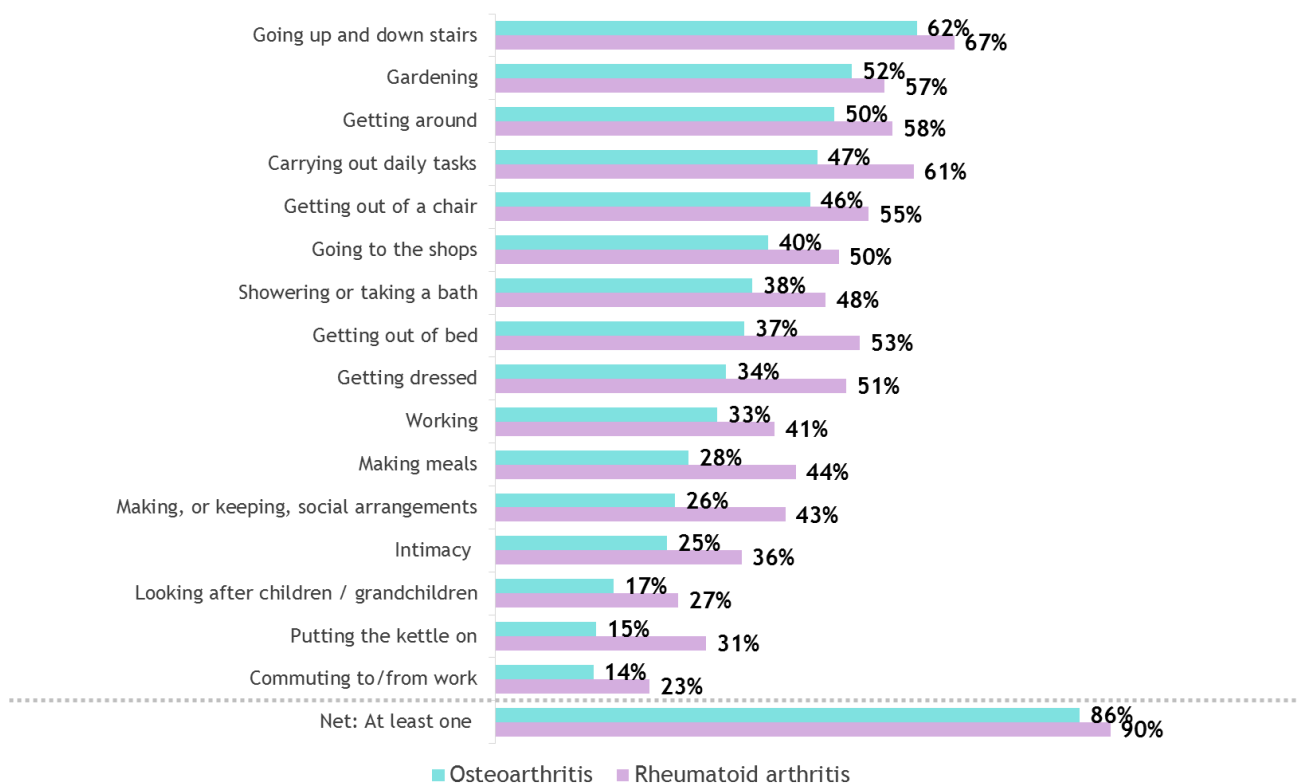
3.5.1 The pain experienced as part of arthritis stops people from going about their day-to-day lives. A third (34%) report that the pain often or always stops them doing everyday activities.

3.5.2 Men with arthritis are significantly more likely than women to report that arthritis pain never stops them from doing everyday activities (22% vs 14%), while women are more likely to be often stopped by their pain (25% vs 20%).

3.5.3 Almost nine in ten (86%) report that when their arthritis is at its worst, they struggle with at least one activity. The most commonly reported activities that people with arthritis have difficulty with are going up and down stairs (62%), gardening (53%), getting around (51%), carrying out daily tasks (48%), and getting out of a chair (47%).

3.5.4 People with rheumatoid arthritis are significantly more likely than those with osteoarthritis to report having trouble with each activity listed, including getting dressed (51% vs 34%), getting out of bed (53% vs 37%), putting the kettle on (31% vs 15%), and making/keeping social arrangements (43% vs 26%).

Figure 5. When your arthritis is at its worst, do you struggle with any of the following?



Base: Osteoarthritis (N=1,266); Rheumatoid arthritis (N=808)

3.5.5 When asked to share their anecdotes of what impact arthritis has had on their lives, respondents shared their personal experiences. Many mentioned the loss of hobbies or the inability to do once familiar tasks. A common refrain was the “invisible” impact of arthritis, either noting arthritis as a “hidden disability” not acknowledged by others or citing its impact on their mental health.

Figure 6. Is there anything else you would like to share about the impact arthritis has had on your life?



Base: All (N=2,074)

4 Working life impacts

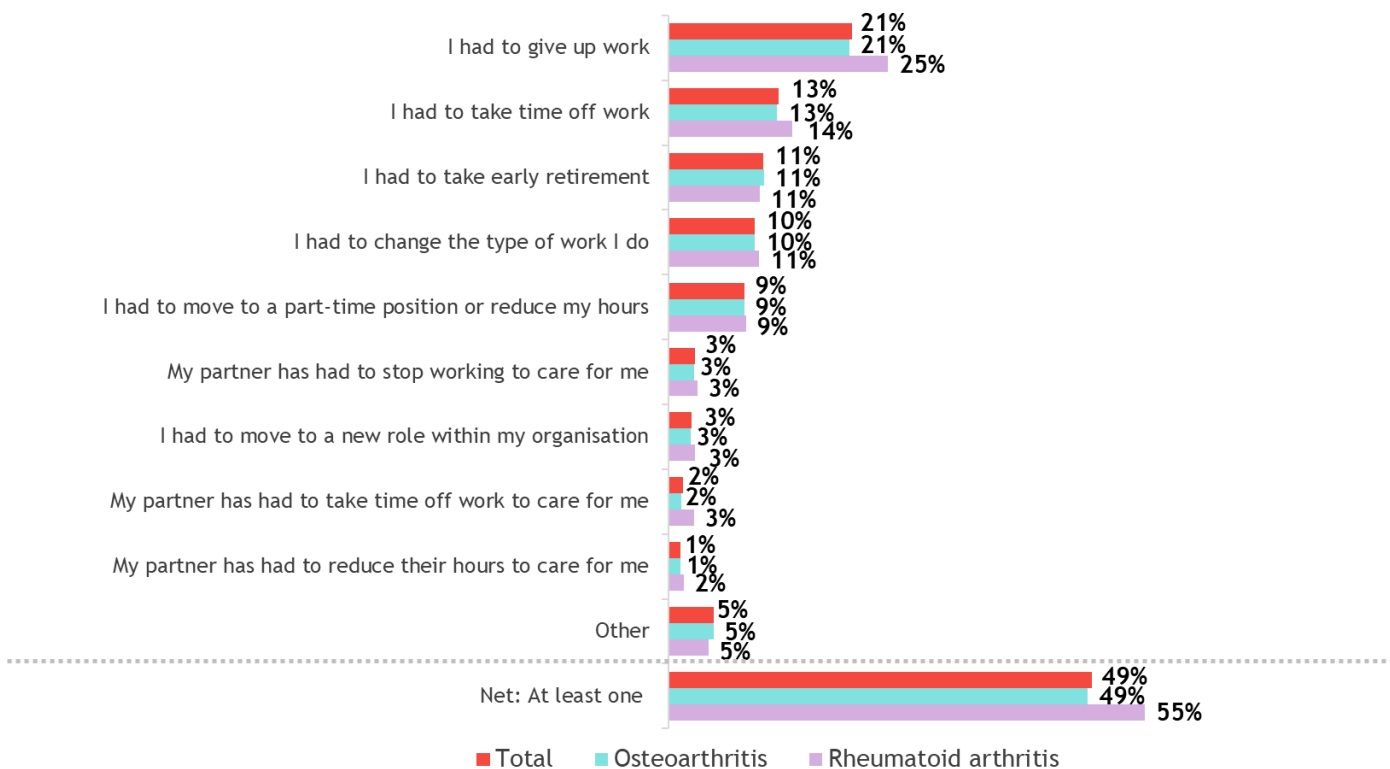
4.1.1 This section outlines the impact of arthritis on people's working lives and on the working lives of their partners.



4.2 Changes to working life

- 4.2.1 Half (49%) of people with arthritis aged 25 to 65 indicate that their condition has affected their or their partner’s working life in one way or another.
- 4.2.2 A fifth (21%) have had to give up work, 13% had to take time off work, and one in ten had to change the type of work they do (10%) or reduce their hours (9%).
- 4.2.3 Those with rheumatoid arthritis are significantly more likely to experience an impact on their or their partner’s working life. In particular, 25% of people with rheumatoid arthritis have had to give up work, compared to 21% of those with osteoarthritis.

Figure 7. In which, if any, of the following ways has arthritis affected your, or your partner's, working life?



Base: All (N=2,074); Osteoarthritis (N=1,266); Rheumatoid arthritis (N=808)

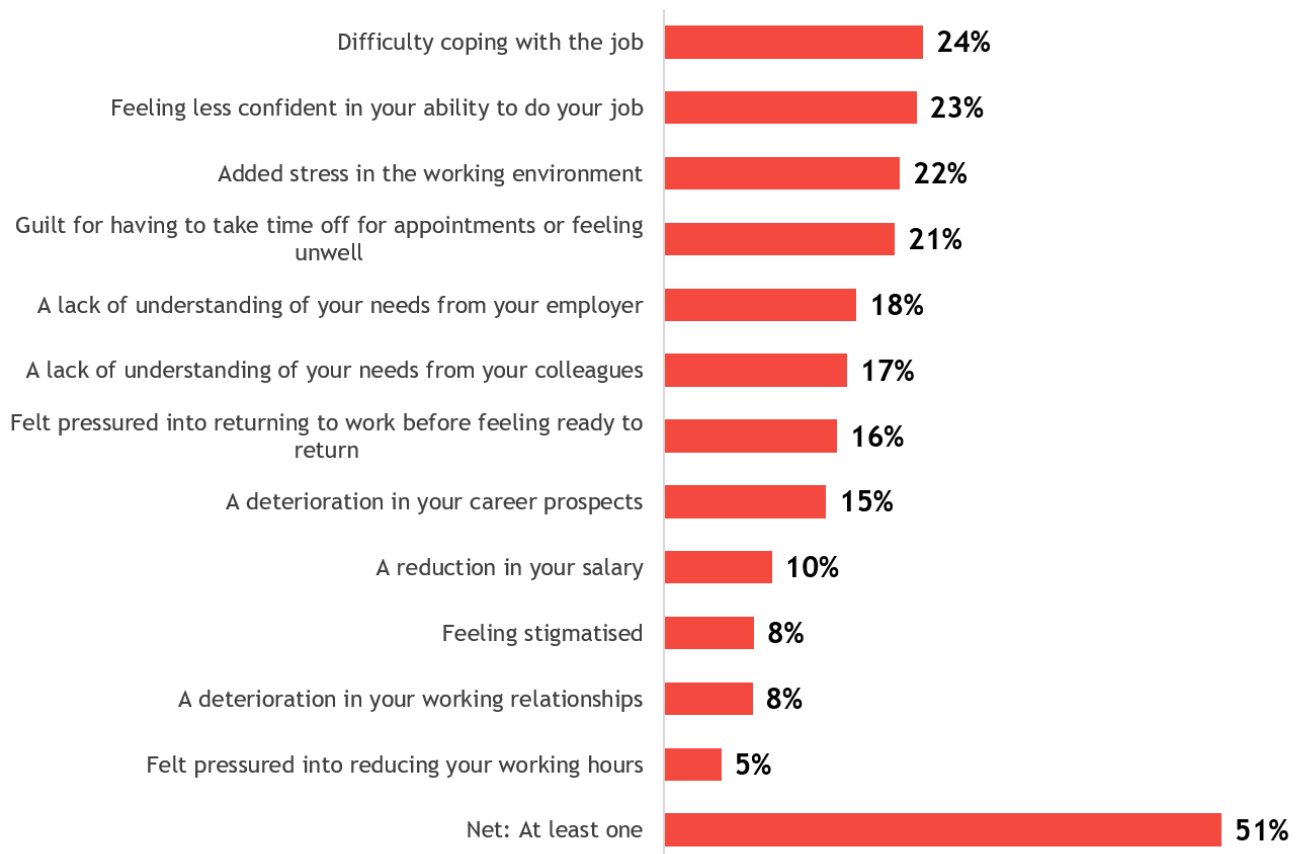
- 4.2.4 In addition to structural changes to their role faced because of arthritis, a fifth of those currently in employment miss an hour or more of work every month (21%) as a result of their arthritis or its side effects. The majority do not take any time off (70%), but 8% miss nine or more hours per month.
- 4.2.5 In line with the more structural changes, those with rheumatoid arthritis are more likely to take one or more hours off per week (27% vs 20% of those with osteoarthritis).

4.3 Challenges experienced at work

4.3.1 People with arthritis experience various difficulties in their working lives, with a fifth (22%) reporting that they have felt additional stress, guilt for taking time off or feeling sick (21%), or generally less confidence in their ability to do their job (22%).

4.3.2 Consistent with being more likely to take time off because of their arthritis or having it impact their/their partner’s work, those with rheumatoid arthritis are more likely to report feeling at least one of the listed effects of arthritis on their work (66% mentioned at least one, compared to 50% of those with osteoarthritis).

