

STATISTICAL BRIEF #222

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Arthritis: Use and Expenditures among U.S. Adult Noninstitutionalized Population, 2005

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Introduction

Arthritis is a group of conditions involving damage to the joints of the body. It is derived from the Greek plural word 'arthritides', which comprises 'arthro' (joint) and 'itis' (disease, inflammation); together they describe joint inflammation.

This Statistical Brief presents estimates based on the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) on the use of and expenditures for ambulatory care and prescribed medications to treat arthritis among the U.S. civilian noninstitutionalized adult, ages 18 and older population. This Brief also analyzes the sources of payments for care and treatment of arthritis.

All differences between estimates noted in the text are statistically significant at the 0.05 level or better.

Findings

Number of reported cases for arthritis, by sex, and race

In 2005, 9.5 percent of the U.S. adult population or 21 million adults reported being bothered by or visiting a physician or obtaining a prescription drug to treat arthritis (figure 1). More females reported experiencing arthritis than males (11.9 versus 7.1 percent).

One in every ten (10.5 percent) non-Hispanic white adults reported having arthritis compared to 5.9 percent of Hispanics and 4.3 percent of non-Hispanic Asians (figure 2).

Total and mean per person with expense health care expenditures on arthritis, type of service

Expenditures for those with an arthritis related expense averaged \$1,513 per person in 2005. Expenditures for ambulatory visits averaged \$705 and expenditures on prescription medicines averaged \$508 (figure 3).

Total and out-of-pocket expenditures on arthritis

Expenses for the treatment of arthritis totaled \$32 billion in 2005. More than one-third (35.6 percent) of that total was spent on ambulatory care. About one-fifth (21.3 percent) was spent on prescription medications (figure 4).

More than half (51.1 percent) of arthritis related prescription medication expenses were paid for out of pocket, compared to only 13 percent for ambulatory expenditures (figure 5).

Highlights

- In 2005, approximately 21 million adults or 9.5 percent of the U.S. adult population reported either visiting a physician or obtaining a prescription drug to treat arthritis.
- Females were more likely to have arthritis than males (11.9 versus 7.1 percent).
- Medical spending to treat arthritis totaled almost \$32 billion in 2005.
- More than one-third (35.6 percent) of the arthritis related expenditures were on ambulatory care.
- More than half (51.1 percent) of arthritis related prescription medicines expenditures were paid by out-of-pocket.

Distribution of average annual health care expenditures for adults reporting arthritis expenditures, by type of service.

Adults with arthritis were more likely to have expenses for ambulatory care than other types of services. More than three-fourths (76.3 percent) of adults with arthritis related expenditures had expenses for ambulatory care. Almost two-thirds (63.4 percent) had prescription medicine expenditures (figure 6).

Data Source

The estimates shown in this Statistical Brief are based on data from the MEPS 2005 Full Year Consolidated File (HC-097), Medical Condition File (HC-096), Office-Based Medical Provider Visit File (HC-94G), Outpatient Department Visits File (HC-094F), Hospital In-Patient Stays File (HC-094D), Home Health File (094H), Emergency Room Visit File (HC-094E), and Prescribed Medicine File (HC-094A).

Definitions

Arthritis

This brief analyzes individuals with arthritis reported as a condition bothering the person and arthritis reported in connection with reported health care utilization (e.g., a person who reported purchasing a drug was asked what condition the drug was intended to treat) or reported disability days. The conditions reported by the respondent were recorded by the interviewer as verbatim text, which was then coded by professional coders to fully specified ICD-9-CM codes. These codes were further aggregated into clinically meaningful categories (according to the AHRQ Clinical Classification software system (CCS)) that groups similar conditions. Conditions with a CCS code of 201-204 were classified as arthritis.

Expenditures

Expenditures in MEPS are defined as payments from all sources for hospital inpatient care, ambulatory care provided in offices and hospital outpatient departments, care provided in emergency departments, as well as prescribed medicine purchases reported by respondents in the MEPS-HC. Sources include direct payments from individuals, private insurance, Medicare, Medicaid, Workers' Compensation, and miscellaneous other sources. These expenditures do not include dental, other medical expenses or 'over-the-counter' medications used for treatment of arthritis.

Racial and ethnic classifications

Classification by race and ethnicity was based on information reported for each family member. Respondents were asked if each family member was Hispanic or Latino. Respondents were also asked which race or races best described each family member. Race categories included white, black/African American, American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, and other. Based on these questions, sample persons were classified into the following race/ethnicity categories: Hispanic, white non-Hispanic single race, black non-Hispanic single race, Asian non-Hispanic single race, and other (Hawaiian/Pacific Islander non-Hispanic, American Indian/Alaska Native non-Hispanic, and multiple races non-Hispanic).

About MEPS-HC

The MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1656) or visit the MEPS Web site at <http://www.meps.ahrq.gov/>.

References

For a detailed description of the MEPS-HC survey design, sample design and methods used to minimize sources of nonsampling errors, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD: Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.shtml

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD: Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.shtml

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003; 41(7) Supplement: III-5–III-12.

