



Arthritis: The Impact on Daily Life

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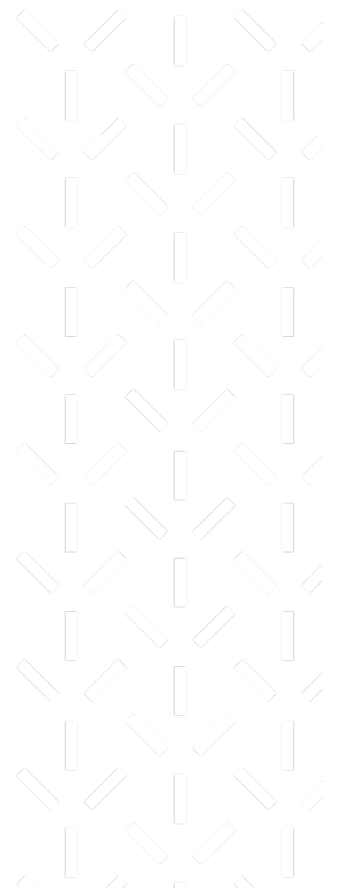


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1 *Executive summary*

This report presents the findings from an online survey of 2,120 people in Great Britain aged 25 to 65 living with osteoarthritis or rheumatoid arthritis, the two most common types of arthritis. Arthritis Action commissioned YouGov to carry out the research to explore the experience of people of working age in Great Britain who are living with these conditions. The report also features some results from a comparable survey conducted by YouGov in 2018.

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

Diagnosis journey

- Roughly one in eight people aged 25 to 65 living with arthritis say that they were experiencing pain or discomfort for less than a year before being diagnosed (13%), while at the other end of the spectrum there is a larger proportion (23%) who say they experienced it for over five years. People with rheumatoid arthritis (19%) are more likely than those with osteoarthritis (13%) to report experiencing pain for less than a year before diagnosis.
- Close to half of people say that they did not feel very (27%) or at all (16%) supported by the medical teams they had contact with during the process of their diagnosis.
- One in two people report feeling that they were lacking information or support on long-term recommendations (49%) and advice on how to manage arthritis (48%) when going through the process of being diagnosed.

Living with arthritis

- Over the past month, a higher proportion of people report having had poor or very poor physical health (32%) because of their arthritis than very good or excellent (11%) physical health.
- The proportion who report having had poor or very poor physical health over the past month because of their arthritis has risen slightly since 2018 (32% 2022; 28% 2018), which is mainly driven by a smaller share reporting fair or good health (56% 2022; 60% 2018).
- There appears to be less of a sense among older working age adults that arthritis is negatively impacting their physical health. Those aged 55 to 65 are less likely than their younger counterparts to say that their physical health has been very poor due to their arthritis over the past month (6% compared with 10% of those aged 40 to 54 and 13% of those aged 25 to 39).
- The vast majority (84%) of people report that when their arthritis is at its worst, they struggle with at least one everyday activity. This is broadly consistent between those with

rheumatoid arthritis (88%) and osteoarthritis (84%). The most commonly reported activities that people with arthritis have difficulty with are going up and down stairs (58%), carrying out daily tasks (49%), gardening (48%), getting around (47%) and getting out of a chair (46%).

Working life impacts

- Compared with 2018, fewer people have had to give up work due to arthritis in 2022 (17% 2022; 21% 2018). This could potentially be correlated with the increased opportunity to work from home during the COVID-19 pandemic. In 2022, only 5% of those who received support from their employer had to give up work.
- People with rheumatoid arthritis are more likely to have taken time off work due to their condition (29%) than all of those with arthritis (19%). They are also more likely than average to want some form of support from their employer (46% vs. 39%).
- Roughly a quarter (27%) of people say they have experienced added stress in the working environment as a result of their arthritis, which is slightly higher than in 2018 (22%).
- In relation to their arthritis, people who worked from home at some point during the pandemic are more likely to feel that the reopening of their organisation's physical workspace following COVID-19 restrictions will be challenging (37%) than beneficial (27%) to their physical health. The opposite, however, is true when they are thinking about their mental health; people are more likely to feel that the reopening of their workplaces will be beneficial (37%) than challenging (23%) in relation to their arthritis.

Emotional impacts and mental health

- Young people aged 25 to 39 are much more likely to say that they feel depressed when their arthritis pain is at its worse than older adults aged 55 to 65 (71% vs. 58%). Further to this, people aged 55 to 65 are less likely to say that their mental health has been poor or very poor in the previous four weeks as a result of their arthritis (20% vs. 29%). These findings indicate that the mental health of this older cohort may be less impacted by living with arthritis than for their younger counterparts.
- People with rheumatoid arthritis are more likely than those with osteoarthritis to always or often feel down or depressed about the pain associated with their arthritis (56% vs. 48%).
- When asked how concerned they are that their condition will interfere with different aspects of their life, four-fifths (81%) say they are concerned about their future mobility. This is higher among people in severe or extreme pain than among those in mild or no pain (77% vs. 68%).

Seeking advice and support

- People more commonly seek support for their arthritis – which could include medical, financial, physical or emotional help – once their condition has progressed/advanced (36%) as opposed to before diagnosis (25%) or during their initial treatment (23%). Young people aged 25 to 39 are more likely than average to report having sought these forms of support earlier in the process: either before (40%) or during (48%) diagnosis, or during initial treatment (35%).
- Nearly two-thirds (63%) of people with arthritis have been to a doctor for support, which is equally likely among those with osteoarthritis (63%) and rheumatoid arthritis (66%). Those with rheumatoid arthritis, however, are more likely than those with osteoarthritis to have gone to family or friends (33% vs. 21%).
- Thinking about mental health support for people living with arthritis, those aged 55 to 65 are more likely than younger adults to report that they have no mental health needs (38% vs. 23% of people aged 25-39). Among those who have had mental health needs, older people are more likely to report that they have not tried to access support (38% vs. 26% of 25 to 39 year-olds).
- Overall, people with arthritis report that clinical appointments would be the most helpful form of support (42%), and notably, this is also the second most common form of support that they feel they do not currently have enough access to (34%).

Self-management

- The most common self-management technique used by those with arthritis aged 25 to 65 is exercise (47%). This is followed by healthy eating (44%) and weight management (41%). Overall, four-fifths (81%) of people with arthritis use at least one self-management technique.
- Those in severe or extreme pain because of their arthritis are less likely to be aware of self-management techniques than people in mild or no pain (34% vs. 42%). They are also less likely to report that at least one form of self-management was useful when compared to people in mild or no pain (75% vs. 90%).
- Women are more likely to practise at least one method of self-management when compared to men (85% vs. 76%).

Methods of communication

- People living with arthritis who have accessed help from an arthritis support group are equally likely to prefer virtual (24%) and face-to-face (23%) communication for this. Meanwhile, a smaller proportion would prefer accessing support groups by telephone (10%).

- People are more likely to prefer virtual (17%) and telephone (16%) communication to face-to-face (8%) when it comes to support from an arthritis charity. However, one in two (49%) do not have a preference.
- Nine in ten people (91%) who enjoy taking part in group exercise classes say that they would prefer to access them face-to-face. Women are more likely than men to prefer this, as are older people aged 40 to 65 more likely than younger adults aged 25 to 39.

2 About the research

2.1 Background and method

- 2.1.1.1 A survey of 2,120 people aged 25 to 65 living with osteoarthritis and/or rheumatoid arthritis in Great Britain was conducted online between 14th January and 8th February 2022. All respondents were drawn from the YouGov online panel of people who have signed up to undertake research with YouGov.
- 2.1.1.2 The report also features results from a comparable survey of 2,074 people aged 25 to 65 with arthritis in Great Britain conducted by YouGov between 28th June and 25th July 2018. Where relevant, comparisons are drawn between the 2018 and 2022 surveys.
- 2.1.1.3 Although the research focuses specifically on osteoarthritis and rheumatoid arthritis (the two most common types of arthritis), 11% of respondents have another type of arthritis in addition to one of these two. The sample is broken down between 1,427 adults with osteoarthritis and 693 adults with rheumatoid arthritis. Seven percent have both osteoarthritis and rheumatoid arthritis, but for the purposes of comparison between condition types, they have been classified under rheumatoid arthritis¹.
- 2.1.1.4 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 British adults with arthritis aged 25 to 65. The weight structure was developed using a combination of three sources² 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 and age for both condition types.

¹ 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.

² 1) Versus Arthritis: State of Musculoskeletal Health in 2021; 2) Versus Arthritis: Osteoarthritis in General Practice (2013); 3) National Audit Office: People with Rheumatoid Arthritis, their carers, and the NHS (2009)

2.1.1.5 Additionally, Arthritis Action sought to survey a large number of younger people living with arthritis as part of the 2022 survey. Therefore, a higher number of young people aged 25 to 49 were surveyed than would exist proportionally in the overall population. The final results, however, were weighted to the representative age profile achieved through the 2018 survey.

2.1.1.6 The table below breaks down the weighted and unweighted counts and percentages by condition type within the survey sample.

	Unweighted count	Unweighted percentage	Weighted count	Weighted percentage
Osteoarthritis	1,427	67%	1,961	92%
Rheumatoid arthritis	541	26%	120	6%
Osteoarthritis and rheumatoid arthritis	152	7%	39	2%
Total	2,120	100%	2,120	100%

2.1.1.7 Of the 2,120 people surveyed for this research, 1,970 of respondents (47%) were female and 2,224 (53%) were male.

2.2 Notes for interpretation

2.2.1.1 The findings throughout are presented in the form of percentages, and all differences highlighted between subgroups are statistically significant.

2.2.1.2 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.

2.2.1.3 The findings from the 2022 survey are the focus of this report. All data presented relates specifically to the 2022 results, unless otherwise stated.

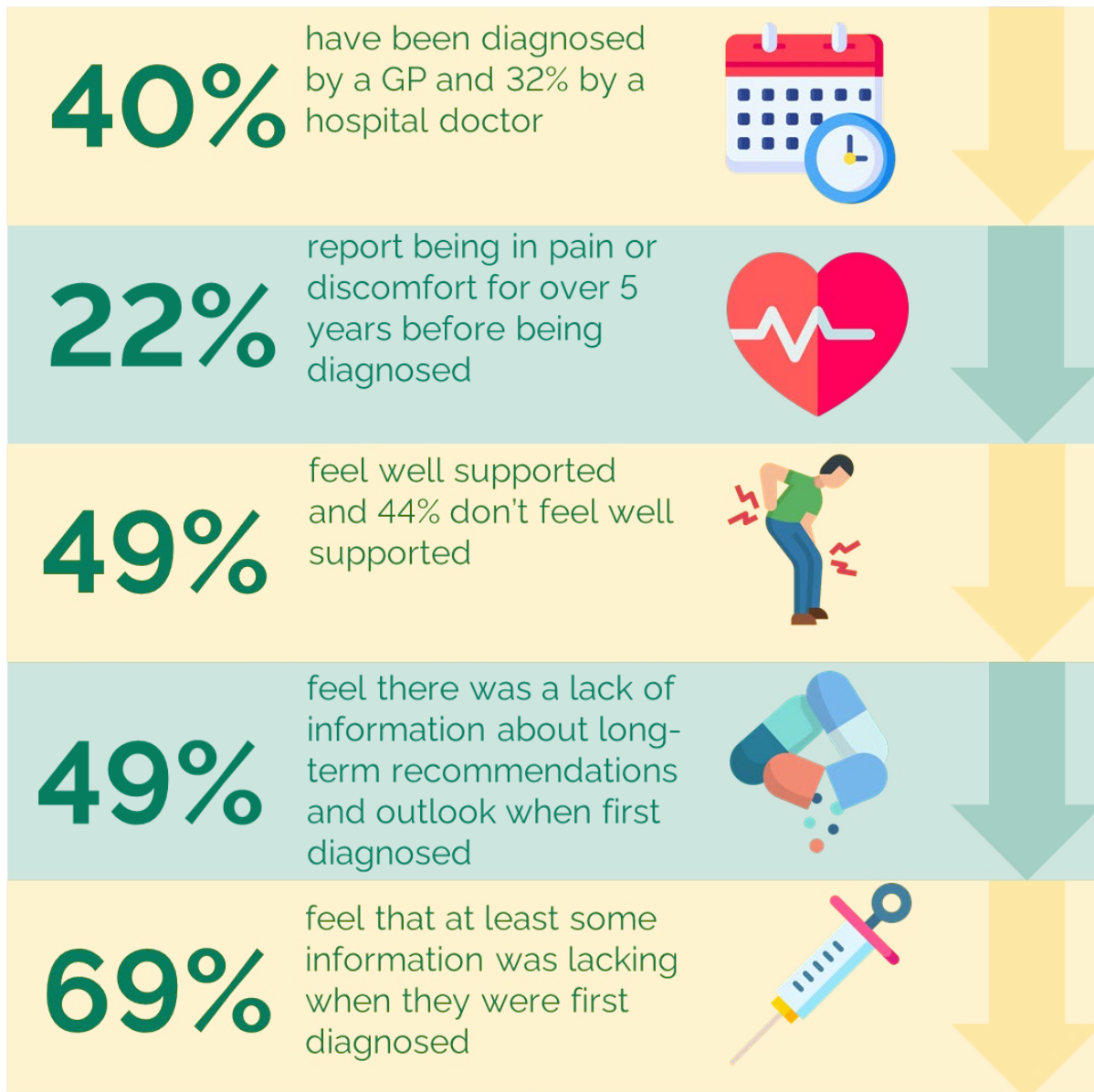
2.2.1.4 The survey sample is occasionally described in the report simply as ‘people living with arthritis’. In all cases, this refers to our total sample of people aged 25 to 65 in Great Britain with osteoarthritis and/or rheumatoid arthritis.

2.2.1.5 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 Diagnosis journey

3.1.1.1 This section of the report examines the experience of being diagnosed with arthritis and explores perceptions of support and advice.

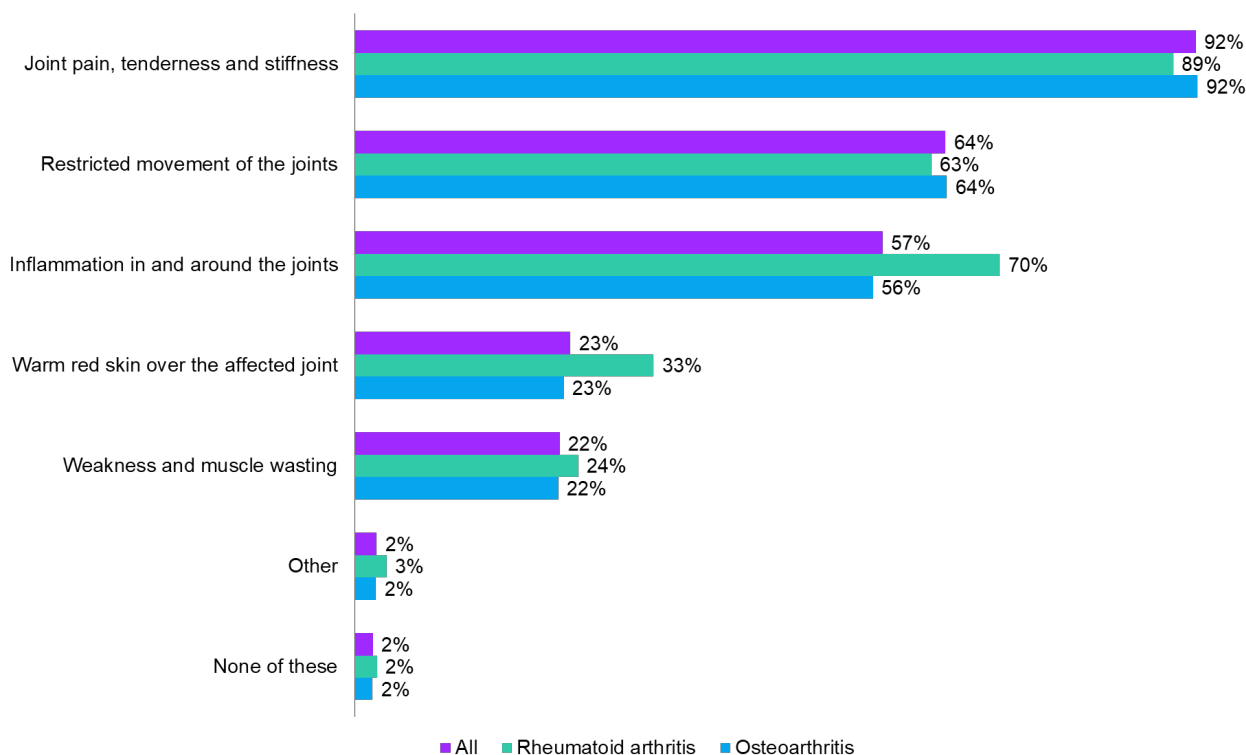


3.2 Pathway to diagnosis

3.2.1.1 Before being diagnosed with arthritis, people are most often aware of joint pain, tenderness, and stiffness as symptoms. This is reported by nine in ten (92%) people overall and is consistent between those with osteoarthritis and rheumatoid arthritis. The majority of people living with arthritis also report having been aware of restricted movement of the joints (64%) and inflammation in and around the joints (57%) as symptoms before being diagnosed.

3.2.1.2 People with rheumatoid arthritis are significantly more likely than those with osteoarthritis to recall being aware of inflammation in and around the joints (70%) as well as warm red skin over the affected area (33%).

Figure 1. Before your arthritis was diagnosed, which of the following arthritis symptoms were you aware of?



Base: All with arthritis (n=2,120); osteoarthritis (n=1,427); rheumatoid arthritis (n=693)

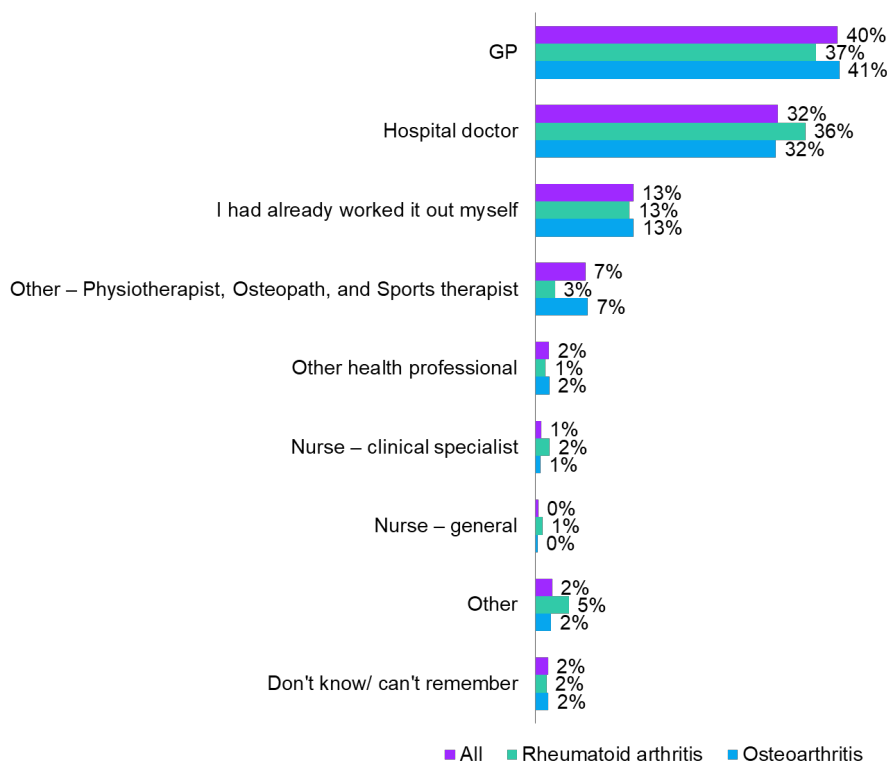
3.2.1.3 Consistent with 2018, almost all (95%) people living with arthritis aged 25 to 65 report having had their condition diagnosed by a health professional. This is roughly aligned between those with osteoarthritis and rheumatoid arthritis.

3.2.1.4 People living with arthritis have most often first been diagnosed by a GP (40%) or hospital doctor (32%). It is very rare that they were initially diagnosed by another type of health professional.

3.2.1.5 These findings are largely consistent for people with osteoarthritis and rheumatoid arthritis, although the former is slightly more likely than the latter to have been diagnosed by a physiotherapist, osteopath or sports therapist (7% vs. 3%).

3.2.1.6 Older people aged 55 to 65 are more likely than younger adults to report having been diagnosed by a GP (43% compared with 35% of people aged 40 to 54 and 30% of people aged 25 to 39). In turn, they are less likely to report having been diagnosed by a hospital doctor (31% vs. 37% of those aged 25 to 54).