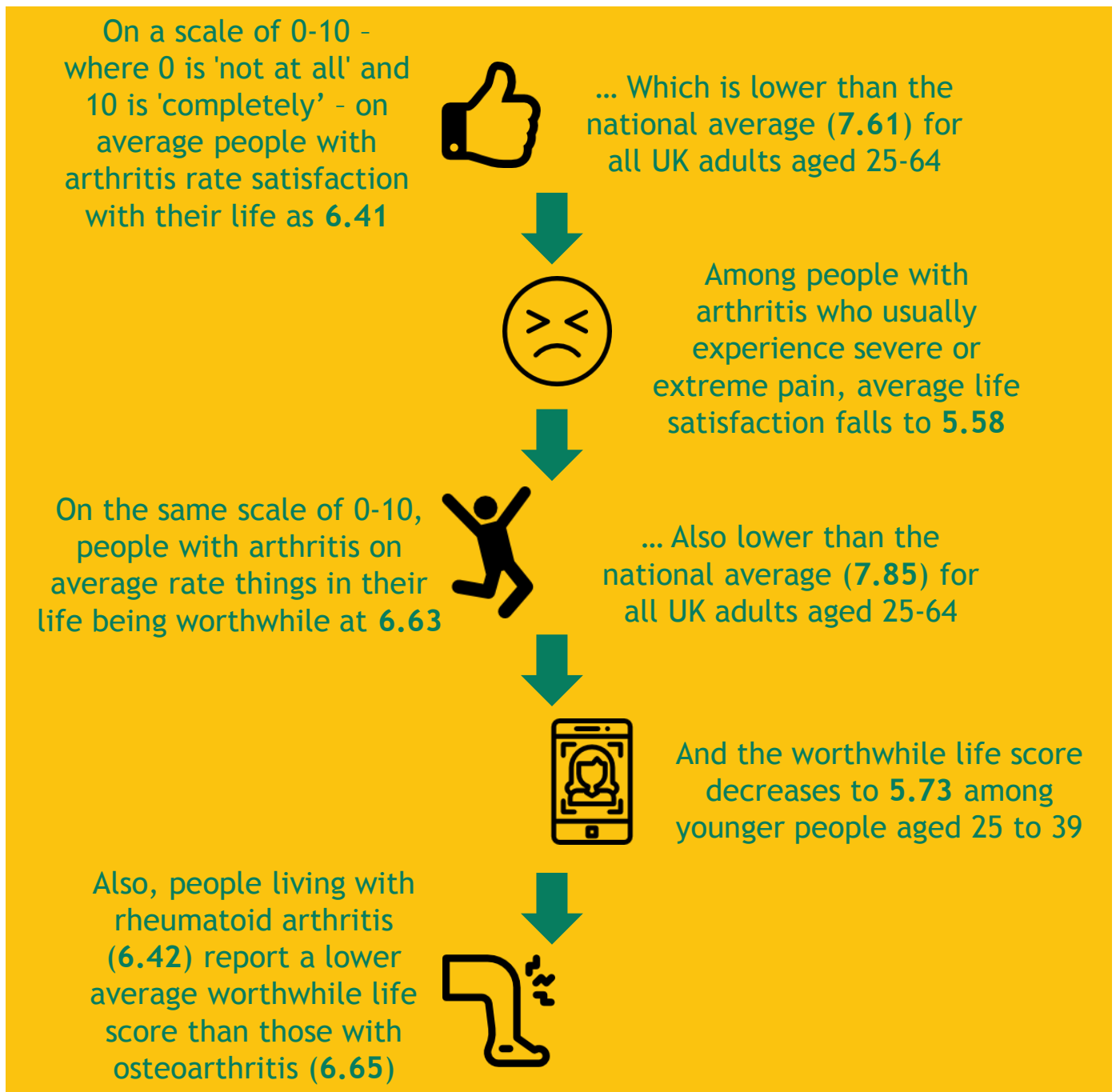
Figure 8. Have you experienced any of the following in the context of work as a result of your arthritis? Please tick all that apply.



Base: All employed people (N=885)

5 Personal well-being

5.1.1 This section of the report explores various aspects of the personal well-being of people living with arthritis.



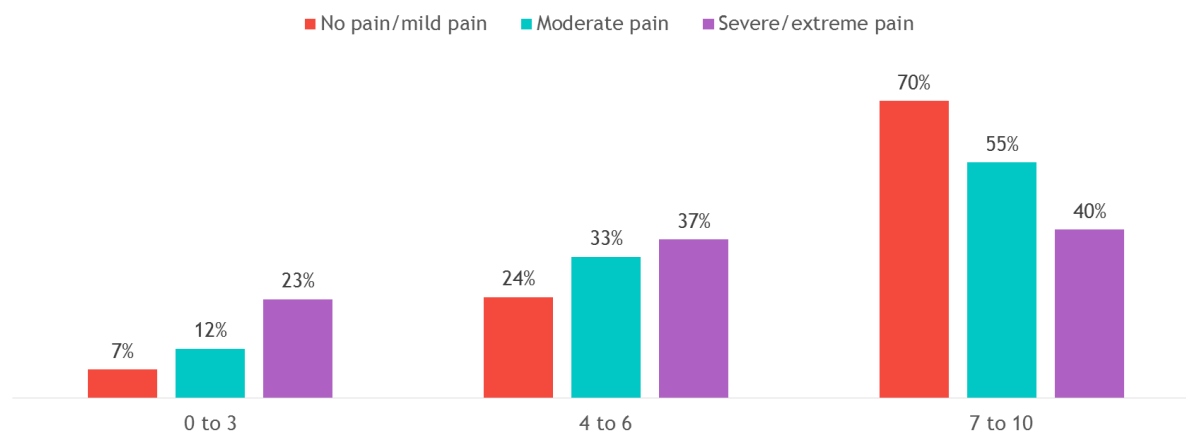
5.2 Life satisfaction

- 5.2.1 To measure life satisfaction among the UK population, the Office for National Statistics (ONS) asks the following question: “*Overall, how satisfied are you with your life nowadays?*” Respondents are asked to provide their answer using an 11 point scale, where 0 is 'not at all' and 10 is 'completely'.⁴ To allow for comparison with the national population, this same question has been asked in our Arthritis Study.
- 5.2.2 Among people aged 25 to 65 living with arthritis, our survey findings indicate that their overall average life satisfaction score is 6.41, which is less than the average score for people of the same age range (25-64) among the UK general public (7.61).⁵ This finding could suggest that arthritis can have a negative impact on how satisfied someone feels with their life.
- 5.2.3 Those living with arthritis who usually experience severe or extreme pain even when taking all their medicines (5.58) are significantly less likely to be satisfied with their life than those who tend to be in moderate pain (6.30) or mild pain/no pain at all (6.99). Almost one quarter (23%) of those usually in severe or extreme pain give a satisfaction score between 0 and 3, compared to seven percent of those with no pain or mild pain. The difference between the UK national average for people aged 25-64, using ONS data, and those typically in severe/extreme arthritis pain is particularly pronounced – 2.03 satisfaction points.

⁴ The ONS personal well-being statistics are produced from the Annual Population Survey (APS). This data, covering all of the UK, is collected through a continuous household survey. Interviews are carried out either on a face-to-face basis with the help of laptops, known as Computer Assisted Personal Interviews (CAPI) or on the telephone, known as Computer Assisted Telephone Interviews (CATI). Differences between the ONS personal well-being statistics and our Arthritis Study survey data can be considered indicative but not necessarily statistically significant. In addition, it should be noted that the ONS personal well-being statistics cover all of the UK, while our survey sample of people with arthritis does not include Northern Ireland.

⁵ <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing>

Figure 9. Overall, how satisfied are you with your life nowadays? (scale: '0 – Not at all' - '10 – Completely') – by usual level of pain



Base: All (N=2,074), those with no pain/mild pain (N=741); in moderate pain (N=869); in severe/extreme pain (N=446)

- 5.2.4 Older people living with arthritis are significantly more likely than younger people to say they feel satisfied with their lives nowadays, with an average satisfaction score of 6.57 for 55 to 65 year-olds, compared with 6.03 among those aged 40 to 54 and 5.50 among people aged 25 to 39.
- 5.2.5 People with a higher social grade (ABC1) are more likely to say they are satisfied with their life than those in C2DE, with scores of 6.78 and 5.96 respectively.
- 5.2.6 While the reason for someone not working might not be a result of their arthritis, studies have shown that job loss as a result of poor health is associated with lower levels of life satisfaction.⁶ For people living with arthritis who are working, life satisfaction scores are significantly higher than for those who are unemployed/not working – 6.64 and 5.62 respectively.
- 5.2.7 People living with osteoarthritis are significantly more likely than those with rheumatoid arthritis to feel satisfied (6.43 vs. 6.19), though this is less of a stark difference than among other groups.
- 5.2.8 Mental health can play a major role in life satisfaction. Over one third (37%) of those rating their mental health as very poor/poor over the past four weeks because of their arthritis give a satisfaction score between 0 and 3, with an average score of 4.49. In contrast, among

⁶ <http://cicoach.com/pdf/ReductionofJobLossforpersonswithRheumaticDiseasesthroughVocationalRehab.pdf>

people who say they have had very good/excellent mental health over the past month, the average score is significantly higher at 7.84.

5.2.9 A similar pattern exists for those who report poor recent physical health as a result of their arthritis, with a score of 4.94 compared to 7.80 of those that say their physical health is very good or excellent.

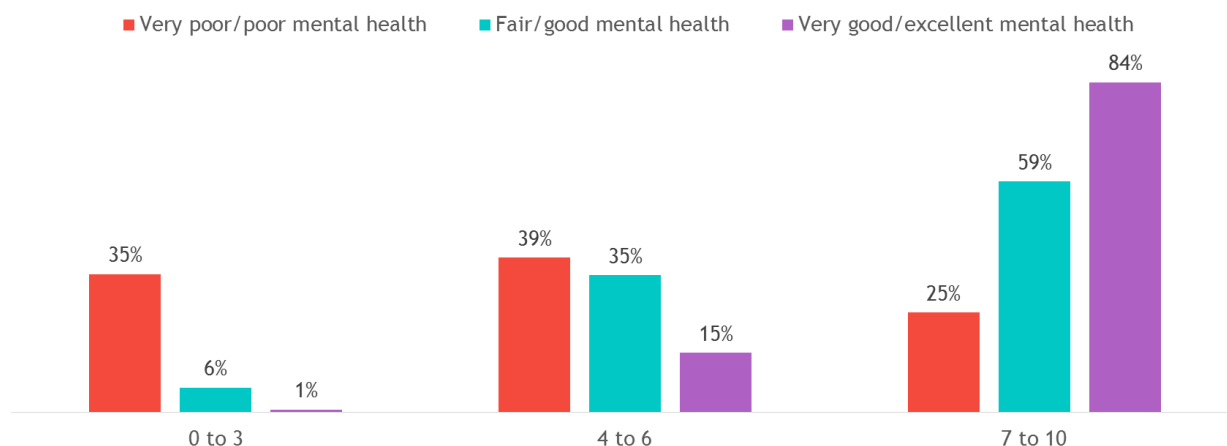
5.3 Worthwhile life

5.3.1 When asked “*Overall, to what extent do you feel the things you do in your life are worthwhile?*” where 0 is 'not at all' and 10 is 'completely', the average score for people living with arthritis is 6.63, faring worse than the UK national average for people aged 25-64 (7.85).⁷

5.3.2 There are stark differences in the views of those who describe their mental health as a result of arthritis over the past four weeks as poor, with over one third (35%) giving a score between 0 and 3, compared to just one percent of those who say their mental health is very good/excellent. In fact, 84% of those with very good/excellent mental health give a score between 7 and 10, with 15% indicating that they believe the things they do in their life are completely worthwhile.

