

# SPECIAL REPORT: BURDEN OF ARTHRITIS- ASSOCIATED DISABILITY IN CANADA

Anthony V Perruccio, Melissa Cavallo, Calvin Yip,  
Jessica M Wilfong, Elizabeth M Badley

Arthritis Community Research and Epidemiology Unit (ACREU)

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## EXECUTIVE SUMMARY

Arthritis is a collection of over 100 conditions that affect joints and surrounding tissues. It is often characterized by joint pain, stiffness and swelling that contribute to decreased mobility, increased disability and poorer quality of life. Arthritis is a chronic condition, meaning that it affects people in an ongoing, constant or reoccurring basis over months, years, and even a lifetime.

Arthritis is the most common chronic disease in Canada and places a tremendous burden on the healthcare system, the 6 million people who live with arthritis, and the family and friends who provide care and support for individuals with arthritis. Arthritis affects people in Canada of all ages and the number of people living with this condition is expected to grow 50% by 2045.

This report examines arthritis as the leading cause of disability in Canada, and provides insights on the type and severity of disability associated with arthritis. It also draws attention to the unmet needs experienced by individuals with arthritis-associated disability. These relate to needing help with daily activities, access to healthcare providers, and access to needed medications.

Notable findings from this report include:

- ▼ Arthritis is the leading cause of disability in Canada. One in four youth and adults in Canada with a disability report that arthritis is a leading cause of their disability. This represents over 1.4 million people in Canada.
- ▼ 80% of individuals with arthritis-associated disability report that their disability is pain-related. Mobility, flexibility and dexterity related disability were also frequently reported.
  - About 70% of individuals report that they have constant and reoccurring pain.
- ▼ The vast majority of individuals with arthritis-associated disability report a need for help with daily activities and/or access to various aids and services.
  - Among those needing help with daily activities, over half report receiving insufficient help or no help at all.
  - Among those needing help from allied health services (mostly rehabilitation services), two in three report receiving insufficient help or no help at all.
- ▼ Three in four individuals with arthritis-associated disability report a need to take medication for their condition at least once a week.
  - Among these, one in four aged 15-44 years and one in five aged 45-64 years report being unable to purchase needed medication or taking medication less often because of cost.

Disability is a main driver of health-related economic costs and health-related burden in the population. This report highlights that one-quarter of all disability in Canada is associated with arthritis. The report also highlights that there are significant unmet needs in this large group of individuals, and these unmet needs are not limited to individuals of older age. Recognizing that the number of individuals with arthritis and arthritis-associated disability is large and growing, the hope is that the findings of this report inform and inspire action to improve the well-being of individuals with arthritis-associated disability, spur action to deliver on current unmet needs, and raise awareness for the need for clinical, health policy and public health evaluation and planning to meet the future challenges of this growing segment of the population.



## TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	2
PREAMBLE .....	4
WHAT IS DISABILITY? .....	4
WHY DOES DISABILITY MATTER? .....	4
WHY DOES ARTHRITIS MATTER? .....	4
WHY THIS REPORT? .....	4
DATA SOURCE.....	4
DISABILITY IN CANADA .....	5
PHYSICAL DISABILITY .....	6
ARTHRITIS-ASSOCIATED DISABILITY.....	7
CHARACTERISTICS OF ARTHRITIS-ASSOCIATED DISABILITY .....	9
TYPES OF PHYSICAL DISABILITIES.....	9
EPISODIC DISABILITY .....	13
DISABILITY SEVERITY .....	15
ACCESS TO MEDICAL AND NON-MEDICAL RESOURCES AMONG INDIVIDUALS WITH ARTHRITIS-ASSOCIATED DISABILITY .....	16
ASSISTANCE WITH ACTIVITIES OF DAILY LIVING .....	16
HEALTH CARE SERVICES .....	18
PHYSICAL AIDS AND MEDICATION.....	19
CONCLUSION .....	21
REFERENCES.....	23
APPENDIX.....	24



## PREAMBLE

### WHAT IS DISABILITY?

Disability is often defined as an impairment that causes activity limitations and participation restrictions. As it is defined by the social model of disability, disability is a social disadvantage that is the result of the interaction between a person's functional limitations and environmental barriers, both social and physical, which make it difficult to function day-to-day [1]. The data source for this report, the Canadian Survey on Disability, is based on the social model of disability.

### WHY DOES DISABILITY MATTER?

Disability can affect one's functioning, health, independence, and engagement in society. For example, an individual with disability can experience poorer health outcomes, higher rates of under- and unemployment, and fewer relationships. Disability impacts individuals and society, and can impact general well-being and health-related quality of life, as well as have economic implications.

### WHY DOES ARTHRITIS MATTER?

Disability is often associated with a health condition. Arthritis is among the most prevalent of health conditions, is a leading cause of disability, and affects all age groups [2]. Even so, there has been minimal data available in Canada to understand how many individuals experience disability because of their arthritis, what type of disability is experienced, the severity of disability, and the impact of arthritis-associated disability.

### WHY THIS REPORT?

To affect change to minimize the impact of arthritis-associated disability in Canada, and plan towards managing, mitigating, and preventing future arthritis-associated disability burden requires understanding the *who*, *what* and *how* of arthritis-associated disability. This report represents a current, population-based assessment of arthritis-associated disability in Canada. It is not an exhaustive assessment, but lays a foundation for future and more comprehensive work. It is important to all sectors of government, research, public service, health care, industry and workplaces to work towards reducing the occurrence and impact of arthritis-associated disability, and to foster an accommodative and inclusive environment, in all facets of life, for those with arthritis-associated disability.

## DATA SOURCE

The 2017 Canadian Survey on Disability (CSD) is a national, post-Census survey of people in Canada aged 15 and older who reported being limited in their ability to complete daily activities as a result of a long-term condition or health problem, in the Activities of Daily Living question on the 2016 Census long-form questionnaire. The CSD was developed by Statistics Canada in collaboration with Employment and Social Development Canada to produce evidence-based data to better serve those with disabilities at the political, social and research level. It is meant to highlight gaps in the current system and facilitate evaluations of available services, programs and policies so that they may better enable and foster the full participation of people with disabilities in their communities.

All CSD participants were required to be 15 or older as of the Census date (May 20<sup>th</sup>, 2016)<sup>1</sup>. Those living in collective dwellings (e.g., long-term care centres) or on First Nation reserves

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<sup>1</sup> The CSD only collected data concerning sex at birth using the terms 'male' and 'female'. Therefore 'male' and 'female' are used throughout.

were not included in data collection. The total sample size for the CSD was approximately 50,000 individuals.

Participants selected for the CSD were first asked a set of Disability Screening Questions, which were used to identify those with a disability based on the social model of disability, which requires the presence of both a difficulty and a limitation in daily activities to be reported. Therefore, in the survey, disability was defined as having difficulty with a functional domain (seeing, hearing, mobility, flexibility, dexterity, pain-related, learning, developmental, mental health-related, memory) and that this difficulty limits daily activities at a certain frequency (“Sometimes”, “Often” or “Always”). Those who reported “Rarely” being limited in their daily activities by their difficulty with a functional domain were also categorized as having a disability if they reported having “A lot of difficulty” or “Cannot do at all” for the corresponding task. Table 1 depicts the method used by Statistics Canada for identifying a disability within the CSD.

**Table 1.** Combination of answers on the Disability Screening Questions that were used to identify disability.<sup>2</sup>

How much difficulty do you have...?	How often are your daily activities limited by...?				
	Never	Rarely	Sometimes	Often	Always
No difficulty	No disability	No disability	Disability	Disability	Disability
Some difficulty	No disability	No disability	Disability	Disability	Disability
A lot of difficulty	No disability	Disability	Disability	Disability	Disability
Cannot do at all	No disability	Disability	Disability	Disability	Disability

**Source:** Statistics Canada, Canadian Survey on Disability, 2017

In the CSD, individuals were asked to list the main and secondary medical conditions that caused them the most difficulty or most limited their daily activities. These responses were then categorized by Statistics Canada using the ICD-10 coding scheme<sup>3</sup>. These codes were used to identify arthritis-specific conditions. Where arthritis was specified as the main or secondary cause of disability, we labeled this as arthritis-associated disability. Over three-quarters of individuals with arthritis-associated disability reported arthritis as the main or only cause of their disability.

For analytic purposes, Statistics Canada provides data weights in the CSD dataset. These weights are used to ensure that calculated estimates, as provided in this report, are representative of the population of Canada aged 15 and older.

## DISABILITY IN CANADA

According to the CSD, 22% of people in Canada were classified as having a disability. This includes disabilities related to hearing, vision, mobility, flexibility, dexterity, learning, pain, mental health, memory and developmental-related disabilities resulting from a long-term condition or health problems lasting or that are expected to last six months or more. Nearly one in four females and one in five males were classified as having a disability.

<sup>2</sup> This approach applies to a majority of disability types measured by the screening questions.

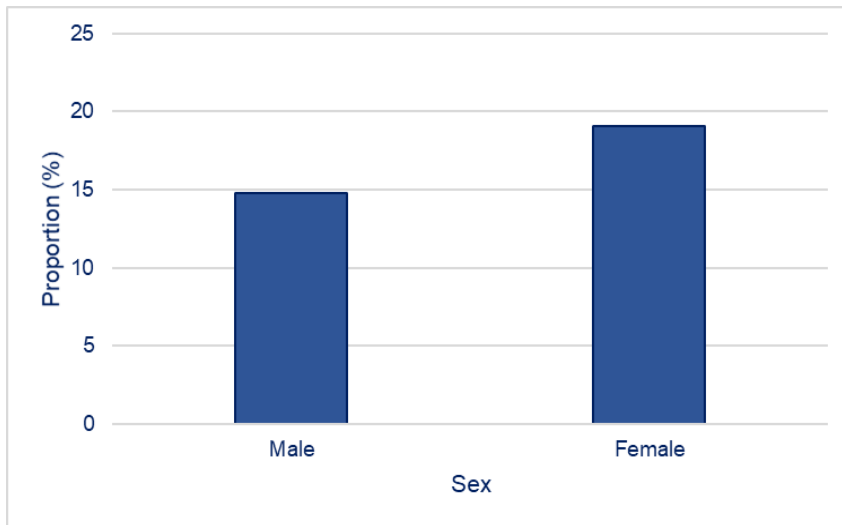
<sup>3</sup> The International Classification of Diseases, Tenth Revision (ICD-10) is a standardized medical classification tool that assigns codes for diseases, symptoms, and external causes of diseases or injury.



