

HEALTH MANAGEMENT INSIGHTS

Arthritis

Arthritis is a very common medical condition which causes pain and inflammation in joints, and can also lead to stiffness, restricted movement and loss of strength.

It can have varying presentations depending on the type, severity and joints affected.

More than **10 million people** of all ages suffer from arthritis or similar joint conditions in the UK.

Key takeaways for HR professionals:

- > Arthritis is not a single illness, but a term used to refer to joint pain or joint disease
- > Osteoarthritis and rheumatoid arthritis are the two most-common forms of the illness
- > Osteoarthritis is the most-common type of arthritis in the UK, affecting nearly **9 million people**
- > Rheumatoid arthritis affects more than **400,000 people**
- > There are numerous other forms of arthritis and related conditions, including ankylosing spondylitis, fibromyalgia, lupus and gout
- > While mainly associated with older generations, arthritis can affect people of any age – including children (around **15,000** children in the UK suffer from the condition)
- > Chronic pain can affect mental health – and managers are encouraged to be alert to this, encouraging employees to seek support where relevant
- > Fitness for work will depend on the nature and severity of symptoms, any side effects from treatment, and the nature of the role
- > Equality legislation may apply to a diagnosis of arthritis, giving the employer a legal responsibility to consider reasonable adjustments

Condition overview

Osteoarthritis

A degenerative process most-often seen in those aged over 40, osteoarthritis initially affects the smooth cartilage lining of the joint - making movement more difficult and leading to pain and stiffness.

As the cartilage lining thins out, the tendons and ligaments have to work harder - which can cause swelling and the formation of bony spurs known as osteophytes.

Severe cartilage loss can lead to bone rubbing on bone, which can change the shape of the joint and force the bones out of their normal position.

Hands, spines, knees and hips are the most-commonly affected joints.

Rheumatoid arthritis

Often starting between the age of 40 and 50, rheumatoid arthritis affects three times as many women as it does men.

It sees the body's immune system targeting affected joints, leading to pain and swelling.

The outer covering of the joint is affected first, then it can spread further, leading to more swelling and a change in the joint's shape. The bone and cartilage can break down as a result.

Sufferers can also develop problems with other tissues and organs in their body.

Other types of arthritis

Ankylosing spondylitis is a long-term illness in which inflammation affects the bones, muscles and ligaments of the spine – and which can see joints fuse together. Tendons, eyes and large joints can also be caused to swell.

Cervical spondylosis is the name for osteoarthritis affecting the joints and bones in the neck, often leading to pain and stiffness.

Gout is a form of arthritis caused by an excess of uric acid in the body, which can collect around joints and often causes severe pain, redness and swelling in the big toe.

Lupus is a long-term autoimmune illness which causes joint pain, skin rashes and tiredness.

Fibromyalgia is a long-term condition which causes pain in the body's muscles, ligaments and tendons.

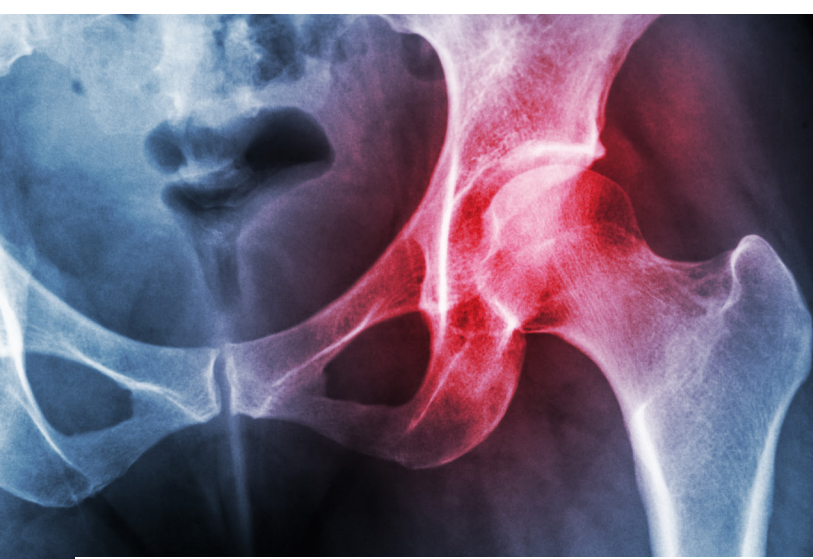
And other forms of arthritis include psoriatic arthritis, enteropathic arthritis, reactive arthritis, secondary arthritis and polymyalgia rheumatica.



