Special Report:

Burden of Arthritis-Associated Disability in Canada

Second Edition

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FINAL VERSION

Executive Summary

Arthritis makes up a large group of diseases and disorders (over 100) that affect joints, ligaments, tendons, bones, other components of the musculoskeletal system and whole body systems. 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 leading cause of disability in the country. It places a tremendous burden on the 6 million people who live with arthritis, on the family and friends who provide care and support for individuals with arthritis, on the healthcare system, and on the labour market. 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-associated disability in Canada, providing insights on the type and severity of disability. It also draws attention to the unmet needs experienced by individuals living with arthritis-associated disability, including needing help with daily activities, access to healthcare providers, access to prescribed medications, as well highlighting associated barriers to social participation and impacts on employment.

Notable findings from this report include:

- Arthritis is the leading cause of disability in Canada. Over one in five youth and adults in Canada with a disability report that arthritis is a leading cause of their disability. This represents over 1.7 million people in Canada.
- 84% of individuals with arthritis-associated disability report a pain-related disability. Mobility, flexibility and dexterity related disability were also frequently reported.
    - 70% of individuals report that their pain is always present.
- 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, nearly two-thirds report receiving insufficient help or no help at all.
    - Among those needing help from allied health services (overwhelmingly rehabilitation services), nearly three-quarters report receiving insufficient help or no help at all.
- Nearly four in five individuals with arthritis-associated disability report needing to take prescribed medication for their condition weekly to at least every three months.
    - Among these individuals, about 20% aged 15-54 years and over 15% aged 55-64 years report being unable to purchase prescribed medication or taking medication less often because of cost.
- A large proportion of individuals with arthritis-associated disability report accessibility barriers, with over two-thirds experiencing physical barriers and over one in four experiencing behavioural barriers.

- Over one-third of employed individuals with arthritis-associated disability require one or more employment modifications. Among those with such needs, over one-third report not receiving sufficient modifications.

Disability is a main driver of health-related economic costs and health-related burden in the population. Arthritis is the leading cause of disability in Canada. The report highlights significant unmet needs among the large group of individuals living with arthritis-associated disability in Canada, and 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 in 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, workplace, health policy and public health evaluation and planning to meet the future challenges of this growing segment of the population.

Table of Contents

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 affects individuals' overall well-being and health-related quality of life, with concomitant impacts at the level of the family, community, labour force, and society generally, with significant economic implications.

Why Does Arthritis Matter?

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

Why This Report?

To effect 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 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 living with arthritis-associated disability.

Data Source

The 2022 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 2021 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 years of age or older as of the Census date (May 11th, 2021)[1]. Those living in collective dwellings (e.g., long-term care centres) or on First Nation reserves were not included in data collection. The total sample size for the CSD was approximately 54,000 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.

[1] Questions about gender were posed with the options 'Man', 'Woman', and 'Non-binary person'. The non-binary population was too small to publish due to confidentiality concerns, so gender was ultimately categorized as 'Man+' and 'Woman+', with the non-binary population distributed among these two groups. For the purposes of the report, the terms 'Men' and 'Women' will be used.

Table 1. Combination of answers on the Disability Screening Questions that were used to identify disability.[2]

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, 2022

In the CSD, individuals were asked to list the main, and if present, secondary medical condition 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[3]. 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.

[2] This approach applies to a majority of disability types measured by the screening questions.
[3] 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.

Disability in Canada

According to the CSD, 27% of people in Canada are 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 expected to last six months or more. Nearly one in four men (24%) and nearly one in three women (30%) are classified as having a disability.

Physical Disability

Physical disabilities account for the vast majority (72%) of all reported disabilities and 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 five people in Canada (19%) report having a physical disability; over one in five women (22%) and one in six men (17%) (Fig. 1). The prevalence of physical disability increases with age; physical disabilities are four times as prevalent in the oldest age group (75+) as in the youngest age group (15-44) (Fig. 2).

Figure 1. Proportion of people in Canada aged 15 and older reporting a physical disability, by gender, CSD 2022.

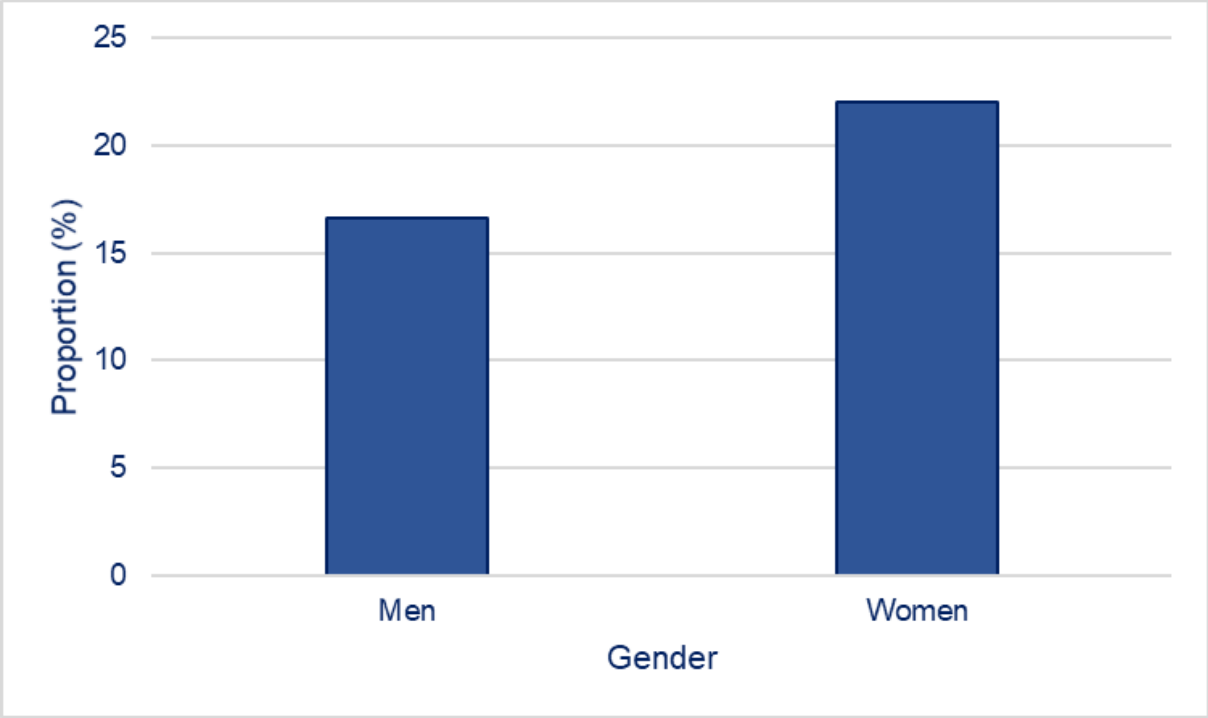
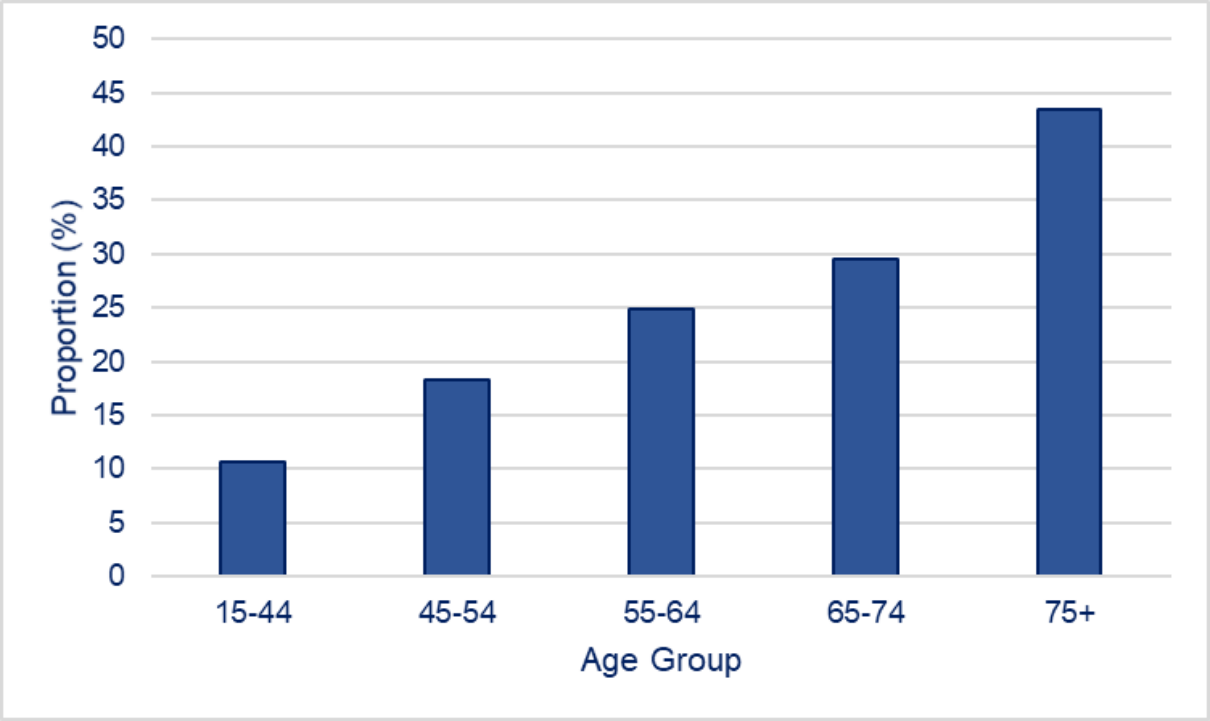