⁷ <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing>

Figure 10. Overall, to what extent do you feel the things you do in your life are worthwhile? (scale: '0 – Not at all' - '10 – Completely') – by self-rating of mental health in past four weeks as a result of arthritis



Base: All (N=2,074), those rating their mental health because of arthritis as very poor/poor (N=472); fair/good (N=1,035); very good/excellent (N=519)

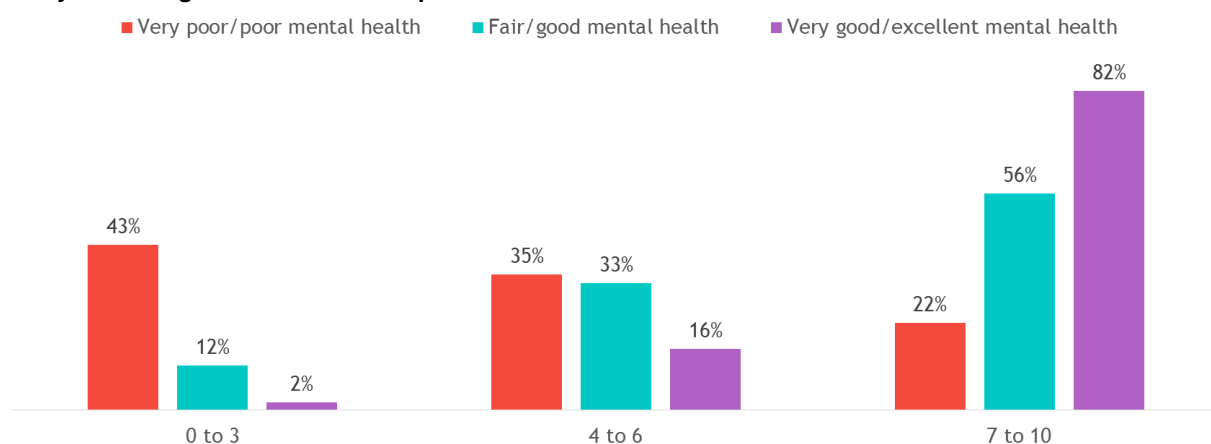
- 5.3.3 The story emerging for those who report poor physical health as a result of arthritis is also concerning, with an average score of 5.29 compared to 7.79 among those who say their physical health is very good/excellent. For those with very good/excellent physical health, 81% give a score between 7 and 10, more than double the proportion of people who describe their physical health as poor/very poor (35%).
- 5.3.4 For people living with arthritis who are usually in severe or extreme pain, the average score is considerably lower (5.89), possibly indicating that arthritis can impact one's perception of life being worthwhile. Over one fifth (22%) give a score between 0 and 3, compared to 6% of those living with arthritis who typically experience no pain or mild pain. The difference in score between the average UK adult aged 25-64 (7.85) and those with arthritis who typically experience no pain/mild pain (7.14) is less pronounced, perhaps suggesting that it is the pain which comes with arthritis that can negatively impact one's perception of life being worthwhile.
- 5.3.5 Following the earlier trend, older people are more likely than younger adults to feel the things they do in their life are worthwhile – with a score of 6.82 among 55 to 65 year-olds compared to 5.73 among 25 to 39 year-olds.
- 5.3.6 People with osteoarthritis report a significantly higher score for their perception of life being worthwhile than those with rheumatoid arthritis (6.65 vs. 6.42), though it is relatively minor in comparison with other variables.

5.4 Happiness

5.4.1 When asked “Overall, how happy did you feel yesterday?” – another ONS measure of personal well-being – on a scale where 0 is 'not at all' and 10 is 'completely', the average score for people living with arthritis aged 25 to 65 is 6.31. In line with earlier findings, this is somewhat lower than the UK national average among people of the same age (7.43).⁸

5.4.2 Among our survey sample of people aged 25 to 65 living with arthritis, those who rate their mental health as very poor or poor as a result of their condition produce a much lower average happiness score of just 4.10, with close to half (43%) scoring between 0 and 3. One in ten (10%) among this group have a score of 0 for this question. Further, only approximately one fifth (22%) give a score between 7 and 10, whilst 82% of those who report very good/excellent mental health give a score in this range.

Figure 11. Overall, how happy did you feel yesterday? (scale: '0 – Not at all' - '10 – Completely') – by self-rating of mental health in past four weeks as a result of arthritis



Base: All (N=2,074), those rating their mental health because of arthritis as very poor/poor (N=472); fair/good (N=1,035); very good/excellent (N=519)

5.4.3 This is mirrored by findings regarding those who report poor physical health because of their arthritis, who produce an average happiness score of 4.84 compared to 7.67 among those with very good/excellent physical health.

5.4.4 Older people living with arthritis are more likely than younger people to say they are happy (6.51 for people aged 55 to 65 as opposed to 5.27 among people aged 25 to 39).

⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing>

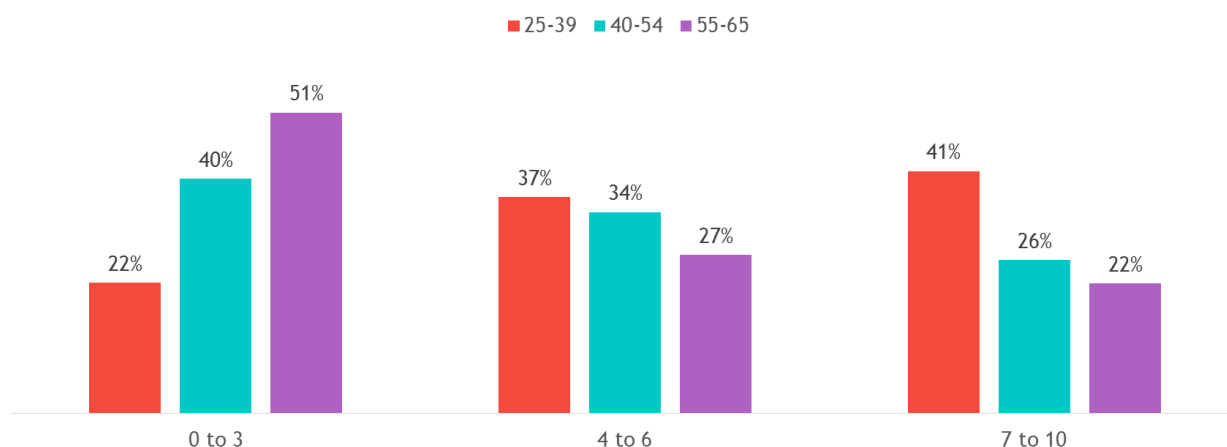
- 5.4.5 Consistent with earlier findings, people living with osteoarthritis are significantly more likely to feel happy than those with rheumatoid arthritis (6.33 vs. 6.10).
- 5.4.6 People in social grade ABC1 (6.68) are more likely than those in C2DE (5.86) to say they felt happy yesterday. Twenty percent of C2DE rate their happiness between 0 and 3, in comparison of 12% of those in social grade ABC1.
- 5.4.7 People who are retired are the most likely to say they felt happy yesterday, with an average happiness score of 6.79. Those in work are also relatively happy (6.47) while those who are unemployed/not working felt less happy yesterday on average, with a score of 5.61.

5.5 Anxiety

- 5.5.1 In order to get a sense of anxiety levels, respondents were also asked “*Overall, how anxious did you feel yesterday?*” on the same 11-point scale where 0 is 'not at all' and 10 is 'completely'. ONS data shows that the UK national average (for people aged 25-64) is 3.01.⁹ Notably, our survey findings suggest that people living with arthritis are somewhat more likely than the average adult of this age to feel anxious, with the national score being 4.00.
- 5.5.2 In fact, few sub-groups within the survey sample report lower anxiety scores than the UK average. These groups include those rating their recent physical health because of arthritis as very good/excellent (2.66) and those rating their recent mental health as very good/excellent (2.16).
- 5.5.3 There are notable peaks in anxiety levels among those who report poor physical and mental health as a result of their arthritis, with scores of 4.99 and 5.74 respectively. Close to half (46%) of people living with arthritis who report poor mental health as a result of their condition give an anxiety score between 7 and 10, illustrative of the link between mental health and anxiety.
- 5.5.4 Findings point to an age graduation in levels of anxiety; younger people living with arthritis are more likely than older adults to feel anxious – with scores of 5.56 among people aged 25 to 39 compared with 3.82 among those aged 55 to 65. Sixteen percent of people aged 55 to 65 say they felt not at all anxious in comparison with just three percent of 25 to 39 year-olds.

⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing>

Figure 12. Overall, how anxious did you feel yesterday? (scale: '0 – Not at all' - '10 – Completely') – by age

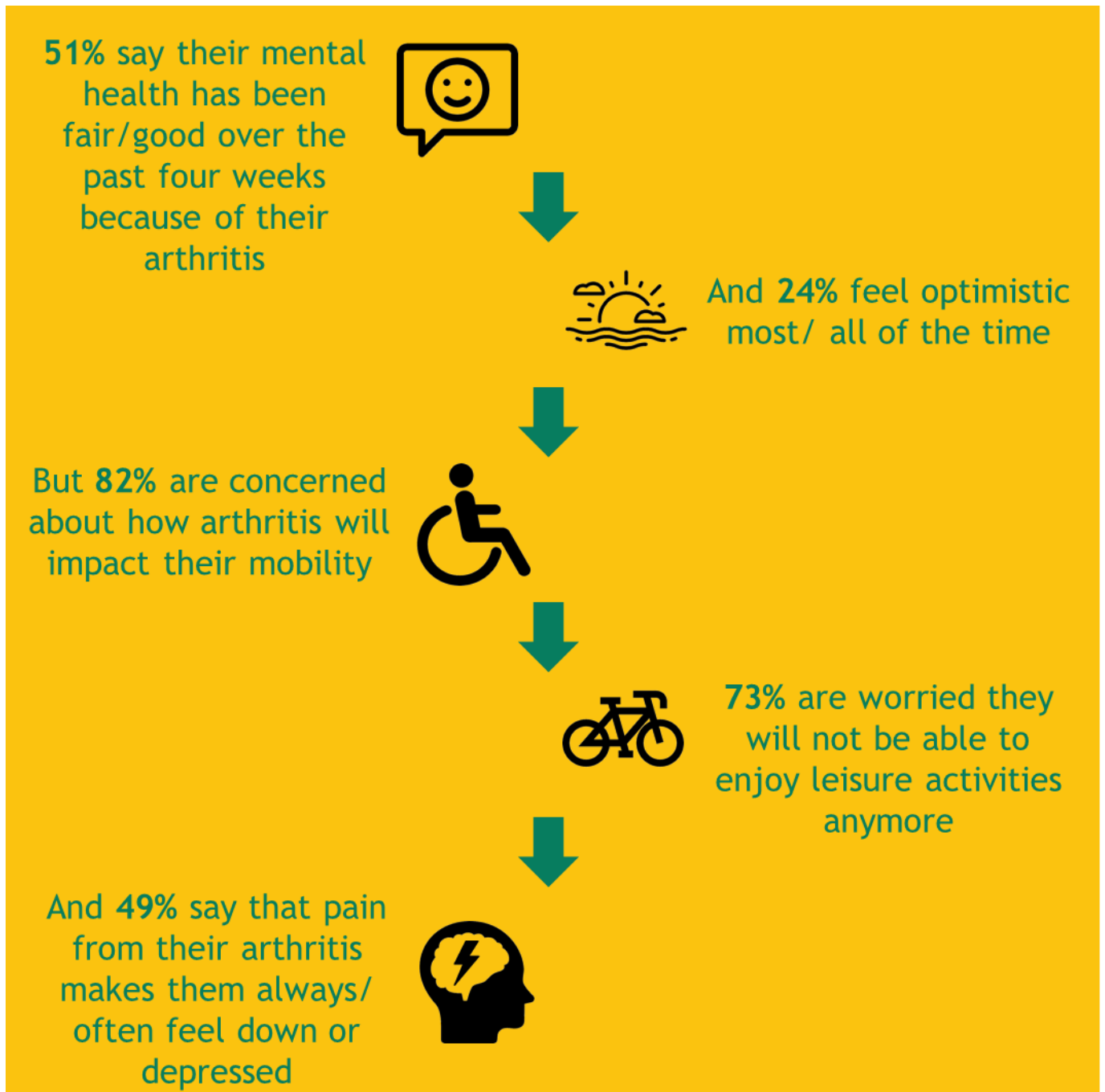


Base: All (N=2,074), 25 to 39 year-olds (N=111), 40 to 54 year-olds (N=541), 55 to 65 year-olds (N=1,422)

- 5.5.5 People living with rheumatoid arthritis are more likely than those with osteoarthritis to feel anxious, with an average score of 4.35 compared to 3.98.
- 5.5.6 Consistent with earlier findings, people living with arthritis of social grade C2DE are more likely to feel anxious than social grade ABC1 – 4.23 as opposed to 3.82.
- 5.5.7 Although there are no significant differences by gender in reported levels of personal well-being for life satisfaction, worthwhile life or happiness, there is a significant difference in the anxiety score of men (3.65) versus women (4.32).

6 Emotional impacts and mental health

6.1.1 Following on from examining overall well-being, this section looks at the mental and emotional impact of living with arthritis.