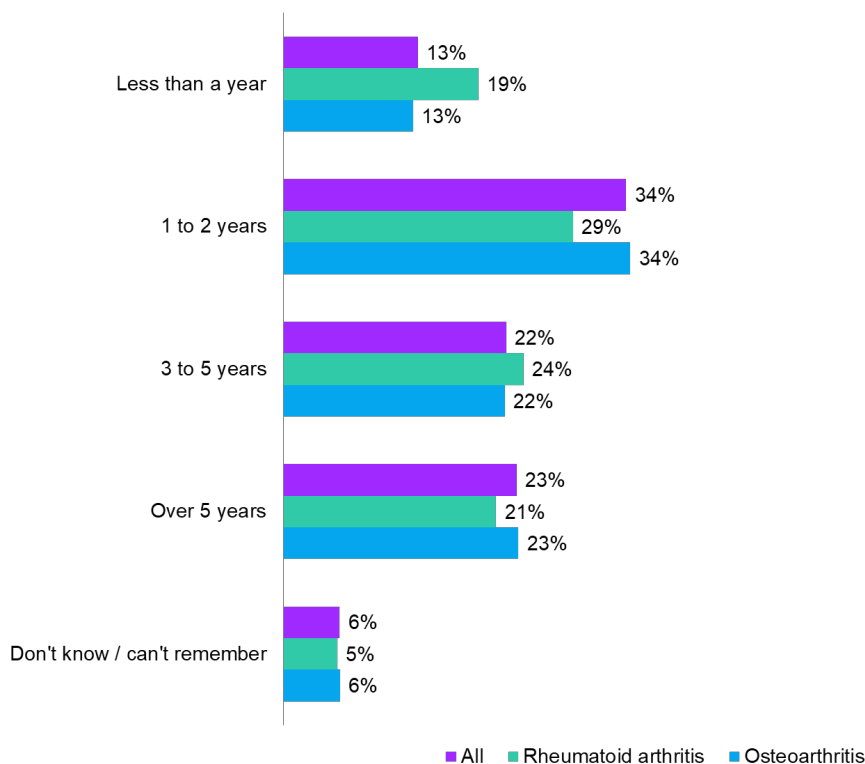
Figure 2. Which of the following people first told you that you had arthritis? If you have had more than one arthritis diagnosis, please think about your first diagnosis.



Base: All with arthritis (n=2,120); osteoarthritis (n=1,427); rheumatoid arthritis (n=693)

- 3.2.1.7 People with arthritis report varying circumstances in terms of how long they were experiencing pain or discomfort before being diagnosed. Although some say they were experiencing pain for less than a year (13%), roughly a quarter (23%) say they experienced this for over five years before diagnosis.
- 3.2.1.8 People with rheumatoid arthritis (19%) are more likely than those with osteoarthritis (13%) to report experiencing pain for less than a year before being diagnosed, perhaps indicating that their discomfort escalated more quickly.
- 3.2.1.9 People in lower social grades more often say that they were experiencing arthritis pain for more than five years before being diagnosed, with 28% in the C2DE social grades reporting this compared with 19% in the ABC1 category. Meanwhile, those from higher social grades are more likely to say that they experienced pain for one to two years before diagnosis (37% vs. 30%).
- 3.2.1.10 There are no differences by age in terms of how long people recall experiencing arthritis pain before being diagnosed.

Figure 3. To the best of your memory, how long were you experiencing pain/discomfort related to arthritis before being diagnosed?



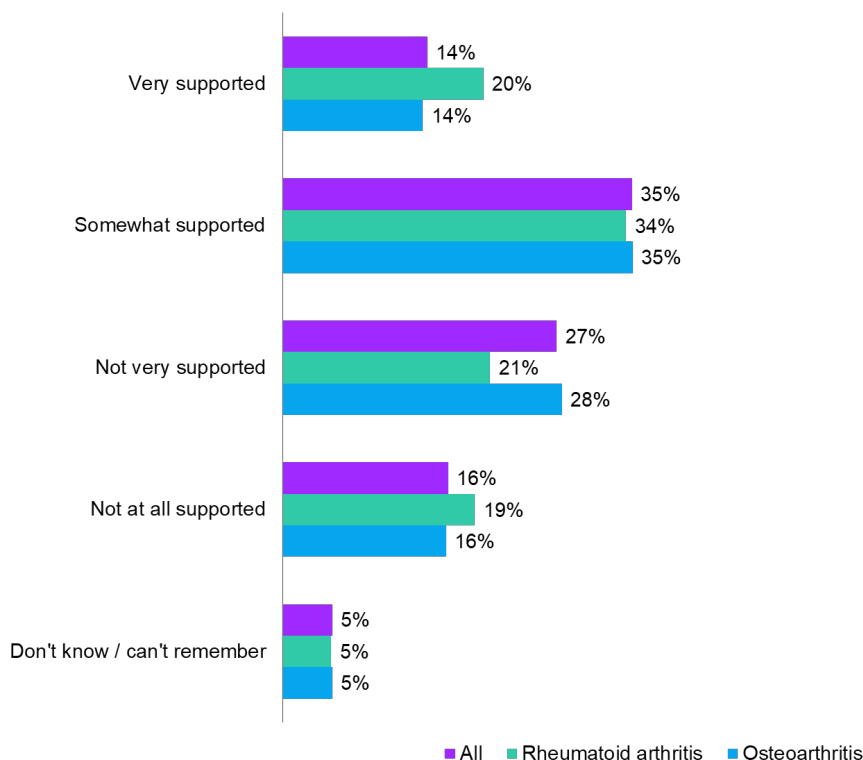
Base: All whose arthritis has been diagnosed by a health professional (n=1,984); osteoarthritis (n=1,353); rheumatoid arthritis (n=631)

3.3 Support during diagnosis

- 3.3.1.1 Overall, one in two (49%) people living with arthritis aged 25 to 65 report that they felt very or somewhat supported by the medical team(s) they had contact with during the time they were being diagnosed. Within this group, however, a higher proportion say they felt somewhat supported (35%) as opposed to very supported (14%). Among those with rheumatoid arthritis, the proportion who say they felt very supported rises to one in five (19%).
- 3.3.1.2 A quarter of people (27%) say that they did not feel very supported during their diagnosis, while 16% did not feel supported at all.
- 3.3.1.3 Older people aged 55 to 65 are less likely than those aged 40 to 54 to remember feeling very supported by medical teams during their arthritis diagnosis (13% vs. 18%) but are also less likely to remember feeling not at all supported (15% vs. 20%). These older adults appear to more often remember feeling moderately supported.
- 3.3.1.4 People in lower social grades are more likely to recall not feeling at all supported, with 19% of C2DEs reporting this compared with 14% of ABC1s. Overall, men are also more likely than women (48% vs. 41%) to recall feeling not very or not at all supported.

3.3.1.5 Those who were first told that they had arthritis by a hospital doctor are slightly more likely than those first told by a GP (54% vs. 48%) to say they felt supported during the initial diagnosis phase.

Figure 4. To the best of your memory, how supported or not did you feel by the medical team(s) you had contact with during the time that you were being diagnosed with arthritis?



Base: All whose arthritis has been diagnosed by a health professional (n=1,984); osteoarthritis (n=1,353); rheumatoid arthritis (n=631)

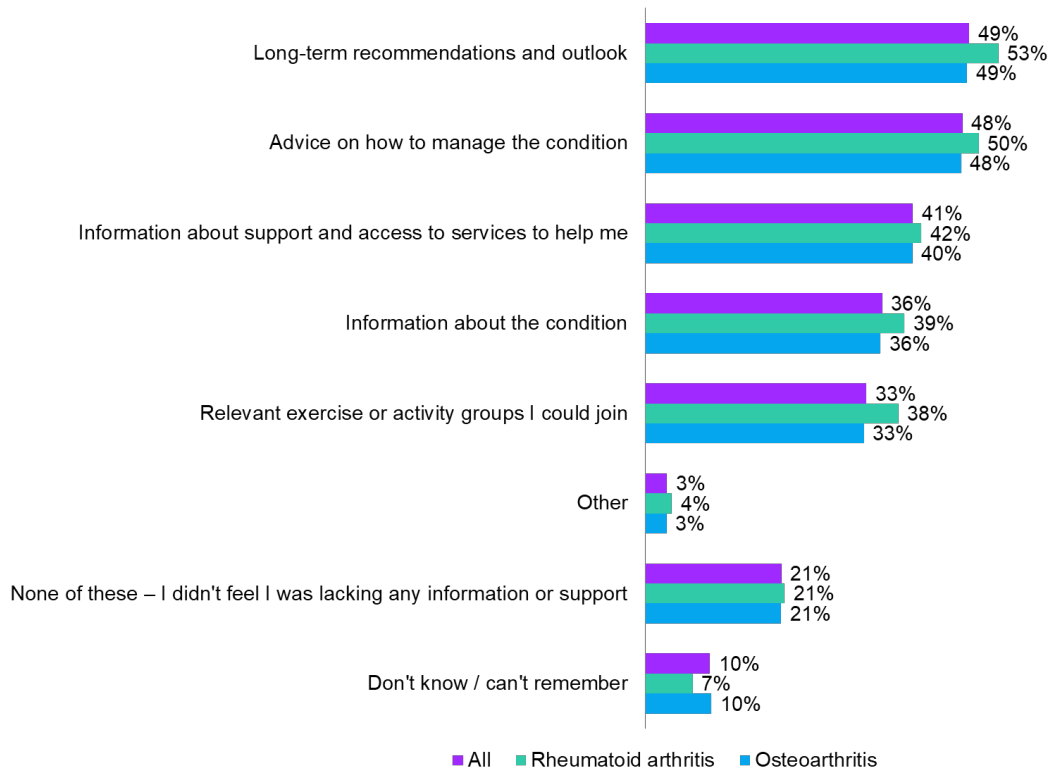
3.3.1.6 Overall, approximately seven in ten (69%) people living with arthritis aged 25 to 65 report that when they were going through the process of being diagnosed, they felt they were lacking information or support in at least one area. Most commonly, around half report feeling that they were lacking information on long-term recommendations and outlook (49%) and advice on how to manage the condition (48%).

3.3.1.7 Large minorities also remember feeling that they lacked information about access to services (41%), information about the condition generally (36%) and relevant exercise or activity groups to join (33%).

3.3.1.8 One in five (21%), however, do not report feeling that they lacked any information or support.

3.3.1.9 There are no significant differences in the perceptions of information gaps between those with osteoarthritis and rheumatoid arthritis. The same is true for any distinctions by age or social grade. However, women are more likely than men to feel that they lacked information in some areas, including information about support and access to services (44% vs. 37%).

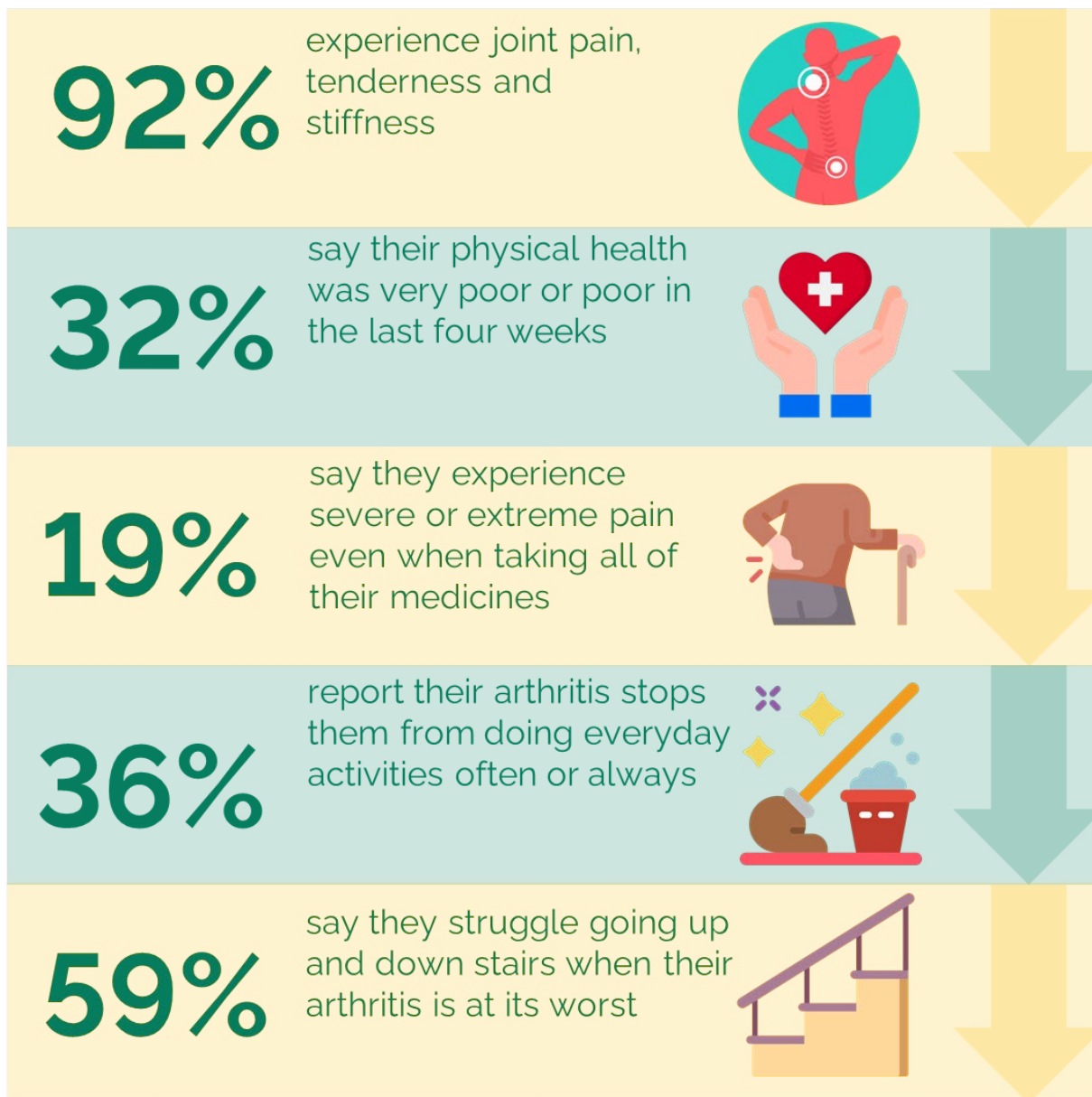
Figure 5. To the best of your memory, when you were going through the process of being diagnosed with arthritis, did you feel you were lacking information or support on any of the following areas? Please tick all that apply.



Base: All whose arthritis has been diagnosed by a health professional (n=1,984); osteoarthritis (n=1,353); rheumatoid arthritis (n=631)

4 Living with arthritis

4.1.1.1 This section of the report focuses on people's physical symptoms and their resulting lifestyle impacts in relation to arthritis.

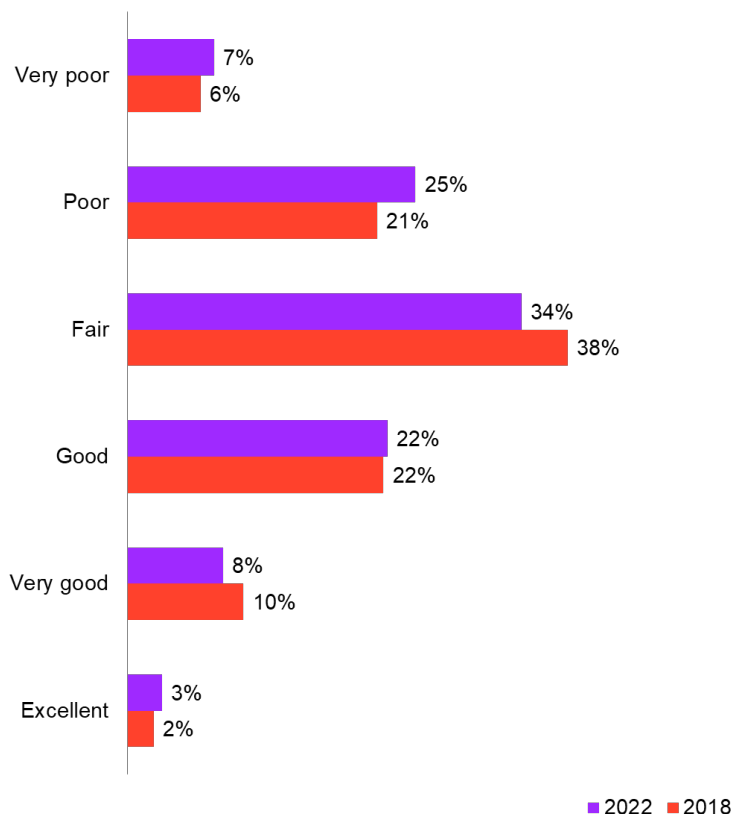


4.2 Self-reported physical health and usual levels of pain

4.2.1.1 Although the reported impact of arthritis on physical health is mixed, a higher proportion of 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 ten report that their physical health over the last four weeks has been very good or excellent (11%), while just over half rate it as fair or good (56%) and 32% say they have had poor or very poor physical health.

- 4.2.1.2 In comparison with 2018, there has been a slight increase in the proportion of people aged 25 to 65 living with arthritis who say that their physical health resulting from their condition has been poor over the past month (32% vs. 28%).
- 4.2.1.3 People with rheumatoid arthritis (11%) are slightly more likely than those with osteoarthritis (7%) to rate their physical health as very poor.
- 4.2.1.4 Older people aged 55 to 65 are less likely than their younger counterparts to say that their physical health due to arthritis has been very poor (6% vs. 10% of people aged 40 to 54 and 13% of people aged 25 to 39). Importantly, however, this can be attributed in part to the fact that older respondents are much less likely to have rheumatoid arthritis, which is associated with an increased likelihood of experiencing very poor physical health.
- 4.2.1.5 There are also key differences by social grade, with those in lower social grades more likely to rate their physical health as a result of their arthritis as 'poor' (42% of C2DEs vs. 24% of ABC1s).

Figure 6. Because of your arthritis, how would you rate your physical health in the past 4 weeks?

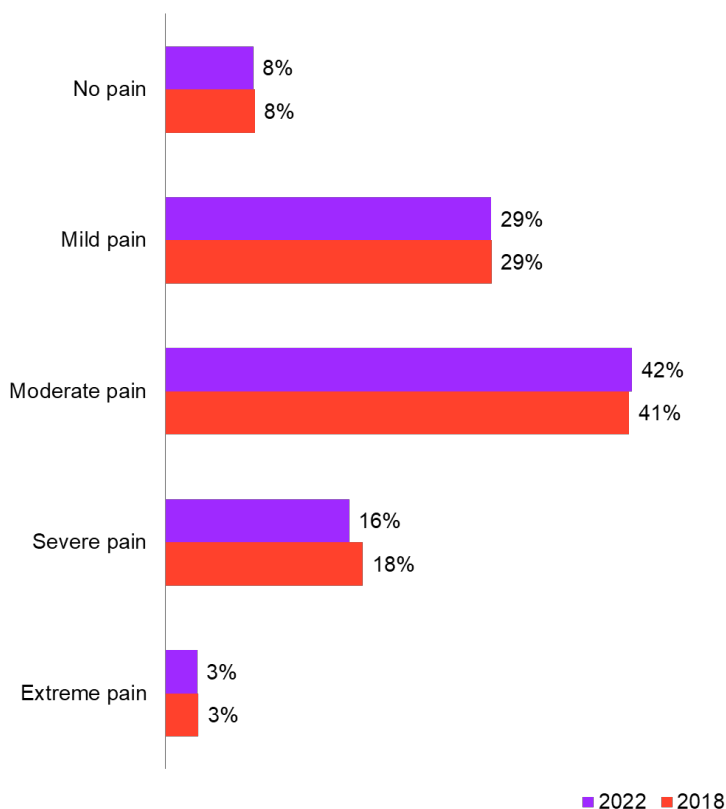


Base: All with arthritis 2022 (n=2,120); 2018 (n=2,074)

4.2.1.6 A factor to consider in relation to 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 of their medication, a fifth of people report living with severe or extreme pain (19%). The majority experience mild (29%) or moderate pain (42%), while a small minority (8%) do not tend to experience any pain.

4.2.1.7 There are no significant differences in levels of pain reported between those who have rheumatoid arthritis and osteoarthritis. Findings are also consistent across the various age groups.

Figure 7. Which of the following best describes your usual level of pain from your arthritis when you are taking all your medicines?