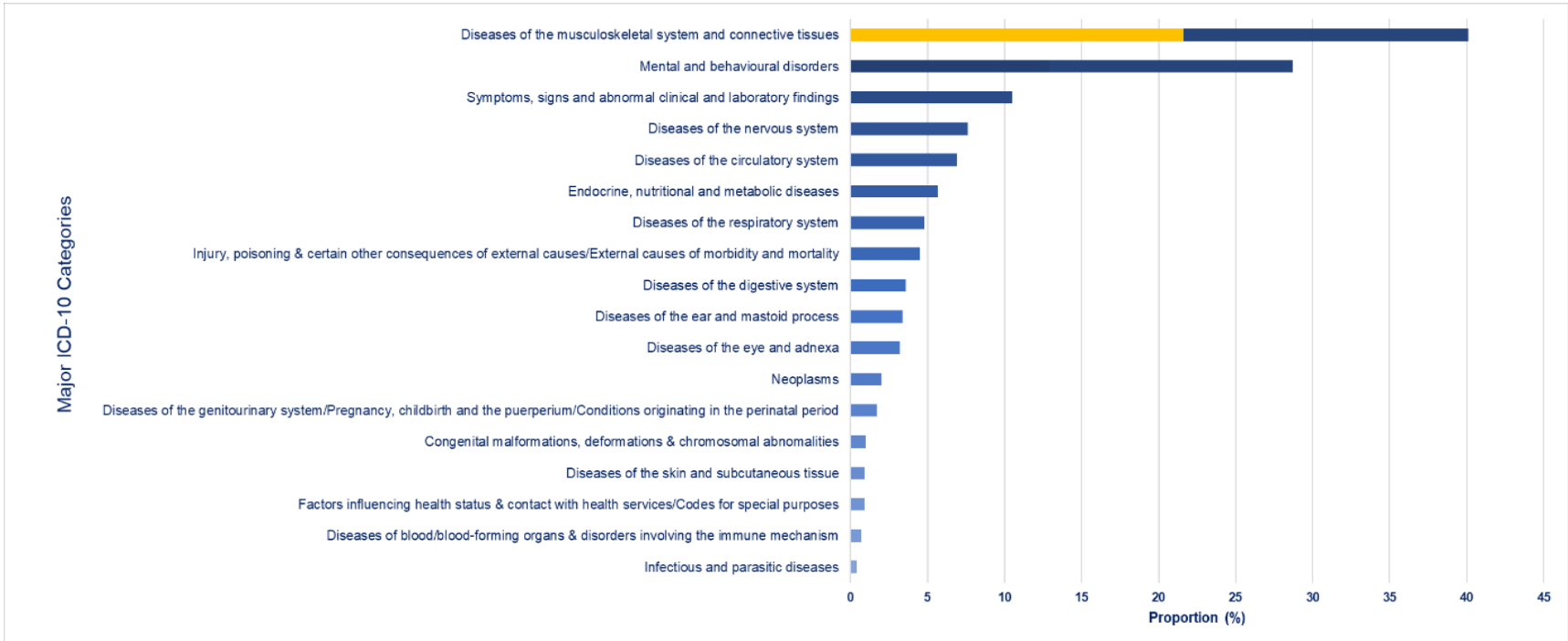
Figure 2. Proportion of people in Canada aged 15 and older reporting a physical disability, by age group, CSD 2022.



Arthritis-Associated Disability

As a *group* of defined diseases and disorders, arthritis is the leading cause of disability in Canada (Fig. 3). Based on the major diagnostic categories defined in the International Classification of Diseases (ICD-10), musculoskeletal disease is the largest category of diseases contributing to disability in Canada. Arthritis-associated disability represents over half (54%) of this disability. Arthritis is also the leading cause of physical disability in Canada (Fig. 4).

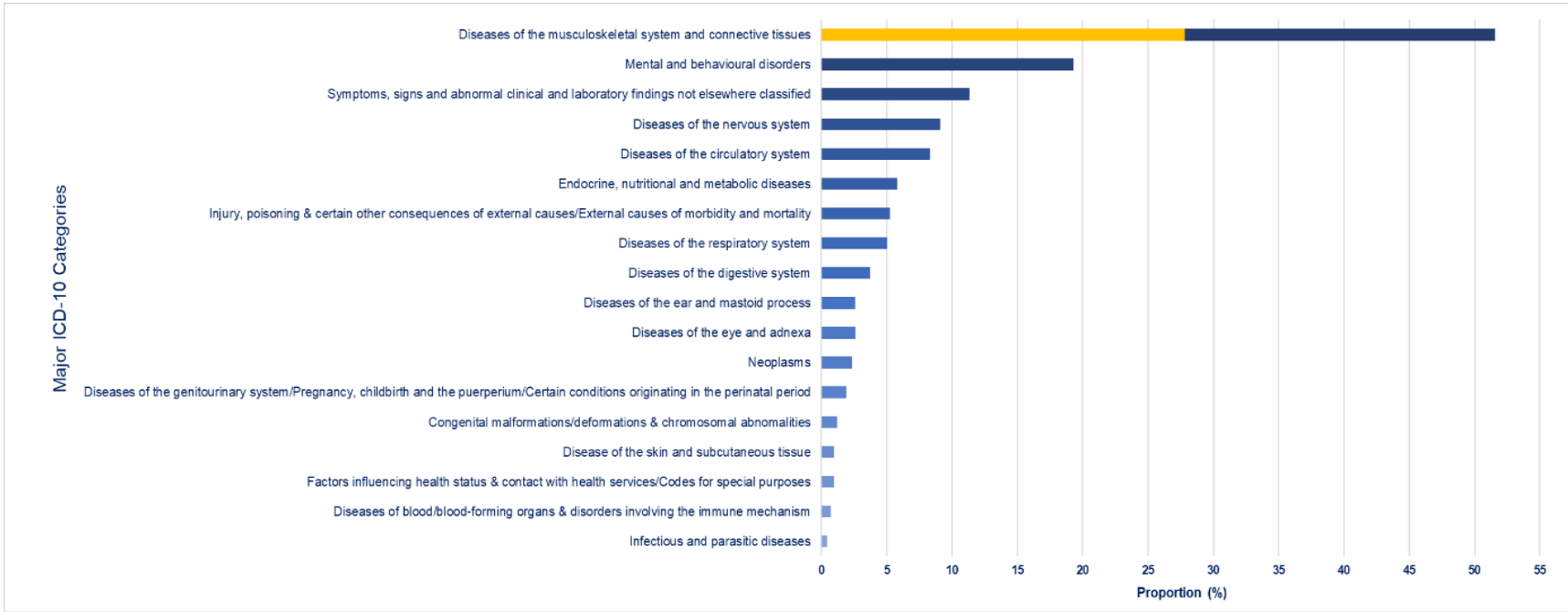
Figure 3. Causes of disability in Canada by ICD-10 major categories, ages 15 and older.



***** 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 54% of the major category of musculoskeletal and connective tissues-related disabilities. Overall, arthritis is the leading cause of disability in Canada.

Figure 4. Causes of physical disability in Canada by ICD-10 major categories, ages 15 and older.



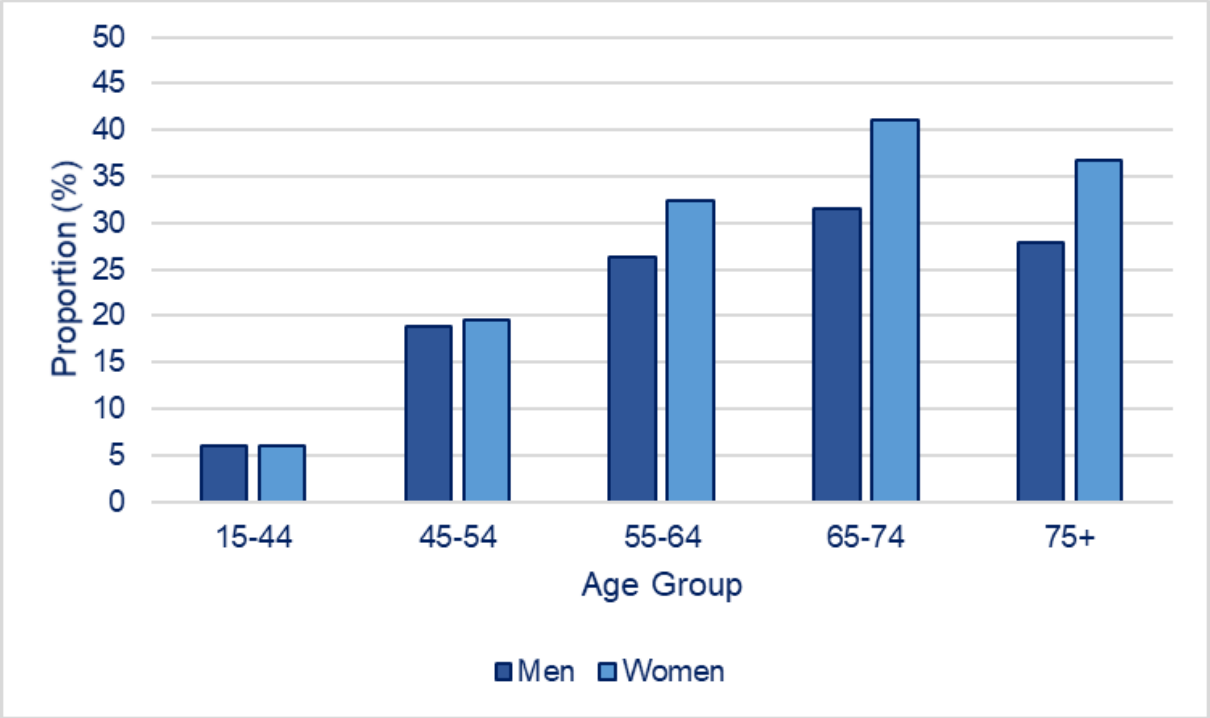
***** Subgroups sum to >100% because respondents were able to report up to two conditions causing their disability.

** The gold bar highlights arthritis-associated disability, representing 53% of the major category of musculoskeletal and connective tissues-related disabilities. Overall, arthritis is the leading cause of physical disability in Canada.

Of all individuals with any disability, 22% report arthritis as a leading cause. This represents over 1.7 million people in Canada. Over 75% report arthritis as the main or only cause of their disability. Among those with a physical disability specifically, arthritis is reported as a leading cause by over one-quarter (28%).