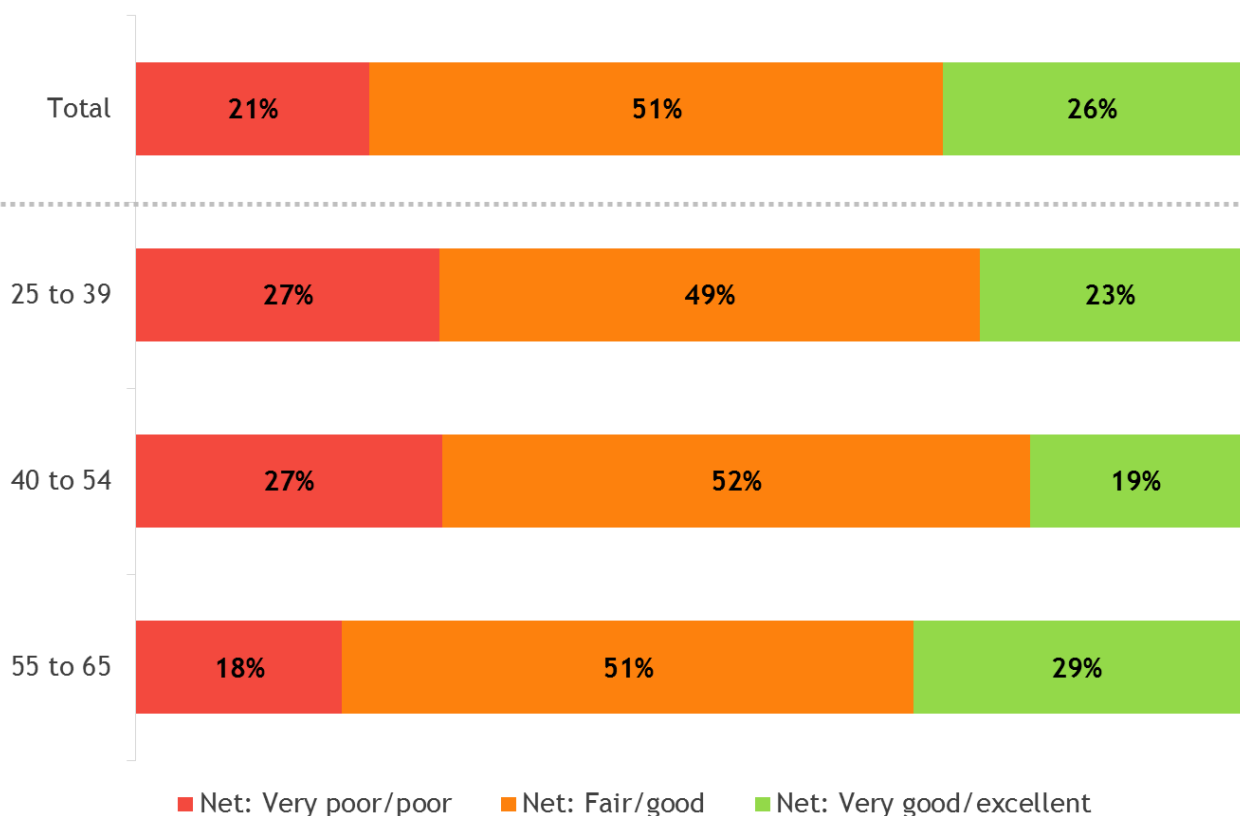


6.2 Self-reported mental health

6.2.1 Findings from this research indicate that arthritis has a varied impact on mental health. The self-reported impact of arthritis on mental health is almost evenly split between those who report very poor or poor mental health and those who report very good or excellent mental health. Around half of those with arthritis report that their mental health over the last four weeks has been fair/good (51%), while 21% report very poor/poor mental health and 26% very good/excellent mental health.

6.2.2 Notably, people in young and middle age groups are more likely to rate their current mental health as very poor or poor than older people. Consistent with their reports of arthritis' impact on their physical health, those aged 55 to 65 are least likely to report very poor/poor mental health, with 18% stating this in comparison with 27% of people aged 25 to 54.

Figure 13. Because of your arthritis, how would you rate your mental health in the past 4 weeks?



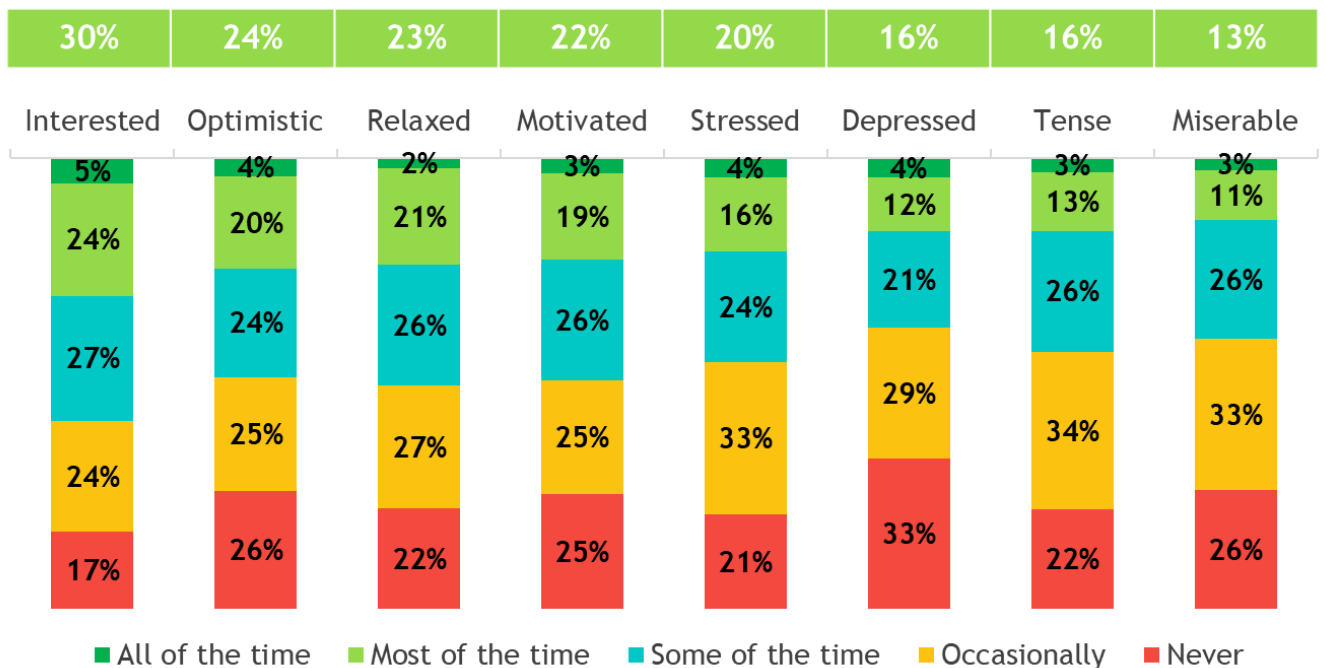
Base: All (N=2,074); 25 to 39 (N=111); 40 to 54 (N=541); 55 to 65 (N=1,422)

6.3 Emotions experienced as a result of arthritis

6.3.1 Arthritis elicits a range of emotions. When thinking about the emotional impact of arthritis, fewer than a quarter (24%) say they have most or all of the time felt “optimistic” over the past few weeks. A fifth (20%) say they spent most or all of the time feeling “stressed”, while a similar proportion say they were “motivated” (22%) or “relaxed” (23%). Approximately one in six (16%) report having felt “depressed” or “tense”, and an eighth (13%) say they felt “miserable” most or all of the time as a result of their arthritis.

Figure 14. Thinking about the past few weeks, how often, if at all, have you felt each of the following as a result of your arthritis?

Felt most/ all of the time:



Base: All (N=2,074)

6.3.2 As stated, almost a quarter (24%) of those living with arthritis aged 25 to 65 indicate that they feel “optimistic” most/all of the time. However, those who usually experience severe/extreme pain as a result of their arthritis are most likely to report never feeling “optimistic” (36%), significantly more so than either those who experience no/mild pain (22%) or only moderate pain (24%).

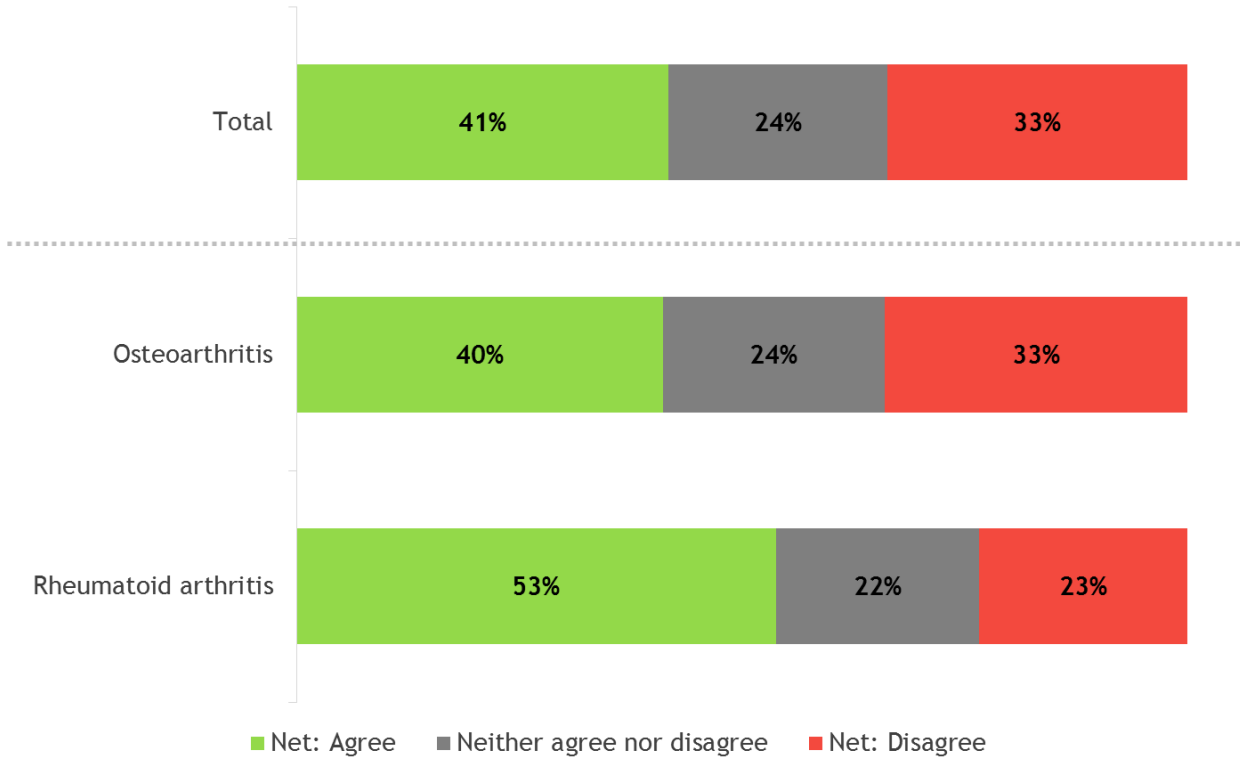
6.3.3 Overall, one in five (20%) people with arthritis say they feel “stressed” most or all of the time as a result of their condition. People from social grades C2DE, however, are twice as likely to report feeling “stressed” most/all of the time as those in social grades ABC1 (28% vs. 14%).

- 6.3.4 Although a third (33%) say they never feel “depressed” as a result of their arthritis, this with rheumatoid arthritis are significantly less likely to report this than those with osteoarthritis (26% vs. 33%).
- 6.3.5 Seventeen percent of people report feeling “tense” most or all of the time as a result of their arthritis. Unsurprisingly, those who usually experience severe/extreme arthritis pain are significantly more likely to report feeling “tense” than those who experience no/mild pain (38% vs. 4%).
- 6.3.6 Overall, 13% of people with arthritis say they felt “miserable” most or all of the time over the past few weeks as a result of their arthritis. Those aged 40 to 54 are the age group most likely to report feeling this way (18%), significantly more than those aged 55 to 65 (12%).

6.4 Anxiety and stress associated with arthritis

- 6.4.1 Findings indicate that arthritis can also lead to anxiety and worry. Two in five (41%) of those who are employed say they feel anxious that their arthritis will negatively impact their performance at work, and those with rheumatoid arthritis are significantly more likely than those with osteoarthritis to report this (53% vs 40%).

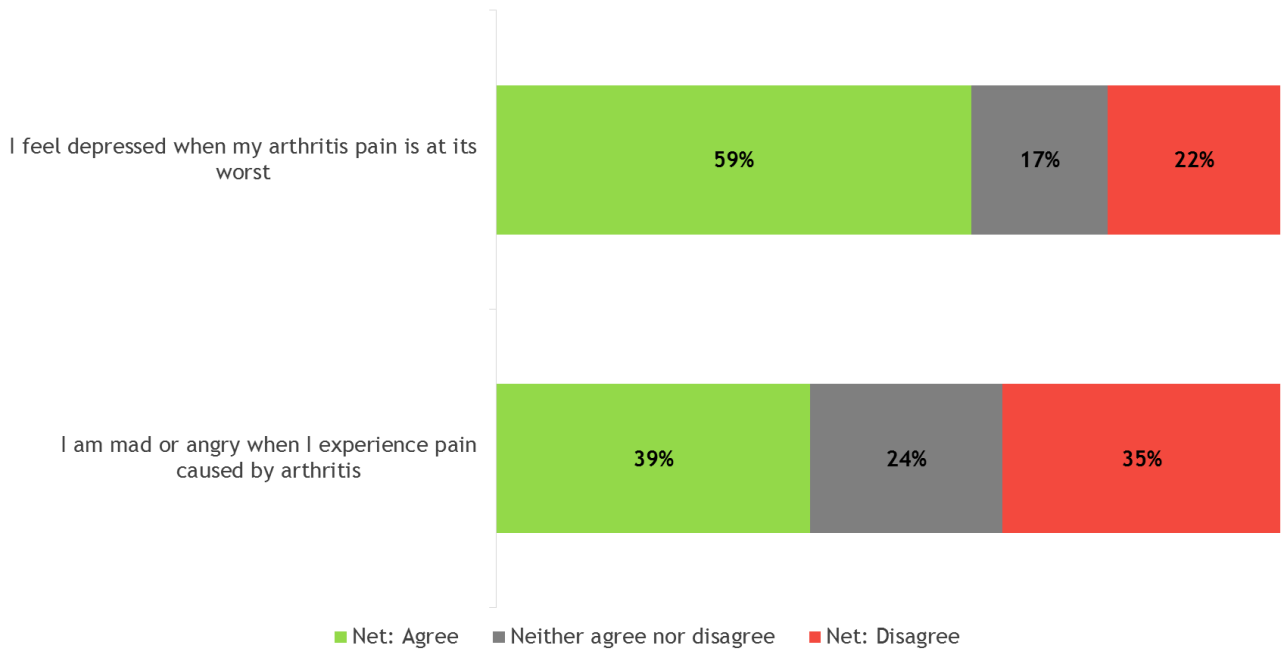
Figure 15. Please indicate the extent to which you agree or disagree with each of the statements below. *“I feel anxious that my arthritis will negatively impact my performance at work”*



Base: All workers (N=885); Workers with osteoarthritis (N=539); Workers with rheumatoid arthritis (N=346)

- 6.4.2 Three fifths (59%) of people living with arthritis report that they feel depressed when their pain is at its worst, while only around one fifth (22%) disagree with the statement. Additionally, two fifths say they feel mad/angry when they experience arthritis pain (39%).
- 6.4.3 Women are more likely than men to feel depressed when their arthritis pain is at its worst (64% vs. 54%), and also more commonly say they feel mad/angry when they experience pain caused by arthritis (42% vs. 36%).