Symptoms

In addition to those already mentioned, the following symptoms are associated with arthritis and should prompt sufferers to seek a specific diagnosis.

- > Joint pain, tenderness and stiffness
- > Inflammation in and around the joints
- > Restricted movement of the joints
- > Warm red skin over the affected joint
- > Weakness and muscle wasting



Treatment

Arthritis cannot be cured (although some forms may spontaneously resolve), but the symptoms can be managed and there are numerous treatments which can often slow the condition down.

The main aim of treatment is to reduce symptoms, optimise function and, in some cases, minimise progression..

Treatments vary depending on the underlying cause, e.g. drugs to reduce the inflammatory response are used in rheumatoid arthritis, but these do not help in osteoarthritis - which is a degenerative condition.

Osteoarthritis

While osteoarthritis cannot be cured, it doesn't necessarily get worse over time – and can often be managed effectively with various interventions, including:

- > Lifestyle measures – such as exercising regularly and ensuring an optimal weight
- > Medication – to relieve pain
- > Supportive therapies – to make everyday activities easier

Surgery can also be carried out in some cases, and might involve joint replacement, joint fusing or adding/removing bone from a joint.



Rheumatoid arthritis

Treatments for rheumatoid arthritis can help reduce inflammation in the joints, relieve pain, prevent or slow down joint damage, reduce disability and enable those affected to be as active as possible.

Although there's no cure for rheumatoid arthritis, early treatment and support (including medicine, lifestyle changes, supportive treatments and surgery) can reduce the risk of joint damage and limit the impact of the condition.

Disease-modifying anti-rheumatic drugs (DMARDs) may be offered to help ease the symptoms and slow down the progress of the condition.

They work by blocking the effects of chemicals released when the immune system attacks joints - preventing further damage to bones, tendons, ligaments or cartilage.

Biological treatments (such as etanercept and infliximab) are often prescribed to patients who don't respond to DMARDs – these perform a similar function in stopping the chemicals which activate the immune response.

Prognosis

Living with arthritis can be painful and limiting in some aspects, but there are a range of measures sufferers can take to minimise the effects of the condition and live a healthy life.

Chief among these are lifestyle measures, such as:

Healthy eating,
with a balanced
diet including all
five food groups

Losing weight, if
overweight

Exercise to
improve strength,
boost energy and
increase range of
movement

Joint care, using
coping techniques
to protect
vulnerable areas

Adaptations at home or work to make certain tasks easier,
e.g. long-handled tools or levers on taps

Occupational therapy may also be provided and advice can be given on equipment to enable sufferers to live independently.

At work

There are a range of considerations which employers can make to accommodate staff suffering from arthritis.

These include assessments and adaptations in the workplace - and allowing more flexibility to employees where necessary.

Regarding work arrangements, employers are recommended to:

- > Consider the benefits of a phased return-to-work, with reduced hours and duties after absence – and regular or ad hoc homeworking can be beneficial
- > Review workplace safety risk assessments where relevant, e.g. if an employee is undertaking **safety critical work or physically demanding work**, restrictions may be necessary and you may wish to consider occupational health input in these cases
- > Facilitate regular breaks, to help reduce joint stiffening
- > Undertake a personal evacuation plan for those with mobility issues, e.g. to ensure their safe egress from a building in an emergency
- > Ensure that a display screen equipment (DSE) assessment has been undertaken for those using a workstation – there may be benefits from an ergonomic mouse, keyboard etc
- > Be aware of secondary mental health issues such as depression and anxiety due to chronic pain

Employers are also encouraged to consider a stress risk assessment, particularly if work stressors have been raised – and to support employees' attendance at ongoing medical appointments.

Employees with arthritis may have increased rates of sickness absence, due to the risk of flare ups, which should be managed in line with relevant organisational policies. Employers may consider adjusting sickness absence trigger points to accommodate this.

If staff are absent, employers should keep in touch with them.

It may not be feasible to keep an employee in their role, so redeployment or ill health retirement may need to be considered.



Further advice and support may be available from Access to Work, including a workplace assessment and financial support with adjusted equipment where relevant.



Occupational health can provide employers with bespoke case advice.

Contact us to find out more.



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healthmanagement.co.uk



Further sources of information

[NHS](#)

[arthritis.org](https://www.arthritis.org)

[gov.uk](https://www.gov.uk)