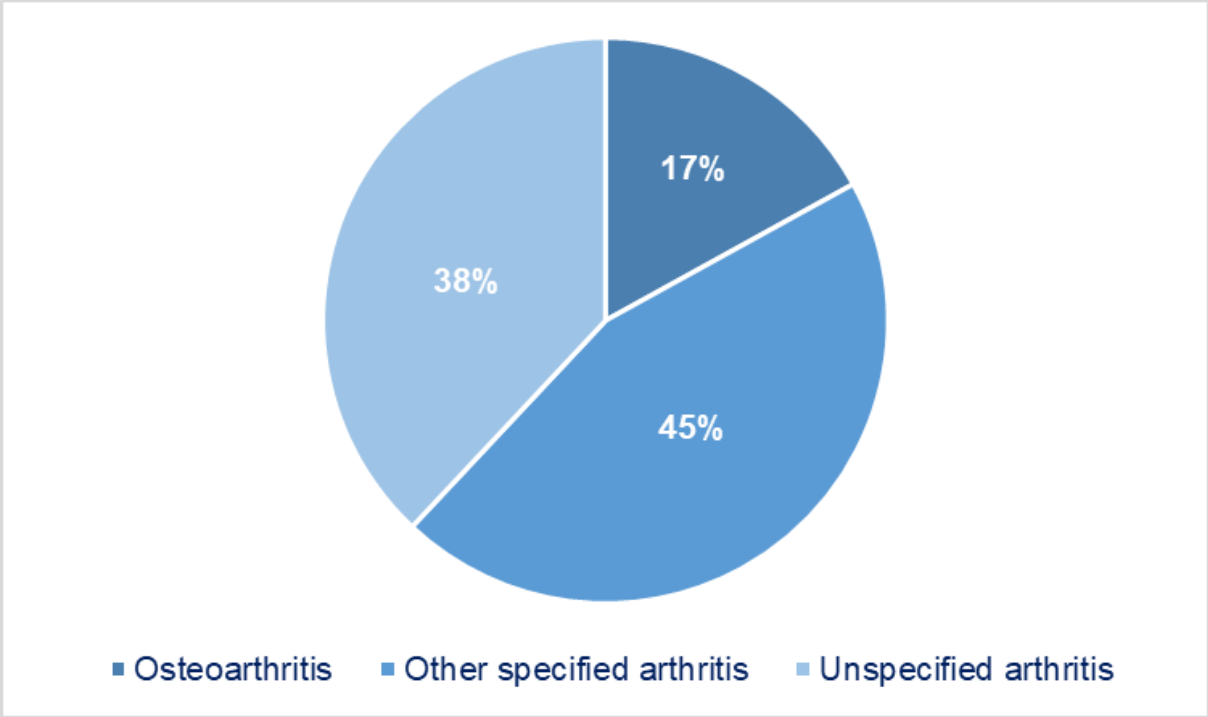
Among those with a disability, arthritis-associated disability increases in prevalence with increasing age, rising from 6% in the youngest age group (15-44) to 35% in the oldest age groups (65+) (Fig. 4). Arthritis-associated disability is somewhat more prevalent in women than men overall (23% vs. 20%), but this is particularly the case among those aged 55+ (Fig. 4).

Figure 4. Proportion of people in Canada aged 15 and older with a disability, reporting arthritis-associated disability, by gender and age group, CSD 2022.



Among individuals reporting arthritis-associated disability, 17% specifically report osteoarthritis and 38% report an unspecified type of arthritis, a large majority of which, based on prior research, is likely to also be osteoarthritis [3] (Fig. 5). Nearly half report various other types of arthritis, including inflammatory and autoimmune types. Women with arthritis-associated disability are twice as likely to report osteoarthritis as men (Fig. 6). Differences across age groups are presented in Figure 7.

Figure 5. Distribution of type of arthritis reported among people in Canada aged 15 and older with arthritis-associated disability, CSD 2022.[4]



[4] 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 arthritis type among people in Canada aged 15 and older with arthritis-associated disability, by gender, CSD 2022.

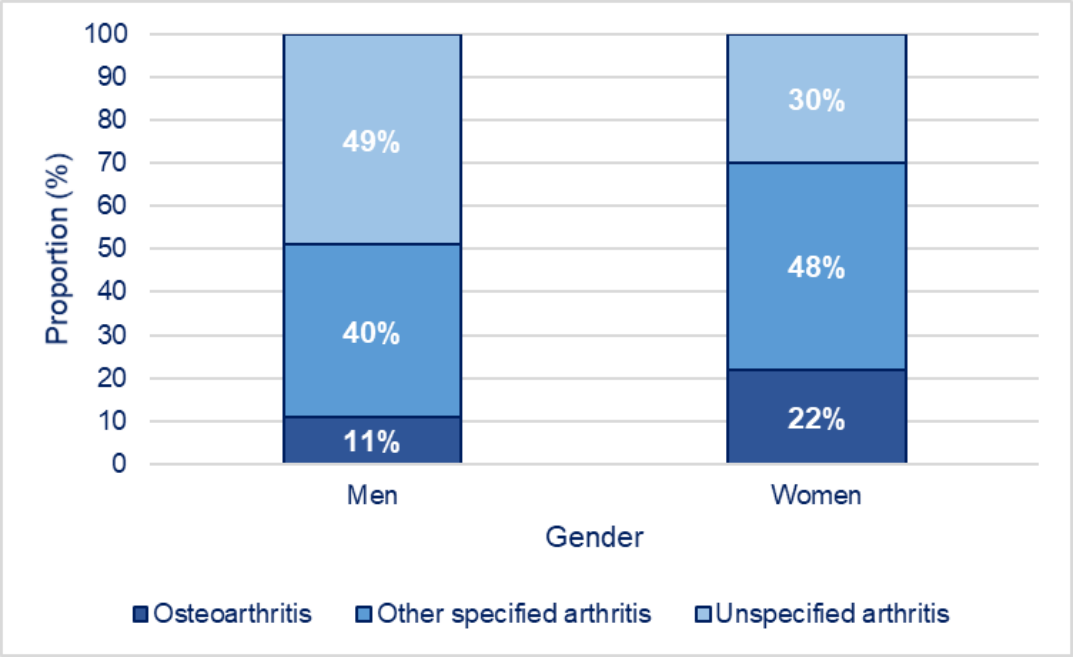
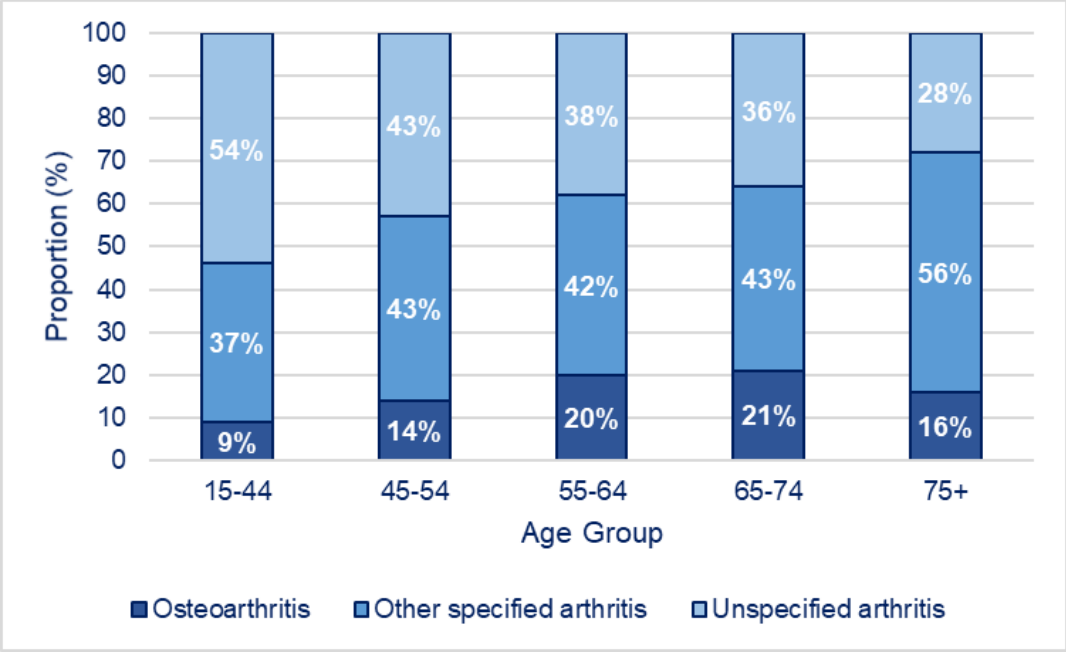


Figure 7. Distribution of arthritis type among people in Canada aged 15 and older with arthritis-associated disability, by age group, CSD 2022.[E]



[E] Estimates for osteoarthritis in those aged 15-44 and 45-54 have a high sampling variability and should be interpreted with caution.

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 symptoms are extremely common among those with arthritis-associated disability; about 90% report that pain is reoccurring and 70% report pain that is always present (Fig. 8). Pain-related disability is by far the most frequent type of disability among individuals with arthritis-associated disability, reported by over 80%. Minimal to no difference was observed in the proportion with pain-related disability by gender and age in arthritis-associated disability (Fig. 9).

Figure 8. Proportion of people in Canada aged 15 and older with arthritis-associated disability that experience pain symptoms, by age, CSD 2022.