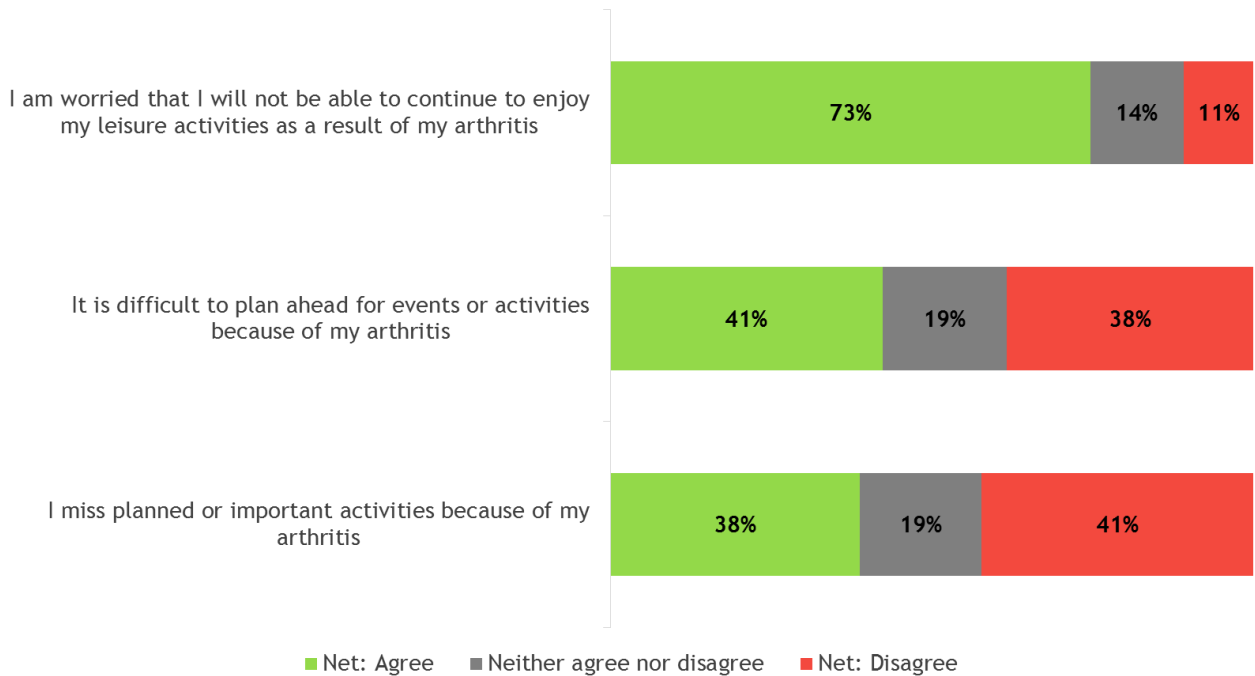
Figure 16. Please indicate the extent to which you agree or disagree with each of the statements below.



Base: All (N=2,074)

- 6.4.4 As noted earlier in this report, some respondents shared how their experience of arthritis has meant they have had to give up hobbies they once enjoyed. The sentiment underlying these anecdotes is reflected in these questions, as almost three quarters (73%) of all those living with arthritis report being worried that they will not be able to continue to enjoy their leisure activities because of their arthritis. Additionally, two fifths (41%) report that their arthritis makes it difficult for them to plan ahead for activities and 38% say that they have already experienced missing out on activities as a result of their condition.
- 6.4.5 The overall worry that they will not be able to continue enjoying leisure activities is consistent across the different types of arthritis, but those with rheumatoid arthritis are more likely than those with osteoarthritis to strongly agree with the statement (38% vs. 32%). Those with rheumatoid arthritis are more likely than those with osteoarthritis to generally agree that they find it difficult to plan ahead for activities (51% vs. 41%) or that they already miss out on activities because of their arthritis (50% vs. 37%).

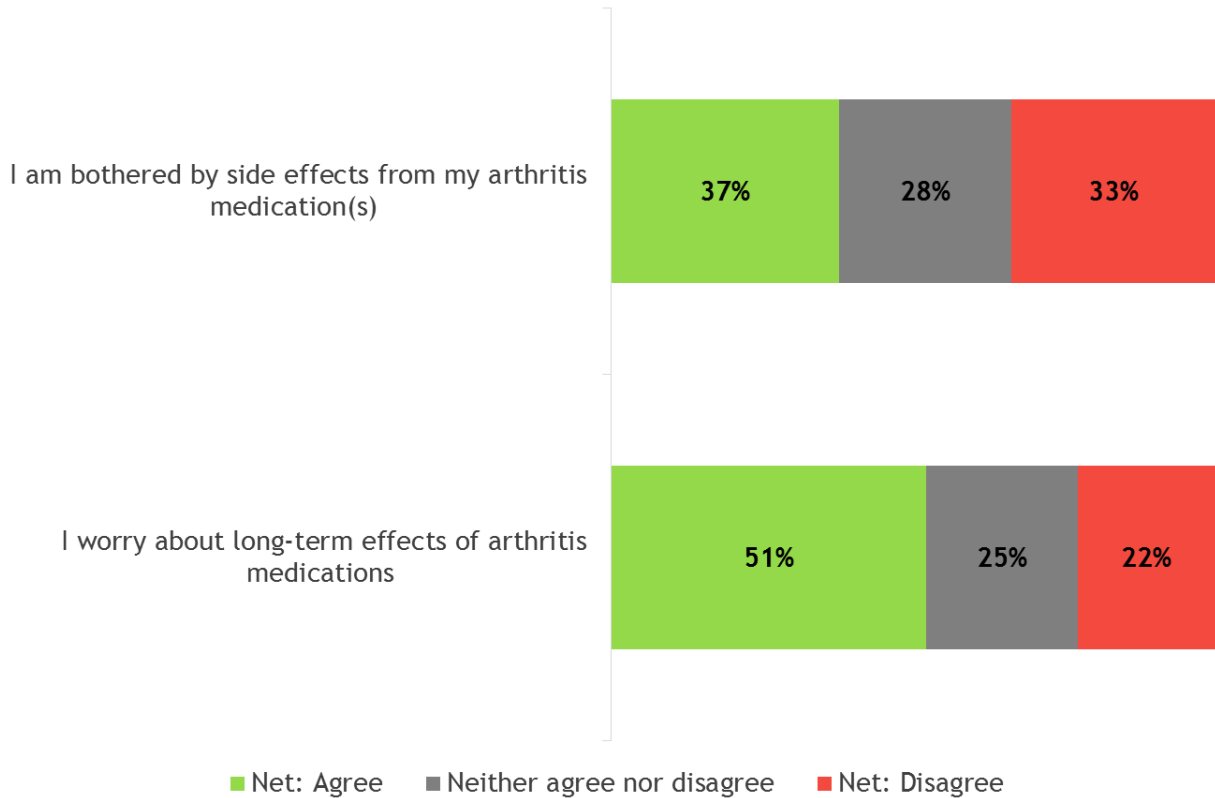
Figure 17. Please indicate the extent to which you agree or disagree with each of the statements below.



Base: All (N=2,074)

- 6.4.6 Aside from their concern about continuing to enjoy leisure activities, more than a third (37%) are bothered by the side effects they experience as a result of their arthritis medication, and half (51%) worry about what the long-term effects of these will be.
- 6.4.7 People from social grades C2DE are more likely to be bothered by the side effects of their medication (43%), significantly more so than those from social grades ABC1 (32%). In line with this, those from social grades C2DE are more likely than those from ABC1 to worry about the long-term effects of their arthritis medication (55% vs. 47%).

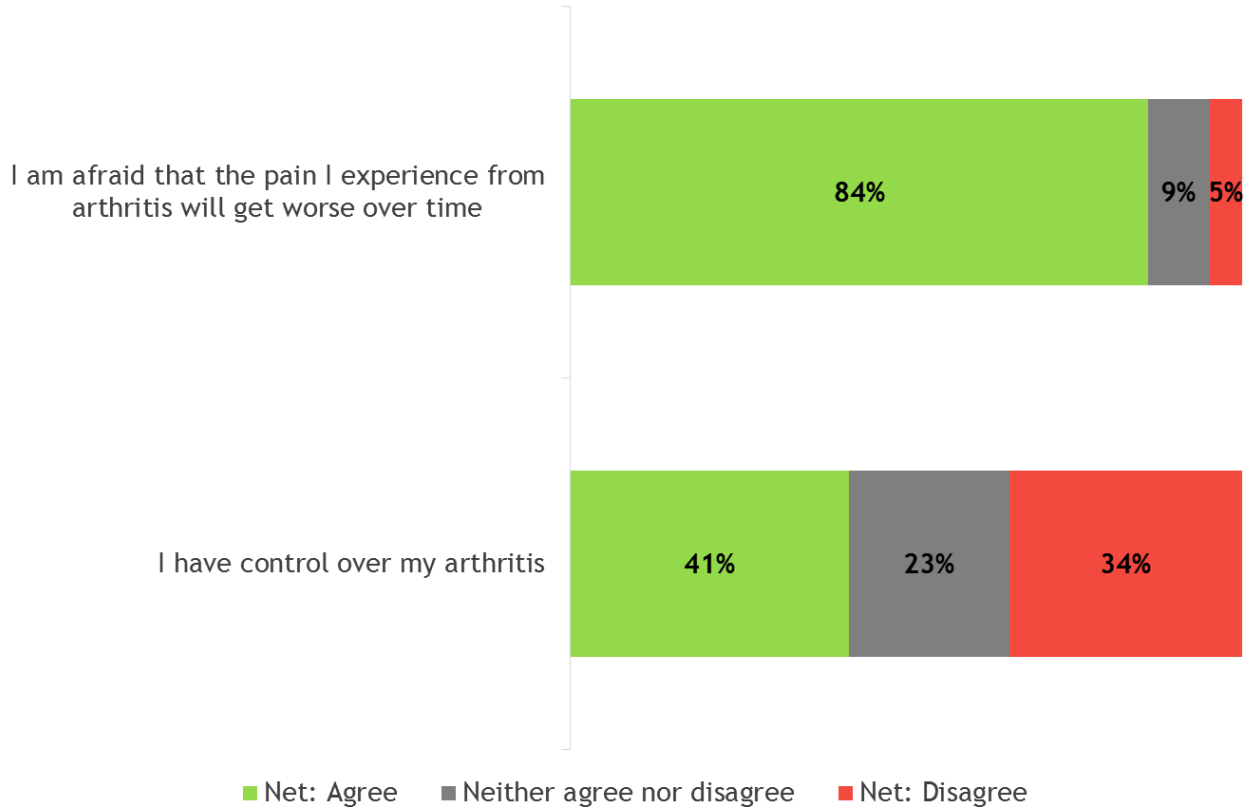
Figure 18. Please indicate the extent to which you agree or disagree with each of the statements below.



Base: All (N=2,074)

- 6.4.8 The vast majority (84%) of people living with arthritis are worried that the pain they experience will get worse over time. This is consistent across types of arthritis experienced as well as the length of time they have had arthritis. Two fifths (41%) say they have control over their arthritis, which is also consistent by type of arthritis.
- 6.4.9 Those who usually experience severe or extreme pain are the most likely to say they worry that the pain they experience will get worse over time (93%), significantly more than those who experience moderate pain (87%) or no/mild pain (78%). In line with this, those in severe/extreme pain as a result of their arthritis are the least likely to feel they have control over their condition (14%).

Figure 19. Please indicate the extent to which you agree or disagree with each of the statements below.