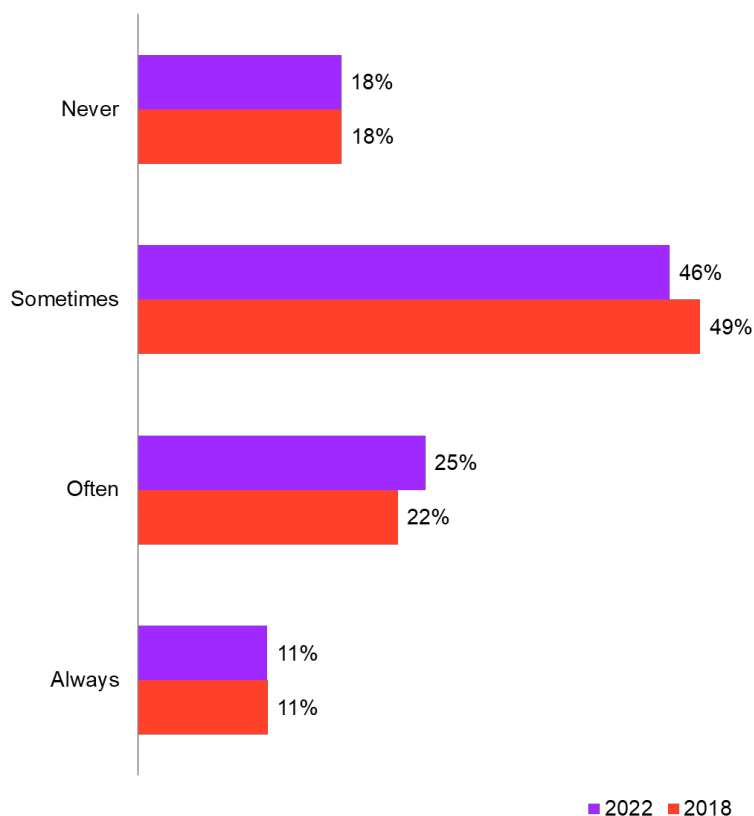


Base: All with arthritis 2022 (n=2,120); 2018 (n=2,074)

4.3 Lifestyle impacts

- 4.3.1.1 The pain experienced due to arthritis can sometimes stop people from going about their day-to-day lives. Overall, a large majority (82%) say that arthritis pain at least sometimes stops them from doing everyday activities. Roughly a third (36%) of people aged 25 to 65 living with the condition report that the pain often or always stops them from doing everyday activities. Most commonly, however, it is reported to sometimes stop people from doing so (46%). A smaller proportion (18%) say that arthritis pain never stops them from doing everyday activities.
- 4.3.1.2 There are no significant differences between those who have rheumatoid arthritis and osteoarthritis in the frequency with which arthritis pain stops them from doing their everyday activities.
- 4.3.1.3 Those in lower social grades are more likely to say that their arthritis often or always stops them from doing everyday activities. Two in five (43%) C2DEs report this, higher than among ABC1s (30%).

Figure 8. How often, if at all, does pain from arthritis stop you from doing everyday activities?



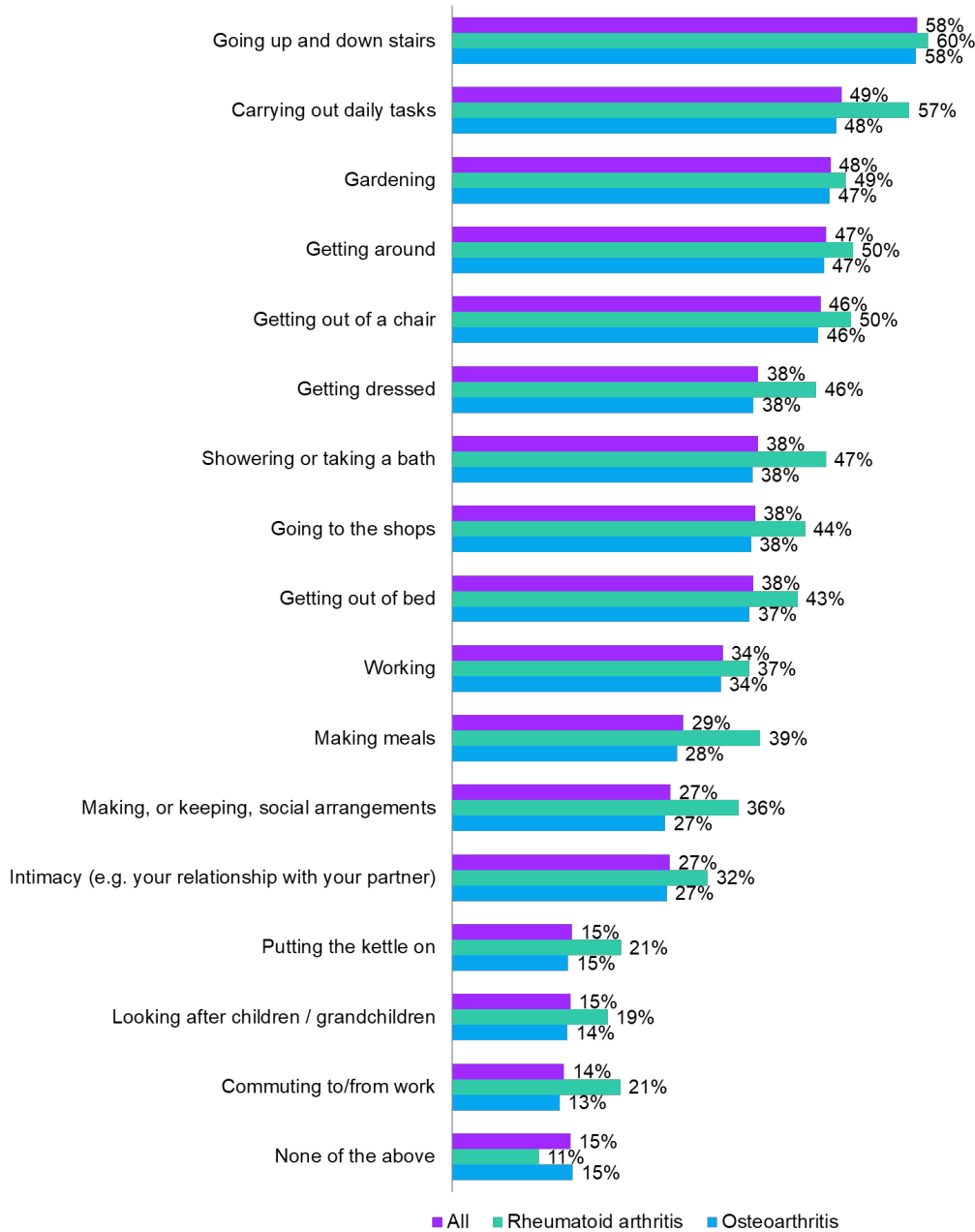
Base: All with arthritis 2022 (n=2,120); 2018 (n=2,074)

- 4.3.1.4 The vast majority (84%) of people aged 25 to 65 living with arthritis report that when their arthritis is at its worst, they struggle with at least one activity. This is broadly consistent between those with rheumatoid arthritis (88%) and osteoarthritis (84%).
- 4.3.1.5 As found in 2018, the most commonly reported activities that people with arthritis have difficulty with are going up and down stairs (58%), carrying out daily tasks (49%), gardening (48%), getting around (47%) and getting out of a chair (46%).
- 4.3.1.6 There are certain activities that people living with rheumatoid arthritis are more likely than those with osteoarthritis to struggle with, including commuting (21% vs. 13%) and making meals (39% vs. 28%). Meanwhile, there are not any activities that present an increased struggle to those with osteoarthritis.
- 4.3.1.7 Age is somewhat of a determining factor in the types of activities that people tend to struggle with. Those aged 25 to 39 and 40 to 54 are more likely than older people aged 55 to 65 to struggle with activities outside of the home such as making/keeping social arrangements (39% and 33% vs. 25%) and commuting (25% and 21% vs. 11%). In addition, people in the middle age group are more likely to report struggling with intimacy than older people aged 55 to 65 (33% vs. 25%).

4.3.1.8 Almost all of the activities listed are more commonly reported by those in the lower social grades. For example, C2DEs are more likely than ABC1s to say that when their arthritis is at its worst, they struggle with the following (among others):

- Carrying out daily tasks (57% vs. 42%);
- Getting around (54% vs. 41%);
- Getting out of bed (48% vs. 30%);
- Going to the shops (46% vs. 32%);
- Working (42% vs. 28%).

**Figure 9. When your arthritis is at its worst, do you struggle with any of the following?
Please tick all that apply.**



Base: All with arthritis (n=2,120); osteoarthritis (n=1,427); rheumatoid arthritis (n=693)

5 Working life impacts

5.1.1.1 This section outlines the impact of arthritis on people's working lives and on the working lives of their partners. It also explores the impacts of work-related aspects of the COVID-19 pandemic, such as the closure of workplaces and the increase in homeworking.

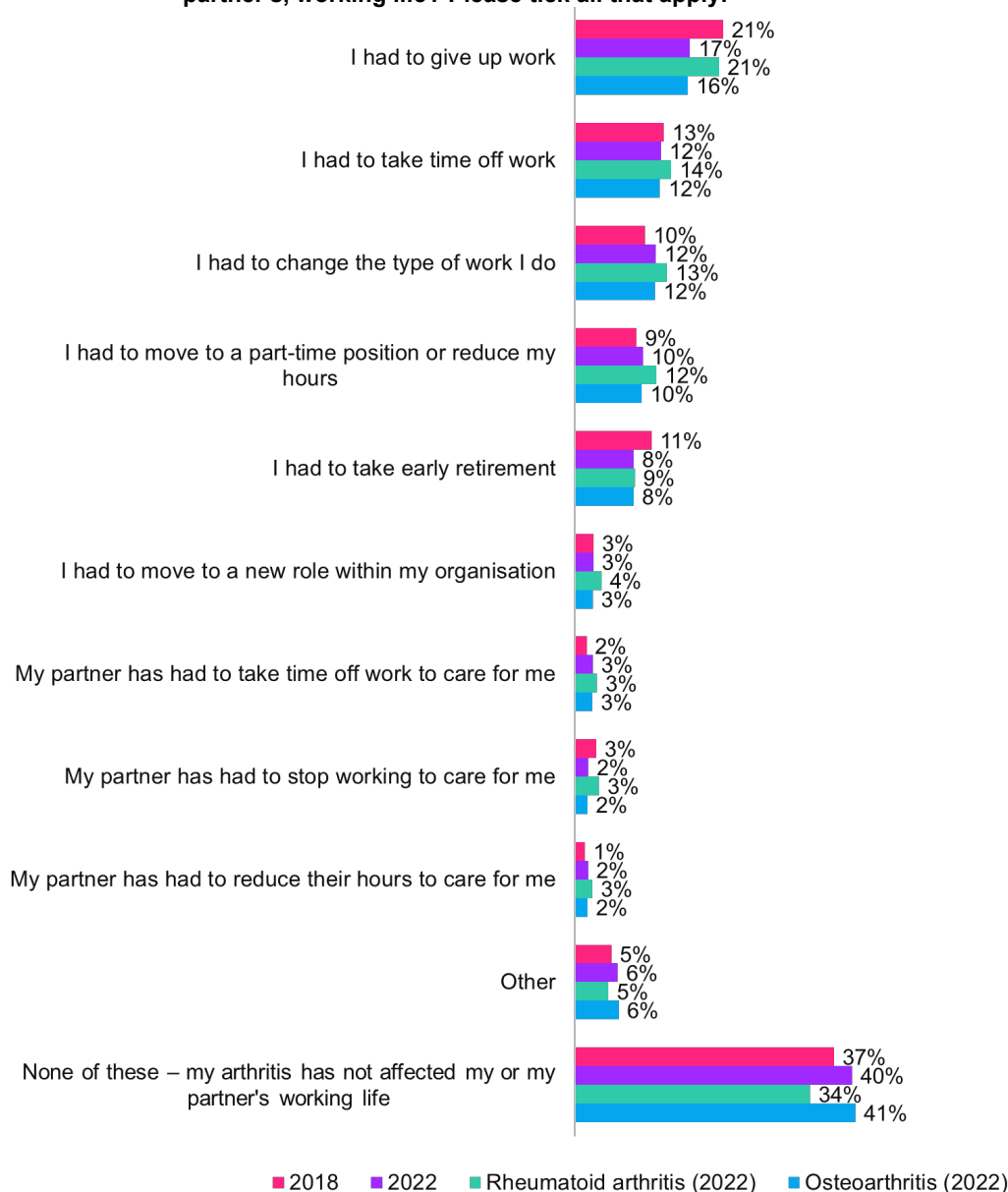


5.2 Changes to working life

5.2.1.1 Just under half (47%) of people indicate that their working life or the working life of their partner has been affected negatively by their arthritis in some capacity. This is a similar proportion to that seen in 2018 (49%).

- 5.2.1.2 One-sixth (17%) of people say that they have had to give up work, while just over one in ten (12%) have needed to take time off and a similar proportion (12%) have had to change the type of work they do. Additionally, one in ten (10%) say that they have moved to work part-time or taken a different position. Meanwhile, two in five (40%) say that arthritis has had no effect on their working life or the working life of their partner.
- 5.2.1.3 Those with rheumatoid arthritis are marginally more likely to say that they have had to give up work than those with osteoarthritis (21% vs. 16%). Conversely, those with osteoarthritis are much more likely to say that their condition has had no effect on their working life or the working life of their partner (41% vs. 34% of those with rheumatoid arthritis). It is important to note, however, that people with rheumatoid arthritis have a lower average age when compared to those with osteoarthritis, so it would be expected that they experience a greater impact on their working life.
- 5.2.1.4 Women are less likely than men to report that they had to change the type of work they do (9% vs. 15%), as are those aged 55 to 65 in comparison with 25 to 39 year-olds (10% vs. 21%). Not unsurprisingly given their age, 55 to 65 year-olds are twice as likely as those aged 25 to 39 to have taken early retirement (10% vs. 5%).
- 5.2.1.5 Half (47%) of those in severe or extreme pain report having given up work, in contrast to a very small proportion (3%) of those with mild or no pain and one-sixth (16%) of those experiencing moderate pain.
- 5.2.1.6 Those in the lower social grades are more likely to report having to give up work; a quarter (26%) of C2DEs say this, much higher than among ABC1s (9%).

Figure 10. In which, if any, of the following ways has arthritis affected your, or your partner's, working life? Please tick all that apply.



Base: All with arthritis 2018 (n=2,074), 2022 (n=2,120); osteoarthritis (n=1,427); rheumatoid arthritis (n=693)

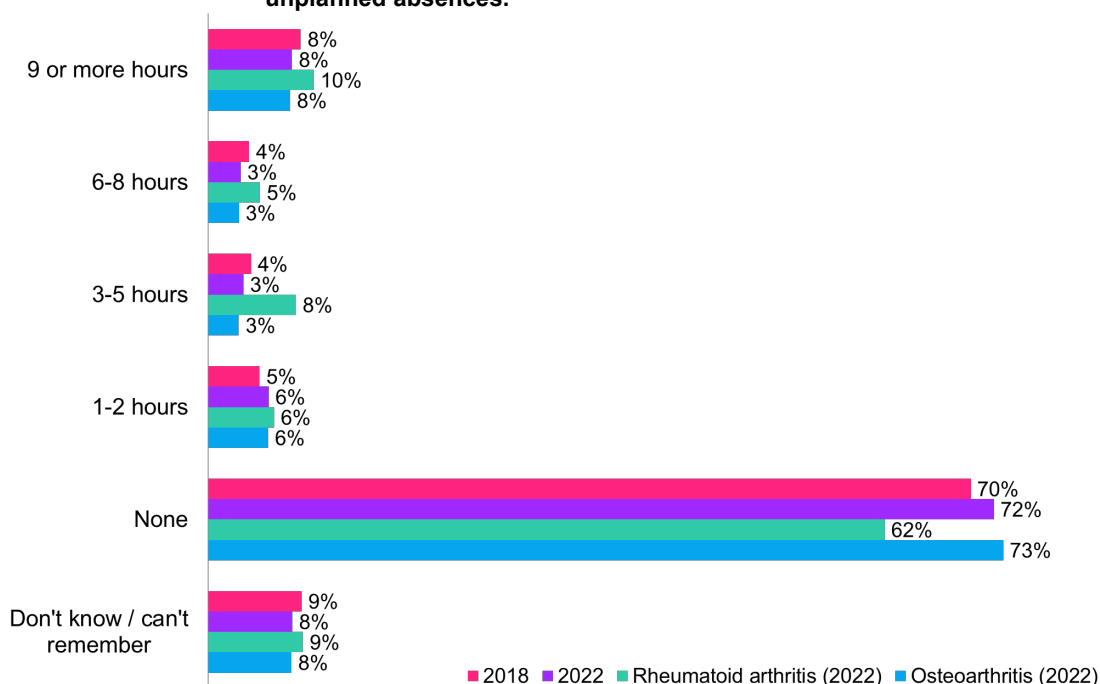
Note: The option for 'Not applicable – I wasn't working when I developed arthritis' is not displayed

5.2.1.7 One-fifth (19%) of those who are currently working say they have missed at least one hour of work in the last month due to their condition, while seven in ten (72%) say they have not missed any time due to arthritis. A small proportion (8%) say they have missed nine hours or more.

5.2.1.8 Those with rheumatoid arthritis are more likely to miss work time than those with osteoarthritis (29% vs. 19%). In addition, a quarter (23%) of men say they missed at least one hour in comparison to one-sixth of women (16%). Men are also more likely than women to have missed nine or more hours (10% vs. 6%).

5.2.1.9 Those who are in severe or extreme pain because of their condition are much more likely to have missed nine or more hours than those with mild or no pain (20% vs. 2%). Conversely, those with mild or no pain are far more likely to say that they do not miss any working hours in the average month than those in severe or extreme pain (85% vs. 48%).

Figure 11. In an average month, roughly how many hours of work, if any, do you typically miss because of your arthritis or its side effects? Please think of both planned and unplanned absences.



Base: All with arthritis 2018 (n=885), 2021 (n=1,014); osteoarthritis (n=748); rheumatoid arthritis (n=386)

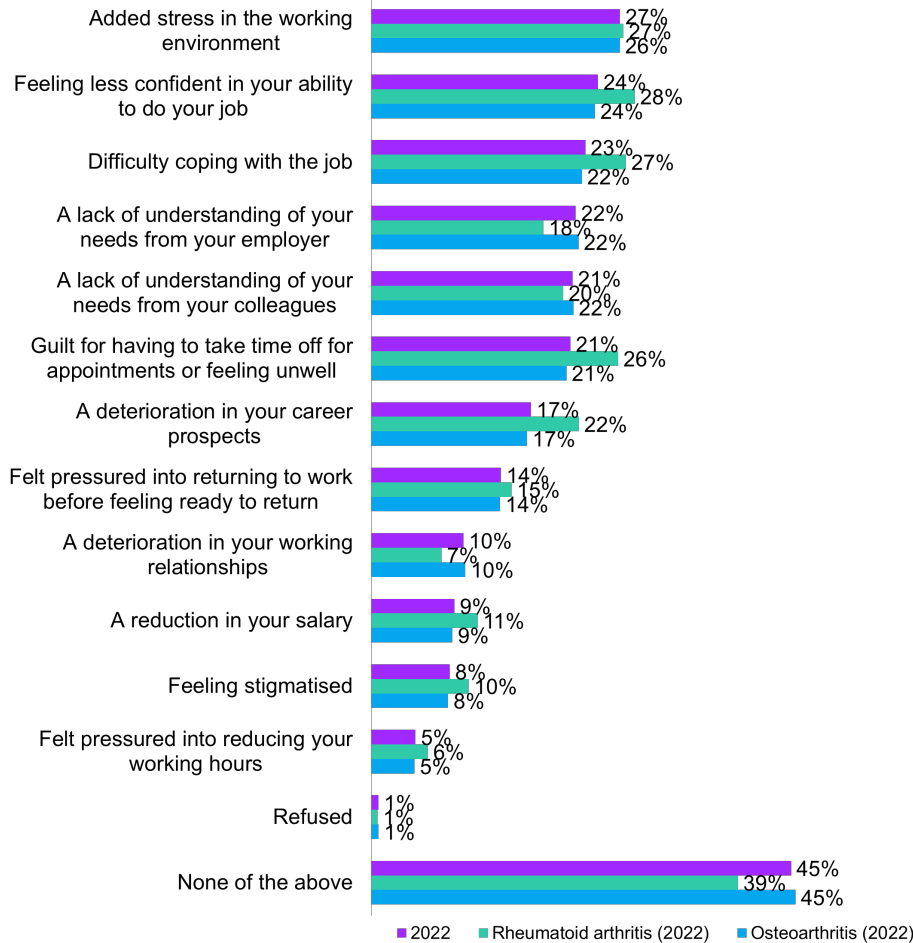
5.2.1.10 Over half (55%) of those who are currently employed report experiencing at least one issue in the workplace because of their condition. Those who have rheumatoid arthritis are more likely to report at least one issue in comparison to those with osteoarthritis (60% vs. 54%).

5.2.1.11 Added stress in the working environment is the most common issue reported (27%), followed by a quarter (24%) of respondents feeling less confident in their ability to do their job. Nearly a tenth report feeling stigmatised at work (8%) or that they have seen a reduction in their salary (9%).

5.2.1.12 People with rheumatoid arthritis are more likely to report that they have experienced a deterioration of their career prospects than those with osteoarthritis (22% vs. 17%).

5.2.1.13 The vast majority (86%) of those with severe or extreme pain and 69% of those in moderate pain have experienced at least one impact at work compared with a third (34%) of those with mild or no pain.