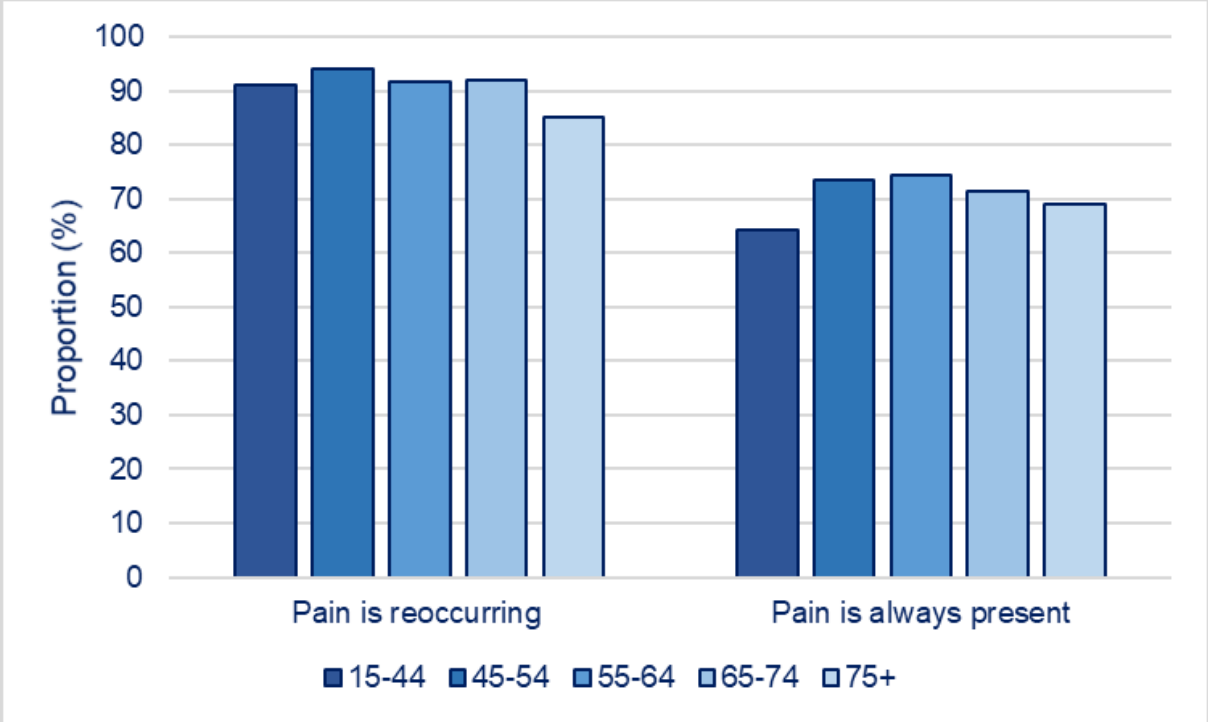
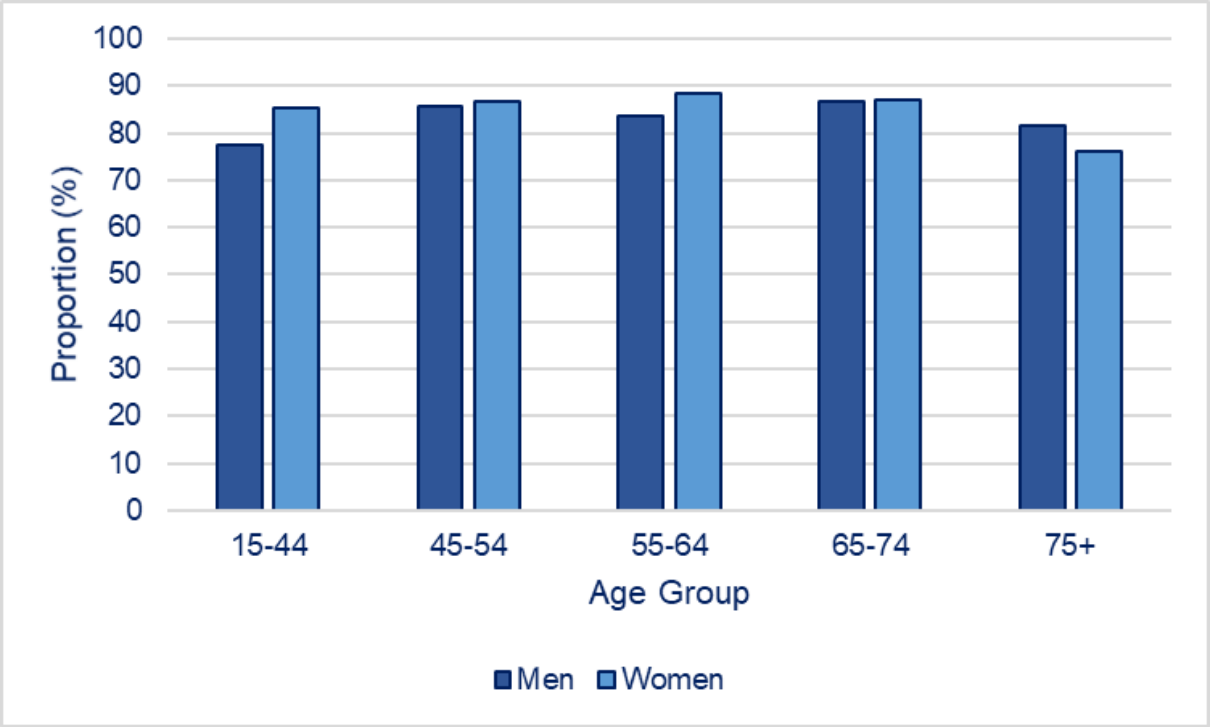


Figure 9. Proportion of people in Canada aged 15 and older with arthritis-associated disability that experience pain-related disability, by gender and age group, CSD 2022.



While pain-related disability is the most frequent type of disability among those with arthritis-associated disability, other types are not infrequent. About 60% have a mobility- or flexibility-related disability, and nearly 30% have a dexterity-related disability (Fig. 10). There are minimal differences in proportions of these physical disabilities by gender, but proportions do increase with increasing age (Fig. 11). A further breakdown, examining specific physical difficulties, is presented in Figures 12 and 13.

Figure 10. Proportion of people in Canada aged 15 and older with arthritis-associated disability reporting specific physical disability types, by gender, CSD 2022.[5]

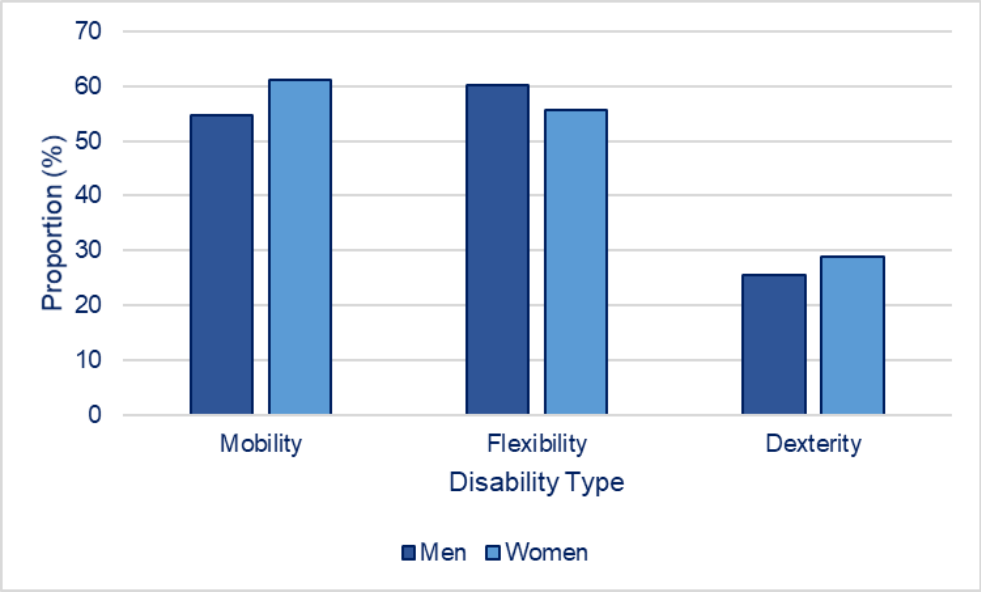
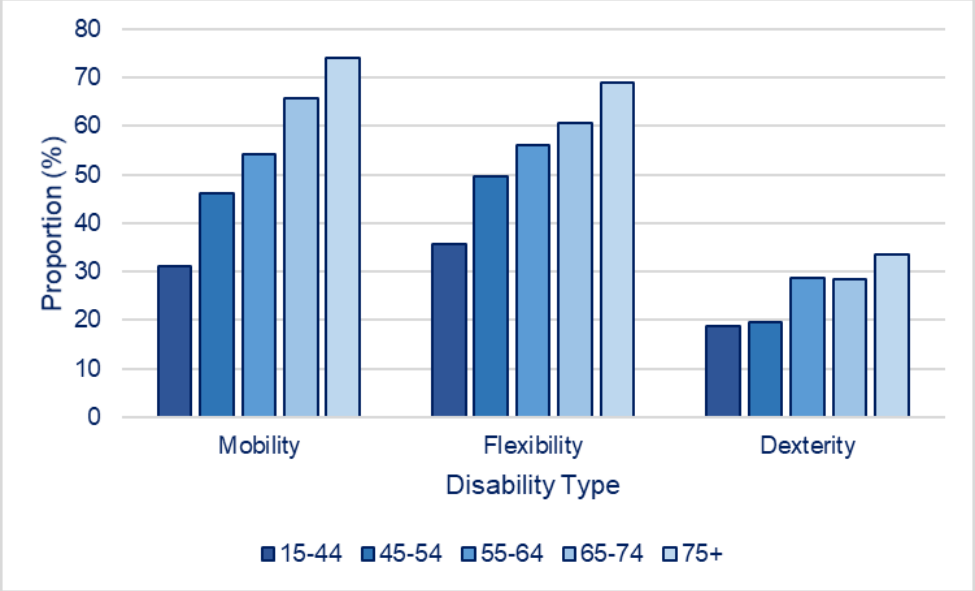


Figure 11. Proportion of people in Canada aged 15 and older with arthritis-associated disability reporting specific physical disability types, by age, CSD 2022.[E]



[E] Estimates for dexterity disability in those aged 15-44 have a high sampling variability and should be interpreted with caution.