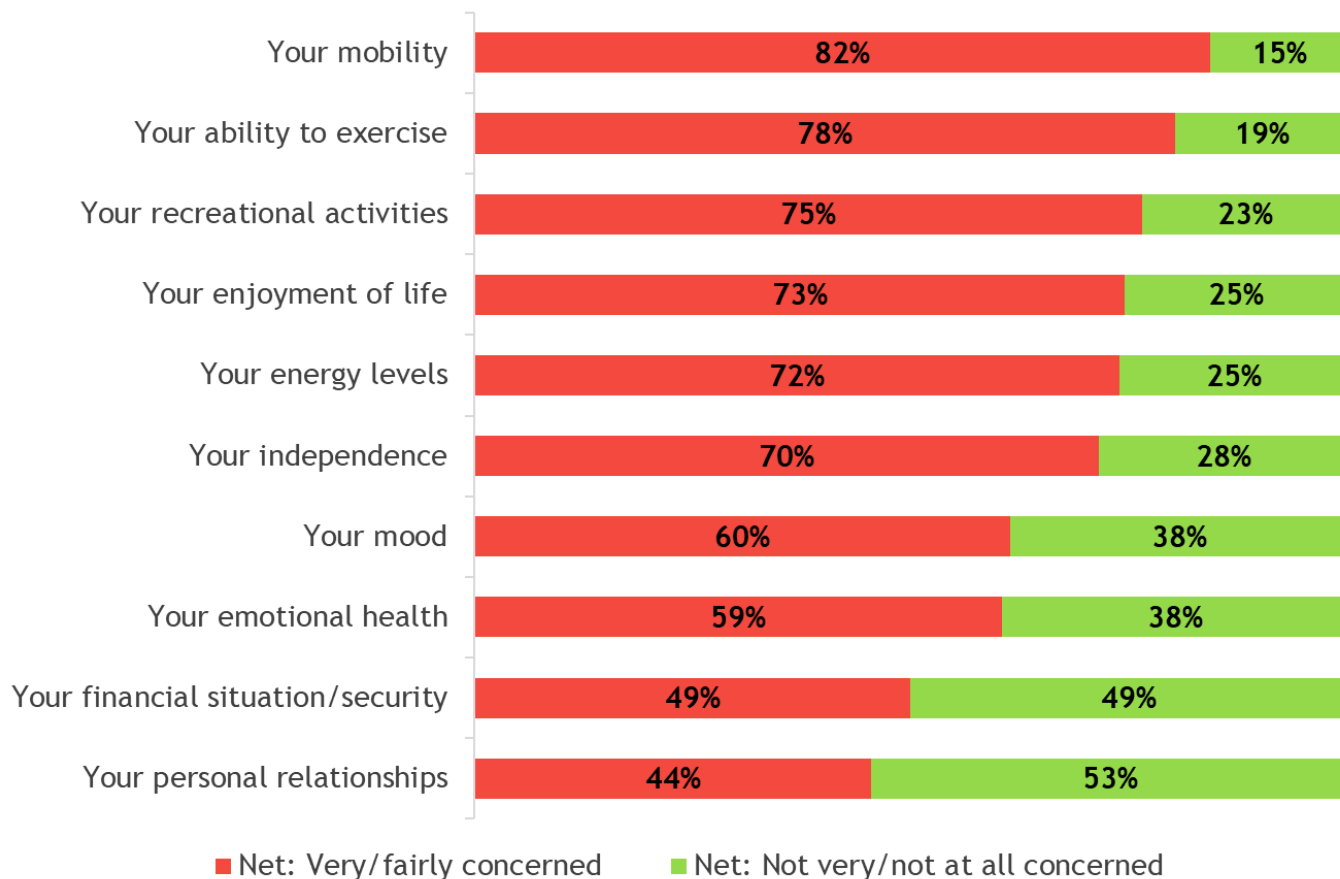


Base: All (N=2,074)

6.5 Concerns about the future

6.5.1 People living with arthritis have concerns about their future. When asked to gauge their level of concern for the impact arthritis will have on their lives, the majority (82%) are concerned about their mobility or their ability to exercise (78%). Over seven in ten (72%) are concerned about how arthritis would affect their energy levels, their recreational activities (75%) or their general enjoyment of life (73%). Over two thirds (70%) are worried about their independence, while three fifths (60%) are concerned about the impact on their mood or their emotional health (59%). Additionally close to half of people with arthritis are concerned about how arthritis would affect their financial security (49%) and personal relationships (44%).

Figure 20. How concerned, if at all, are you about how your arthritis will interfere with each of the following things?

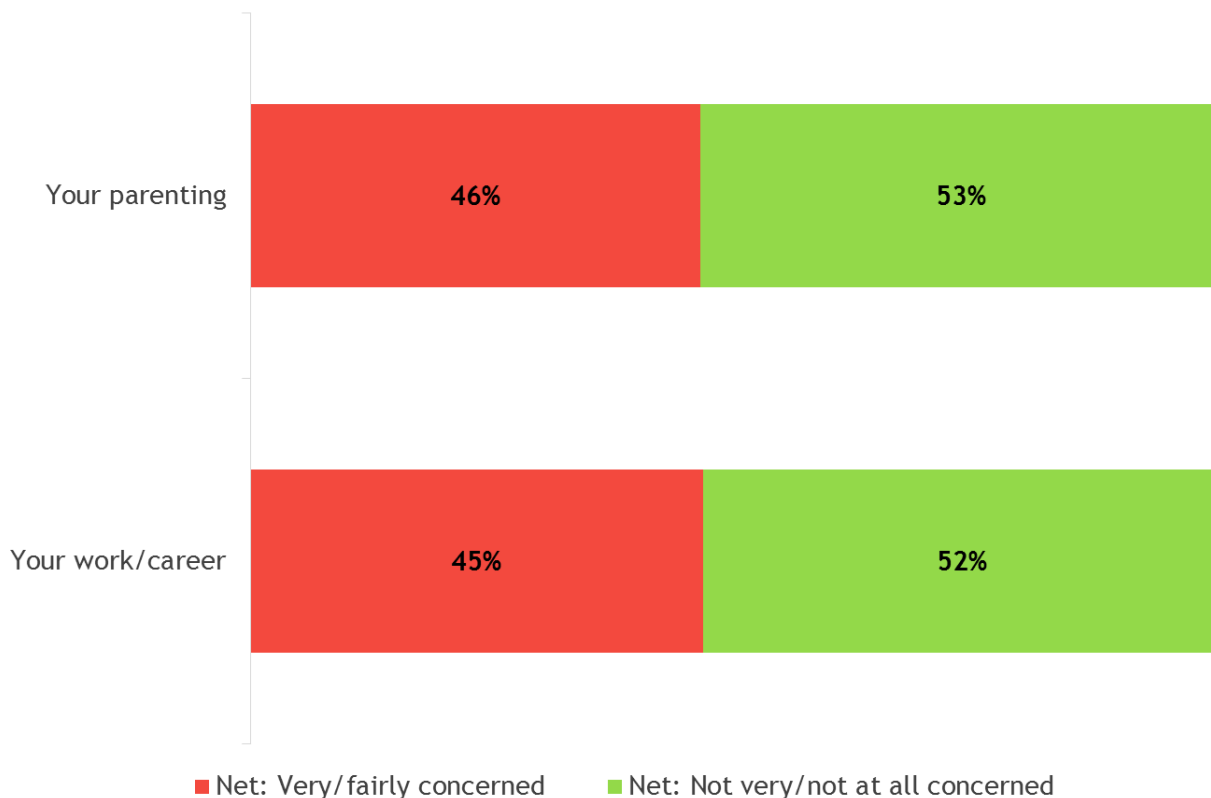


Base: All (N=2,074)

- 6.5.2 Concerns about mobility are consistent across the different arthritis types, but women are significantly more likely than men to be concerned about how their arthritis will impact their mobility (86% vs. 79%). Similarly, women are significantly more likely than men to worry about the impact of arthritis on their ability to exercise (81% vs. 75%).
- 6.5.3 A decrease in energy levels was noted in the personal anecdotes shared earlier in this report, and findings here indicate that those with rheumatoid arthritis (81%) in particular are likely to be concerned about this, in comparison with 71% of those with osteoarthritis.
- 6.5.4 As mentioned elsewhere in the report, the impact of arthritis on leisure and hobbies is significant. In terms of concern, three quarters of people are worried about the impact of their arthritis on their recreational activities. Those in social grade C2DE are more likely to be concerned than those in social grades ABC1 (78% vs. 72%).

- 6.5.5 Recreational activities may also be a factor in overall enjoyment in life – a concern for nearly three quarters of those with arthritis (75%). Women are more likely to be concerned about this than men (77% vs. 72%).
- 6.5.6 Similarly, women are more likely than men to be concerned about how arthritis will affect their sense of independence (75% vs. 64%). Further, those with rheumatoid arthritis are particularly likely to be worried about this, significantly more so than those with osteoarthritis (77% vs. 69%).
- 6.5.7 Three fifths of people with arthritis (60%) are concerned about the impact of arthritis on their mood, and particularly those from social grades C2DE (68%) who are significantly more likely to be concerned about this than those from social grades ABC1 (52%).
- 6.5.8 Similarly, those from social grade C2DE are more likely to be worried about their emotional health than those from social grades ABC1 (66% vs. 53%). Those with rheumatoid arthritis are also more likely to be worried about this in comparison with those with osteoarthritis (70% vs. 58%).
- 6.5.9 Younger people are the most worried about their financial situation, with over two thirds (66%) of those aged 25 to 39 saying they are concerned about the impact of arthritis on their finances. This is significantly higher than among people aged 55 to 65 (44%).
- 6.5.10 Those aged 25 to 39 are also the age group most likely to be concerned about the impact of arthritis on their personal relationships (60%), significantly more so than those aged 55 to 65 (42%).
- 6.5.11 Close to half (45%) of employed people with arthritis are concerned about the impact it may have on their work/career. Additionally, an equal proportion of parents with arthritis (46%) are concerned about the impact it may have on their parenting.

Figure 21. How concerned, if at all, are you about how your arthritis will interfere with each of the following things?



Base: Workers (N=885); Parents/guardians of children under 18 (N=288)

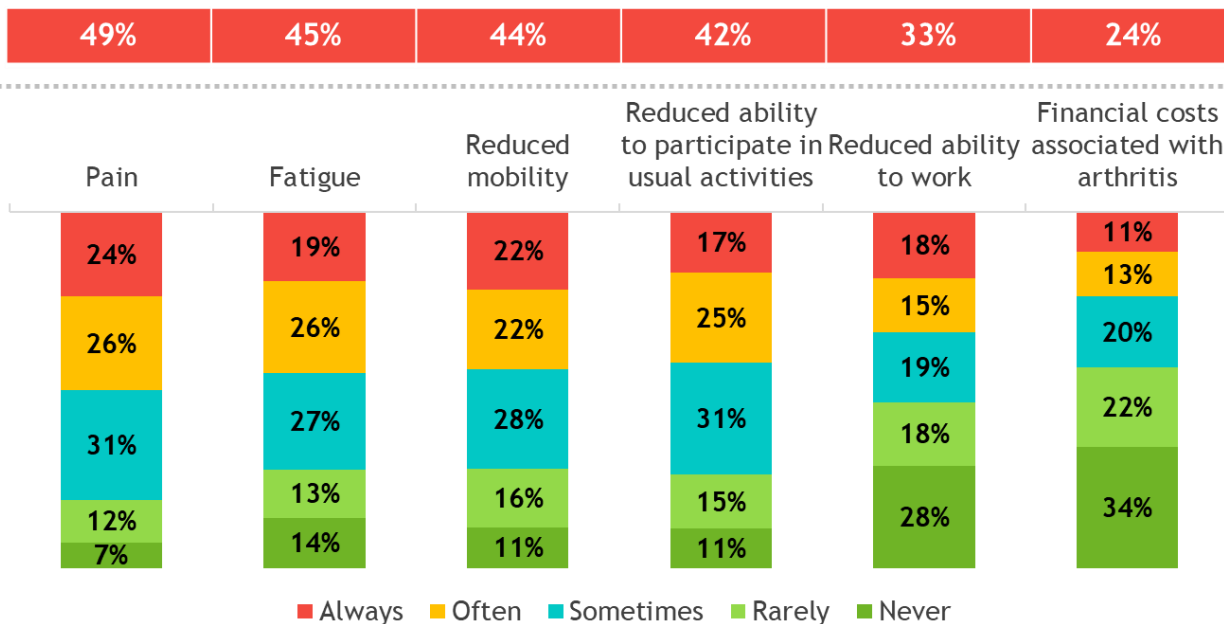
6.5.12 Those with rheumatoid arthritis are more likely than those with osteoarthritis to be concerned about the impact their arthritis may have on their work (58% vs. 44%). They are also more likely to be concerned about how their arthritis will affect how they parent their child(ren), significantly more so than those with osteoarthritis (63% vs. 44%).

6.6 Feeling down and depressed

6.6.1 Close to half of people with arthritis say that their pain (49%) or fatigue (45%) always/often makes them feel down or depressed, and similar proportions report always/often feeling down/depressed as a result of reduced mobility (44%) or reduced ability to participate in their usual activities (42%). A third cite their reduced ability to work as a reason for always/often feeling down/depressed (33%), while a quarter note the financial costs of arthritis (24%).

Figure 22. How often, if ever, do each of the following things related to your arthritis make you feel down or depressed?