Figure 12. 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 working people with arthritis 2021 (n=1,134); osteoarthritis (n=748); rheumatoid arthritis (n=386)

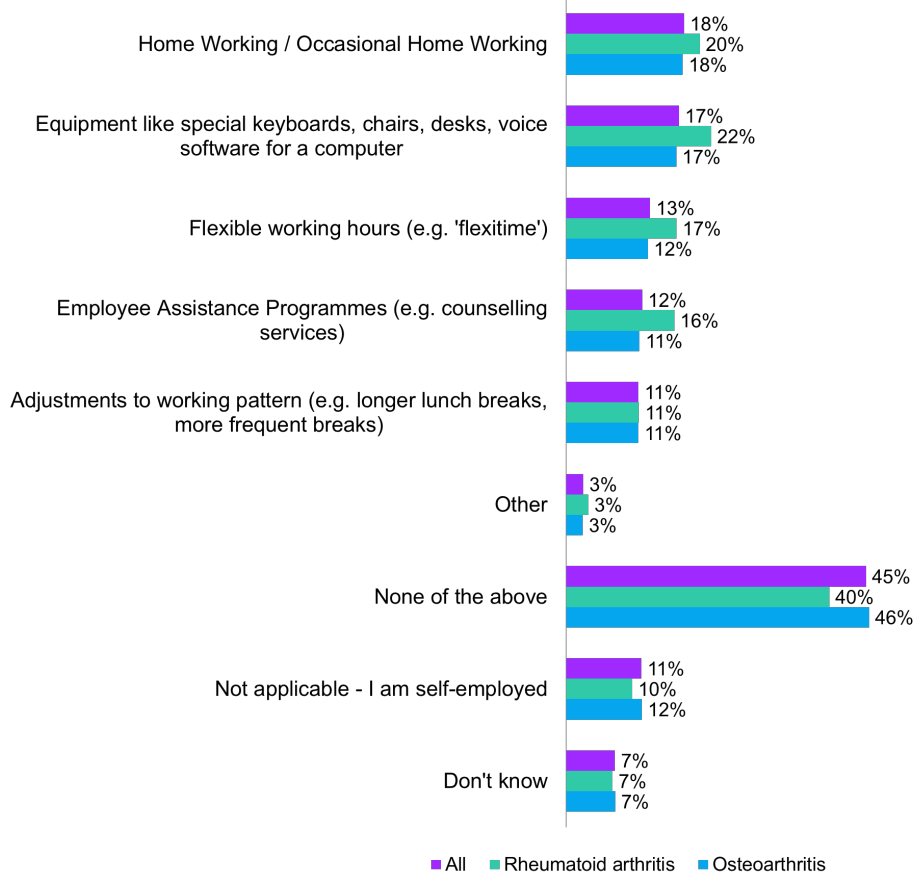
5.3 Support offered by employers

5.3.1.1 A third (35%) of those who are currently employed say that their employer offers at least one form of support or a resource in relation to their condition. The most common form of support offered is home working / occasional home working (18%), followed by equipment like special keyboards, chairs, desks, or voice software for a computer (17%).

5.3.1.2 People with rheumatoid arthritis are more likely than those with osteoarthritis to report receiving at least one type of support from an employer (48% vs. 39%). Individuals with rheumatoid arthritis are also more likely than those with osteoarthritis to be offered Employee Assistance Programmes (16% vs. 11%) and special work equipment (22% vs. 17%).

5.3.1.3 Younger employees aged 25 to 39 are more likely (31%) to have been offered homeworking by their employer than people aged 40 to 54 (20%) and 55 to 65 (16%).

Figure 13. Which of the following forms of support or resources, if any, does your employer currently offer you in relation to your arthritis? Please tick all that apply.



Base: All working people with arthritis All (n=1,134), osteoarthritis (n=748), rheumatoid arthritis (n=386)

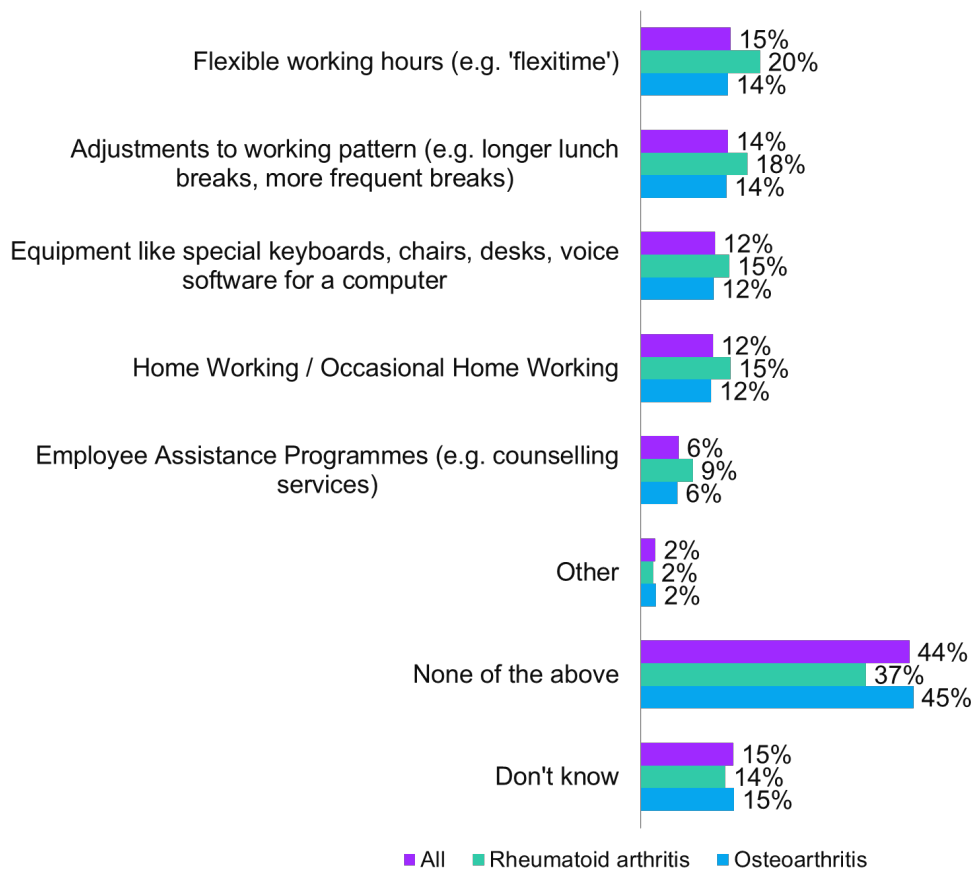
5.3.1.4 Two-fifths (39%) of employees with arthritis report that they would like some type of support or resource from their employer in relation to their condition. The most common form of support that people would like is flexible working hours (15%), followed by adjustments to working pattern (14%) and special equipment (12%).

5.3.1.5 Employees with rheumatoid arthritis are more likely than those with osteoarthritis to want at least one form of support or resource from their employer (46% vs. 38%). For example, those with rheumatoid arthritis are more likely to want flexible working hours (20% vs. 14%).

5.3.1.6 Women are more likely than men to say that they would like equipment such as special keyboards, chairs, desks, and voice software (15% vs. 10%).

5.3.1.7 Those in severe or extreme pain because of their arthritis are more likely to be offered flexible working hours by their employer than individuals with mild or no pain (31% vs. 12%). Those aged 25 to 39 (27%) are more likely to want adjustments to working patterns than employees aged 40 and over (14%).

Figure 14. Of the following forms of support or resources, which would you like your employer to offer you in relation to your arthritis? Please tick all that apply.



Base: All working people with arthritis 2022 (n=1,134), osteoarthritis (n=748), rheumatoid arthritis (n=386)

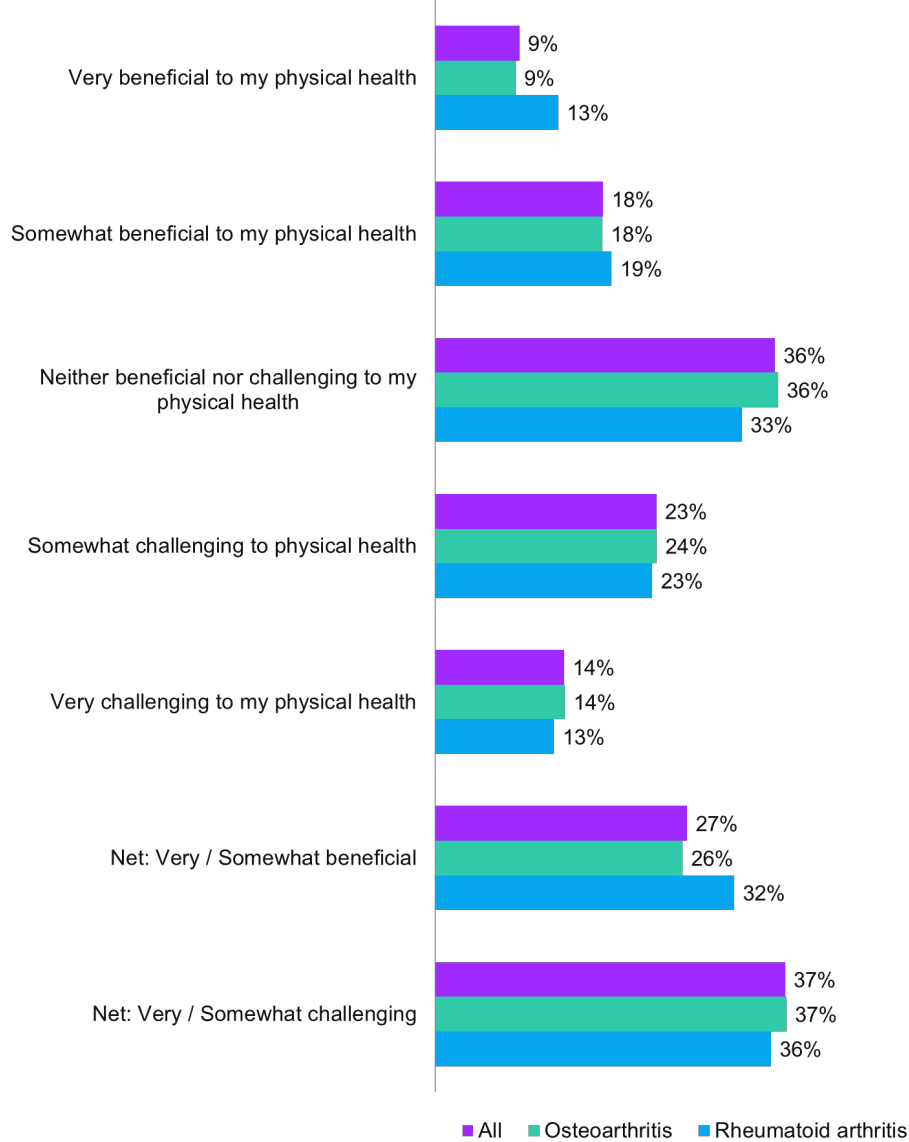
5.4 Impact of COVID-19 on working life

5.4.1.1 Two-fifths (37%) of people with arthritis who worked from home at some point during the pandemic say that the reopening of their workplace following COVID-19 restrictions is or will be challenging to their physical health in relation to their arthritis, whereas roughly a quarter (27%) feel it is beneficial.

5.4.1.2 Employees with osteoarthritis are more likely to say that they continued to work from their physical workplace throughout the pandemic than those with rheumatoid arthritis (39% vs. 33%). However, one third (32%) of those with rheumatoid arthritis say that the reopening of the workplace is beneficial compared with a slightly smaller proportion (26%) of people with osteoarthritis.

5.4.1.3 People who typically experience severe or extreme arthritis pain are much more likely to say the reopening of physical workplaces is challenging to their physical health than those in mild or no pain (32% vs. 4%).

Figure 15. As the pandemic continues to evolve, many employers will undergo the process of reopening their physical workspaces. To what extent do you feel that this is beneficial or challenging to your physical health, in relation to your arthritis?



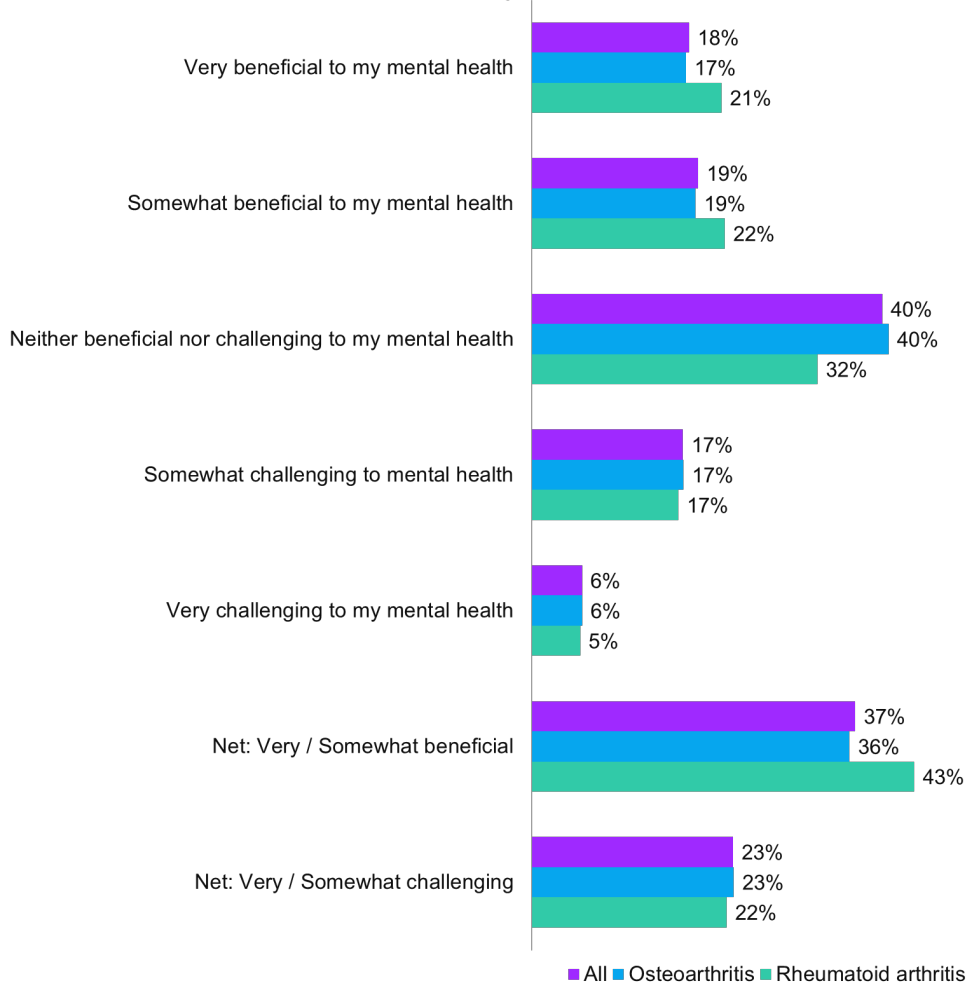
Base: All working people with arthritis who worked from home at some point during the pandemic All (n=569), osteoarthritis (n=356), rheumatoid arthritis (n=213)

5.4.1.4 Over a third (37%) of people with arthritis who worked from home at some point during the pandemic say that the reopening of the physical workplace is or will be beneficial for their *mental* health. Meanwhile, a quarter (23%) feel that it will be challenging. Notably, this is in stark contrast to perceptions around the impact of workplaces reopening on physical health, where a larger proportion feel it will be challenging than beneficial.

5.4.1.5 Overall, the dominant sentiment appears to be that people in employment feel the reopening of physical workspaces will be beneficial to their mental health; they are roughly three times more likely to say that it will be very beneficial than very challenging (18% vs. 6%). However, this is not the case for everyone – those in severe or extreme pain are more likely to report that they feel the reopening of physical workplaces will be challenging to their mental health than those in mild or no pain (44% vs. 12%). Conversely, those with rheumatoid arthritis are more likely to say that reopening physical workplaces will be beneficial to their mental health than those with osteoarthritis (43% vs. 36%).

5.4.1.6 The data also hints at the impact that the pandemic has had on the mental health of young people. Younger people with arthritis aged 25 to 39 are much more likely to say that employers reopening their physical workplaces is beneficial to their mental health than their older counterparts (55% vs. 29% of those aged 55 to 65).

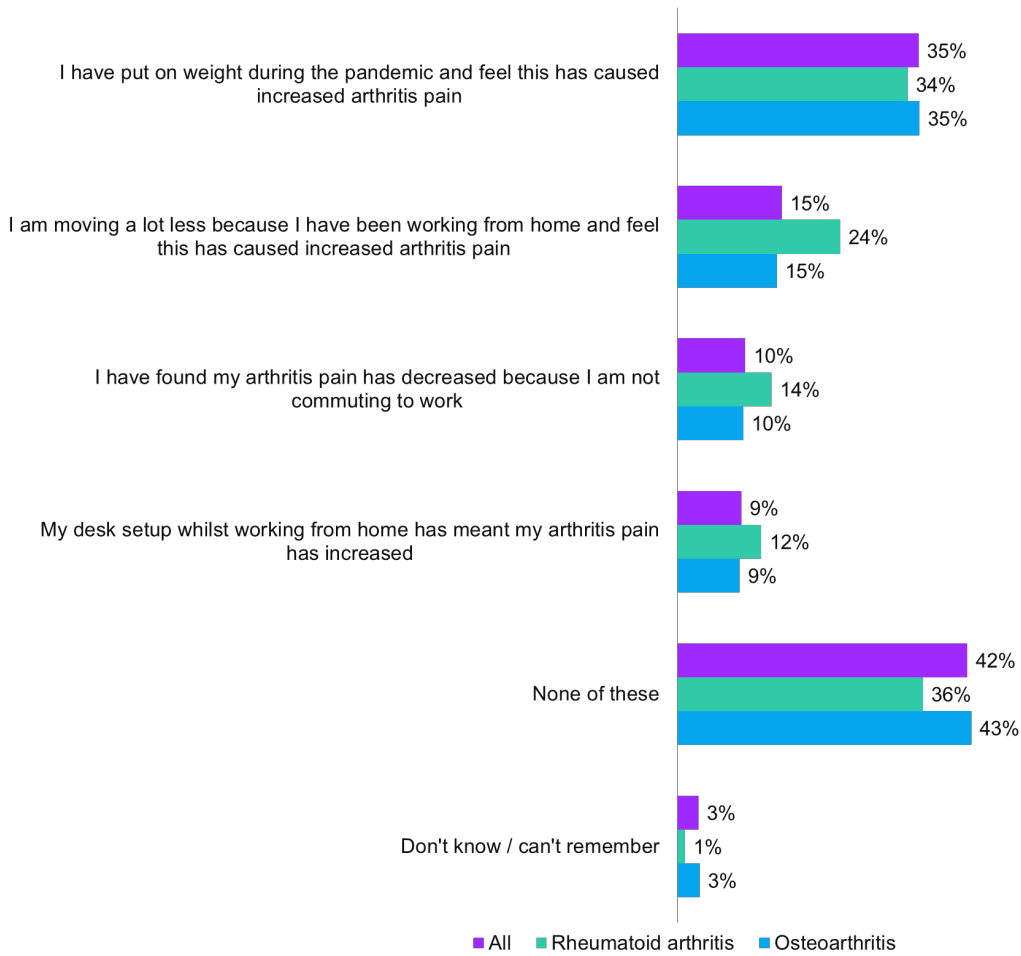
Figure 16. And to what extent do you feel that employers reopening their physical workplaces after being closed during the pandemic is beneficial or challenging to your mental health, in relation to your arthritis?



Base: All working people with arthritis who worked from home at some point during the pandemic All (n=569), osteoarthritis (n=356), rheumatoid arthritis (n=213)

- 5.4.1.7 Half (50%) of people with arthritis say their working experience has been impacted by the pandemic. The most common impact on people living with arthritis' working experience is putting on weight during the pandemic, which in turn has increased pain levels (35%). This is followed by moving a lot less due to working from home causing increased pain levels (15%). Third most common is a decrease in pain due to not commuting to work (10%). One in ten (9%) say that while working from home, their desk setup has meant an increase in pain.
- 5.4.1.8 In comparison to those with osteoarthritis, people with rheumatoid arthritis are more likely to have their working life impacted by the COVID-19 pandemic (56% vs. 50%). For example, people with rheumatoid arthritis are more likely to say a lack of movement has resulted in increased pain levels (24% vs. 15%).
- 5.4.1.9 Findings indicate that commuting to work can increase pain levels for young people in particular, which could be correlated with the fact that they are more likely to have rheumatoid arthritis than older adults. Employed people with arthritis aged 25 to 39 are more likely to report that not commuting to work has *decreased* their pain levels than people aged 55 to 65 (25% vs. 7%).
- 5.4.1.10 Two-fifths (41%) of those in moderate pain and half (48%) of those in severe or extreme pain report having increased pain as a consequence of putting on weight during the pandemic compared with a quarter (27%) of those in mild or no pain.
- 5.4.1.11 People of the higher social grades (ABC1s), who are more likely to be working, more often than C2DEs say that their arthritis pain has increased through working from home as a result of moving a lot less (19% vs. 8%) and a poor desk setup (12% vs. 4%).