[5] 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 12. Proportion of people in Canada aged 15 and older with arthritis-associated disability reporting experiencing specific physical difficulties, by gender, CSD 2022.[6]

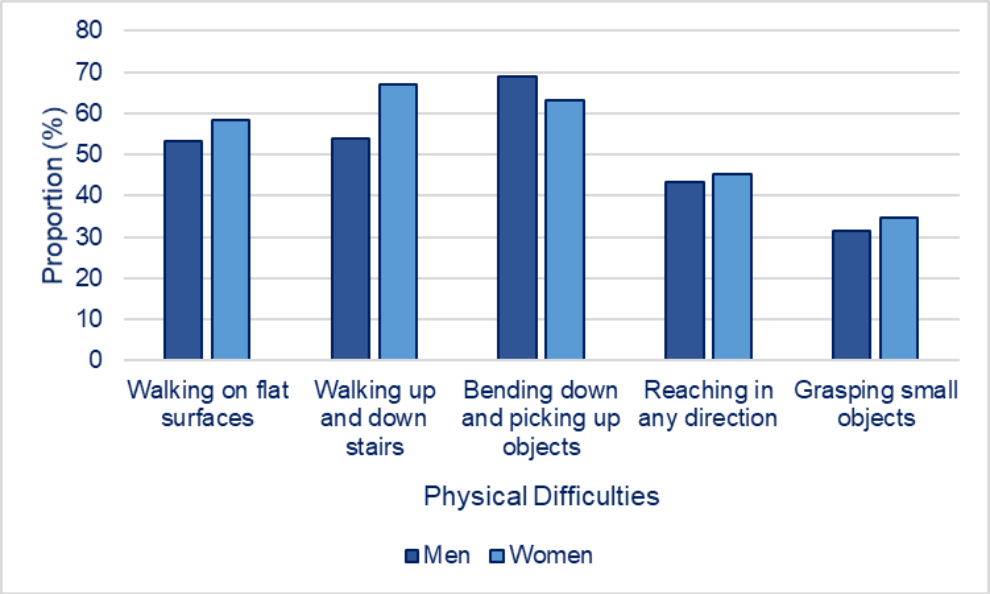
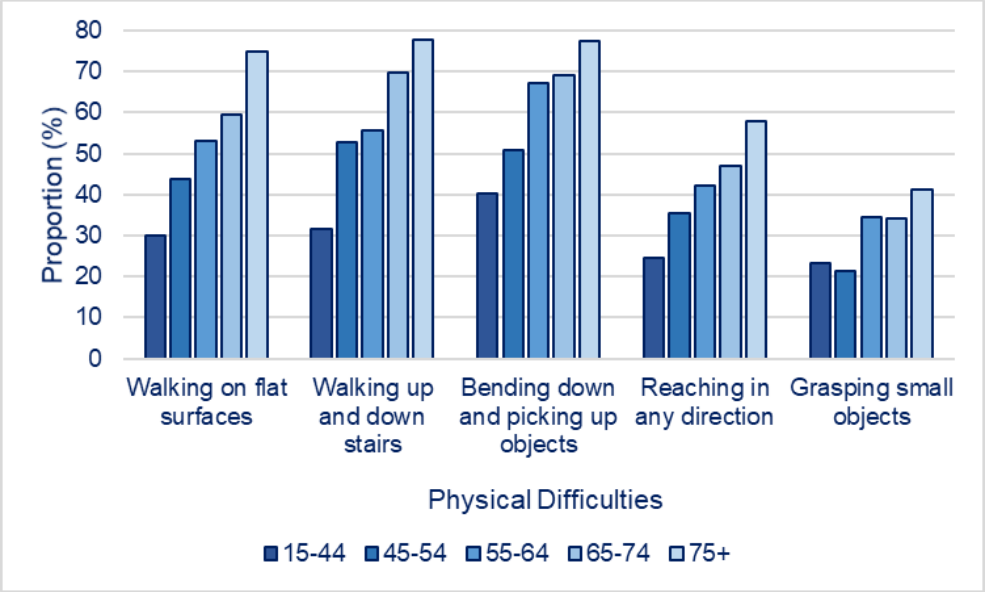


Figure 13. Proportion of people in Canada aged 15 and older with arthritis-associated disability reporting experiencing specific physical difficulties, by age group, CSD 2022.[E]



[E] Estimates for "grasping small objects" in those aged 15-44 have a high sampling variability and should be interpreted with caution.

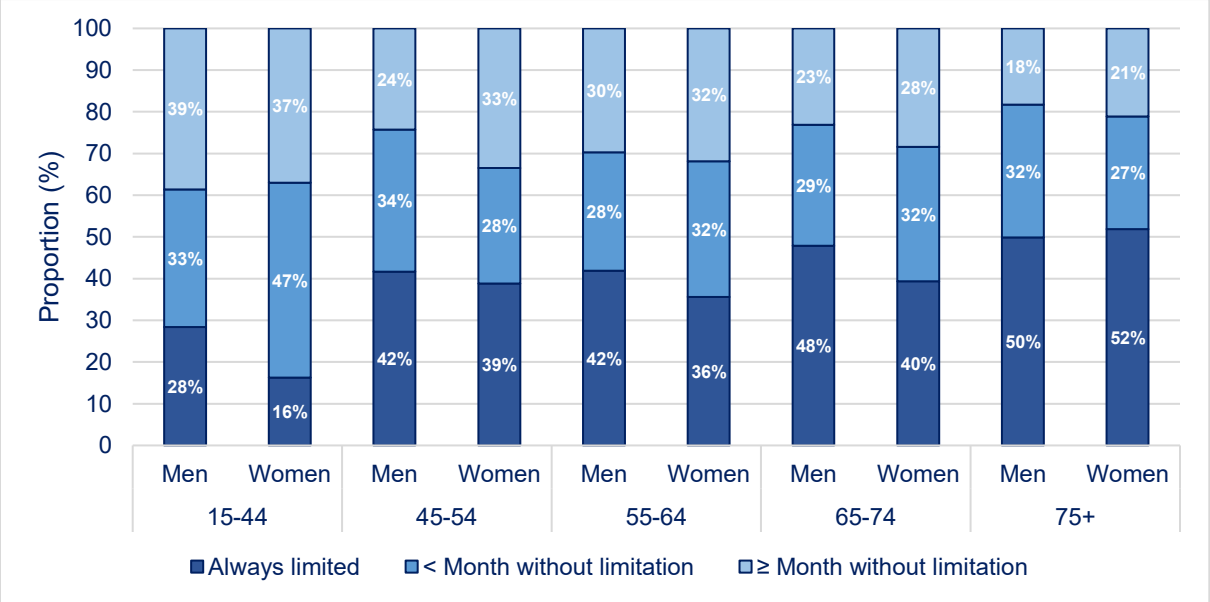
[6] Individuals were considered as having difficulty with a task if they responded to the question, "How much difficulty do you have…?" with "Some difficulty", "A lot of difficulty" or "Cannot do at all".

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, 70% of individuals with arthritis-associated disability have two or more different physical disability types. These overlaps in mobility, flexibility, dexterity and pain-related disabilities likely highlight the multi-joint nature of arthritis (i.e. upper and lower limb involvement).

Episodic Disability

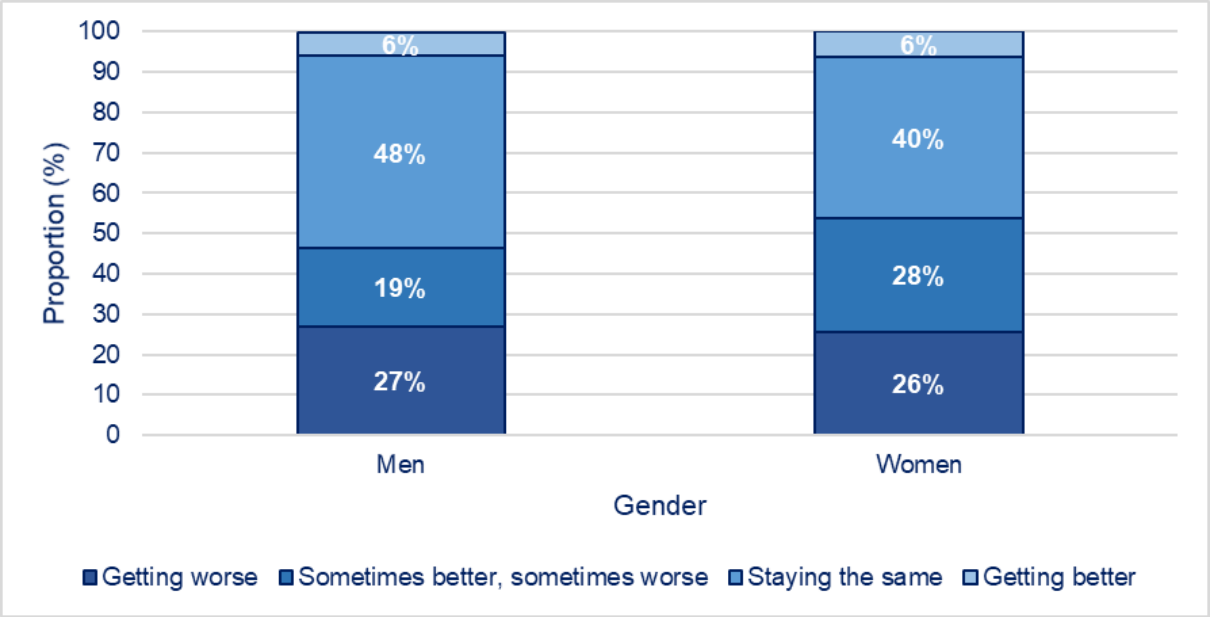
Arthritis is recognized as a long-term chronic condition that can be marked by often unpredictable episodes of illness and disability that may vary in severity and duration. A large proportion of individuals with arthritis-associated disability, over 40%, report always experiencing some level of limitation in their daily activities. Others report experiencing episodic disability, marked by periods of no limitation. These periods can range from days to months, and vary across age groups and gender (Fig. 14). When asked about changes over time, only 6% of those with arthritis-associated disability reported their condition getting better, while over one-quarter reported their condition worsening; these proportions are the same in men and women (Fig. 15).