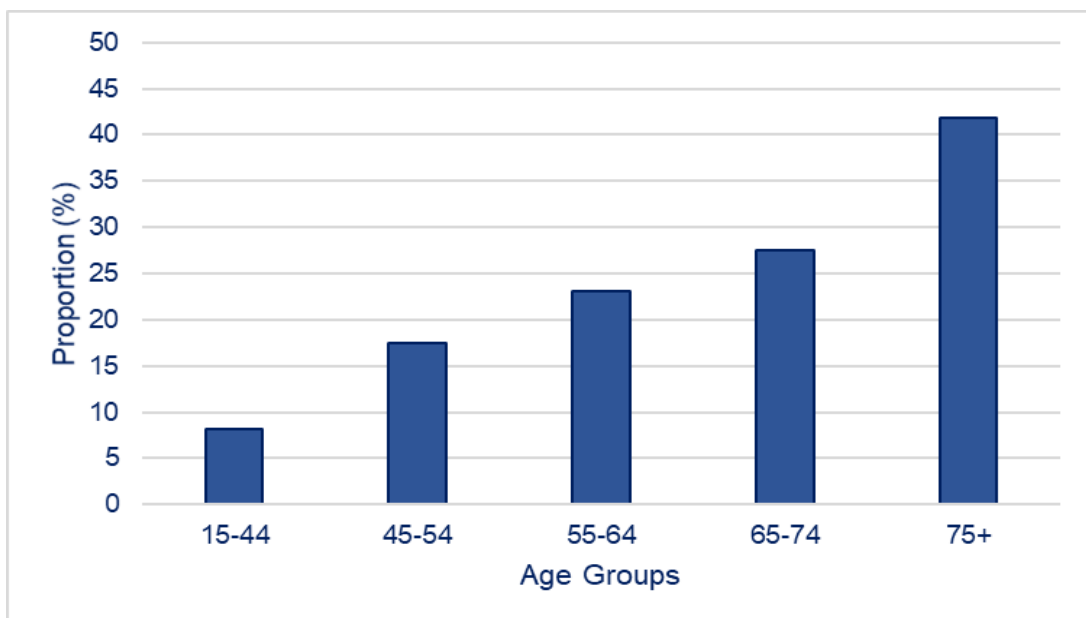
## PHYSICAL DISABILITY

Physical disabilities range in presentation and severity. Within the CSD, physical disabilities were described as affecting a person's mobility, flexibility, dexterity or being pain-related. One in six people in Canada report having a physical disability; nearly one in five females and one in seven males (Fig. 1). The prevalence of physical disability increases with age; physical disabilities are five times as prevalent in the oldest age group (75+) as in the youngest age group (15-44) (Fig. 2). Physical disabilities account for 76% of all reported disabilities.

**Figure 1.** Proportion of people in Canada aged 15 and older reporting a physical disability, by sex, CSD 2017.



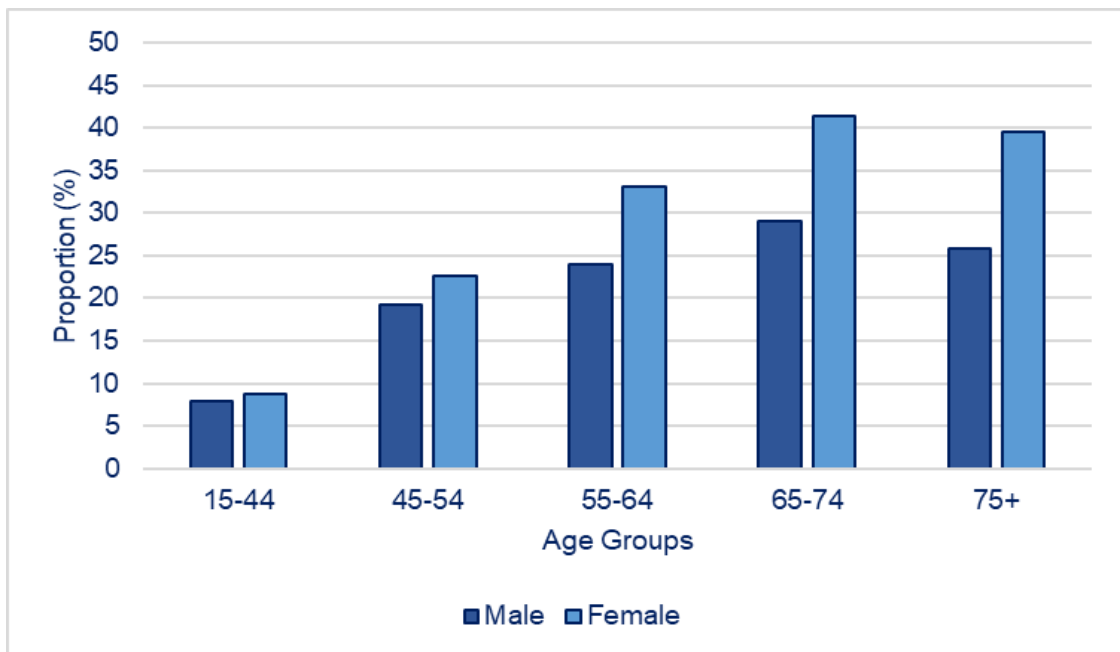
**Figure 2.** Proportion of people in Canada aged 15 and older reporting a physical disability, by age group, CSD 2017.



## ARTHRITIS-ASSOCIATED DISABILITY

Arthritis is the leading cause of disability in Canada<sup>4</sup>. Of all individuals who have a disability, 23% report arthritis as a leading cause of their disability. This represents over 1.4 million people in Canada. Specifically among those with a physical disability, nearly one in three (28%) report arthritis as a leading cause. This means that of the entire Canadian population, about 5% live with arthritis-associated disabilities. Arthritis-associated disability increases in prevalence with increasing age, rising from 8% in the youngest age group (15-44) to 35% in the oldest age groups (65+) (Fig. 3). Arthritis-associated disability is more prevalent in females than males (26% vs. 20%), and this is particularly the case among those aged 55+ (Fig. 3).

**Figure 3.** Proportion of people with a disability in Canada aged 15 and older with arthritis-associated disability, by sex and age group, CSD 2017.

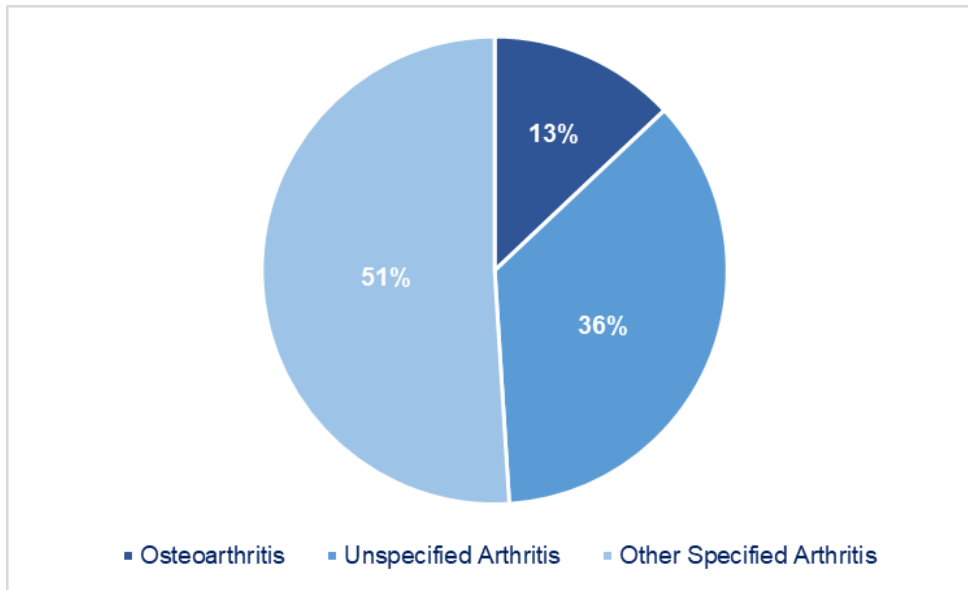


Among individuals reporting arthritis-associated disability, 13% specifically report osteoarthritis and just over one-third (36%) report an unspecified type of arthritis, a large majority of which, based on prior research, is likely to also be osteoarthritis [3] (Fig. 4). About half report various other types of arthritis, including inflammatory and autoimmune types. Females with arthritis-associated disability are 40% more likely to report osteoarthritis than males (Fig. 5).