Centers for Disease Control and Prevention. Arthritis Information and Data. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention: 2004. Available at: <http://www.cdc.gov/arthritis/arthritis/key.htm>

Understanding Arthritis: everydayhealth.com/arthritis/understanding/index.aspx

Arthritis: medicinenet.com/arthritis/article.htm

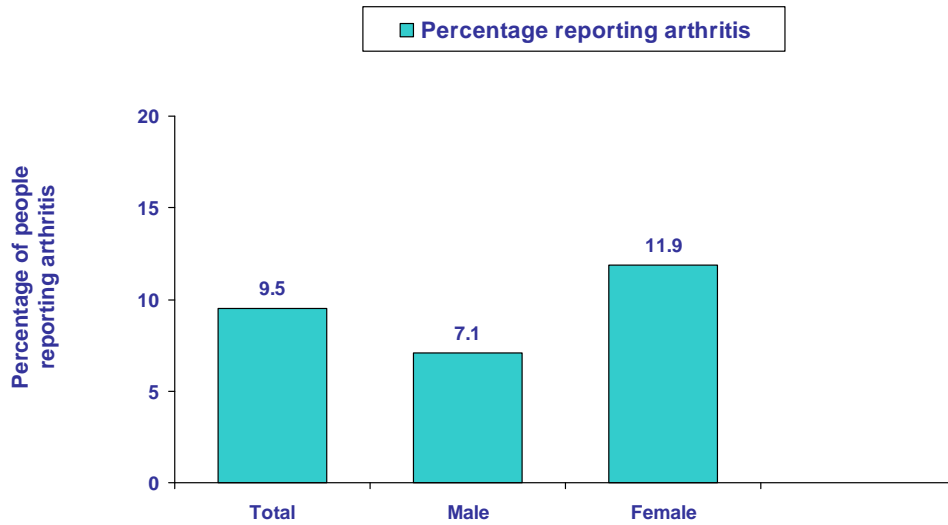
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at mepsdpd@ahrq.gov or send a letter to the address below:

Steven B. Cohen, PhD, Director
Center for Financing, Access, and Cost Trends
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850



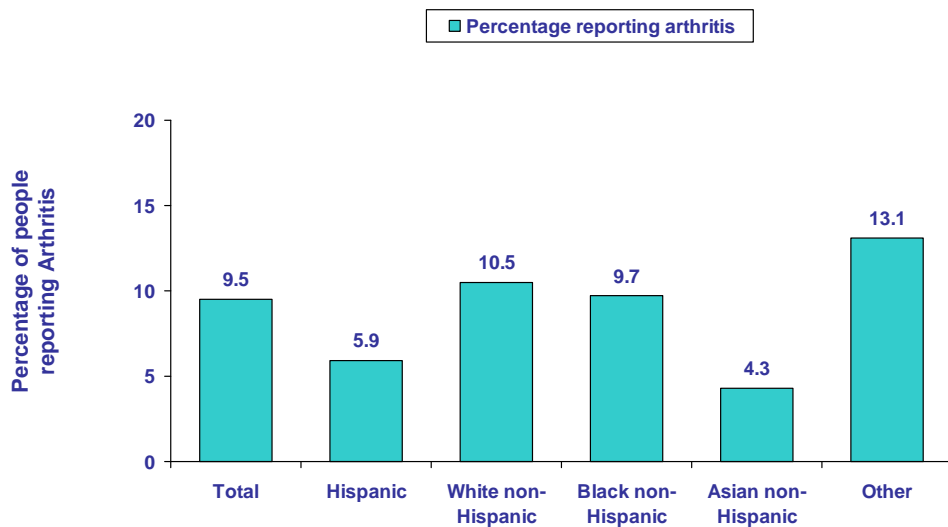
Figure 1. Percentage of adults, ages 18 and older, reporting arthritis, by sex, 2005



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2005



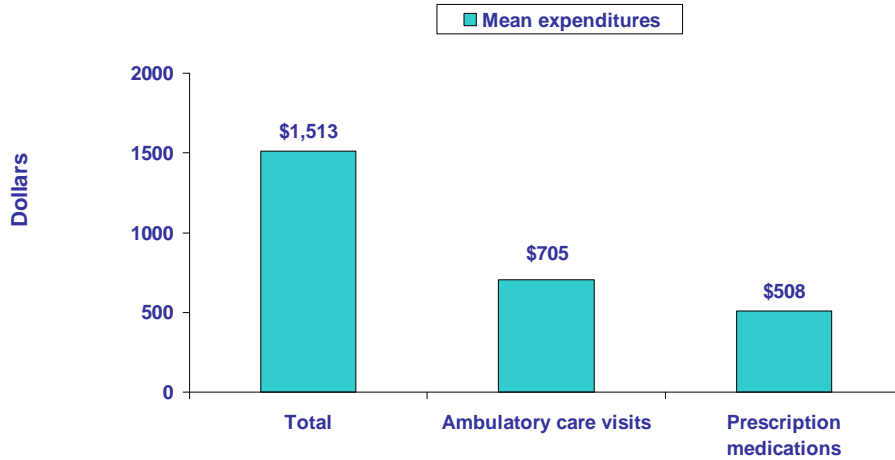
Figure 2. Percentage of adults, ages 18 and older reporting arthritis, by race/ethnicity, 2005