Always/ often:

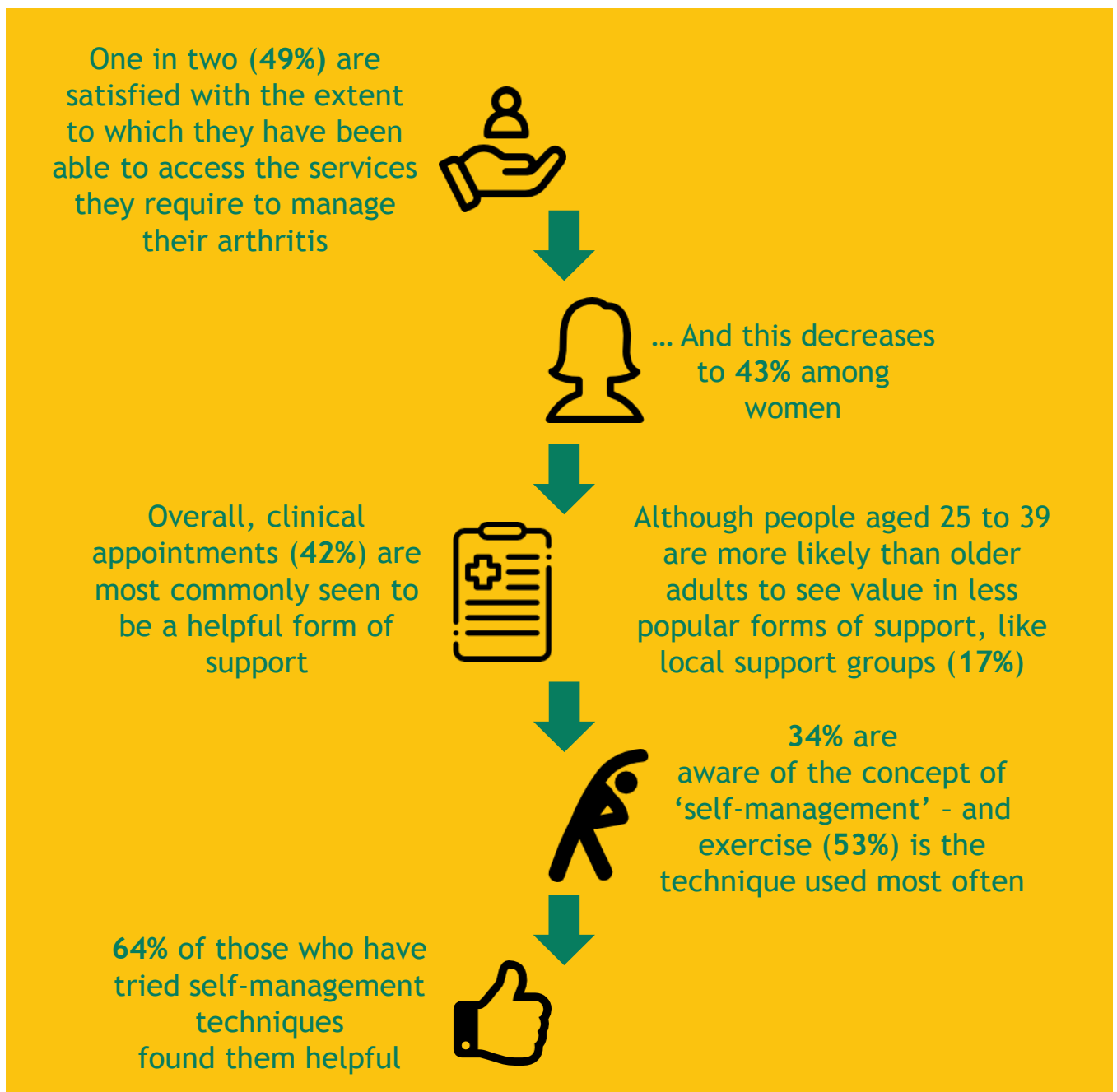


Base: All (N=2,074)

- 6.6.2 Unsurprisingly, those who typically experience severe or extreme pain as a result of their arthritis are much more likely to report that pain makes them feel down/depressed always or often (90%) than those who experience no/mild pain (16%) or moderate pain (59%).
- 6.6.3 People from social grades C2DE are more likely to report that reduced mobility makes them always/often feel down/depressed (55%), significantly more so than people from social grades ABC1 (34%). Similarly, and perhaps linked, people from social grades C2DE are also more likely to report that reduced ability to work makes them always/often feel down/depressed (46%), significantly more than people from social grades ABC1 (23%).
- 6.6.4 Notably, those with rheumatoid arthritis are considerably more likely than those with osteoarthritis to say that the financial costs associated with their condition always/often makes them feel down or depressed (33% vs. 23%).

7 Support and self-management

7.1.1 This final section of the report explores where and who people living with arthritis turn to for advice and support, as well as techniques used to 'self-manage' arthritis and their effectiveness.

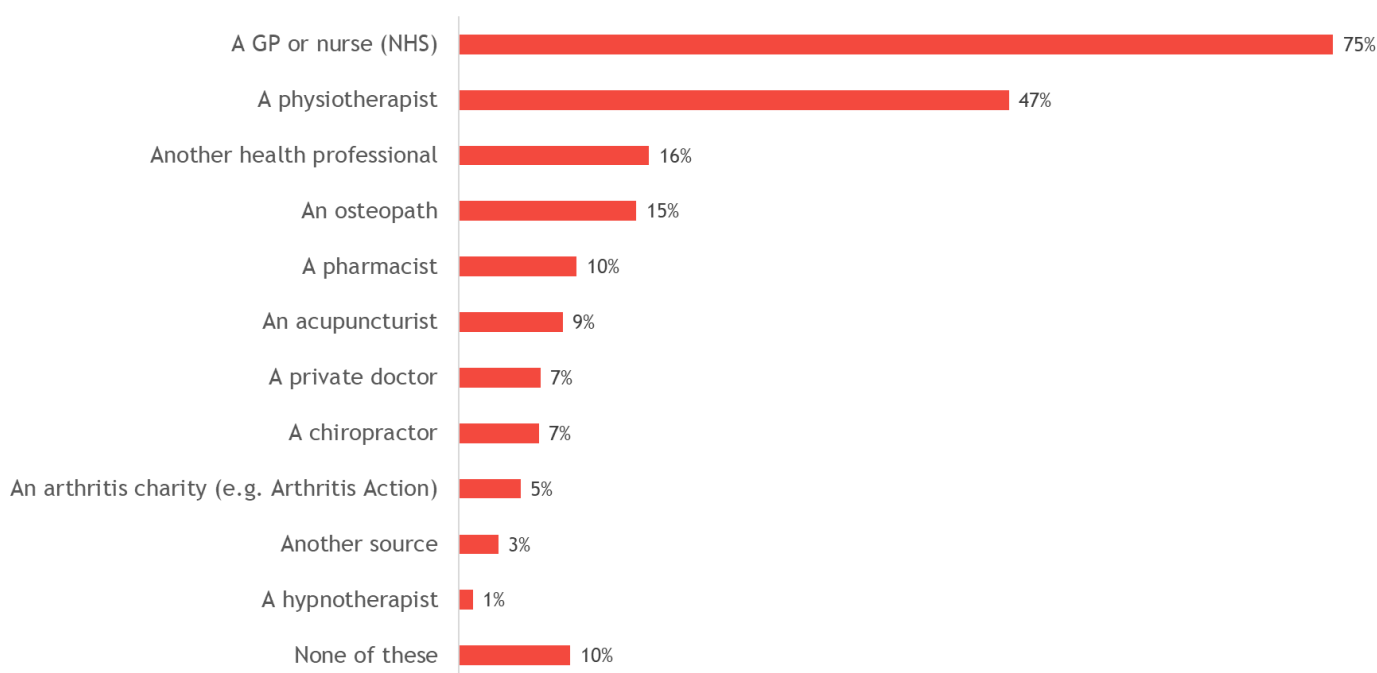


7.2 Sources of advice/support used

7.2.1 There are a range of healthcare services that people living with arthritis might turn to when seeking advice or support about their condition, from well-known practitioners such as GPs, to professionals in less commonly known practices such as acupuncture.

7.2.2 The main port of call for people living with arthritis is an NHS GP or nurse, with three in four (75%) having received advice or support from them.

Figure 23. From which of the following sources, if any, have you received advice or support related to your arthritis?



Base: All (N=2,074)

7.2.3 Older people living with arthritis are more likely than younger people to have received advice from a GP or nurse, with 75% of 55 to 65 year-olds and 78% of 40 to 54 year-olds having done so, compared with 60% of 25 to 39 year-olds.

7.2.4 In contrast, younger people aged 25 to 39 are more likely to have sought advice or support from an acupuncturist (18%) than older people aged 40 to 54 (eight percent) and 55 to 65 (nine percent). They are also more likely to have received support from a hypnotherapist (six percent compared with one percent of people aged 55 to 65).

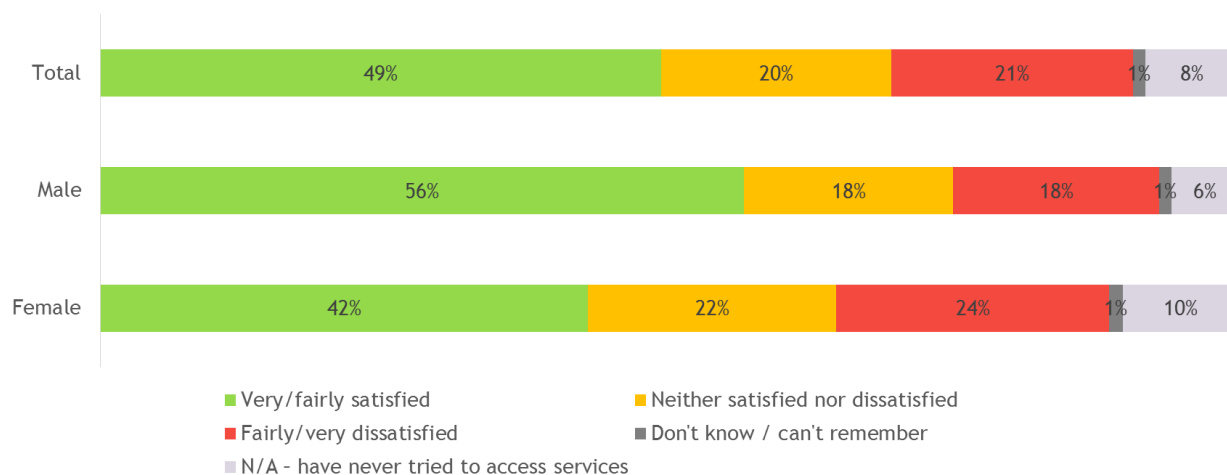
7.2.5 Those living with arthritis who are usually in severe/extreme pain are more likely to have turned to a GP or nurse for advice than those in no/mild pain – 83% and 69% respectively.

- 7.2.6 Physiotherapists are the second most common healthcare professional to go to for advice, with 47% of people living with arthritis saying that they have received advice or support from them. This is higher for people living with osteoarthritis (47%), than rheumatoid arthritis (40%).
- 7.2.7 People living with arthritis who rate their recent physical health as a result of the condition as very poor/poor are significantly more likely than those in very good/excellent physical health to visit a physiotherapist for advice or support (54% vs. 38%).
- 7.2.8 People of social grade ABC1 are more likely to have turned to a private doctor than C2DE, with eight percent having done so in comparison with five percent. They are also more likely to have sought help from an osteopath (17% vs. 12%). This could suggest that socioeconomic background has a bearing on the forms of support people with arthritis access.

7.3 Satisfaction with access to services

- 7.3.1 Overall, roughly half (49%) of people living with arthritis are satisfied with the extent to which they have been able to access the services they require to manage their condition. Otherwise, one in five (20%) say they are neither satisfied nor dissatisfied, and an equal proportion (21%) feel fairly or very dissatisfied.
- 7.3.2 Those living with arthritis who say their mental health as a result of the condition is very good or excellent are more likely to feel satisfied (56%) than those rating their mental health as poor or very poor (42%). In fact, 13% of people with poor or very poor self-reported mental health say they are very dissatisfied with the extent to which they can access services in order to manage their arthritis.
- 7.3.3 Men living with arthritis are more likely than women - and the overall population of those living with arthritis - to say that they feel satisfied with access to services required to manage arthritis, with 56% stating this in contrast with 42% of women. Eighteen percent of men say they are very satisfied, compared with 13% of women.

Figure 24. How satisfied or dissatisfied are you with the extent to which you have been able to access the services you require to manage your arthritis?



Base: All (N=2,074), men (N=888), women (N=1,186)

7.3.4 There are also regional disparities, with those in the Midlands less likely to say they are satisfied (44%) than average. In fact, they are more likely to be dissatisfied (27%) than people living with arthritis in the North (17%) and South (19%) of England.

7.3.5 Additionally, parents/guardians of child(ren) under 18 are less likely to feel satisfied than non-parents (39% vs. 50%).

7.4 Support that would be helpful

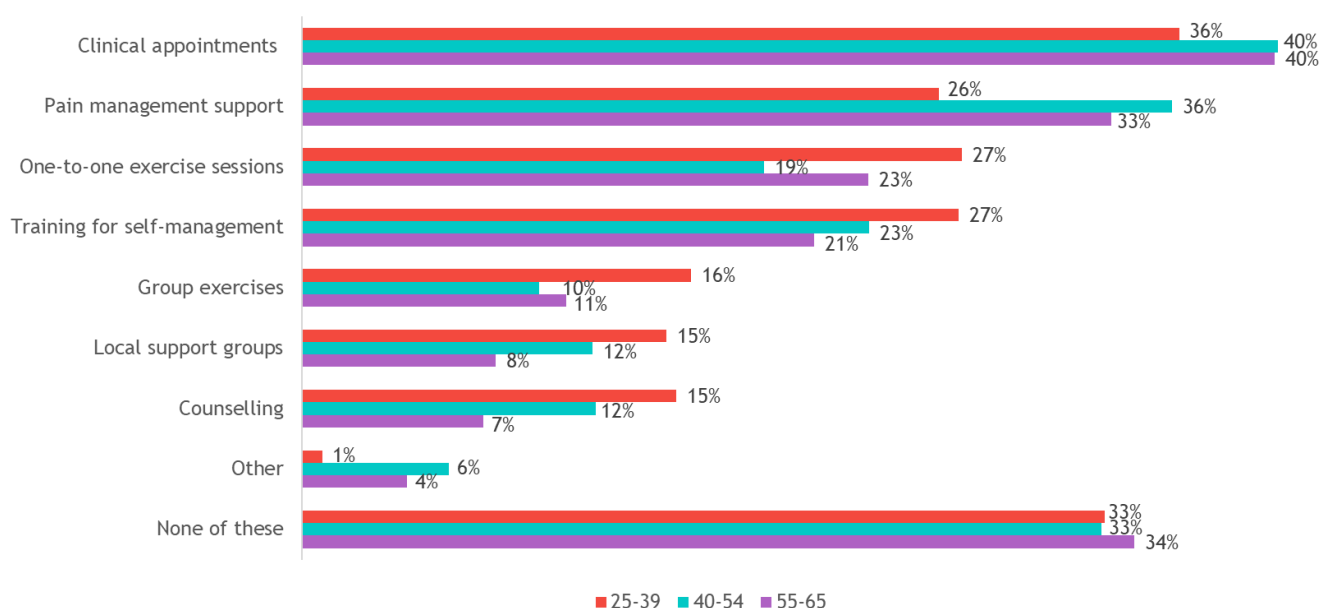
7.4.1 Support for arthritis comes in many forms, from clinical appointments to counselling, and from one-to-one help to group support networks.