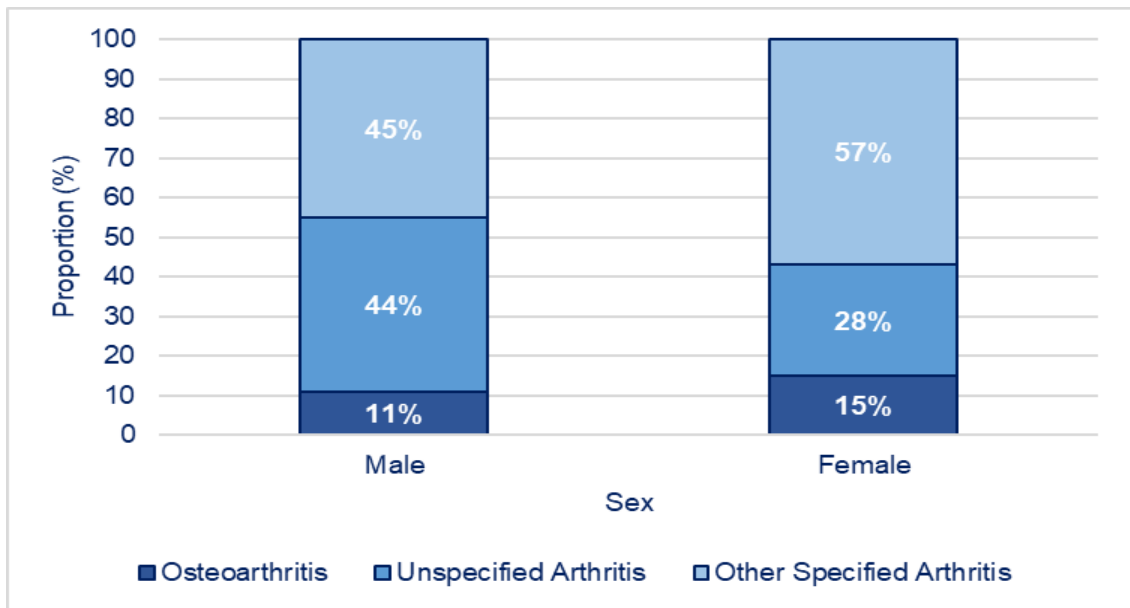
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<sup>4</sup> See appendix.

**Figure 4.** Distribution of type of arthritis reported among those with arthritis-associated disability, CSD 2017.<sup>5</sup>

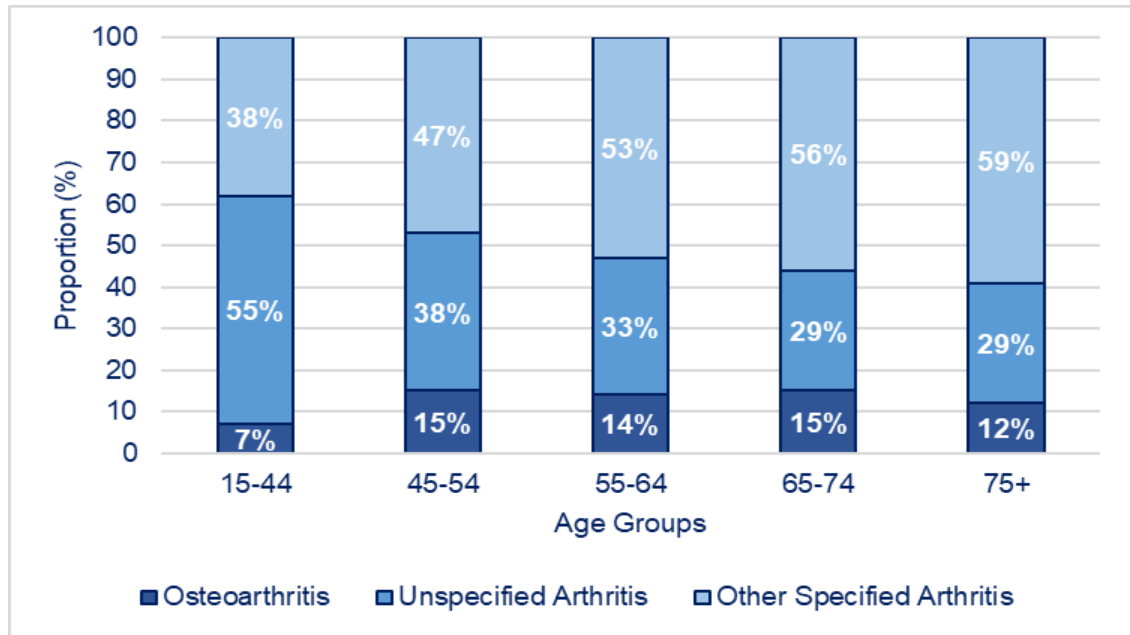


**Figure 5.** Distribution of type of arthritis among those with arthritis-associated disability, by sex, CSD 2017.



<sup>5</sup> Arthritis type was determined by further deriving the arthritis-associated disability variable into 3 categories using the ICD-10 codes corresponding to the reported main and secondary causes of disability: osteoarthritis, unspecified arthritis (those who have joint symptoms indicative of arthritis but no specific arthritis diagnosis), and other specified arthritis (rheumatoid, gout, etc.).

**Figure 6.** Distribution of type of arthritis among those with arthritis-associated disability, by age group, CSD 2017.



## CHARACTERISTICS OF ARTHRITIS-ASSOCIATED DISABILITY

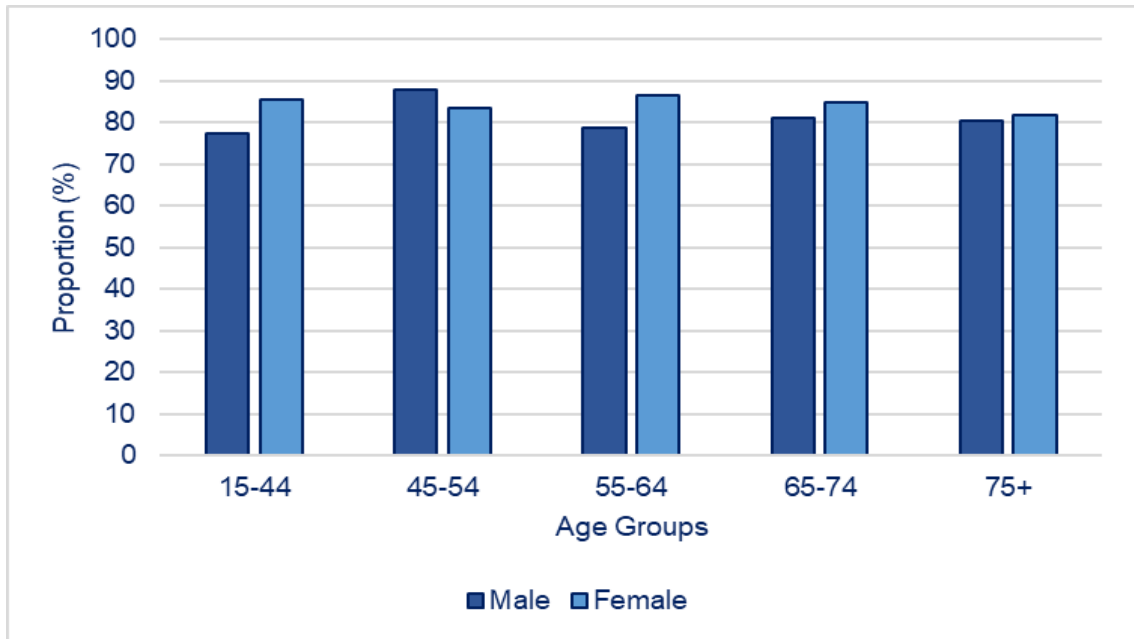
### TYPES OF PHYSICAL DISABILITIES

Physical disabilities range greatly in their presentation and severity. Within the CSD, physical disabilities were described as affecting a person’s mobility, flexibility, dexterity or being pain-related (disability identification guidelines are presented in Table 1).

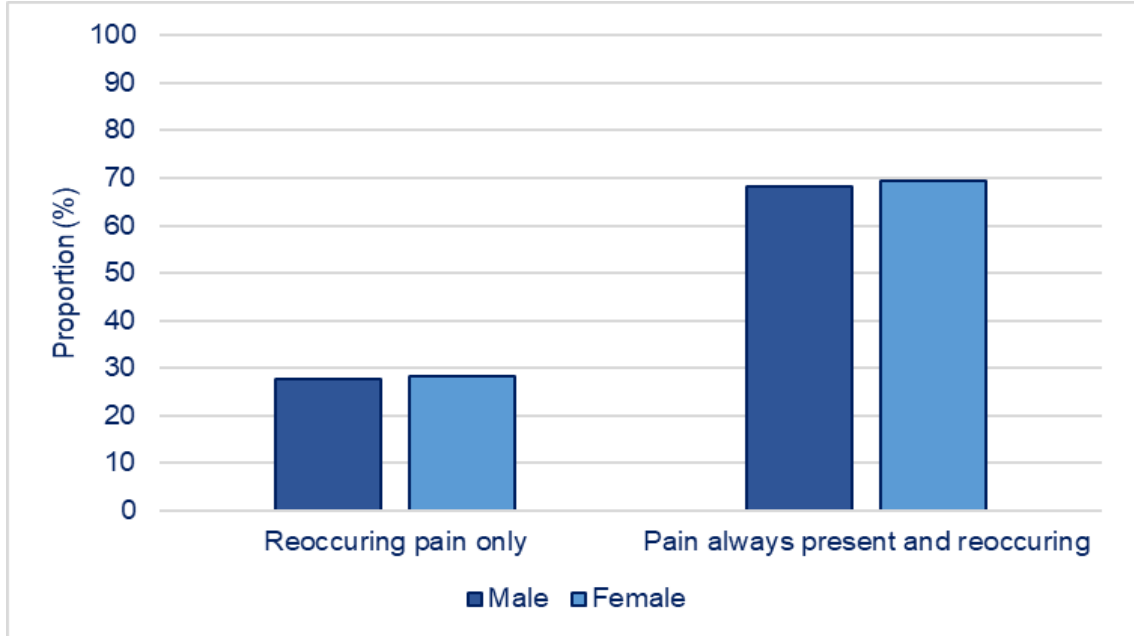
Pain-related disability is by far the most frequent type of disability among individuals with arthritis-associated disability, reported by over 80% of individuals. There is minimal difference in pain-related disability by sex or by age in arthritis-associated disability (Fig. 7). Furthermore, among those with pain-related arthritis-associated disability, the vast majority, almost 70%, report that their pain is always present and reoccurring (Fig. 8). Just over 40% of individuals with pain-related disability report that pain symptoms often or always limit their daily activity. The extent of difficulties among those with pain-related disability are frequently “a lot” or they report they cannot do activities at all.