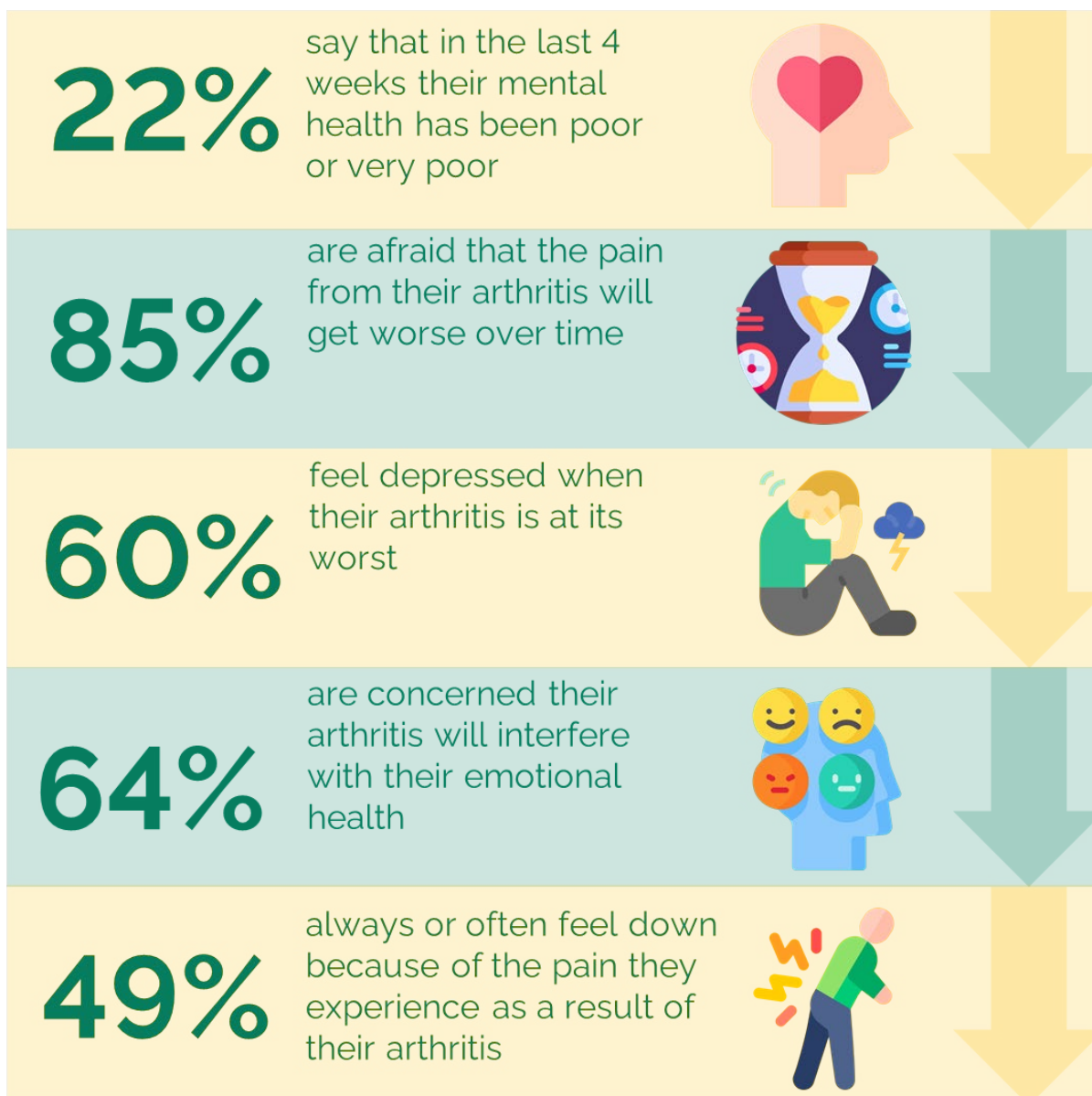
Figure 17. Thinking about the ways the COVID-19 pandemic has impacted your working experience, which of the following, if any, apply to you? Please tick all that apply.



Base: All working with arthritis 2022 (n=1,008), osteoarthritis (n=659), rheumatoid arthritis (n=349)

6 Emotional impacts and mental health

6.1.1.1 This section of the report explores the impacts of arthritis on mental health and emotions.

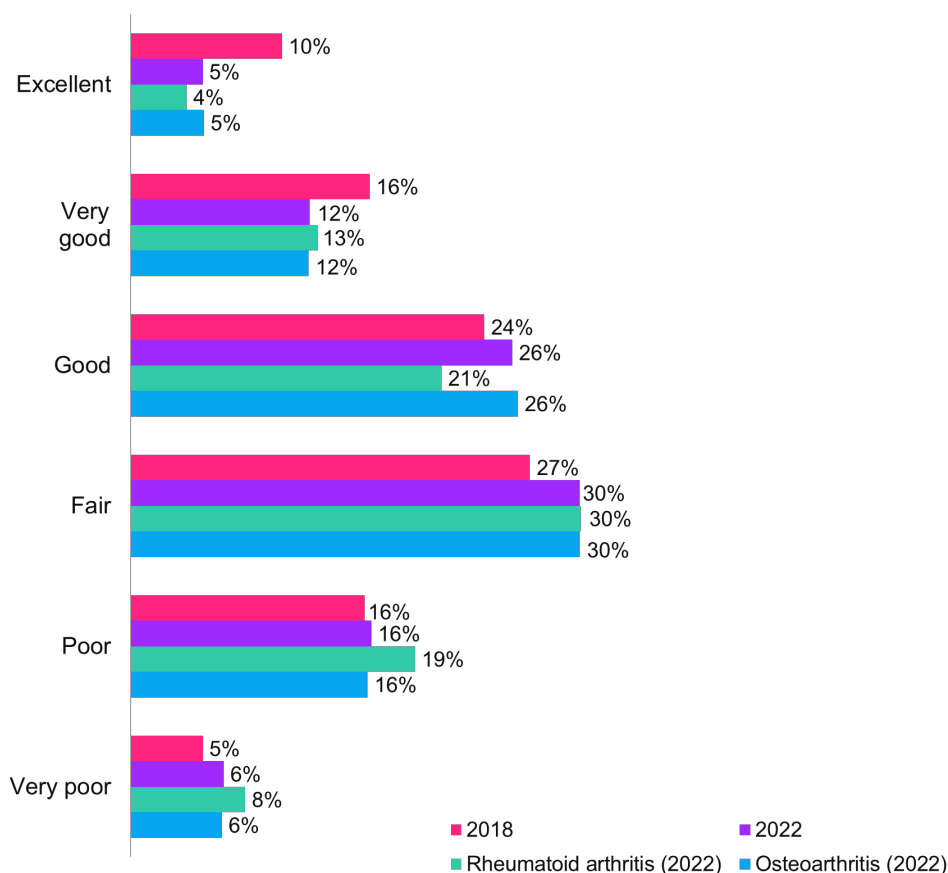


6.2 Self-reported mental health

6.2.1.1 One-sixth (17%) of people with arthritis aged 25 to 65 say that their mental health has been very good or excellent when thinking about the past four weeks. Notably, this has fallen by roughly nine percentage points since 2018 (26%). However, the proportion who say their mental health has been very poor or poor in the previous four weeks has remained stable since 2018 (22% vs. 21%).

- 6.2.1.2 People with rheumatoid arthritis are more likely to say that their mental health is very poor or poor than those with osteoarthritis (27% vs. 22%). However, a similar proportion of both groups say that their mental health is very good or excellent (16% vs. 17%).
- 6.2.1.3 The impact of arthritis on mental health is felt particularly strongly by younger people. Close to three in ten of those aged 40 to 54 (28%) and 25 to 39 (29%) say that their mental health has been very poor or poor over the last four weeks, compared with a fifth (20%) of those aged 55 to 65.
- 6.2.1.4 Just one in twenty (5%) of those experiencing severe or extreme arthritis pain say that their mental health has been very good or excellent in the past four weeks, in comparison with one third (33%) of people with mild or no pain.
- 6.2.1.5 Mirroring patterns seen regarding physical health, those in lower social grades C2DE are more likely than ABC1s to say that their mental health in the past four weeks has been poor or very poor because of their arthritis (29% vs. 17%).

Figure 18. Because of your arthritis, how would you rate your mental health in the past 4 weeks?



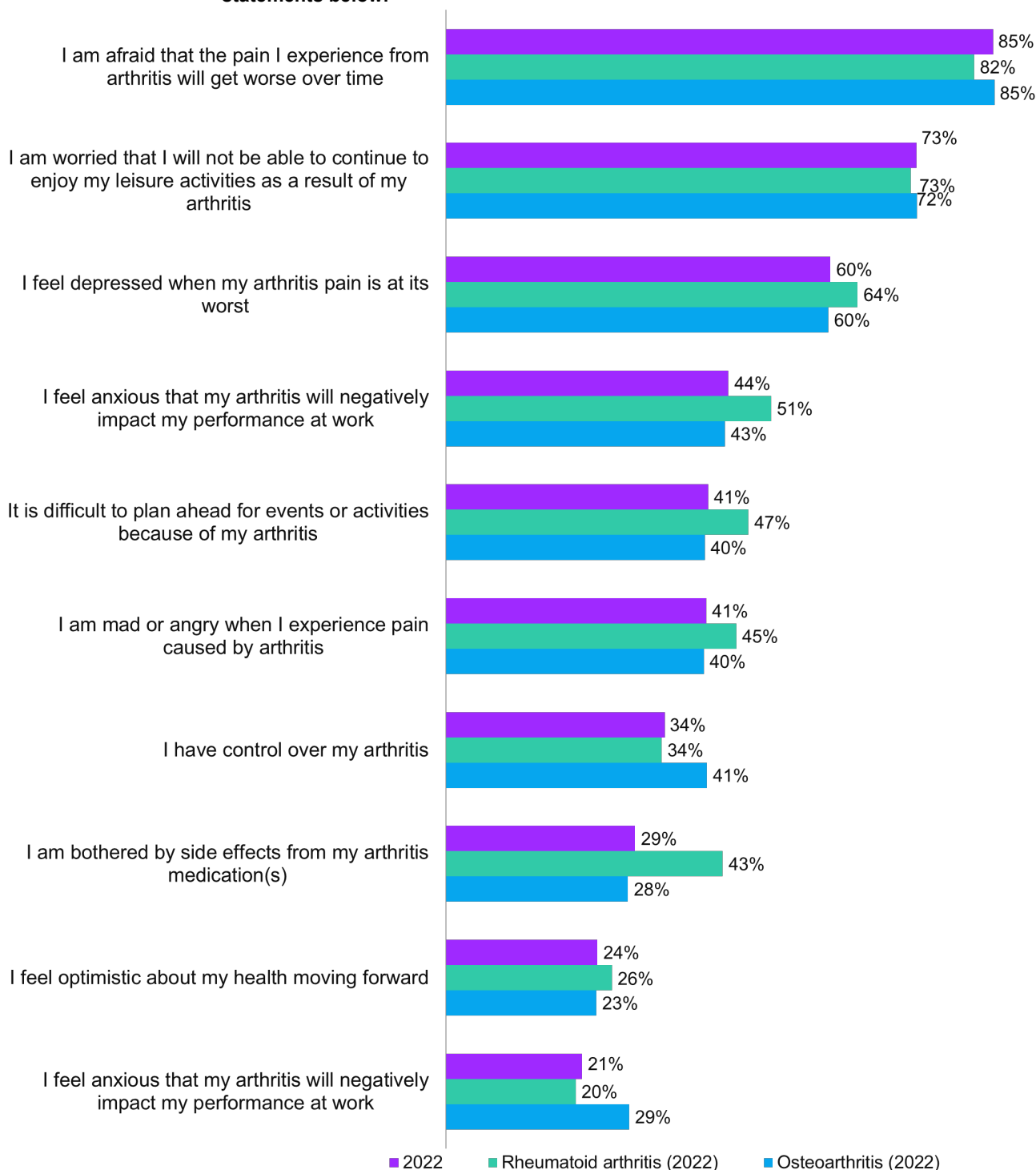
Base: All with arthritis 2018 (n=2,074), 2022 (n=2,120), osteoarthritis (n=1,427), rheumatoid arthritis (n=693)

6.3 Anxiety and stress associated with arthritis

- 6.3.1.1 Nearly nine in ten (85%) people with arthritis are afraid of the pain they experience getting worse over time. Those already in severe or extreme pain are, unsurprisingly, more likely to fear their pain will get worse over time than people normally experiencing no pain or mild pain (91% vs. 79%).
- 6.3.1.2 Three quarters (73%) say they are worried they could be unable to continue their leisure activities because of their condition. People in mild or no pain are less likely to report this than those in severe or extreme pain (63% vs. 84%).
- 6.3.1.3 Three fifths (60%) say they feel depressed when their arthritis is at its worst. Younger people aged 25 to 39 are more likely to report they feel depressed when their pain is at its worst than people aged 55 to 65 (71% vs. 58%).

- 6.3.1.4 Over two fifths (44%) of those who are employed say they feel anxious that their performance will be negatively impacted at work. People with mild or no pain as a consequence of their condition are less likely to feel their work is being impacted when their arthritis is at its worst in comparison to those in severe or extreme pain (30% vs. 66%).
- 6.3.1.5 Two in five (41%) report that it is difficult to plan ahead for events and activities because of their arthritis. People with rheumatoid arthritis are more likely than those with osteoarthritis to agree that their condition makes it difficult to plan ahead (47% vs. 40%).
- 6.3.1.6 Two fifths (41%) say they are mad or angry when they experience pain caused by arthritis. People who are in severe or extreme pain due to arthritis are more likely to feel angry than people with mild or no pain (63% vs. 27%). Men are more likely than women to report that pain from their condition makes them mad or angry (44% vs. 38%), and younger people aged 25 to 39 are more likely to report feeling this way than those aged 55 to 65 (55% vs. 38%).
- 6.3.1.7 A third (34%) say that they have control over their arthritis. However, this appears to have fallen since 2018, when two fifths (41%) reported that they had control over their condition. People with rheumatoid arthritis are more likely to agree that they have control over their arthritis than people with osteoarthritis (41% vs. 34%).
- 6.3.1.8 Three in ten (29%) report that they are bothered by the side-effects of their arthritis medication. This has fallen by roughly eight percentage points since 2018 (37%). Those with rheumatoid arthritis are more likely to be bothered by the side effects of their medication than those with osteoarthritis (43% vs. 28%).
- 6.3.1.9 Just a quarter (24%) say they feel optimistic about their health moving forward. Unsurprisingly, this is more common among those who experience mild or no pain (38%), while just 13% of those in severe or extreme pain feel this way.
- 6.3.1.10 A fifth (21%) of those aged 25 to 50 are anxious about their ability to have and raise children. Those with rheumatoid arthritis are more likely to feel this way than people with osteoarthritis (29% vs. 20%). Moreover, those aged 25 to 39 are more likely to feel anxious than individuals aged 40 to 55 (38% vs. 19%).

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



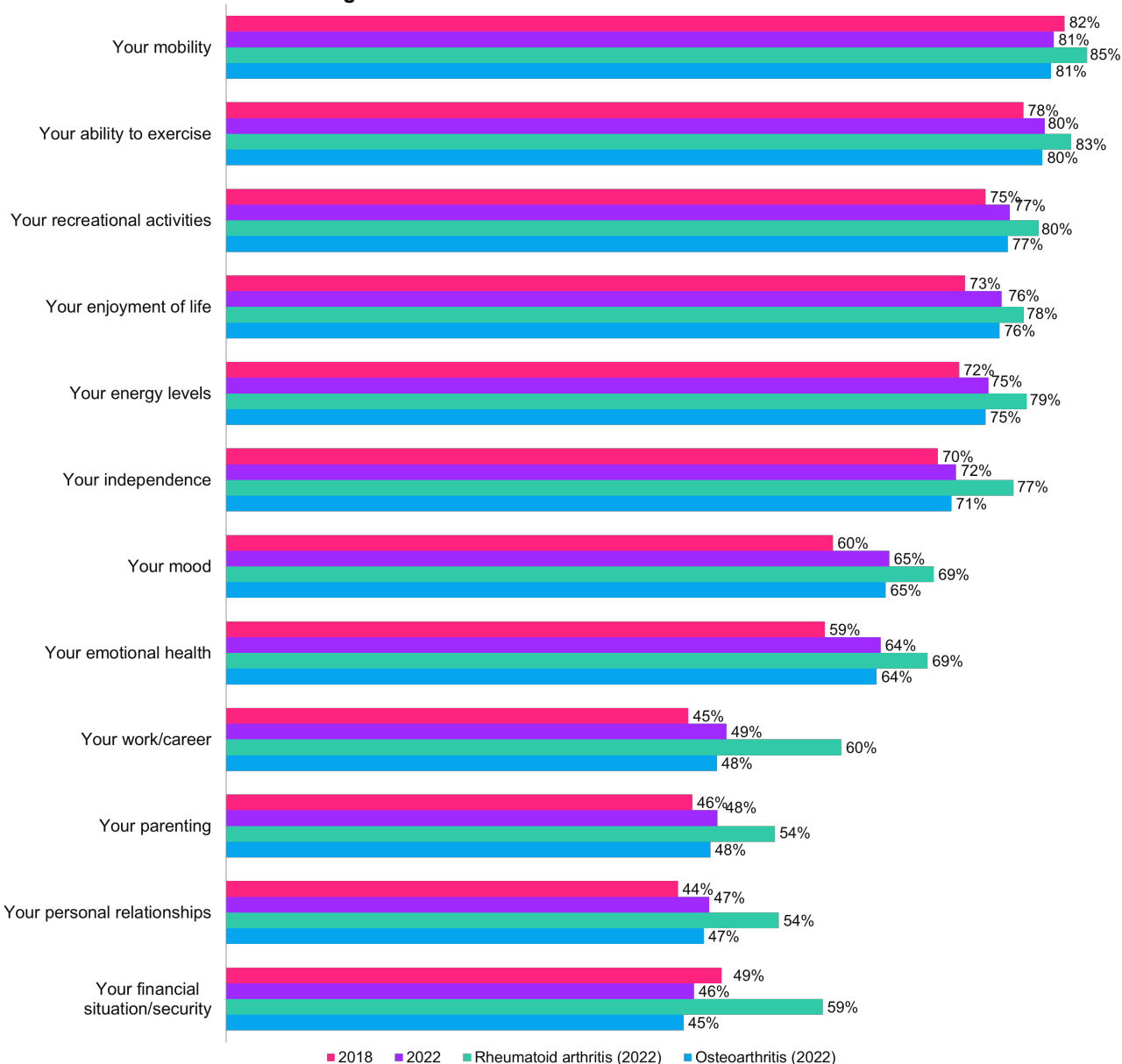
Base: All with arthritis 2022 (n=1,134), osteoarthritis (n=748), rheumatoid arthritis (n=386)

6.4 Concerns about the future

6.4.1.1 People living with arthritis were asked how concerned they are that their condition would interfere with different aspects of their life and concern levels are high in a number of areas.

- 6.4.1.2 Four fifths (81%) of people say they are concerned about their future mobility, which is higher among those in severe or extreme pain than those in mild or no pain (77% vs. 68%). Another four fifths (80%) report that they are concerned about their ability to exercise because of their arthritis. Unsurprisingly, this is higher among people in severe or extreme pain (93%), although seven in ten (70%) people in mild or no pain also express this concern.
- 6.4.1.3 Roughly three quarters (77%) say they are concerned about how arthritis will affect their recreational activities, and a similar proportion (76%) are concerned about their future enjoyment of life, which has risen slightly since 2018 (73%).
- 6.4.1.4 Three quarters (75%) of people report that they are concerned about their energy levels, with four fifths (79%) of women saying so in comparison with 70% of men.
- 6.4.1.5 In addition, over seven in ten (72%) say they are concerned their arthritis will affect their independence. People with rheumatoid arthritis are more likely than those with osteoarthritis to report this (77% vs. 71%), as are women more likely than men (76% vs. 66%).
- 6.4.1.6 Half (49%) of people in employment report that they are concerned about the impact their condition could have on their work and/or career. Notably, those with rheumatoid arthritis are more likely to have this concern than people with osteoarthritis (60% vs. 48%), which could be partly to do with the fact that they tend to be younger.
- 6.4.1.7 Just under half (48%) of those surveyed who are parents of at least one child under the age of 18 say they are concerned that their arthritis could interfere with parenting.

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



Base: All with arthritis 2018 (N=885), 2022 (N=1,134), osteoarthritis (N=748), rheumatoid arthritis (N=386)

6.5 Feeling down and depressed

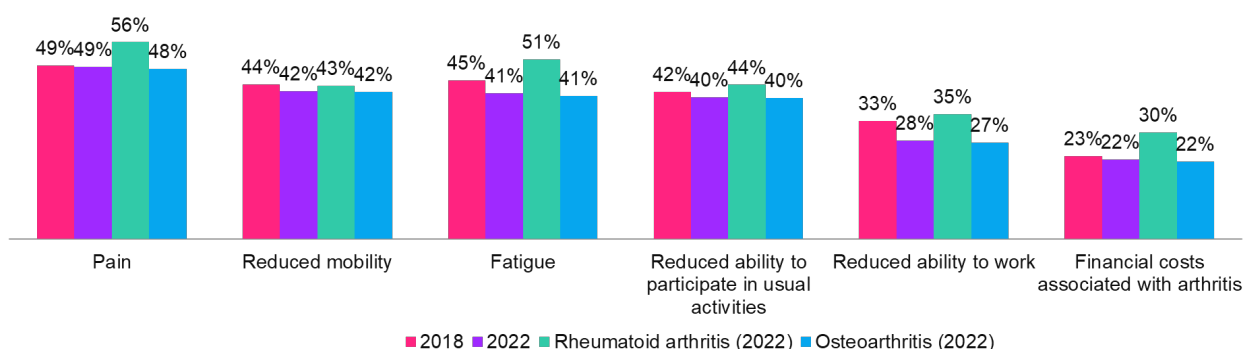
6.5.1.1 Half (49%) of people say that their arthritis pain often or always makes them feel down or depressed, with this rising to 56% among people with rheumatoid arthritis. People aged 55 to 65 are less likely than 40 to 54 year-olds to say they always or often feel depressed because of the pain caused by their arthritis (47% vs. 54%).