7.4.2 Two in five (42%) people living with arthritis say that clinical appointments (e.g. physiotherapy, osteopathy, acupuncture, chiropractic) would help them deal with their arthritis and the pain associated. Other popular forms of support considered to be helpful are pain management (34%), one-to-one exercise sessions (23%) and training for self-management (22%).

7.4.3 Likely a result of their condition and its effects, those usually experiencing severe/extreme pain are more likely to than those in no pain/mild pain to feel that clinical appointments (48% vs. 38%) and pain management support (55% vs. 19%) would be helpful.

7.4.4 Young people are more likely to select some of the less common forms of support. Notably they feel more positively about group sessions, with 19% citing group exercises and 17% local support groups. Additionally, training for self-management is most preferred by the younger age group, with close to half (46%) saying it would help them deal with their arthritis in comparison with 23% of 40 to 54 year-olds and 21% of 55 to 65 year-olds.

Figure 25. Which of the following forms of support, if any, do you feel would help you deal with your arthritis and the pain associated? Please tick all that apply.



Base: All (N=2,074), 25 to 39 year-olds (N=111), 40 to 54 year-olds (N=541), 55 to 65 year-olds (N=1,422)

7.4.5 For people who have lived with arthritis for 16+ years, local support groups and counselling are also seen as viable support options by over one tenth (12% and 11% respectively).

7.5 Awareness of the concept of ‘self-management’

7.5.1 Self-management of arthritis means managing the condition oneself, using a range of techniques to address physical and mental impacts of arthritis.

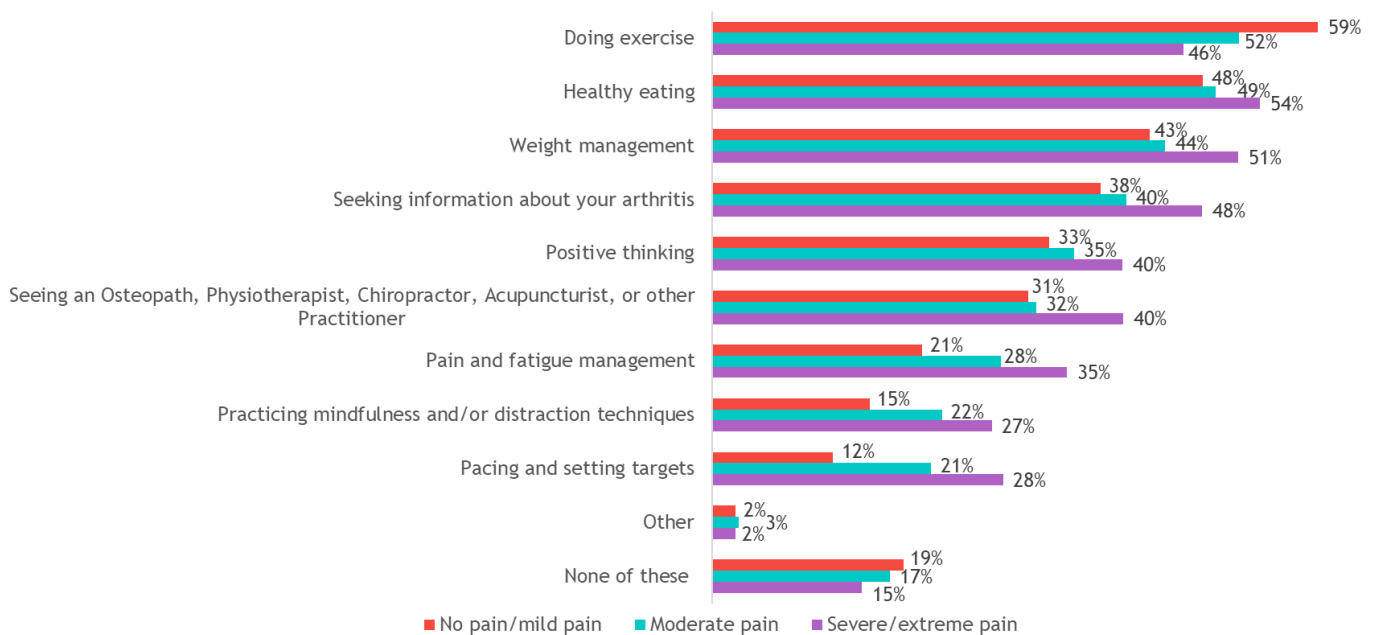
7.5.2 One third (34%) of people living with arthritis are aware of the concept of ‘self-management’, whilst two thirds (66%) have not heard of it.

7.5.3 People with rheumatoid arthritis (44%) are significantly more likely than those with osteoarthritis (33%) to have heard of the concept, possibly an indication that there has been more of a need for them to put it to use.

7.6 Self-management techniques used

- 7.6.1 For people living with arthritis, exercise can provide relief: reducing pain, improving function and keeping them more active.¹⁰
- 7.6.2 Exercise is in fact the most commonly used technique to manage arthritis; more than half (53%) of people living with the condition say they have exercised to help manage it.
- 7.6.3 While exercise could potentially help provide some relief for those in severe/extreme pain, they are less likely than those who are usually in no pain/mild pain (and therefore perhaps more mobile) to say they have done exercise to manage their arthritis (46% vs. 59%).
- 7.6.4 One in two (49%) people aged 25 to 65 with arthritis have used healthy eating as a technique for managing their condition, and a similar proportion (47%) have tried weight management. Following exercise, these are the two most commonly used techniques.

Figure 26. Which of the following self-management techniques, if any, have you used to help manage your arthritis?



Base: No pain/mild pain (N=741); Moderate pain (N=869); Severe/extreme pain (N=446)

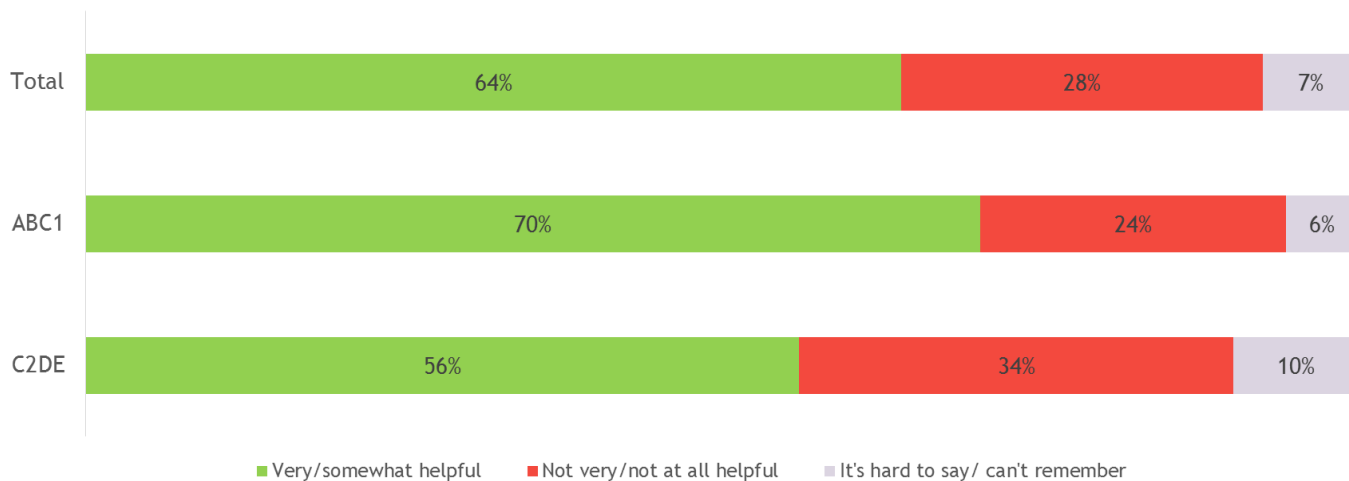
¹⁰ <https://www.arthritisaction.org.uk/living-with-arthritis/self-management/exercise-and-arthritis/>

- 7.6.5 Notably, people with osteoarthritis (48%) are more likely than those with rheumatoid arthritis (41%) to have used weight management as a technique. Meanwhile, people living with rheumatoid arthritis are more likely to have tried pain and fatigue management (30% vs. 25%), pacing/setting targets (23% vs. 17%), and practicing mindfulness/distraction techniques (23% vs. 19%).
- 7.6.6 Whilst the vast majority have tried some form of self-management (82%), men are more likely than women not to have tried anything, with 20% of men saying they have not used any techniques compared with 15% of women.

7.7 Helpfulness of self-management

- 7.7.1 Of those who have tried self-management techniques, roughly two thirds (64%) found them very/somewhat helpful, while 28% feel they were not very or not at all helpful.
- 7.7.2 People who typically experience severe or extreme arthritis pain are significantly less likely to find self-management techniques helpful; only two in five (39%) feel the techniques they have tried were helpful, compared with four in five (79%) among those who usually experience mild pain or no pain at all.
- 7.7.3 People within social grade ABC1 much more commonly report feeling that the self-management techniques they've tried have been helpful, with 70% stating this in contrast with 56% of those in C2DE. This could potentially be related in part to the advice/support they have had access to, as earlier findings indicated that the forms of support people with arthritis access can vary by social grade.

Figure 27. Overall, how helpful, if at all, have you found the self-management technique(s) you've used?



Base: All (N=1,689), ABC1 (N=1920), C2DE (N=769)

7.7.4 Those living with arthritis who are working full/part time are more likely to say the self-management techniques they have tried have been helpful than those who are unemployed/not working (69% vs. 55%).

8 Conclusions

Working and living with arthritis

- People who are in employment experience a variety of challenges in relation to their arthritis. One in five (21%) miss an hour or more of work every month as a result of their condition or its side effects. A fifth (21%) report feeling guilty for needing to take time off.
- Workers with arthritis may feel added stress and less confidence in their abilities – and two in five (41%) say they feel anxious that their arthritis will negatively impact their performance.
- Findings evidence that a possible outcome can be people needing to take time off work, and in fact one in five (21%) people living with arthritis surveyed have needed to give it up entirely.
- Overall, results from this research reveal that perceived reduced ability to work makes people feel down and depressed. Therefore, there could be an appetite for increased and ongoing advice and support tailored specifically to people who are working while living with arthritis.

Young people

- Younger people with arthritis demonstrate lower levels of life satisfaction than older adults, with an average satisfaction score of 6.57 for 55 to 65 year-olds, compared with 5.50 among people aged 25 to 39.
- Younger people are also more likely to report poor mental health as a result of their condition. Less than a fifth (18%) of those aged 55 to 65 report very poor/poor mental health over the last four weeks, in comparison with 27% of people aged 25 to 54.
- Additionally, younger people express increased concern about the impact arthritis will have on their personal relationships (60%) and financial situation/security (66%).
- These findings indicate that young people living with arthritis have different needs to older people with arthritis, and support offered could be further tailored for each age group.
- They are already more likely to be receiving help from alternative sources such as acupuncturists (18% compared with 9% of people aged 55 to 65) and hypnotherapists (6% compared with 1% of people aged 55 to 65), and express an interest in other forms of support for the future like local support groups and training for self-management.

Recreation and mobility

- Alongside serious concerns about long-term health and well-being, a key worry for people living with arthritis is that they will not be able to continue enjoying leisure activities as a result of their condition.
- The vast majority are concerned that their condition will interfere with their ability to exercise (78%) and recreational activities (75%), and a significant proportion (42%) say that a reduced ability to participate in their usual activities always or often makes them feel down.
- Looking beyond recreation, mobility more generally is a significant cause for concern; four in five (82%) people living with arthritis are worried about how their mobility will be affected in the future, a factor which makes some feel down and depressed (44%).
- Advice and support in the realm of movement, recreation and mobility could make a strong impact for people living with arthritis.

Self-management

- Around two-thirds (66%) of people were not initially familiar with the concept of 'self-management' in the context of arthritis, and some key techniques such as pain/fatigue management are being used by only a minority.
- Among those who are making use of self-management techniques, however, the majority (64%) are finding them to be helpful. This is an indication that further promoting self-management to people living with arthritis has scope to make a positive change.