**Figure 7.** Proportion of people in Canada aged 15 and older with arthritis-associated disability that experience pain-related disability, by sex and age group, CSD 2017.



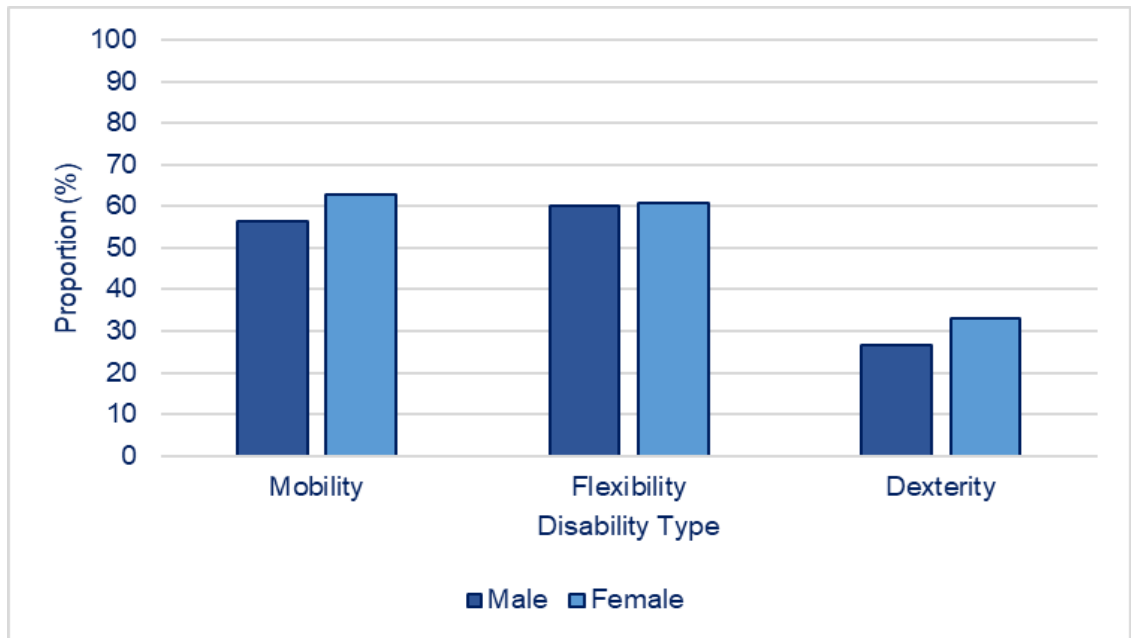
**Figure 8.** Proportion of people in Canada aged 15 and older with arthritis-associated disability that experience pain symptoms, by frequency of occurrence, by sex, CSD 2017.





While pain-related disability is the most frequent type of disability among those with arthritis-associated disability, other types are not infrequent. Around 60% have a mobility- or flexibility-related disability, and around 30% have a dexterity-related disability (Fig. 9). While there are minimal differences in these proportions by sex, the proportions with these types of disabilities among those with arthritis-associated disability increase with age (Fig. 10). A further breakdown, examining specific physical difficulties, is presented in Fig. 11 and 12.

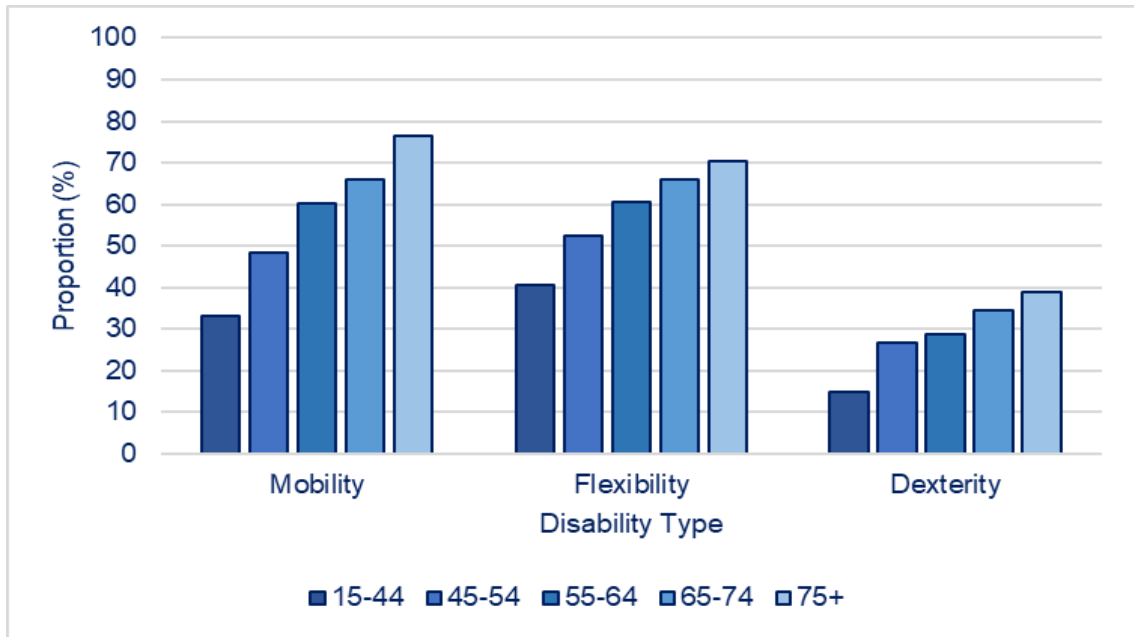
**Figure 9.** Proportion of people in Canada aged 15 and older with arthritis-associated disability reporting specific physical disability types, by sex, CSD 2017.<sup>6</sup>



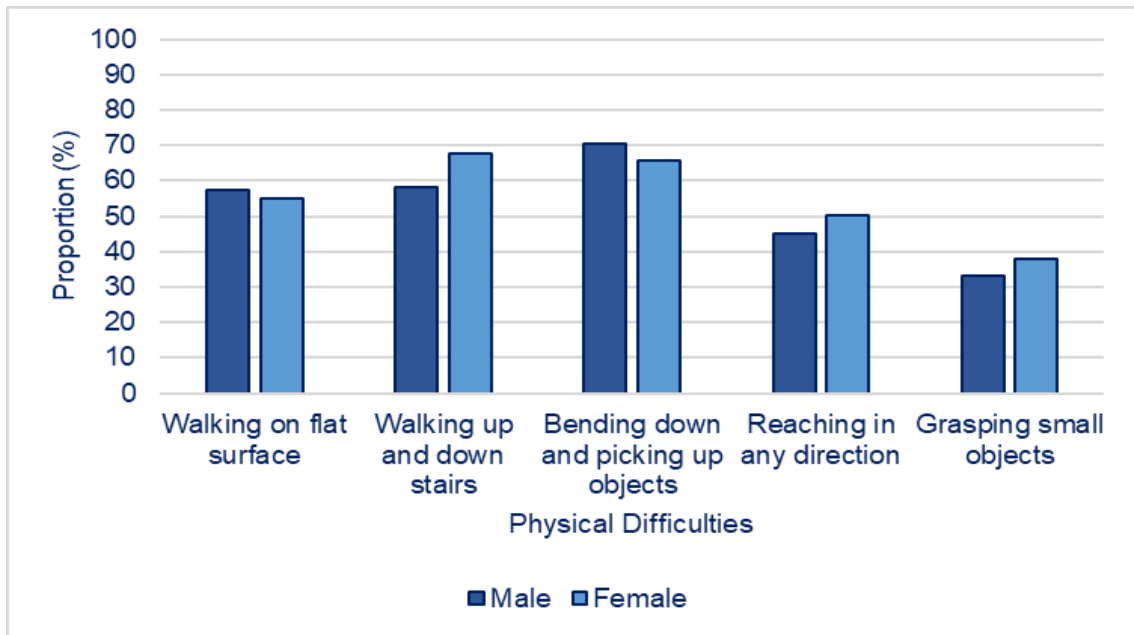
<sup>6</sup> Individuals were considered as having a specific physical disability if they reported that their daily activities were limited because of difficulties within the corresponding task domain. See Table 1 for further depiction.



**Figure 10.** Proportion of people in Canada aged 15 and older with arthritis-associated disability reporting specific physical disability types, by age, CSD 2017.

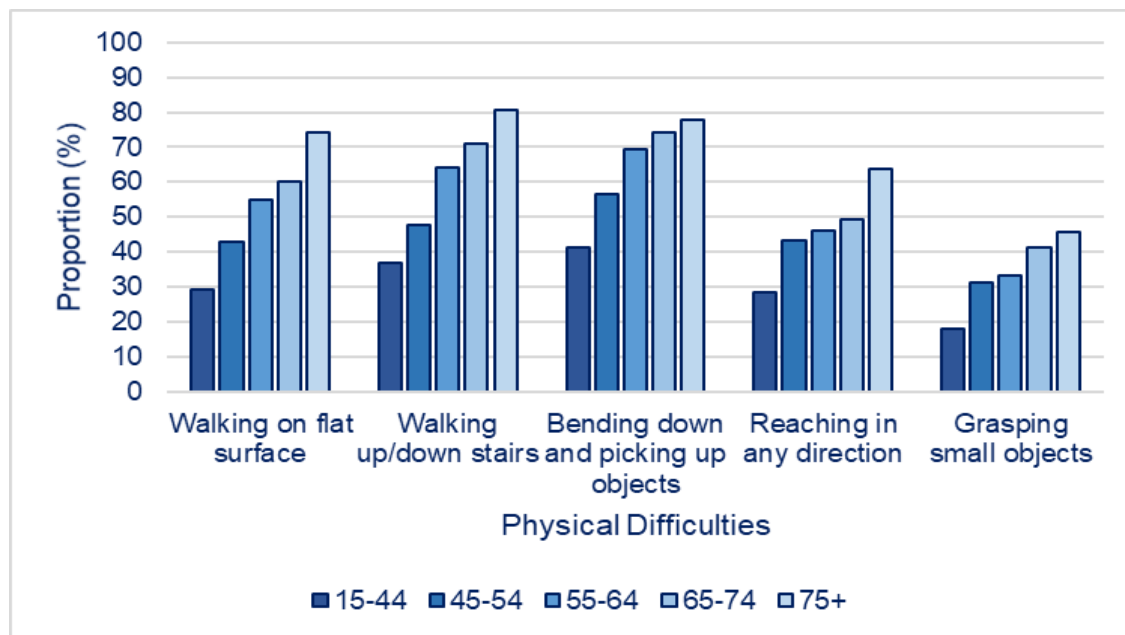


**Figure 11.** Proportion of people in Canada aged 15 and older with arthritis-associated disability reporting experiencing specific physical difficulties, by sex, CSD 2017.<sup>7</sup>



<sup>7</sup> Individuals were considered as having difficulty with a task if they responded to the question, “How much difficulty do you have...?” with “Some difficulty”, “A lot of difficulty” or “Cannot do at all”.