6.5.1.2 Two fifths (42%) report that they always or often feel down or depressed as a consequence of reduced mobility. People in severe or extreme pain are more likely to say this than those in mild or no pain (75% vs. 14%).

6.5.1.3 Another two fifths (40%) say that they always or often feel down or depressed because of their reduced ability to participate in usual activities. Older people aged 55 to 65 are less likely than younger individuals aged 25 to 39 to feel down or depressed about this (39% vs. 49%).

6.5.1.4 In addition, over a quarter (28%) report that their reduced ability to work always or often makes them feel down or depressed. This is slightly lower than in 2018 when a third (33%) said it made them always or often feel down or depressed. Individuals with rheumatoid arthritis are more likely to report this than those with osteoarthritis (35% vs. 27%).

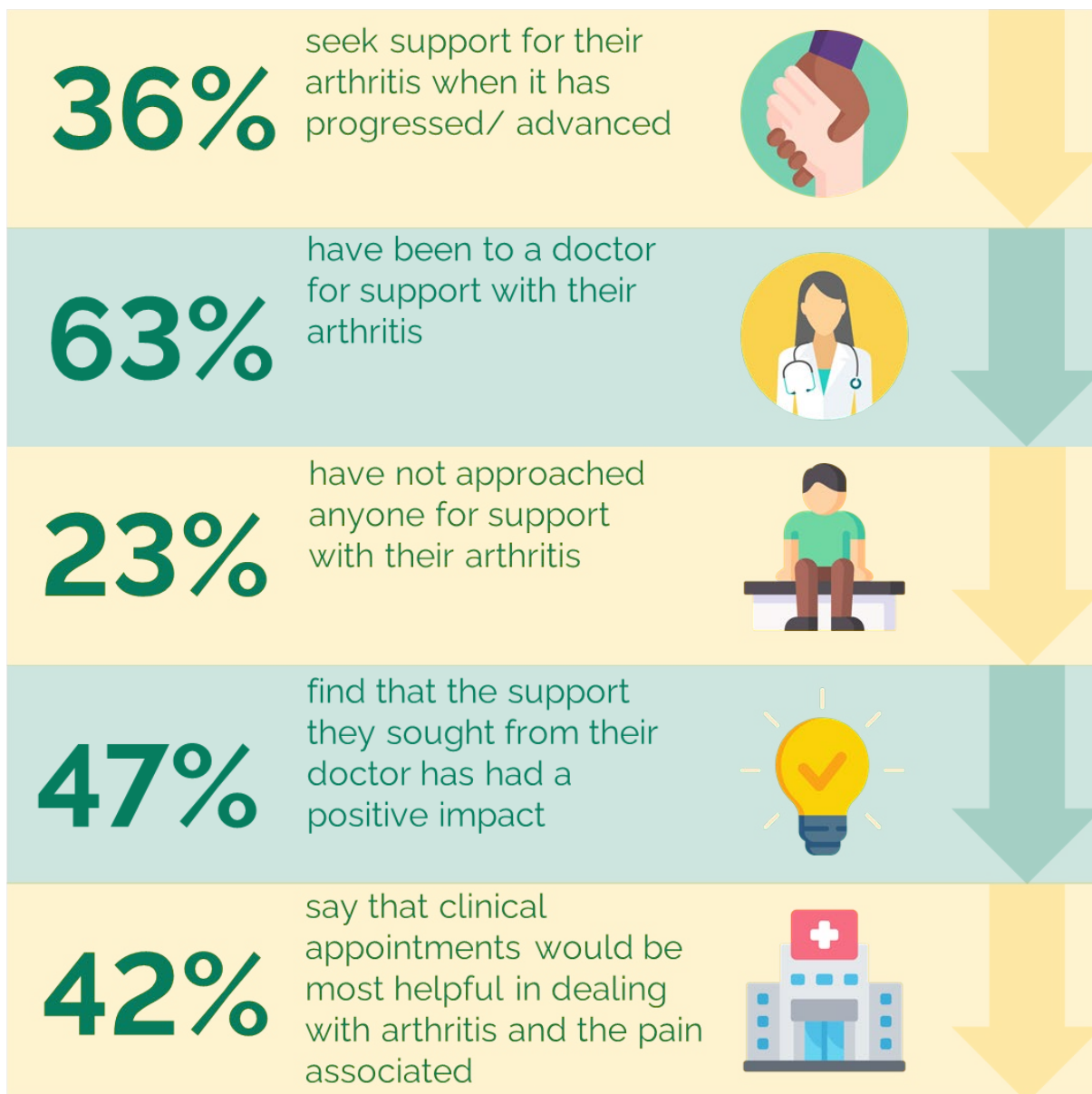
Figure 21. How often, if ever, do each of the following related to your arthritis make you feel down or depressed?



Base: All with arthritis 2018 (n=2,074), 2022 (n=2,120), osteoarthritis (n=1,427), rheumatoid arthritis (n=693)

7 Seeking advice and support

7.1.1.1 This section of the report explores where and who people living with arthritis turn to for advice and support, as well as the impact of this support and what support they would find helpful.

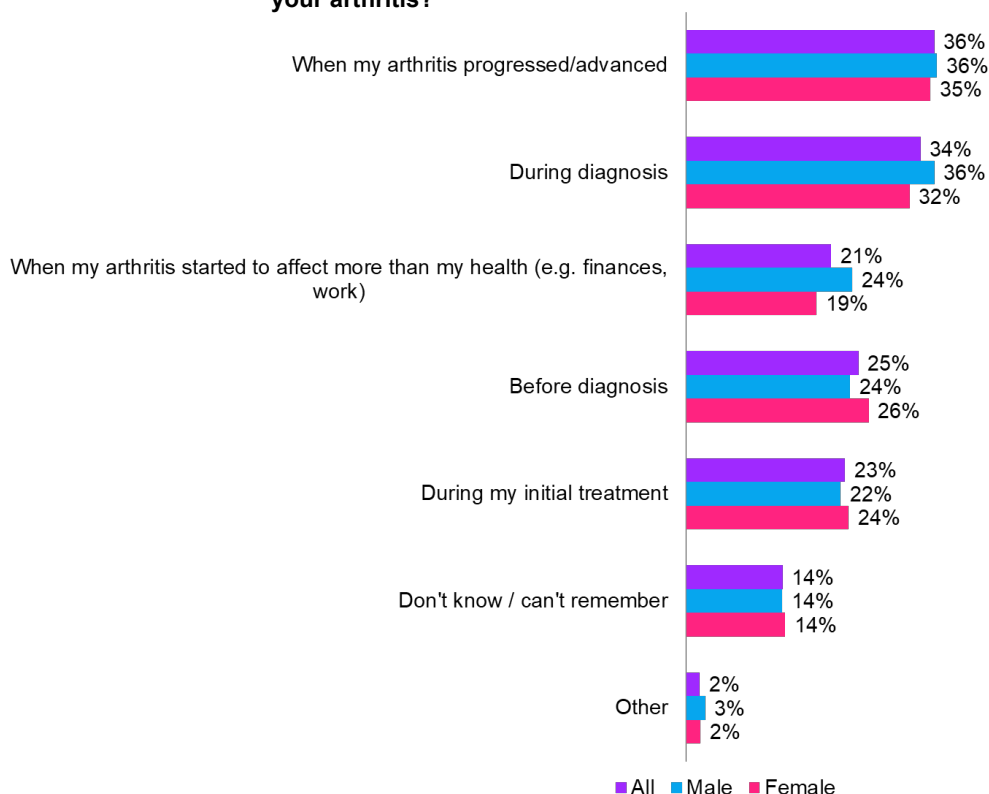


7.2 When support was first sought

7.2.1.1 People with arthritis most commonly seek support for the condition once it has progressed/advanced (36%) or during diagnosis (34%).

7.2.1.2 Men are significantly more likely than women to seek help for their arthritis when the condition starts to affect more than just their health (e.g., finances, work) (24% vs. 19%).

Figure 22. And at what point have you gone to someone/an organisation for support with your arthritis?



Base: All with arthritis (n=1,600); men (n=513); women (n=1,087)

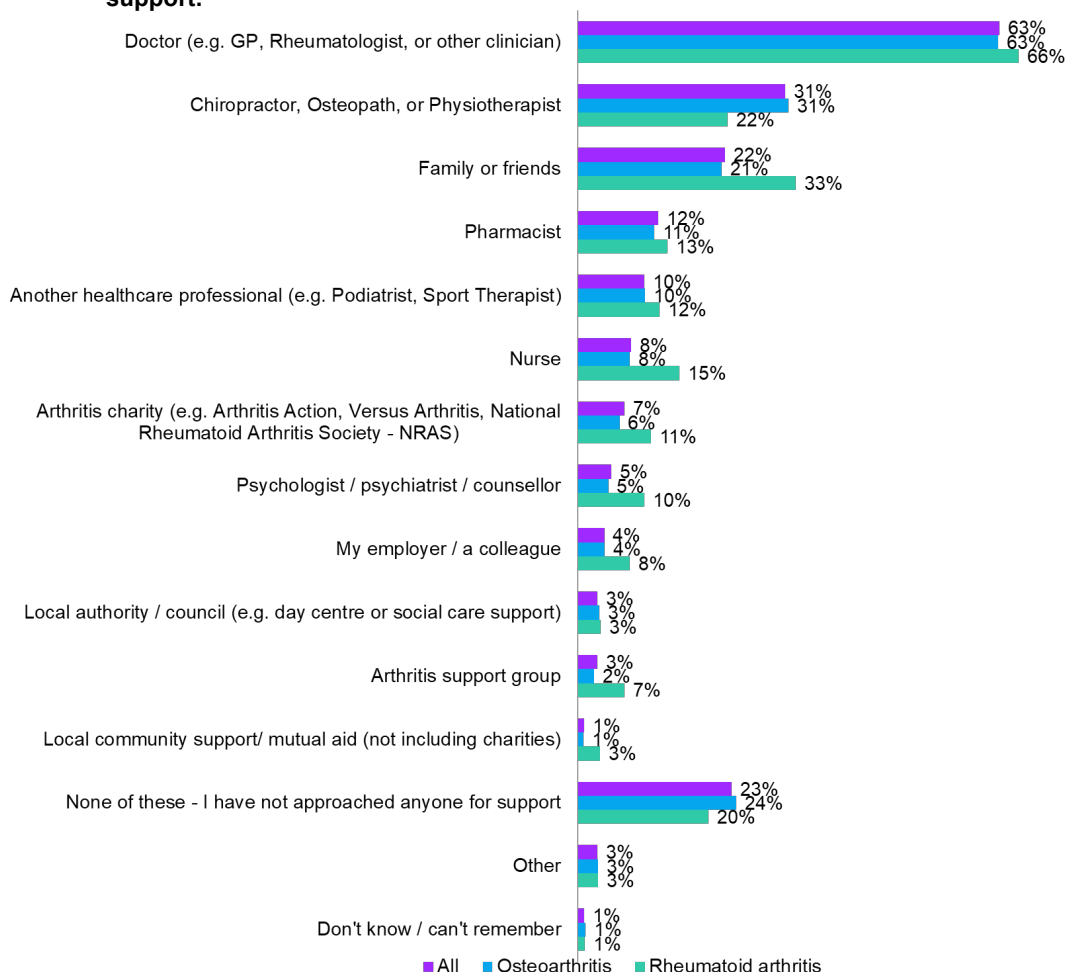
- 7.2.1.3 Similarly, people in lower social grades are significantly more likely to seek help when the condition starts to affect more than just their health (25% in C2DE social grades vs. 18% of ABC1s). In contrast, ABC1s are more likely to seek help before diagnosis (30% vs. 19%), during diagnosis (36% vs. 31%) and when their arthritis progresses (38% vs. 33%).
- 7.2.1.4 Younger people aged 25 to 39 are more likely than the older population (e.g., those aged 55-65) to have sought help during the diagnosis process, including before diagnosis (40% vs. 24%), during diagnosis (48% vs. 32%) and during the initial treatment (35% vs. 23%).
- 7.2.1.5 Perhaps related to their experience of arthritis, those in severe or extreme pain are significantly more likely to have sought help when their disease progressed and began impacting their life outside of their health. Forty-two percent of those in severe or extreme pain sought help when their arthritis progressed, compared with 24% of those in mild or no pain. Thirty-six percent of those in severe or extreme pain sought help once their arthritis affected more than just their health, compared with 11% of those in mild or no pain.

7.3 Sources of advice and support used

7.3.1.1 For people living with arthritis, there are a range of healthcare services they might turn to. These range from well-known immediate choices such as doctors, family or friends to less common resources such as community aid or local council support.

7.3.1.2 Nearly two-thirds (63%) of those with arthritis have been to a doctor for support, while 31% have seen a chiropractor, osteopath or physiotherapist. In contrast, nearly a quarter (23%) have not approached anyone for support with their arthritis.

Figure 23. Which, if any, of the following people or organisations have you gone to for support with your arthritis? This can include medical, financial, physical and emotional support.



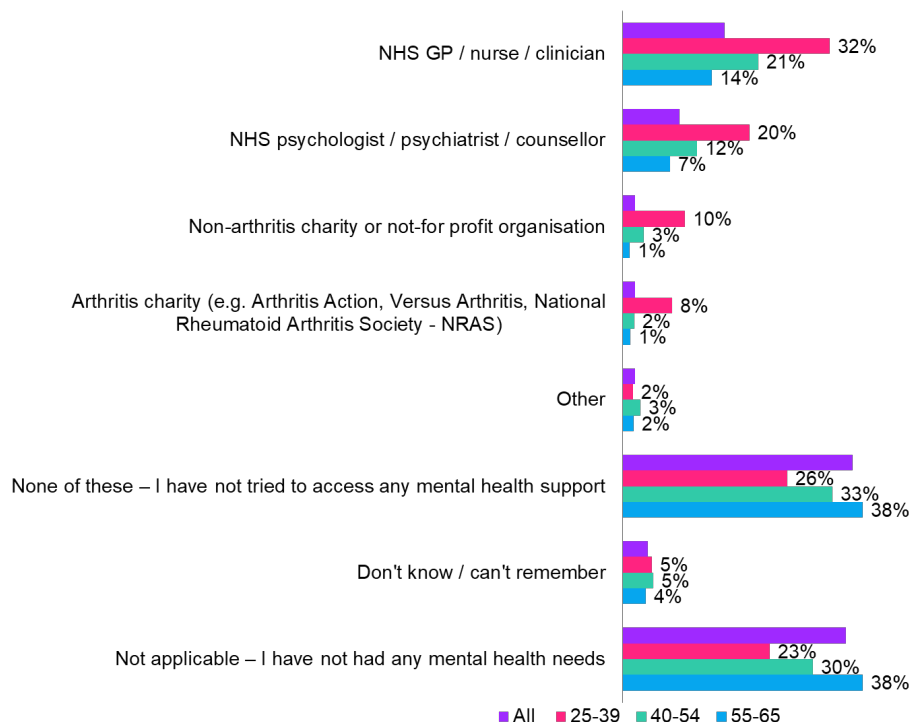
Base: All with arthritis (n=2,120); osteoarthritis (n=1,427); rheumatoid (n=693)

7.3.1.3 People with rheumatoid arthritis seem more likely to have turned to traditional sources of emotional support than those with osteoarthritis. A third (33%) of those with rheumatoid arthritis have gone to friends or family for support with their arthritis, compared with 21% of those with osteoarthritis. Similarly, 10% of those with rheumatoid arthritis have gone to a psychologist, psychiatrist or counsellor, compared to 5% of those with osteoarthritis. Those with rheumatoid arthritis are also significantly more likely to have sought support from an arthritis charity (11% vs. 6%) and from a support group (7% vs. 2%).

7.3.1.4 When thinking about mental health needs in particular, there are a range of options available to people with arthritis. They are most likely to have tried to access support with their mental health from GPs or nurses (16%), followed by an NHS psychologist / psychiatrist or counsellor (9%). Meanwhile, 36% say that they have not tried to access any mental health support, whilst a further 35% say they do not have any mental health needs.

7.3.1.5 Young people aged 25 to 39 with arthritis are significantly more likely to have accessed some form of mental health support than older people (44% vs. 31% of 40 to 54s and 20% of 55 to 65s).

Figure 24. Thinking about any mental health needs you may have had related to your arthritis diagnosis and ongoing condition (e.g., anxiety, depression, stress etc.), have you tried to access mental health support from any of the following sources?



Base: All with arthritis (n=2,120); 25-39 (n=265); 40-54 (n=900); 55-65 (n=955)

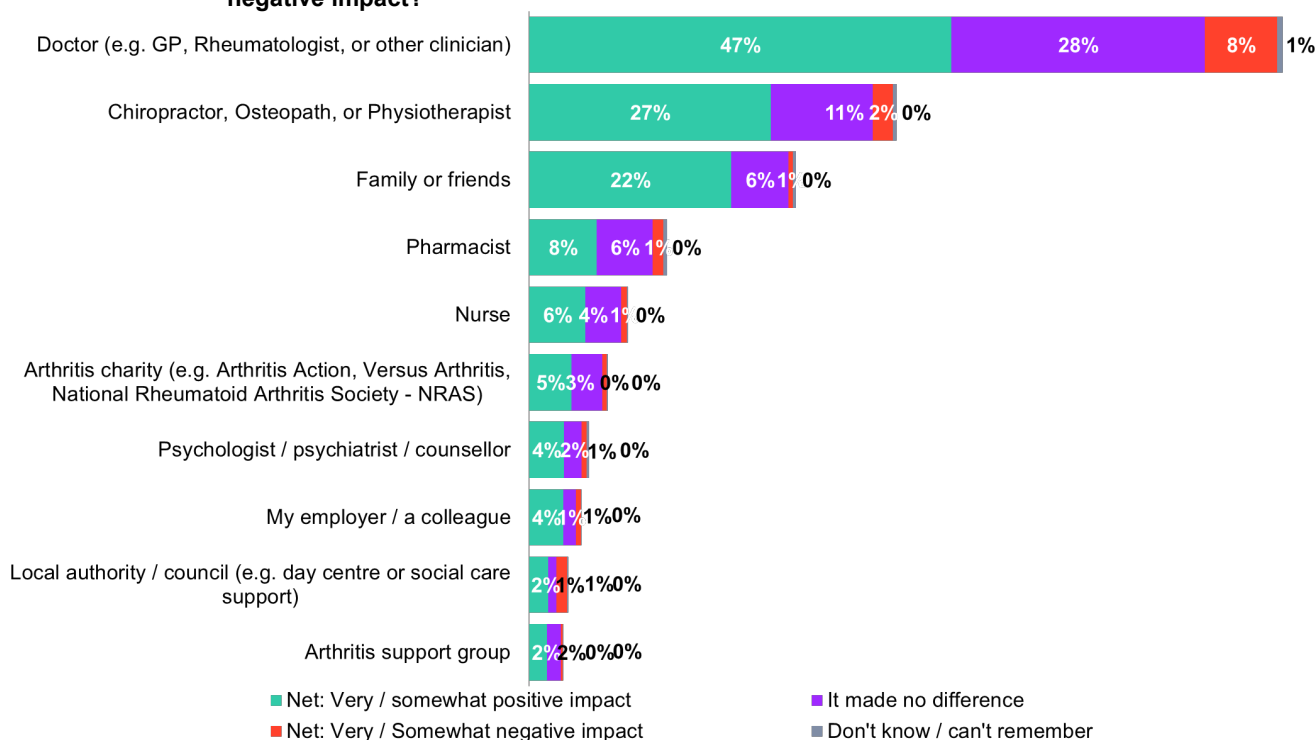
7.3.1.6 Nearly a third (32%) of younger people with arthritis aged 25 to 39 have tried to access mental health support from their GP, compared with 14% of those aged 55 to 65. Almost one in ten (8%) younger people have tried to access mental health support through an arthritis charity, compared with 1% of those aged 55 to 65.

7.3.1.7 This age discrepancy in the likelihood of accessing mental health services may be explained by the fact that people aged 55 to 65 with arthritis are significantly more likely to report they have not had any mental health needs (38% vs. 23% of people aged 25 to 39). However, amongst those who have had mental health needs, those aged 55 to 65 remain significantly more likely to report that they have not tried to access support (38% vs. 26% of people aged 25 to 39).

7.4 Impact of support accessed

7.4.1.1 Thinking about the support they have accessed, people with arthritis are most likely to say that the support of a doctor had a positive impact (47%) followed by chiropractors, osteopaths and physiotherapists (27%) and their family/friends (22%).

Figure 25. You said that you've gone to the following people or organisations for support with your arthritis. To what extent do you feel the support provided had a positive or negative impact?