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2005



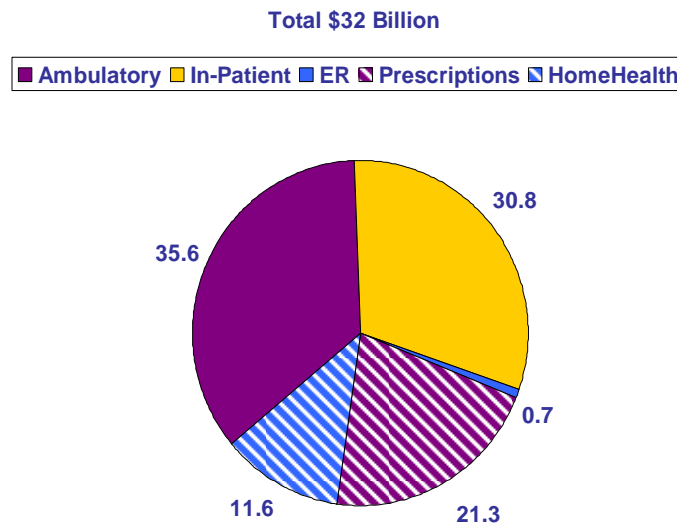
Figure 3. Mean expenditures on arthritis per person with expense for given service type, ages 18 and older, 2005



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2005



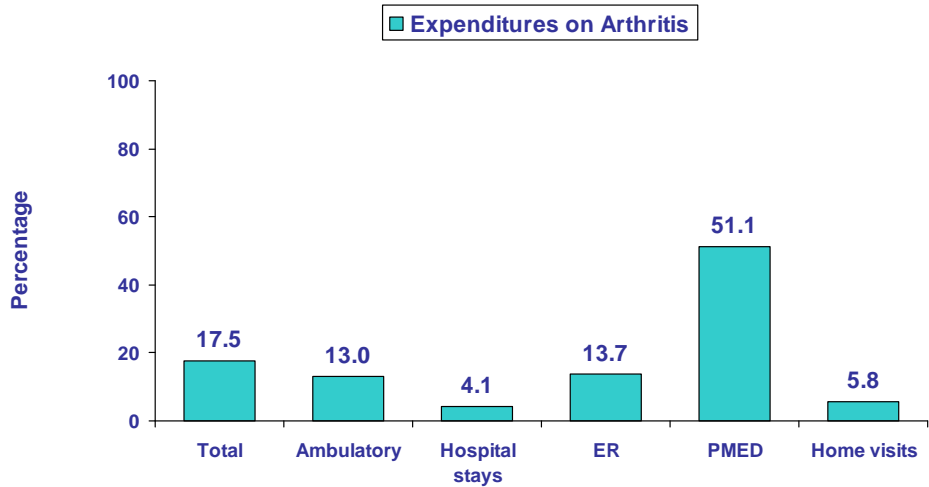
Figure 4. Percentage distribution of expenditures by adults ages 18 and older, on arthritis, by type of service, 2005



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2005



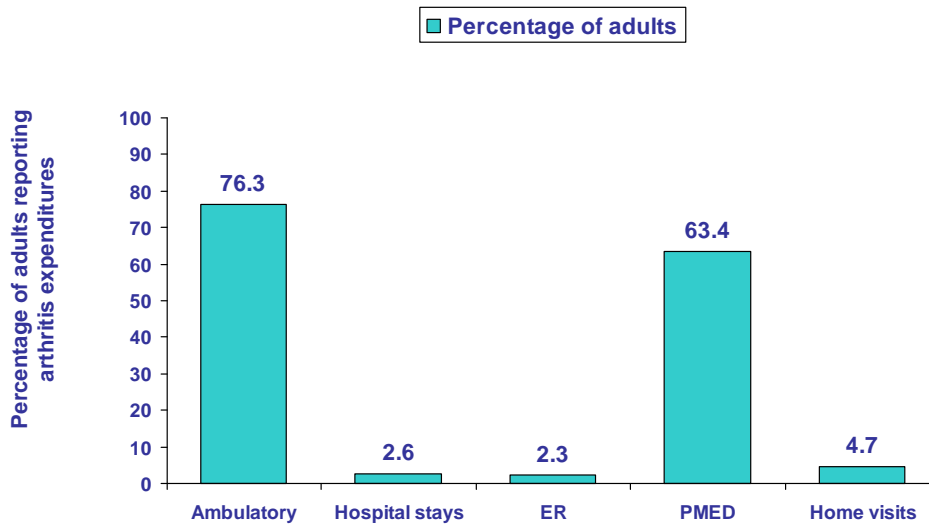
Figure 5. Percentage of total arthritis expenditures from out of pocket by adults ages 18 and older, by type of service, 2005



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2005



Figure 6. Percentage of adults, ages 18 and older reporting arthritis expenditures by type of service, 2005



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2005