**Figure 12.** Proportion of people in Canada aged 15 and older with arthritis-associated disability reporting experiencing specific physical difficulties, by age group, CSD 2017.



While the physical disability types are presented separately above, the reality is that individuals with arthritis-associated disability can live with multiple disability types. For example, 71% have at least 2 different physical disability types. Presented in Table 2 are the proportions of individuals, among those with arthritis-associated disability, that have any combination of two different types of physical disability. The largest overlap in physical disability was seen between pain and flexibility (54.3%), followed closely by pain and mobility (53.2%). These overlaps likely highlight the multi-joint nature of arthritis (i.e. upper and lower limb involvement).

**Table 2.** Proportion of people in Canada aged 15 and older reporting arthritis-associated disability that have both the physical disability listed in the row and column.

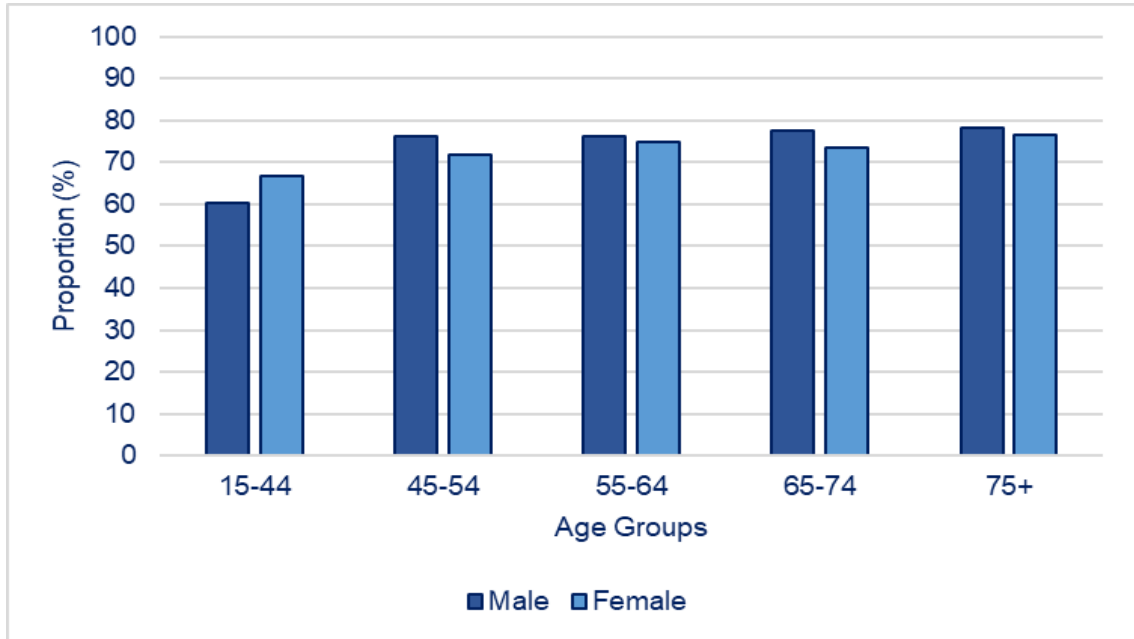
	Mobility	Flexibility	Dexterity	Pain
Mobility	---	46.9%	22.2%	53.2%
Flexibility	46.9%	---	24.7%	54.3%
Dexterity	22.2%	24.7%	---	28.0%
Pain	53.2%	54.3%	28.0%	---

## EPISODIC DISABILITY

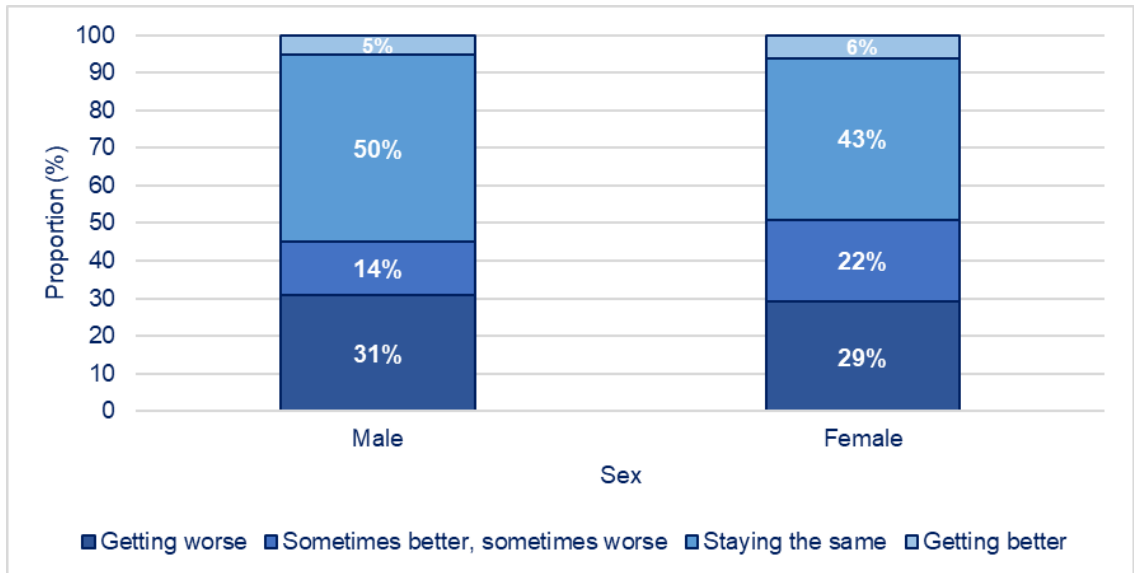
Arthritis is recognized as a long-term chronic condition that can be marked by often unpredictable episodes of illness and disability that may vary in severity and duration. The vast majority of individuals with arthritis-associated disability, nearly 75%, report never experiencing extended periods (one month or more) of no limitation to their daily activities. Put another way, nearly 75% experience extended periods of some level of limitation in their daily activities. This is the case irrespective of sex or age (Fig. 13). When asked about changes over time, only 5% of those with arthritis-associated disability reported getting better, while nearly one-third reported their condition worsening; these proportions were the same in males and females (Fig. 14).



**Figure 13.** Proportion of people in Canada aged 15 and older with arthritis-associated disability that report never experiencing extended periods of no limitation in daily activities, by sex and age, CSD 2017.



**Figure 14.** Proportion of people in Canada aged 15 and older with arthritis-associated disability reporting changes in the state of their disability, by sex, CSD 2017.

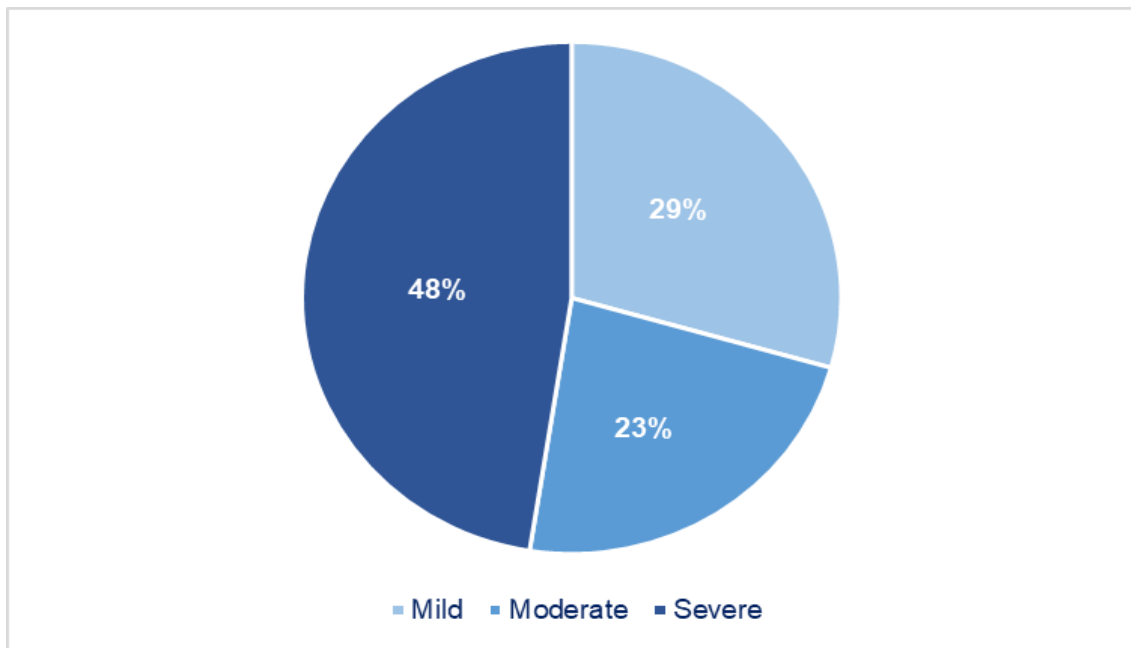




## DISABILITY SEVERITY

Based on the average of the severity scores across all 10 different types of disability that were assessed by the CSD, Statistics Canada derived a global disability severity class for each individual, labelling the classes mild, moderate or severe. Over two-thirds of individuals with arthritis-associated disability are classified as having moderate to severe disability (Fig. 15). While findings were similar for males and females, the proportion of moderate-severe disability increases with increasing age (Fig. 16). Nevertheless, it is notable that even within the youngest age group with arthritis-associated disability, over half have moderate-severe disability.