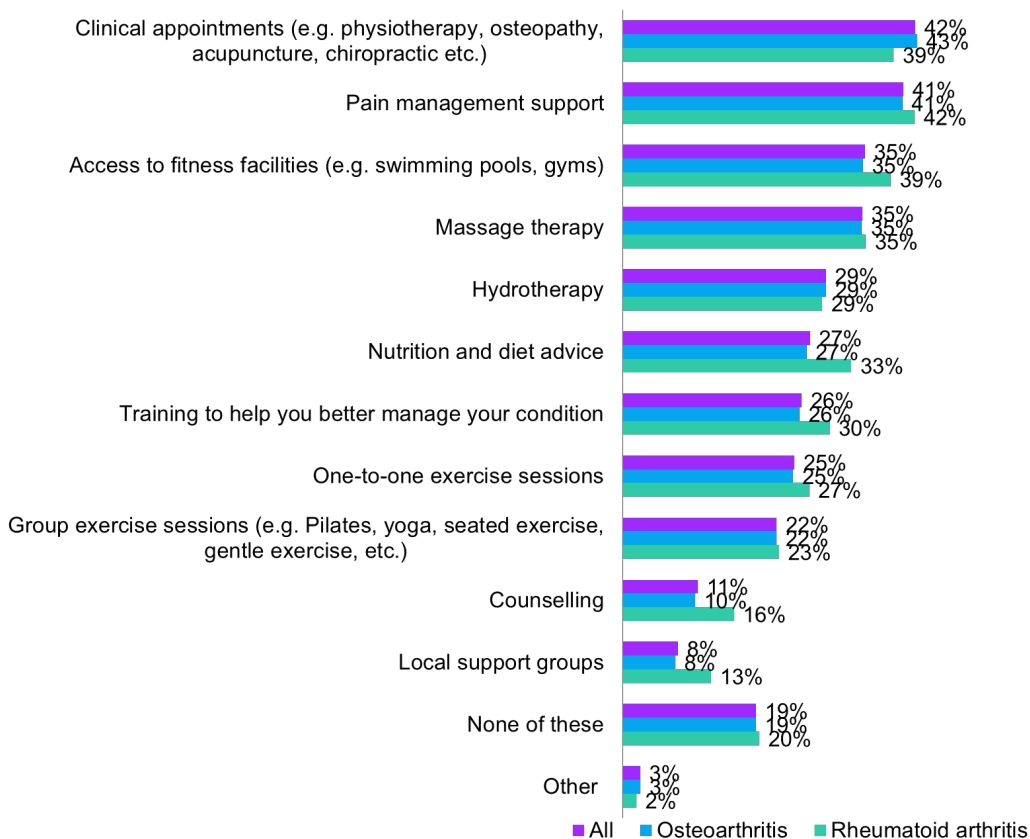
Base: All who have used these types of support (n=1600)

7.4.1.2 When considering support from arthritis charities and support groups, four in ten (40% and 42% respectively) say their experience made no difference to their arthritis.

7.5 Support that would be helpful

7.5.1.1 When asked what forms of support would be most helpful to them in dealing with their arthritis and the pain associated, people with arthritis are most likely to say clinical appointments (42%), followed by pain management support (41%) and access to fitness facilities (e.g., swimming pools, gyms) (35%).

Figure 26. Which of the following forms of support, if any, do you feel would help you deal with your arthritis and the pain associated?



Base: All with arthritis (n=2,120); osteoarthritis (n=1,427); rheumatoid arthritis (n=693)

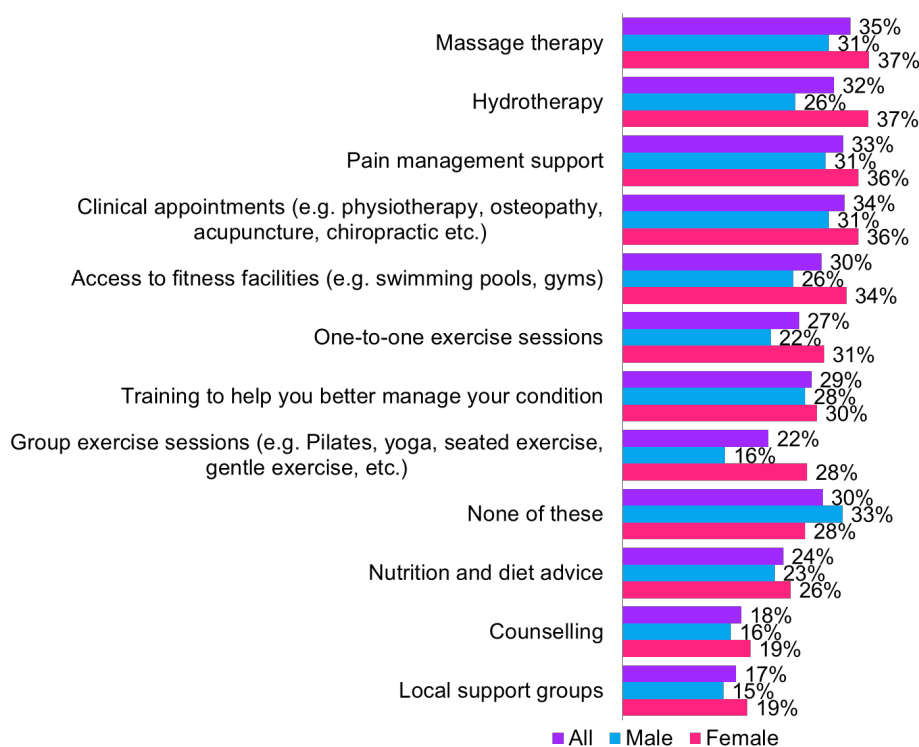
7.5.1.2 Women are significantly more likely than men to think that many of the forms of support listed would be helpful. For example, exercise sessions – both one-to-one (28% vs. 22%) and in a group (29% vs. 15%) – are of increased interest to women in comparison with men.

7.5.1.3 The perceived usefulness of many activities has grown compared to 2018. In particular, the proportion who feel group exercise sessions would be helpful has grown by 11 percentage points (22% 2022; 11% 2018). Similarly, feeling pain management support would be helpful has risen by 7 percentage points (41% 2022; 34% 2018).

7.5.1.4 Just as younger people aged 25 to 39 are significantly more likely to access mental health support, younger people with arthritis are more likely to feel counselling would help with their condition (20% vs. 9% of 55 to 65s). Younger people are also significantly more likely to think that training to help manage the condition would be helpful (40% vs. 25% of 55 to 65s).

7.5.1.5 Despite people thinking that clinical appointments would be the most helpful in dealing with their arthritis, it is one of the most commonly reported forms of support that they do not feel they have enough access to (34%). In addition, roughly a third of people with arthritis feel they do not have sufficient access to massage therapy (35%) and pain management support (33%).

Figure 27. Which of the following forms of support, if any, do you feel you do not currently have enough access to?

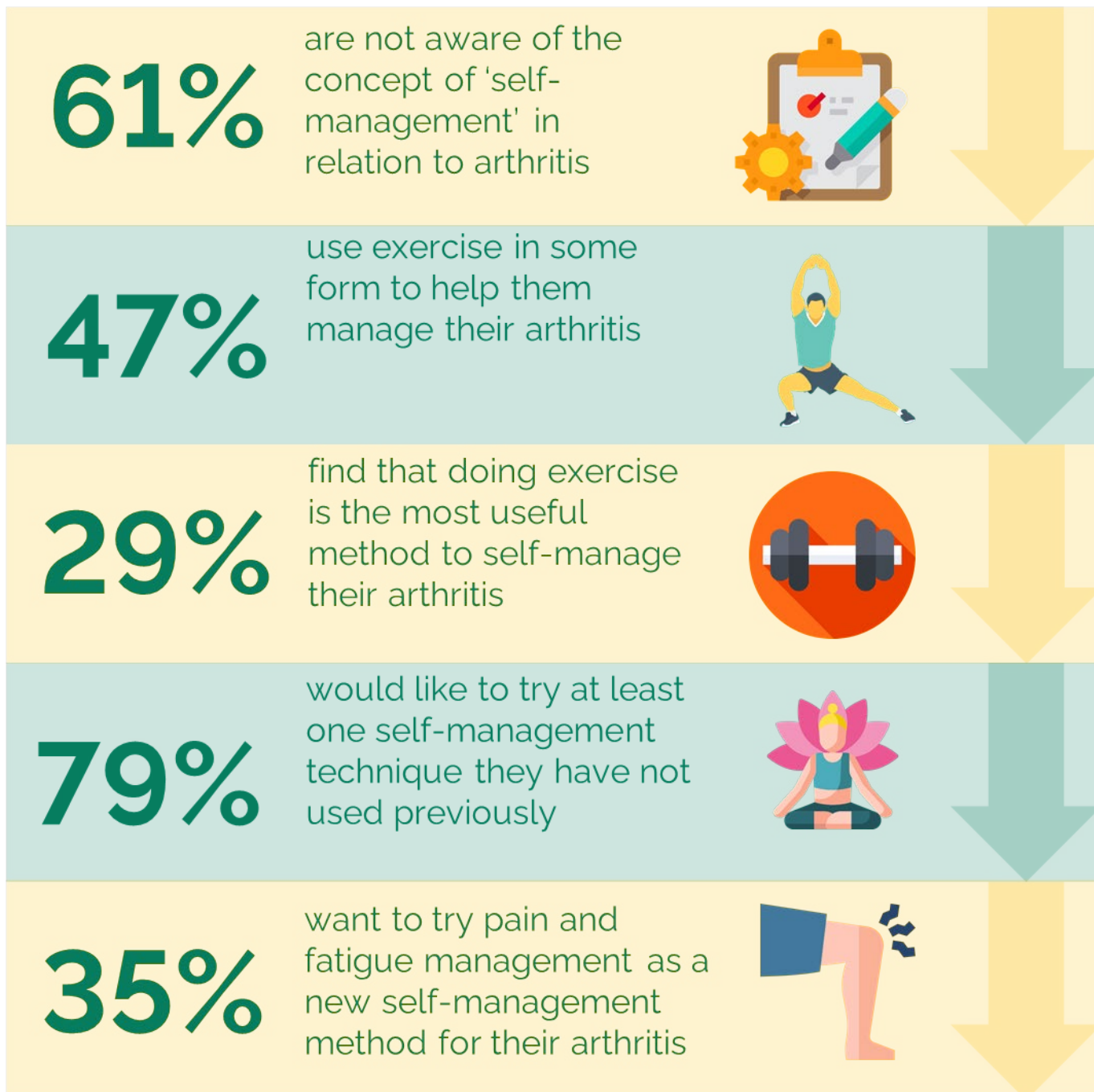


Base: All with arthritis (n=2,120); men (n=671); women (n=1,449)

7.5.1.6 Women are significantly more likely than men to say that they do not have enough access to the forms of support listed. This broadly reflects the kinds of support that women would find the most helpful. Thirty-seven percent of women say that they do not have enough access to massage therapy compared with 31% of men, and 36% of women say that they do not have sufficient access to pain management support or clinical appointments compared with 31% of men. Men are significantly more likely than women to say that there are not any forms of support that they do not have enough access to (33% vs. 28%).

8 Self-management

8.1.1.1 This final section of the report looks at people's understanding of, and experience with using self-management techniques.



8.2 Awareness of the concept of 'self-management'

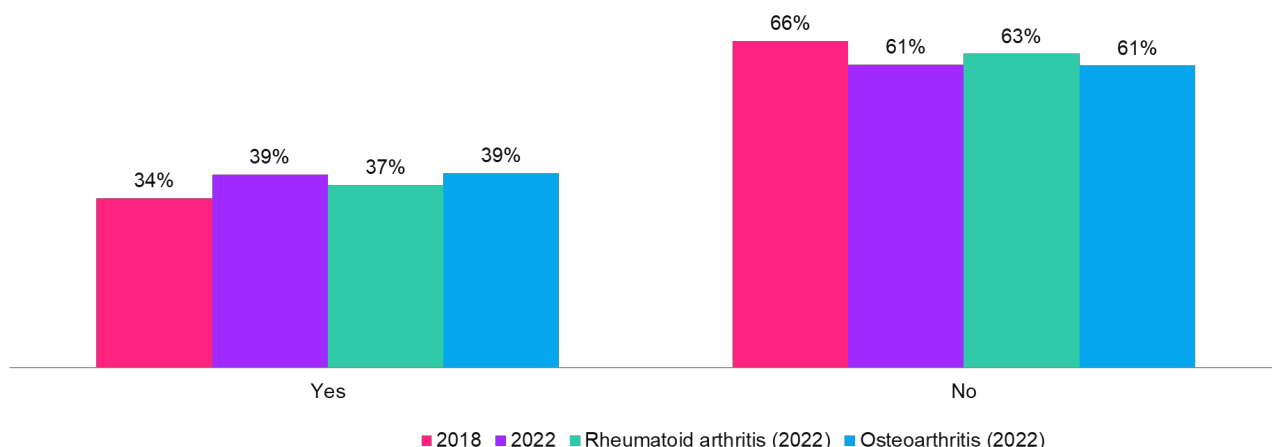
8.2.1.1 When asked if they are aware of the concept of 'self-management' in relation to their arthritis, two-fifths (39%) of people say that they are, as opposed to three-fifths (61%) who are not.

8.2.1.2 There are similar levels of reported awareness of ‘self-management’ among those with osteoarthritis and rheumatoid arthritis (39% vs. 37%).

8.2.1.3 Women are more aware than men by roughly seven percentage points (42% vs. 35%). Meanwhile, those aged 55 to 65 are less aware than people aged 25 to 39 (37% vs. 50%). Over two-fifths (42%) of people who tend to be in mild or no pain are aware of self-management in comparison with a third (34%) of those in severe or extreme pain.

8.2.1.4 ABC1s are more likely than C2DEs to say they have heard of the term (43% vs. 34%).

Figure 28. Have you ever heard about the concept of 'self-management' in relation to arthritis?



Base: 2018 (n=2,074), 2022 (n=2,120), osteoarthritis (n=1,427), rheumatoid arthritis (n=693)

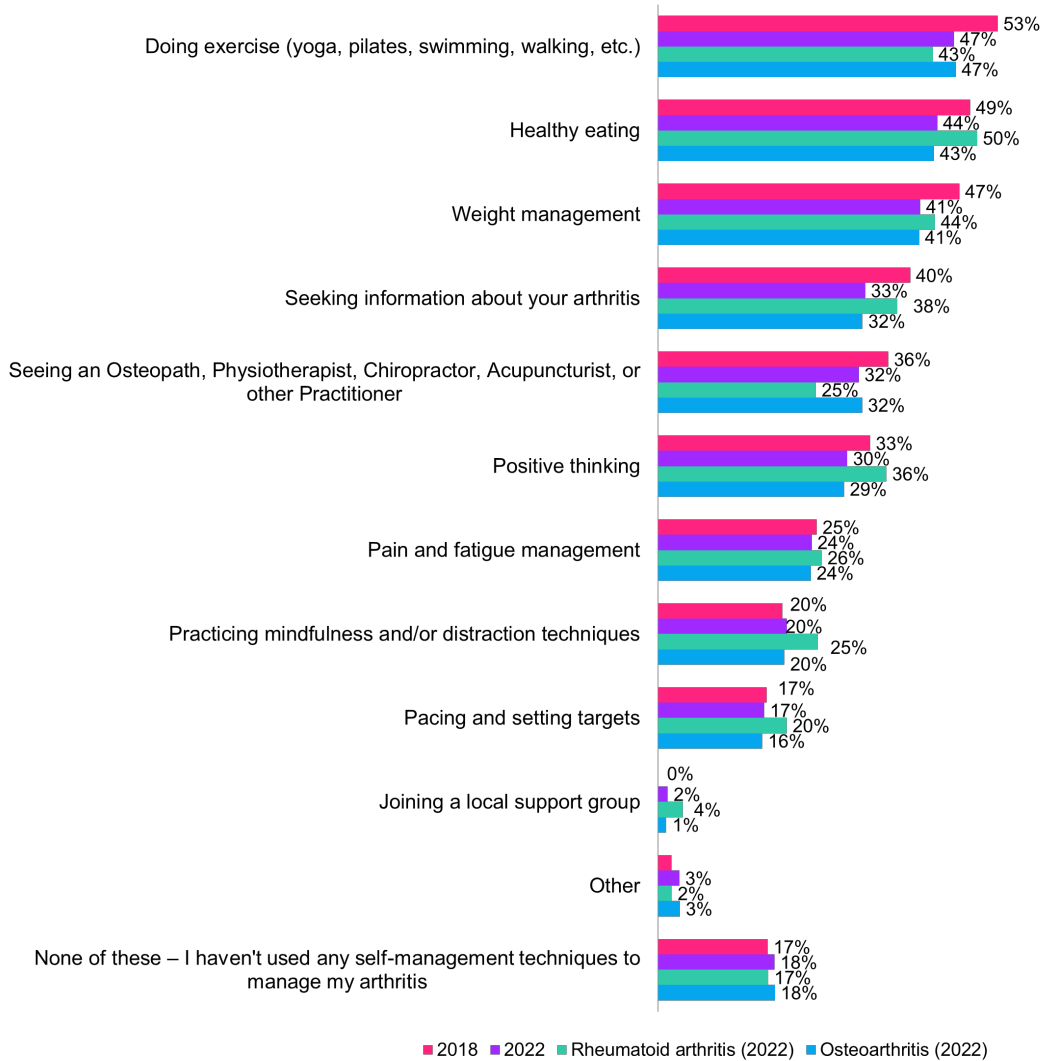
8.3 Usage of self-management techniques

8.3.1.1 The most common self-management technique used by those with arthritis aged 25 to 65 is exercise (47%). This is followed by healthy eating (44%) and weight management (41%). Overall, four-fifths (81%) of people with arthritis use at least one self-management technique.

8.3.1.2 Those with rheumatoid arthritis are less likely to see an osteopath, physiotherapist, chiropractor, acupuncturist or other practitioner than people with osteoarthritis (25% vs. 32%). However, they are more likely than individuals with osteoarthritis to practise healthy eating (50% vs. 43%), positive thinking (36% vs. 29%) and join a local support group (4% vs. 1%).

- 8.3.1.3 Women are more likely to practise at least one self-management technique than men (85% vs. 76%). There are no forms of self-management listed that men are more likely than women to put into practice.
- 8.3.1.4 There are similar levels of engagement with self-management techniques across the different age groups, with four-fifths (81%) of those aged 55 to 65 saying they use at least one method in comparison with 85% of those aged 25 to 39. The 40 to 54 year-old age group (28%) are less likely than 55 to 65s (33%) and 25 to 39s (35%) to see an osteopath, physiotherapist, chiropractor, acupuncturist, or other practitioner. Those aged 40 to 54 (39%) are also less likely to practise healthy eating than 55 to 65s (45%) and 25 to 39s (45%).

Figure 29. Which of the following techniques, if any, have you used to help manage your arthritis? Please tick all that apply.



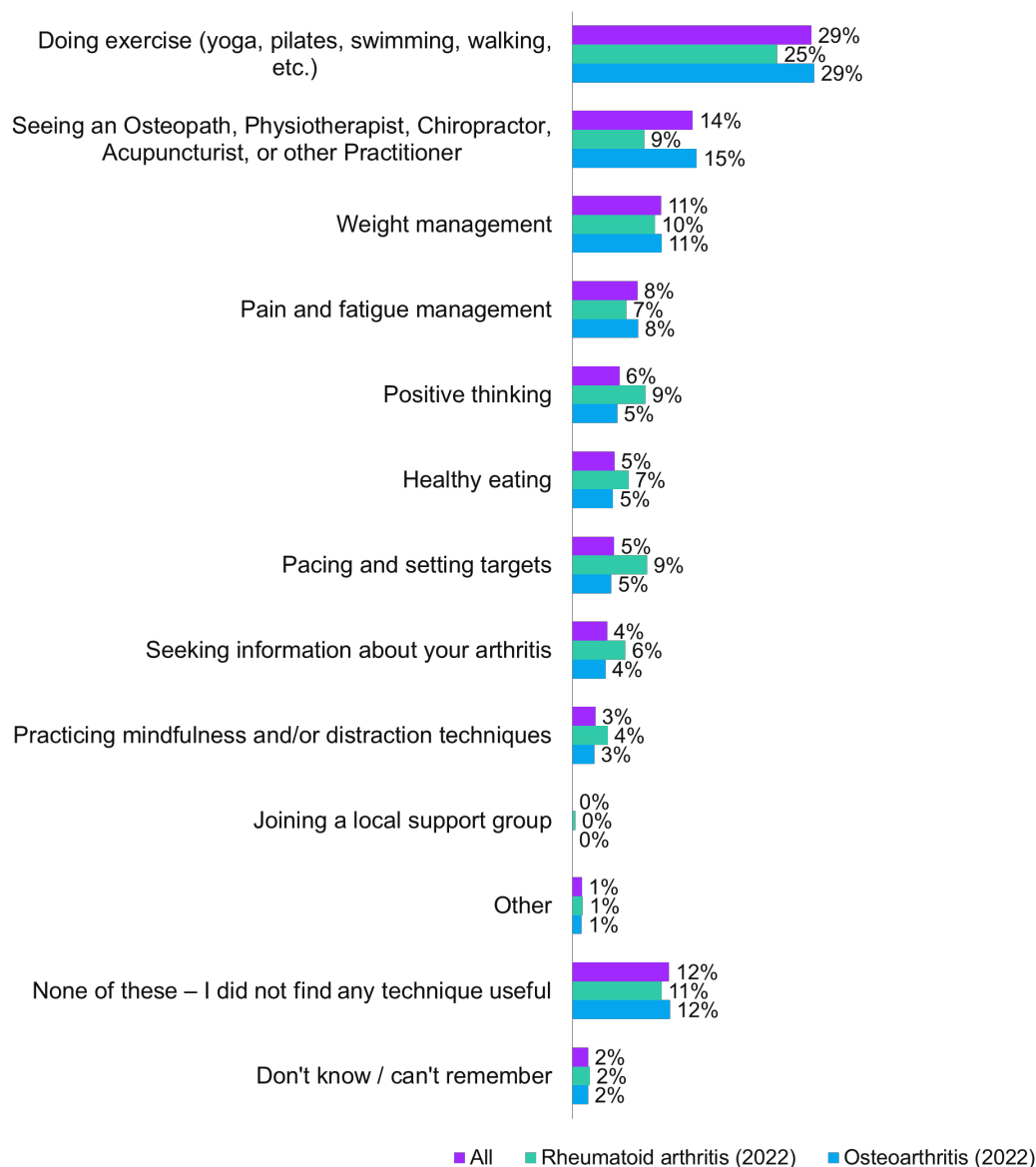
Base: 2018 (N=2,074), 2022 (N=2,120), osteoarthritis (N=1,427), rheumatoid arthritis (N=693)

8.3.1.5 People with arthritis feel that doing exercise is the most useful method of self-management (29%), followed by seeing an osteopath, physiotherapist, chiropractor, acupuncturist or other practitioner (14%) and weight management (11%). Almost nine in ten (86%) report that at least one self-management technique has been useful, meaning that roughly one in ten (12%) say they do not find any self-management technique useful.