Figure 14. Proportion of people in Canada aged 15 and older with arthritis-associated disability who report varying periods of limitation in daily activities, by gender and age, CSD 2022.[E]



[E] Estimates for men aged 15-44 and 45-54 and women aged 45-54 have a high sampling variability and should be interpreted with caution.

Figure 15. Proportion of people in Canada aged 15 and older with arthritis-associated disability reporting changes in the state of their disability, by gender, CSD 2022.[E]



[E] Estimates for men who report "getting better" have a high sampling variability and should be interpreted with caution.

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. Two-thirds of individuals with arthritis-associated disability are classified as having moderate to severe disability (Fig.16). While findings were similar for men and women, the proportion of moderate-severe disability increases with increasing age (Fig. 17). Nevertheless, it is notable that even within the youngest age group with arthritis-associated disability, over half have moderate-severe disability.

Figure 16. Global severity class of disability amongst people in Canada aged 15 and older with arthritis-associated disability, CSD 2022.[7]

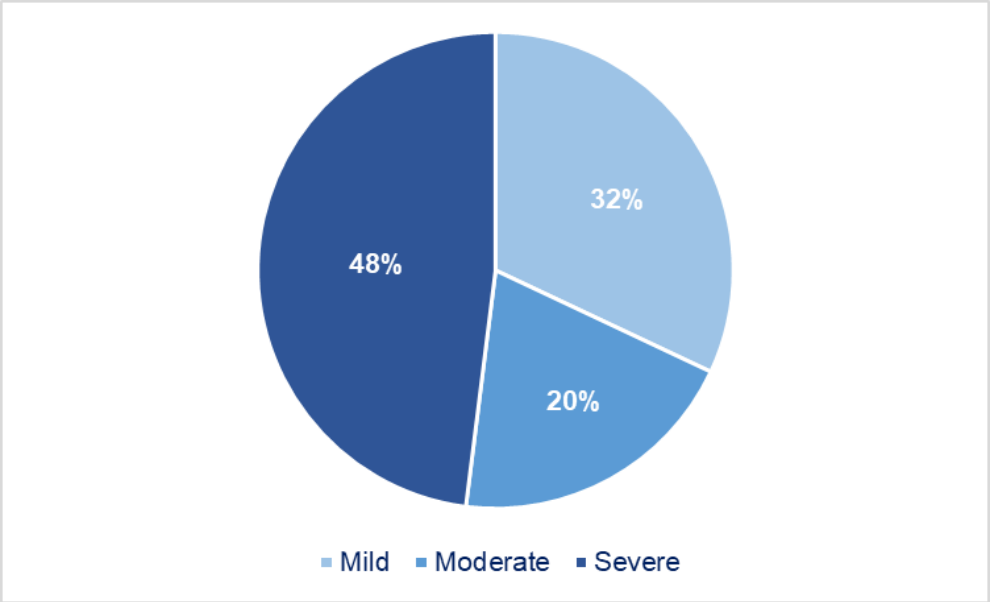
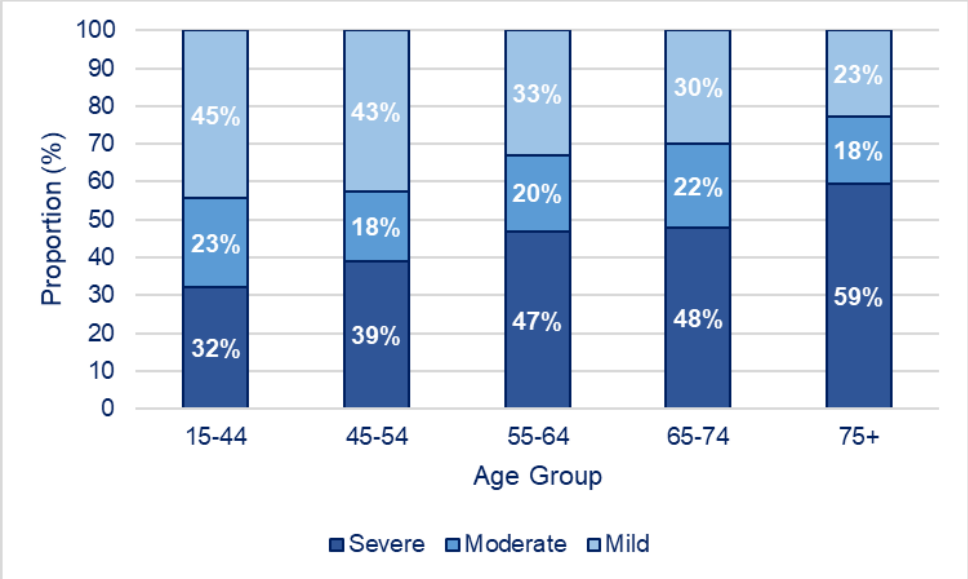


Figure 17. Global severity class of disability amongst people in Canada aged 15 and older with arthritis-associated disability, by age group, CSD 2022.



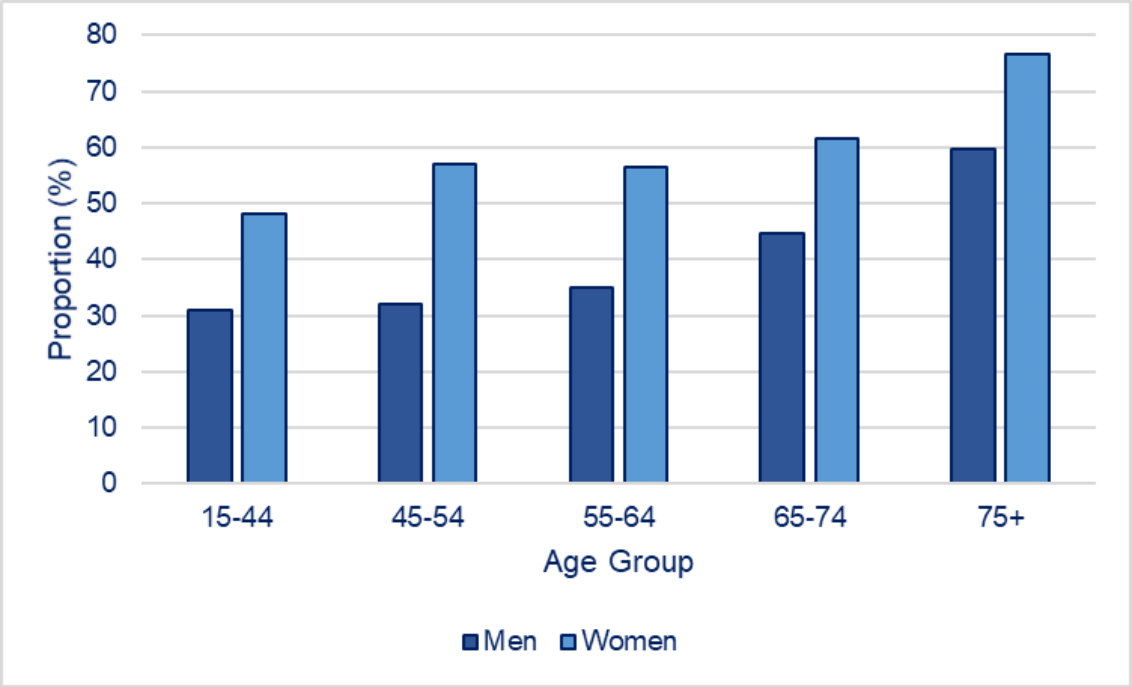
[7] **NOTE:** The global severity class labels are only to facilitate the use of these classes, and are not a professional judgement on the level of disability experienced by any person. These classes should be interpreted such that those with a higher global severity classification have more severe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

Access to Medical and Non-Medical Resources Among Individuals with Arthritis-Associated Disability

Assistance with Activities of Daily Living

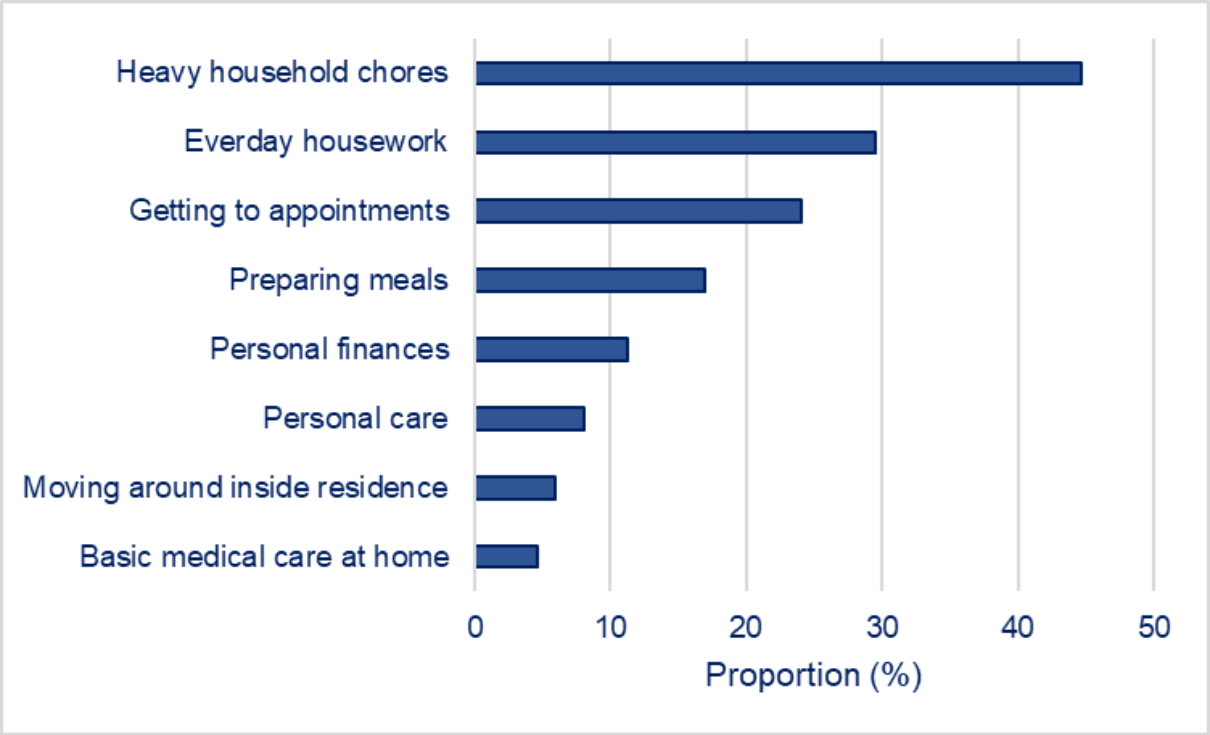
Individuals with disability may require help to complete everyday activities. In this case, "help" refers to assistance received from paid or unpaid individuals or organizations, but not technical assistance (i.e. only "human" help). In the CSD, everyday activities included meal preparation, everyday 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, over half report needing help with some or all of their everyday activities. Needing help is reported by 42% of men and 62% of women with arthritis-associated disability. While the proportion of those needing help increases with increasing age, it is notable that 41% of individuals with arthritis-associated disability in the youngest age group report needing help (Fig. 18). The need for help with specific activities is presented in Figure 19. The need for help is greatest for heavy household chores (45%), everyday housework (30%), and getting to appointments (24%).