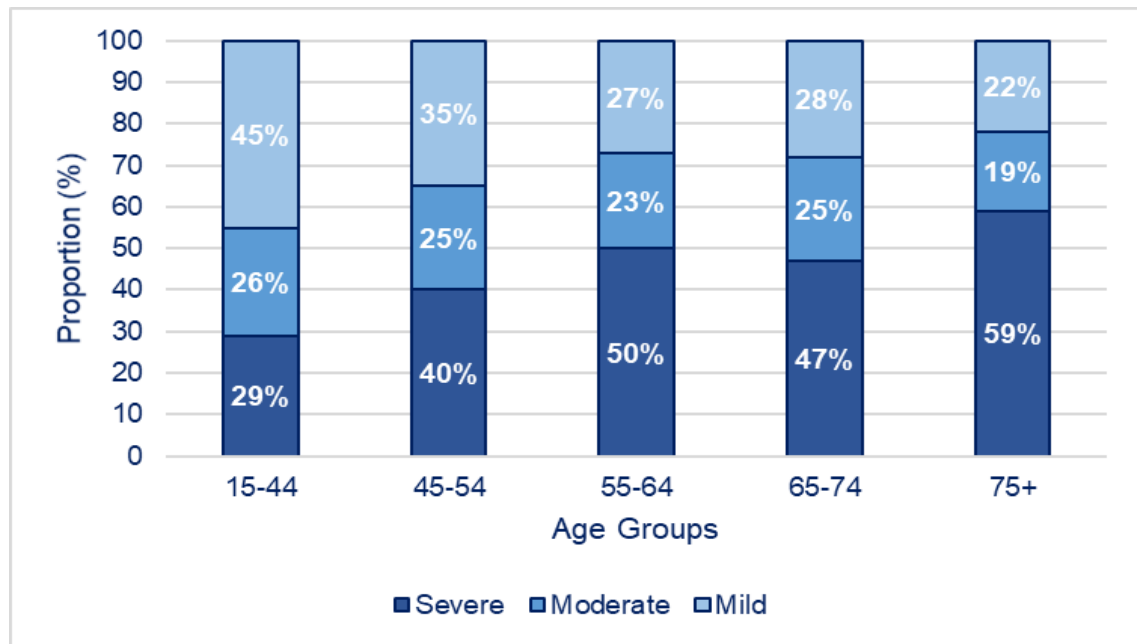
**Figure 15.** Global severity class of disability amongst people in Canada aged 15 and older with arthritis-associated disability, CSD 2017.<sup>8</sup>



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<sup>8</sup> **NOTE:** The global severity class labels are only to facilitate the use of these classes, and are not a professional judgement on the level of disability experienced by any person. These classes should be interpreted such that those with a higher global severity classification have more severe disability than those with a lower classification.

**Figure 16.** Global severity class of disability amongst people in Canada aged 15 and older with arthritis-associated disability, by age group, CSD 2017. <sup>E</sup>



<sup>E</sup> High sampling variability for data of those in the 45-54 age group – please use with caution.

## ACCESS TO MEDICAL AND NON-MEDICAL RESOURCES AMONG INDIVIDUALS WITH ARTHRITIS-ASSOCIATED DISABILITY

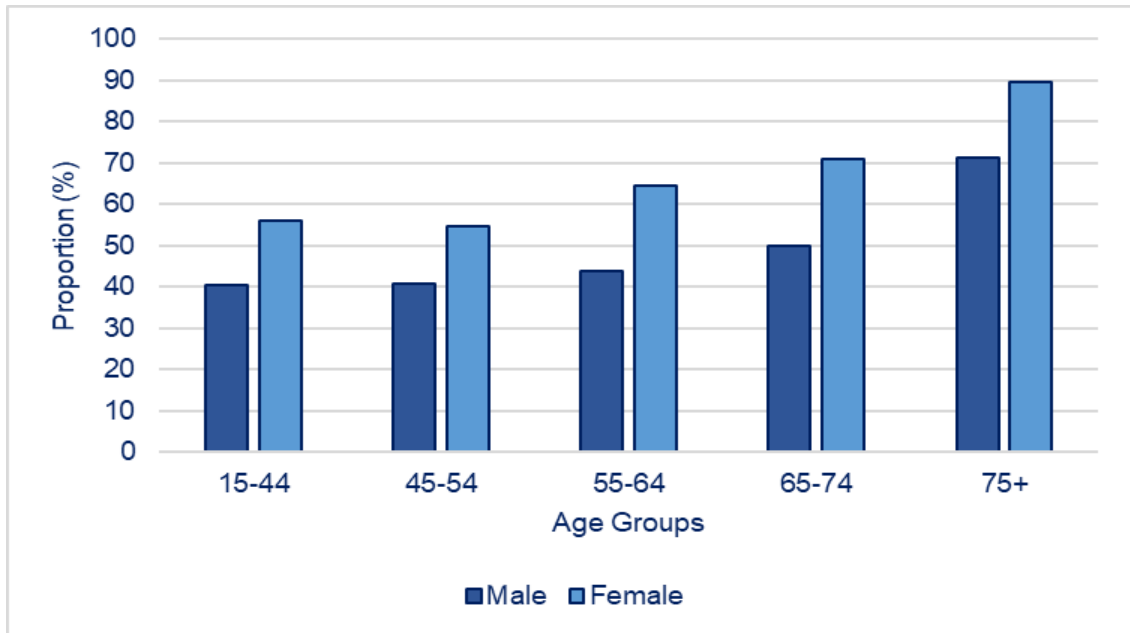
### ASSISTANCE WITH ACTIVITIES OF DAILY LIVING

Individuals with disability may require help to complete everyday activities. In this case, “help” refers to assistance received from paid or unpaid individuals or organizations, but not technical assistance (i.e. only “human” help). In the CSD, everyday activities included meal preparation, everyday housework, personal care, basic medical care at home, moving around inside one’s residence, heavy household chores, getting to appointments and personal finances. Among individuals reporting arthritis-associated disability, nearly two-thirds report needing help with some or all of their everyday activities. Needing help is reported by 50% of males and 70% of females with arthritis-associated disability. While the proportion of those needing help increases with increasing age, it is notable that half of individuals with arthritis-associated disability in the youngest age group report needing help (Fig. 17). The need for help with specific activities is presented in Fig. 18. The need for help is greatest for heavy household chores (52%), everyday housework (36%) and getting to appointments (31%).

Among individuals with arthritis-associated disability that report needing any help with activities of daily living, more than one in three report unmet needs (i.e. receiving insufficient help) for one or more of their everyday activities; 51% among males and 57% among females. By age, among those with arthritis-associated disability that report needing any help, there is a slight decrease in the proportion reporting unmet needs with increasing age (Fig. 19). In other words, the reporting of unmet needs is greatest in the youngest age groups (58% in the youngest compared to 50% in the oldest).

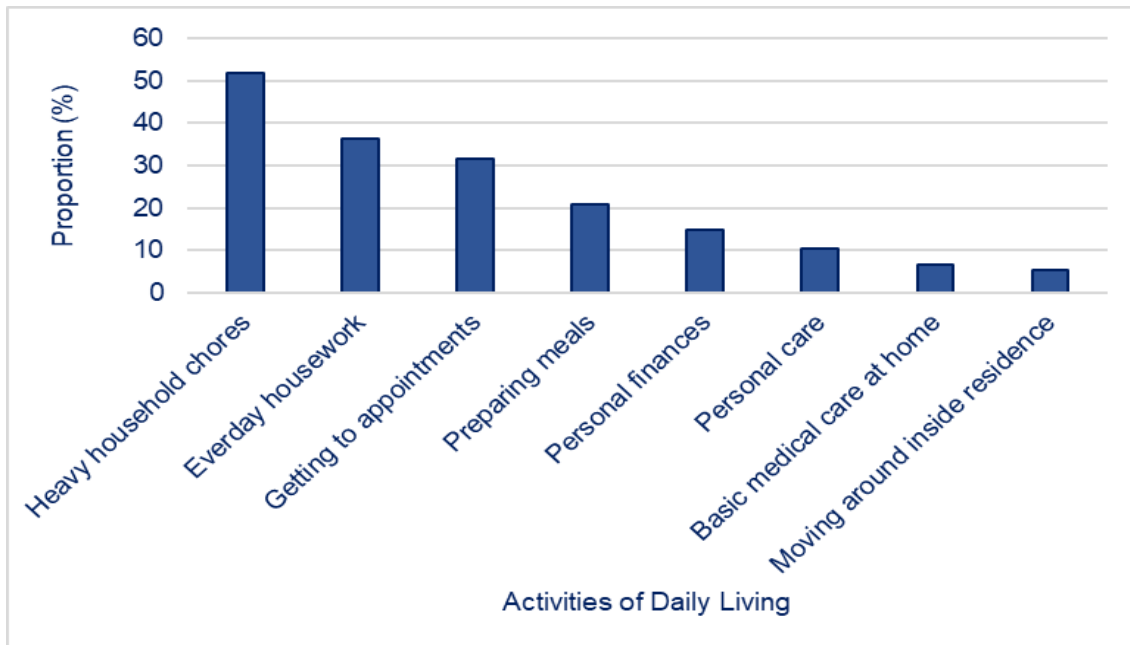


**Figure 17.** Proportion of people in Canada aged 15 and older with arthritis-associated disability that require assistance to complete everyday activities, by sex and age, CSD 2017. <sup>E</sup>