8.3.1.6 People with rheumatoid arthritis are more likely to say that pacing and setting targets is useful in comparison to those with osteoarthritis (9% vs. 5%). However, individuals with osteoarthritis are more likely to report that seeing an osteopath, physiotherapist, chiropractor, acupuncturist, or other practitioner is useful when comparing to people with rheumatoid arthritis (15% vs. 9%).

- 8.3.1.7 Almost a third (31%) of women find doing exercise useful in comparison with a quarter (26%) of men. However, men are more likely than women to report that pain and fatigue management is useful (11% vs. 6%).
- 8.3.1.8 A large majority of people with arthritis aged 25 to 39 (83%) report at least one method of self-management is useful, which is broadly comparable to 55 to 65 year-olds (86%). People aged 55 to 65 are more likely to report that they feel practising positive thinking is useful than those aged 25 to 39 (6% vs. 3%).
- 8.3.1.9 Those in severe or extreme pain are less likely to feel that at least one form of self-management is useful when compared with people in mild or no pain (75% vs. 90%). Meanwhile, individuals in mild or no pain are much more likely to say doing exercise is useful when comparing to those in severe or extreme pain (43% vs. 7%). However, people in severe or extreme pain are more likely to report pacing and setting targets as useful than those with mild or no pain (8% vs. 3%).
- 8.3.1.10 Those in lower social grades are more likely to say they have not used any self-management techniques to manage their arthritis (23% of C2DEs vs. 14% of ABC1s).

Figure 30. You said that you've used the following techniques to help manage your arthritis. If you had to choose, which would you say has been most useful?



Base: 2022 (n= 1,508), osteoarthritis (n= 1,013), rheumatoid arthritis (n=495)

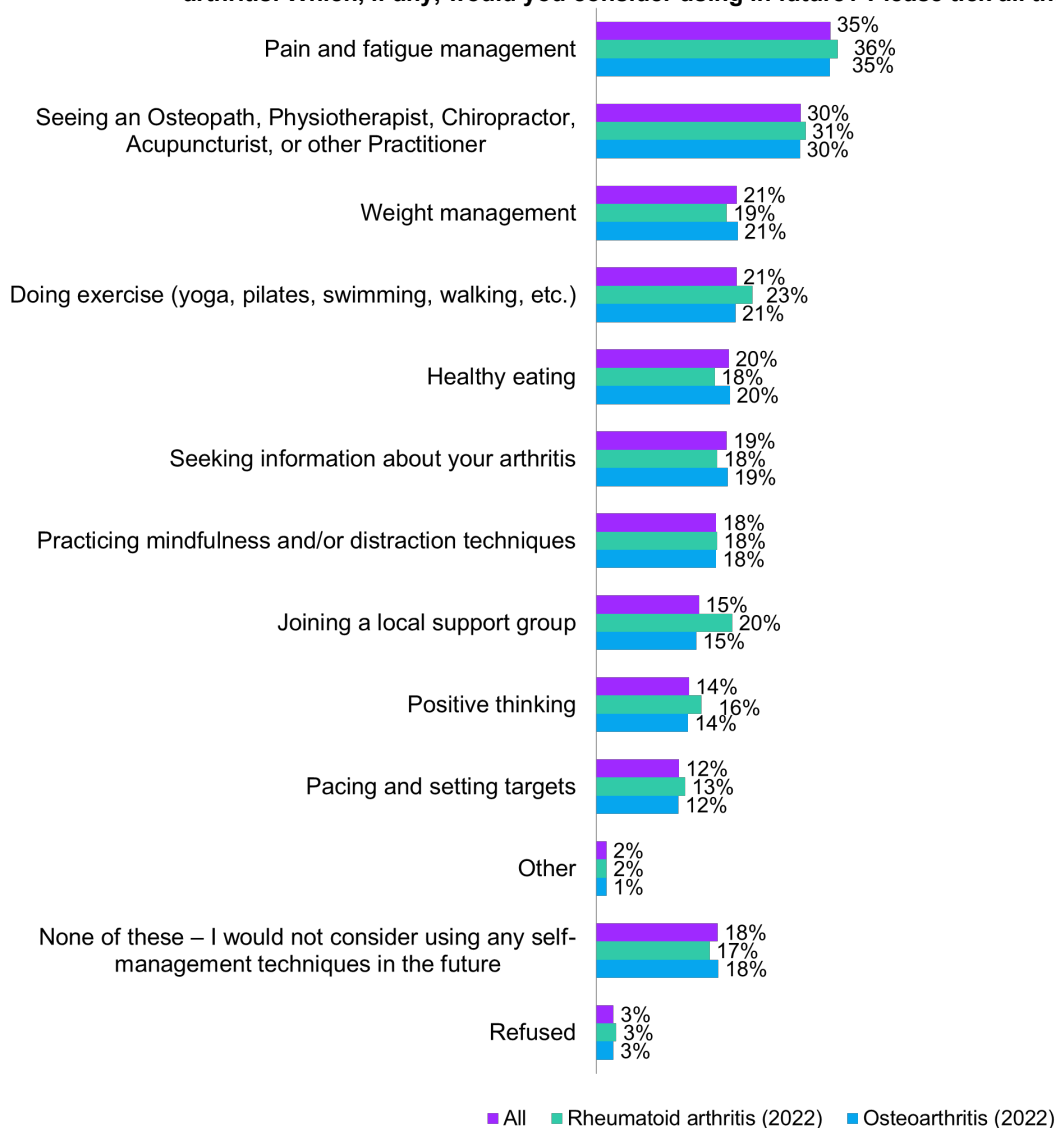
8.4 Consideration for future use of self-management techniques

8.4.1.1 Four-fifths (79%) of people with arthritis say that they would like to try at least one self-management technique that they have not done before. The most popular method of self-management people with arthritis would like to try is pain and fatigue management (35%), followed by 30% saying they would like to see an osteopath, physiotherapist, chiropractor, acupuncturist, or other practitioner and a fifth (21%) mentioning weight management.

8.4.1.2 Those with rheumatoid arthritis are more likely to want to join a local support group for the first time in comparison to people with osteoarthritis (20% vs. 15%).

8.4.1.3 People aged 55 to 65 are more likely to say they would like to try pacing and setting targets when comparing to people aged 25 to 39 (18% vs. 11%). People aged 40 to 54 are more likely than 55 to 65 year-olds to say they would like to try healthy eating (23% vs. 19%).

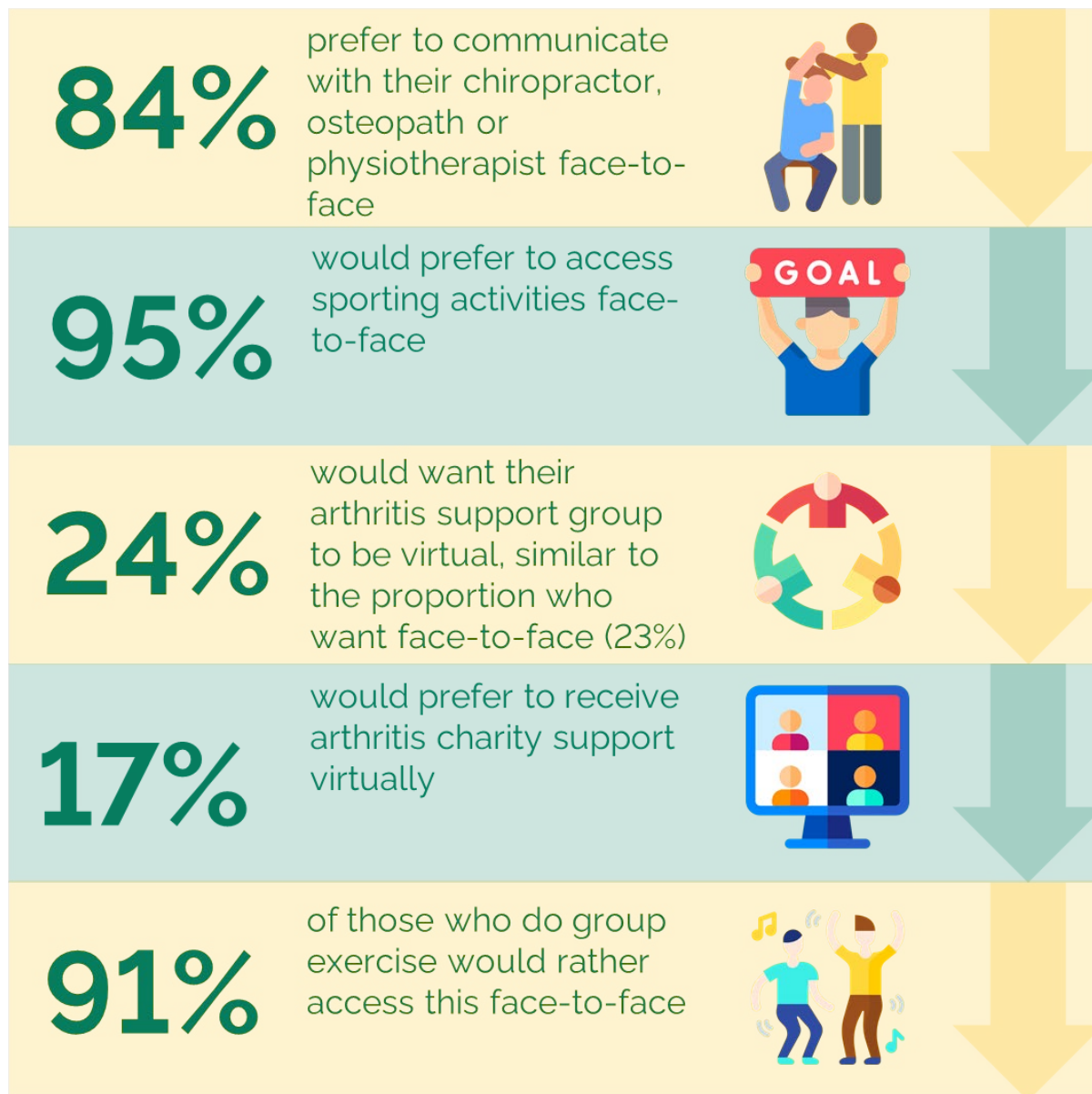
Figure 31. You said that you have not used the following techniques to help manage your arthritis. Which, if any, would you consider using in future? Please tick all that apply.



Base: 2022 (n=2,120); osteoarthritis (n=1,427); rheumatoid arthritis (n=693)

9 Methods of communication

9.1.1.1 This section of the report looks at preferred methods of communication for accessing health services and leisure activities.

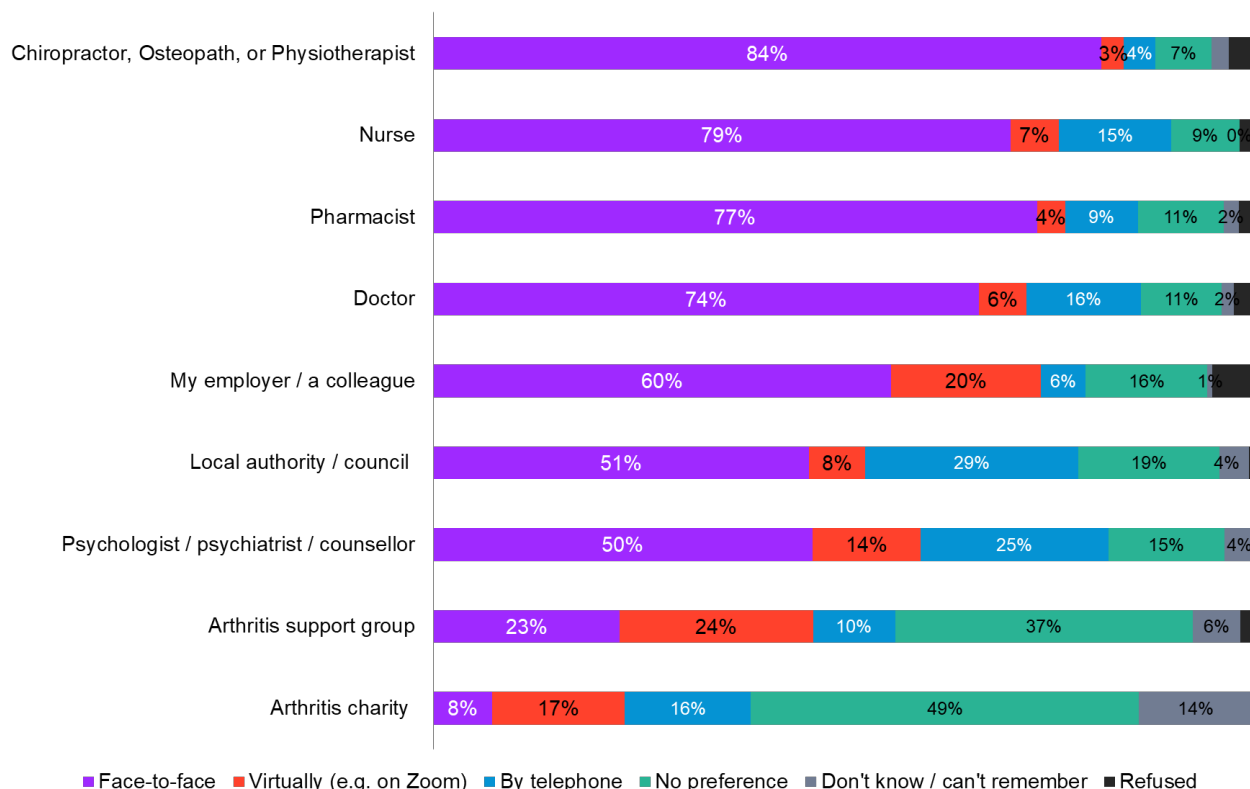


9.2 Access to health professionals and organisations

9.2.1.1 A large majority of people who have sought support from health professionals including chiropractors, osteopaths, physiotherapists, nurses, pharmacists, and doctors would prefer to communicate with them face-to-face (79%). Although much less common, secondarily people would like to communicate with these professionals by telephone (15%). Only very small proportions would prefer virtual communication (7%), while roughly one in ten have no preference (9%).

- 9.2.1.2 Interestingly, people living with arthritis who have accessed help from an arthritis support group are equally likely to prefer virtual (24%) and face-to-face (23%) communication for this. Meanwhile, a smaller proportion would prefer accessing support groups by telephone (10%). Most commonly, however, they do not express a preference (37%).
- 9.2.1.3 When it comes to support from an arthritis charity, people are more likely to prefer virtual (17%) and telephone (16%) communication to face-to-face (8%). However, one in two (49%) do not have a preference.
- 9.2.1.4 Younger people aged 25 to 39 are more likely than older adults aged 40 to 54 and 55 to 65 to prefer accessing support from doctors (30% vs. 19% and 14%) and nurses (44% vs. 15% and 14%) by telephone.

Figure 32. Thinking about the professionals and organisations from whom you have sought support with your arthritis, do you have a preferred method of communicating with them? Please tick all that apply.



Base: 2022 (All who have sought support from each n=81-1,312)

Note: the percentage figures for 'Refused' are not shown in the chart

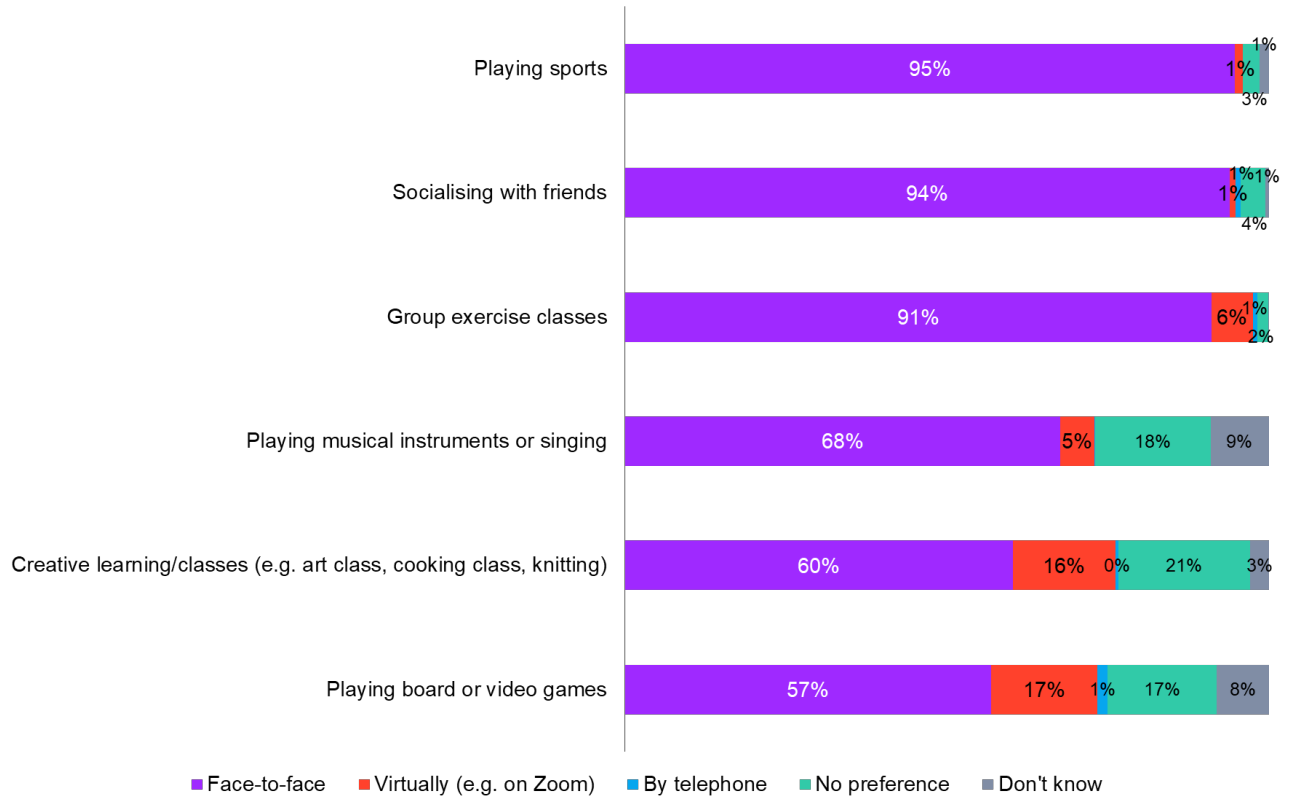
9.3 Access to activities

9.3.1.1 Almost unanimously, people living with arthritis would prefer to access sporting activities (95%) and socialise with friends (94%) face-to-face.

9.3.1.2 Nine in ten people (91%) who enjoy taking part in group exercise classes say that they would prefer to access them face-to-face. This is relatively consistent between those with osteoarthritis (92%) and rheumatoid arthritis (81%).

9.3.1.3 Women are more likely than men to prefer face-to-face group exercise classes (95% vs. 83%) while men more often than women express a preference for virtual classes (12% vs. 4%). Notably, younger people aged 25 to 39 are less likely than older adults aged 40 to 54 and 55 to 65 to prefer accessing group exercise classes face-to-face (64% vs. 90% and 93%).

Figure 33. Thinking about the activities you enjoy doing in your spare time, what method do you prefer to use to access them?



Base: 2022 (All who take part in each activity n=162-912)