Figure 19. Proportion of people in Canada aged 15 and older with arthritis-associated disability that require help to complete everyday activities, by gender and age, CSD 2022.[E]



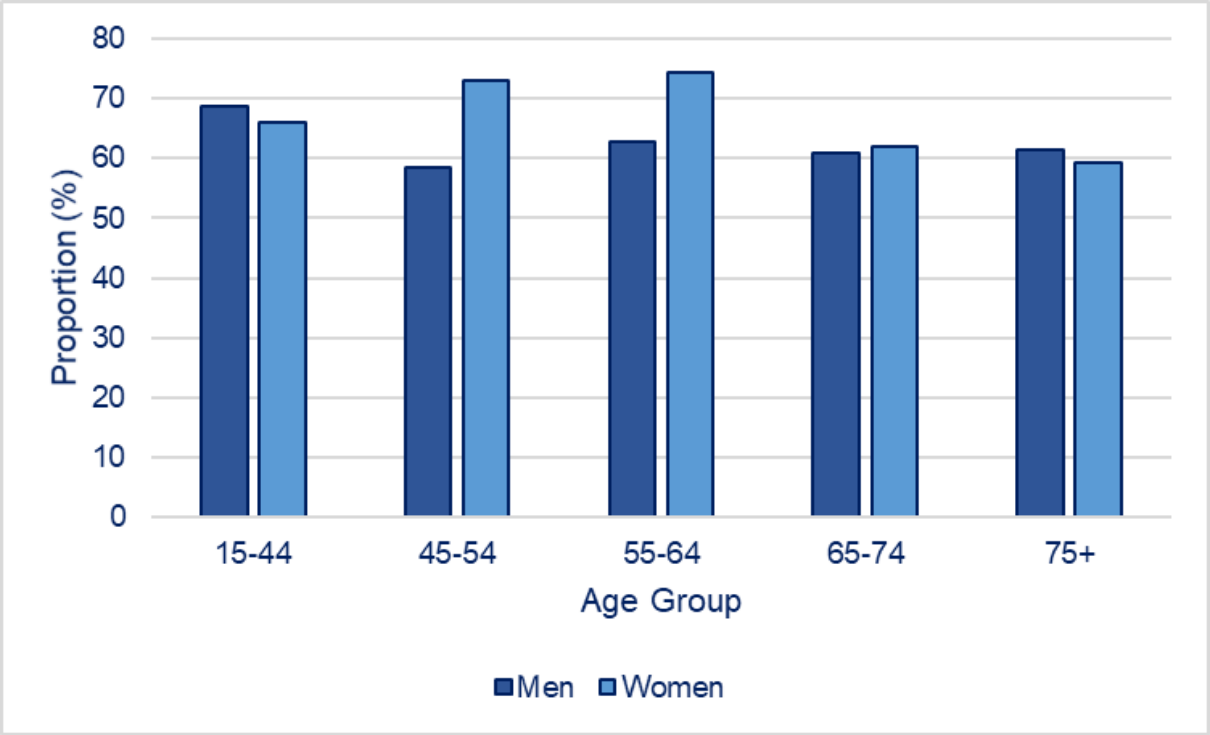
[E] Estimates for men aged 15-44 and 45-54 have a high sampling variability and should be interpreted with caution.

Figure 19. Proportion of people in Canada aged 15 and older with arthritis-associated disability that require help to complete everyday activities, by activity type, CSD 2022.



Among individuals with arthritis-associated disability that report needing any help with activities of daily living, nearly two-thirds report unmet needs (i.e. receiving insufficient help) for one or more of their everyday activities; 62% among men and 66% among women. 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. 20). In other words, the reporting of unmet needs is greatest in the youngest age groups (67% in the youngest compared to 60% in the oldest age group).

Figure 20. Proportion of people in Canada aged 15 and older with arthritis-associated disability who require help to complete everyday activities and receive insufficient help for one or more activities, by gender and age, CSD 2022.



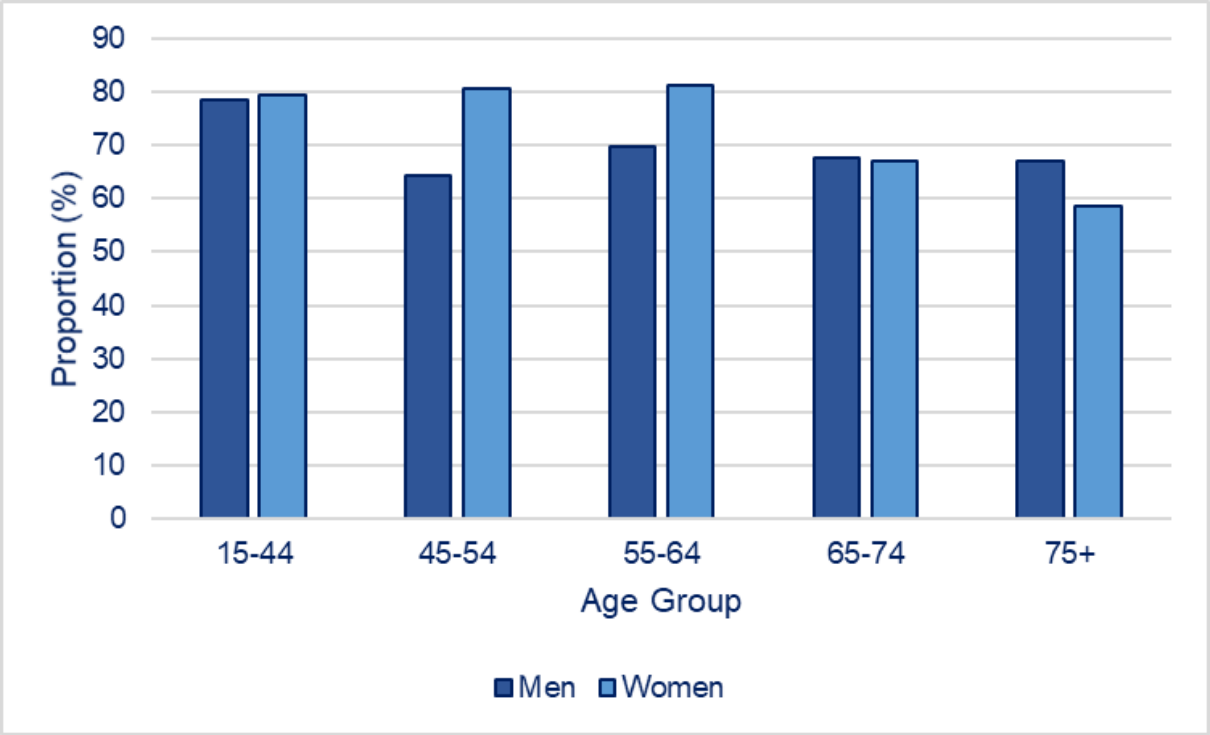
Health Care Services

The CSD asked individuals about their need for allied health or other care services.[8] Among individuals reporting arthritis-associated disability, 52% of men and 59% of women report having allied health or other care service needs; overwhelmingly, the need is for physical rehabilitation services (i.e. physiotherapy, massage therapy, chiropractic treatments, or occupational therapy).

Among those with arthritis-associated disability that report needing help from these services, over two-thirds report unmet needs (69% of men and 73% of women). 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, decreasing to 61% amongst individuals in the oldest age group (Fig. 21).

[8] In the CSD, allied health services include physiotherapy, massage therapy or chiropractic treatments, occupational therapy, counselling services from a psychologist, professional nursing care at home, support group services, life sustaining therapies or specialized medical care, addiction services, life skills services, naturopathic, homeopathic or osteopathic treatments, acupuncture, nutrition or dietary services, specialized vision care, and other therapies or services

Figure 21. Proportion of people in Canada aged 15 and older with arthritis-associated disability who require help from allied health care services and have unmet needs from one or more services, by gender and age, CSD 2022.