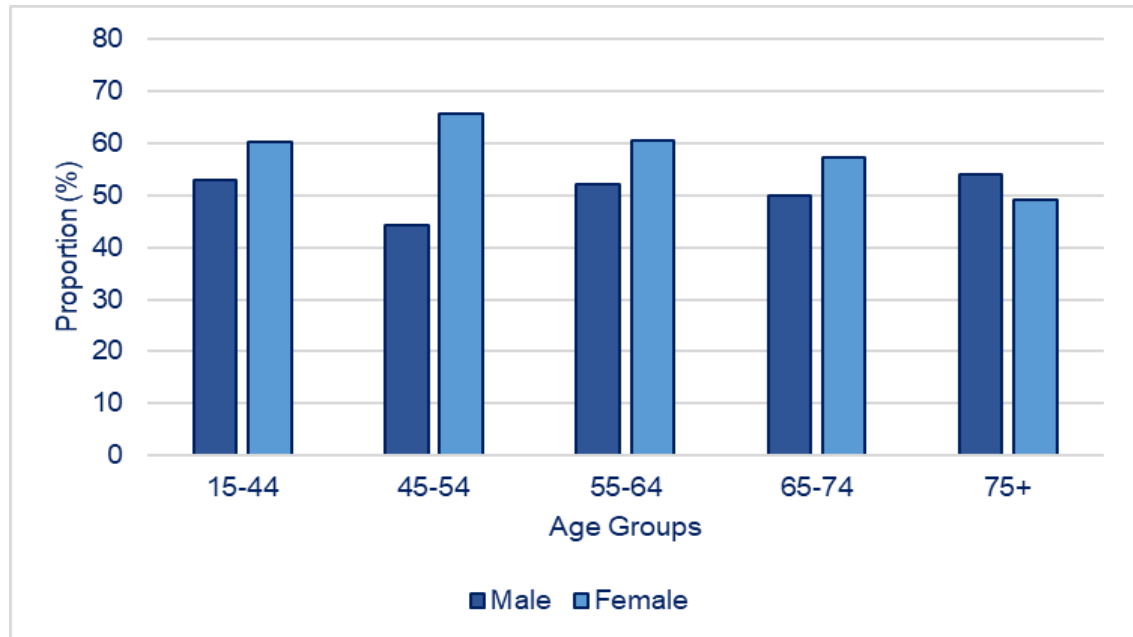


<sup>E</sup> High sampling variability for data of those in the 15-44 and 45-54 age groups – please use with caution.

**Figure 18.** Proportion of people in Canada aged 15 and older with arthritis-associated disability that require assistance to complete everyday activities, by activity type, CSD 2017.



**Figure 19.** Proportion of people in Canada aged 15 and older with arthritis-associated disability who require assistance to complete everyday activities and receive insufficient help for one or more activities, by sex and age, CSD 2017.<sup>E</sup>



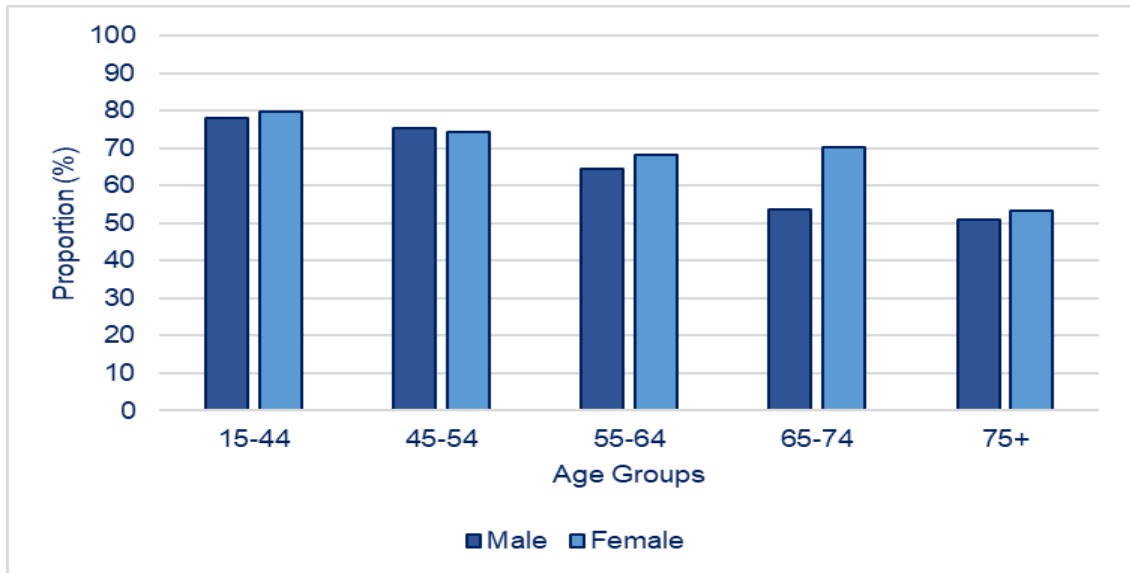
<sup>E</sup> High sampling variability for data of those in the 15-44 and 45-54 age groups – please use with caution.

## HEALTH CARE SERVICES

The CSD asked individuals about their need for allied health or other care services, including physiotherapy, massage therapy or chiropractic treatments, occupational therapy, counselling services from a psychologist, professional nursing care at home, support group services and other therapies or services. Among individuals reporting arthritis-associated disability, 50% of males and 63% of females report requiring help; overwhelmingly, the need is for physical rehabilitation services.

Among those with arthritis-associated disability that report needing help from these services, over one-third report unmet needs with these health services. There was a notable age gradient in the reporting of unmet needs. Nearly 80% in the youngest age group report unmet needs from allied health services. This decreased to just over half amongst individuals in the oldest age group (Fig. 20).

**Figure 20.** Proportion of people in Canada aged 15 and older with arthritis-associated disability who require access to allied health care services and have unmet needs from one or more services, by sex and age, CSD 2017. <sup>E</sup>



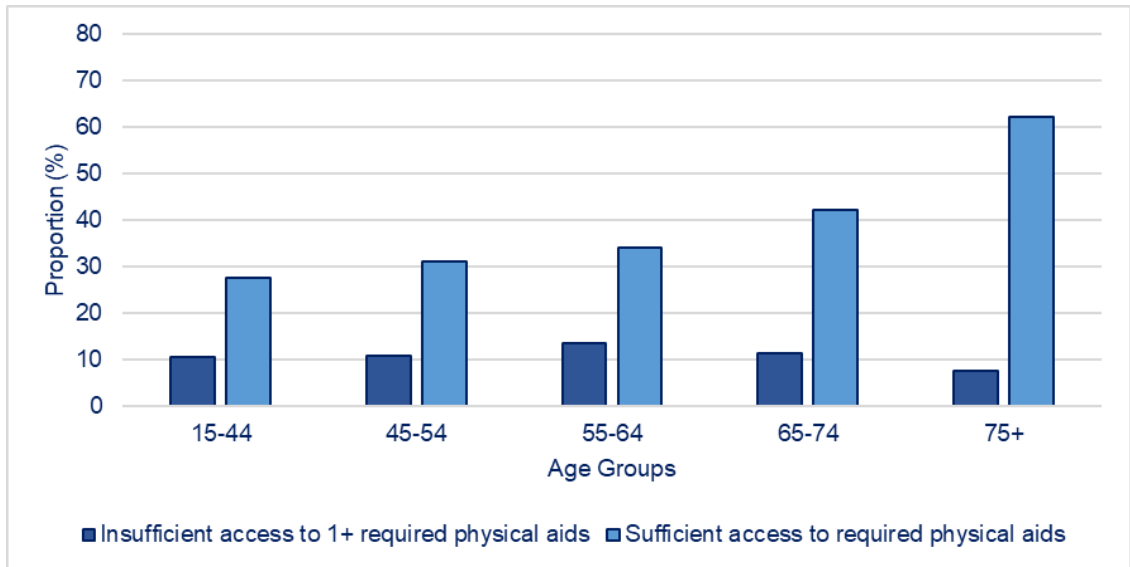
<sup>E</sup> High sampling variability for data of those in the 45-54 age groups – please use with caution.

## PHYSICAL AIDS AND MEDICATION

Individuals were also asked about their needs as they relate to physical aids and prescription medication for the condition(s) causing their disability. Among individuals with arthritis-associated disability, half report needing one or more physical aids; the proportions were similar for males and females across age groups. Among those needing help from physical aids, the vast majority report that their needs are met; 10% report unmet needs related to physical aids. This remains fairly constant across age groups despite the need for physical aids increasing with age (Fig. 21).

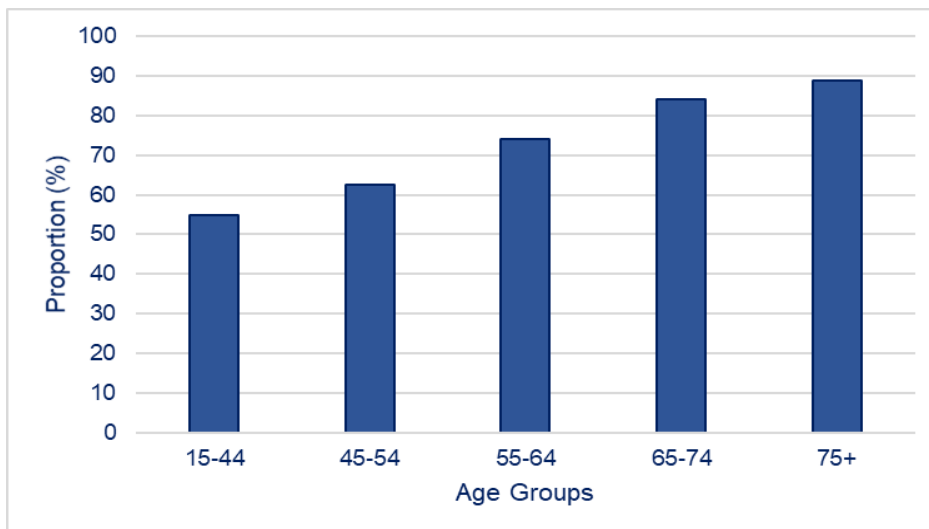


**Figure 21.** Proportion of people in Canada aged 15 and older with arthritis-associated disability and needing physical aids by sufficiency of received aids, by age group, CSD 2017.<sup>9</sup>



Individuals were asked about the need for weekly use of prescription medication for the condition(s) causing their disability. Among individuals with arthritis-associated disability, 76% report weekly prescription medication use. An age gradient is evident with use increasing from 55% in the youngest age group to 89% in the oldest age group (Fig. 22).

**Figure 22.** Proportion of people in Canada aged 15 and older with arthritis-associated disability who report weekly need of prescription medication for their condition, by age group, CSD 2017.

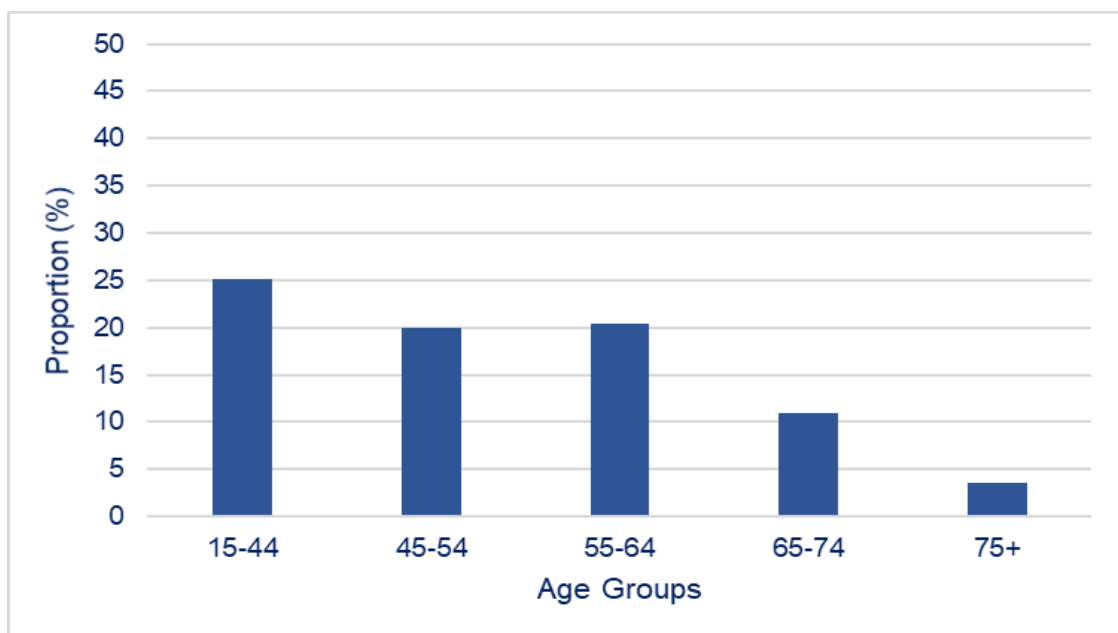


<sup>9</sup> In the CSD, physical aids refer to aids and assistive devices for moving around, to help with bending or reaching or to help with fine motor skills. These include a cane, walker, scooter, manual wheelchair, motorized wheelchair, orthopedic footwear, orthotic/brace, prosthetic, grasping tool, special grip, device for dressing and device with oversized buttons



Among those with arthritis-associated disability that report a need for weekly prescription medication use, 16% overall report being unable to purchase their medication or taking medication less often due to cost. An age gradient is evident, with unmet needs relating to prescription medication use greatest in the youngest age group; 25% report unmet needs in the youngest group, compared to 4% in the oldest age group (Fig. 23). In Canada, for those under 65, prescription medication costs are most commonly covered by private health insurance, usually through employment. Those aged 65 and older in most provinces have access to a limited publicly-funded formulary.

**Figure 23.** Proportion of people in Canada aged 15 and older with arthritis-associated disability who report weekly need of prescription medication and unmet prescription medication needs due to cost, by age group, CSD 2017. <sup>E</sup>




<sup>E</sup> High sampling variability for data of those in the 45-54 and 75+ age groups – please use with caution.

## CONCLUSION

Arthritis is the leading cause of disability in Canada, accounting for nearly one-quarter of all disability. By far, among those with arthritis-associated disability, pain-related disability is the most frequent disability type reported (with the overwhelming majority experiencing pain that is always present). However, many with arthritis-associated disability live with multiple different types of disability, and these are often classified as moderate to severe disabilities. Furthermore, arthritis-associated disability and its consequences are not limited to older age. Rather, this report highlights, among other things, that younger individuals are also frequently affected. While varying needs, whether with activities of daily living, care services, or prescription medication, are reported across all age groups among those with arthritis-associated disability, the proportions that report unmet needs are often greatest in the youngest age groups.

Disability can affect one's functioning, health, independence, and engagement in society. At a population level, over 1.4 million individuals in Canada report arthritis-associated disability. We



know this is an underestimate, however, as the CSD data coverage did not include those living in long-term care facilities or on First Nations reserves, two populations with higher than national average rates of arthritis. For the over 1.4 million, many report unmet needs. An aging population ushers in an increasingly larger overall and clinical population with arthritis, but the prevalence of arthritis in younger adults is also considerable. Arthritis is a chronic disease for which there is currently no cure. That means that a large sector of the population will live many years with arthritis and with arthritis-associated disability. A public health, health policy, and research focus on arthritis and the disability associated with arthritis, whether considering management, mitigation, treatment or prevention approaches, not only benefits those with arthritis, but also can have significant implications for overall population health and the economic and social burden associated with this disease.



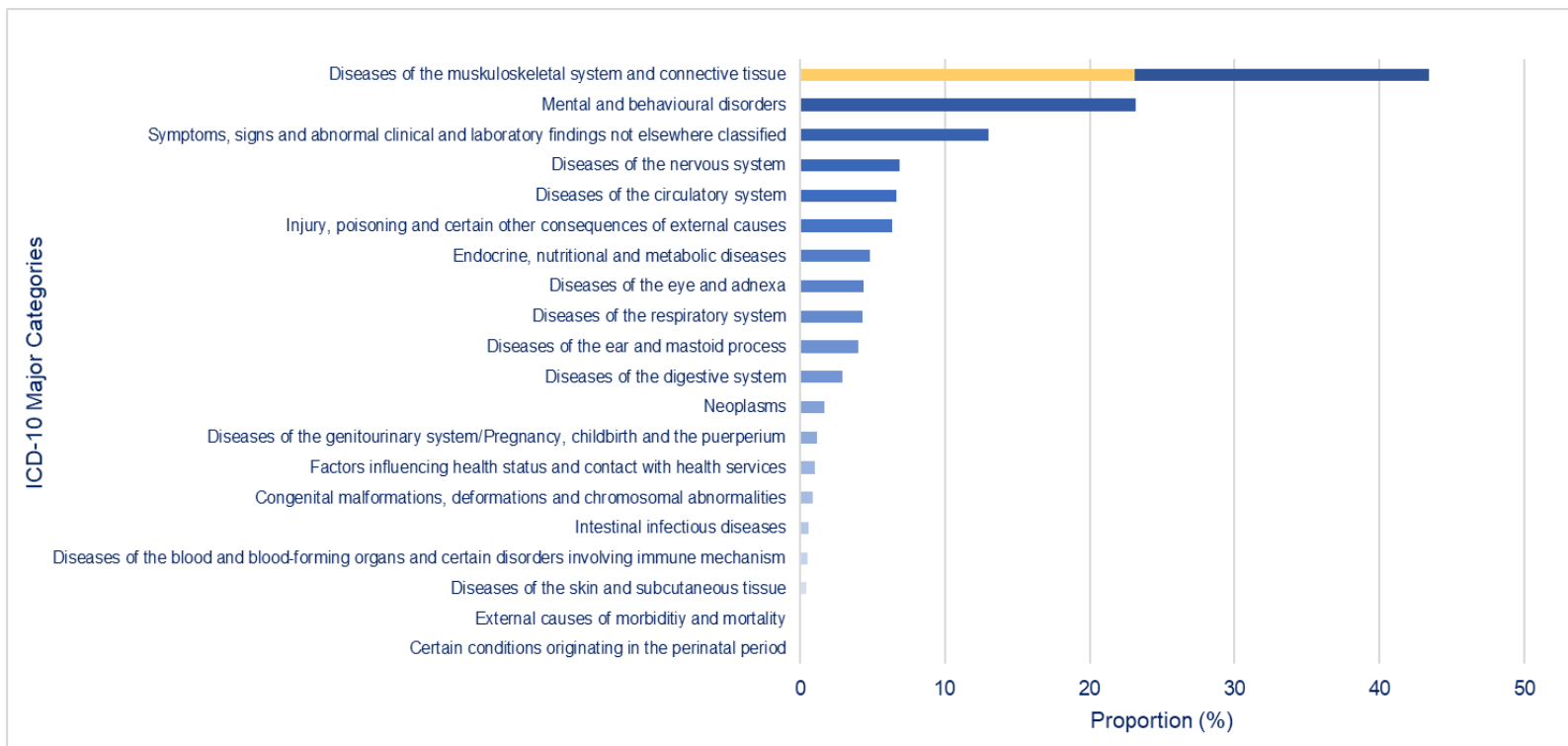
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## APPENDIX

**Figure 1.** Causes of disability in Canada by ICD-10 major categories, ages 15 and older.



\* Subgroups sum to >100% because respondents were able to report up to two conditions causing their disability.

\*\* The gold bar highlights arthritis-associated disability, representing 53.4% of the major category of musculoskeletal and connective tissues-related disabilities. Overall, arthritis is the leading cause of disability in Canada.