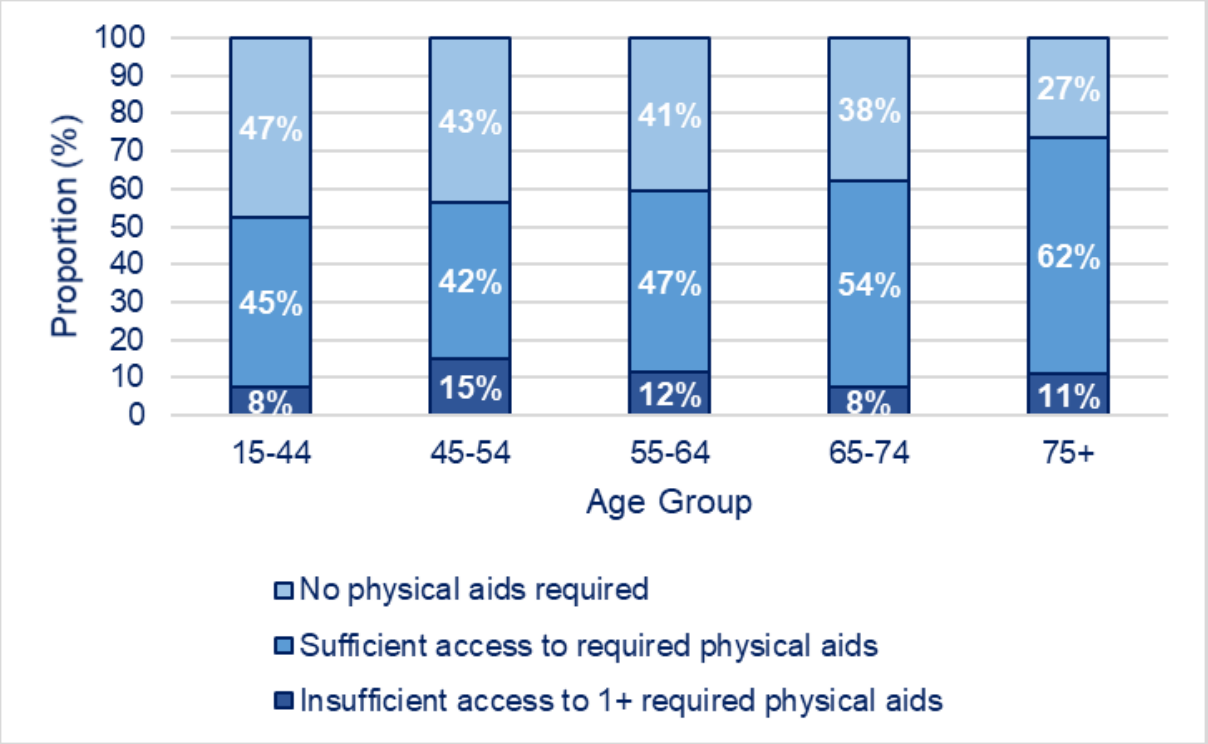


Physical Aids

Individuals were also asked about their needs as they relate to physical aids.[9] Among individuals with a mobility, flexibility, or dexterity-related arthritis-associated disability, nearly two in three (63%) report needing one or more physical aids; the proportions were similar for men and women (59% vs. 66%, respectively). Among those needing help from physical aids, the vast majority report that their needs are met. This remains fairly constant across age groups despite the increasing need for physical aids with increasing age (Fig. 22). Even so, about one in six (16%) of those needing help from physical aids report unmet needs.

[9] 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.

Figure 22. Proportion of people in Canada aged 15 and older with a mobility, flexibility, or dexterity-related arthritis-associated disability and need for physical aids by sufficiency of received aids, by age group, CSD 2022.[E]

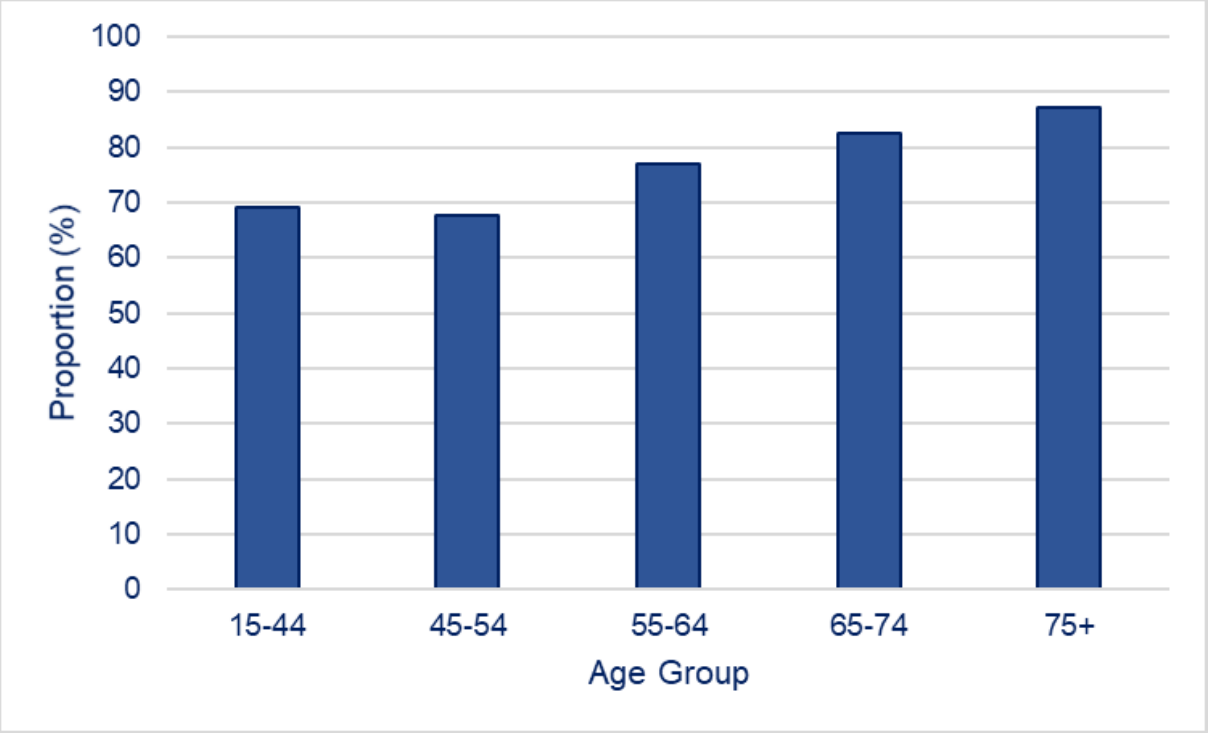


[E] Estimates for "insufficient access to 1+ required physical aids" have a high sampling variability and should be interpreted with caution.

Prescribed Medication

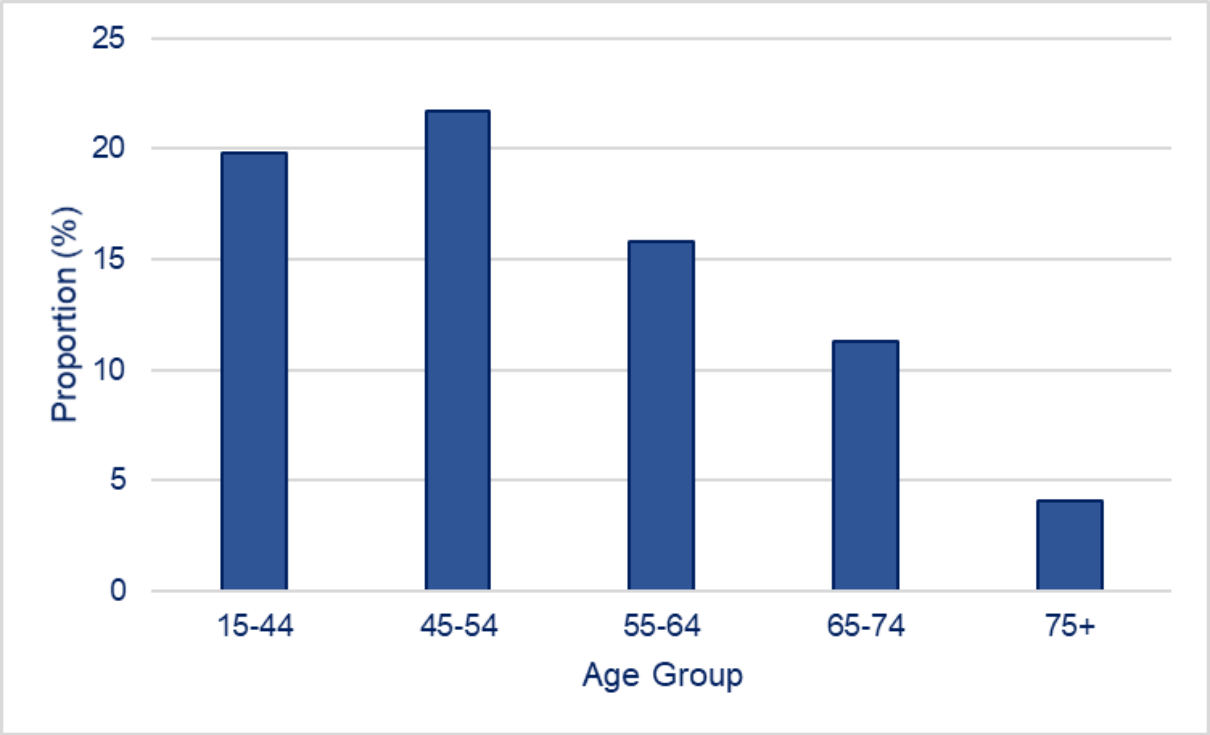
Individuals were asked whether they needed prescribed medication regularly (weekly to every three months) for the conditions causing their disability. Among individuals with arthritis-associated disability, 79% report regular use of prescribed medication. An age gradient is evident with use increasing from 69% in the youngest age group to 87% in the oldest age group (Fig. 23).

Figure 23. Proportion of people in Canada aged 15 and older with arthritis-associated disability who report needing prescribed medication regularly for their condition, by age group, CSD 2022.



Among those with arthritis-associated disability that report needing prescribed medication regularly, 13% 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 prescribed medication use being greatest in the youngest age group; 20% report unmet prescription medication needs in the youngest group, compared to 4% in the oldest age group (Fig. 24). In Canada, for those under 65 years of age, 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 24. Proportion of people in Canada aged 15 and older with arthritis-associated disability who report needing prescribed medication regularly and unmet medication needs due to cost, by age group, CSD 2022.[E]



[E] Estimates for those aged 15-44, 45-54, and 75+ have a high sampling variability and should be interpreted with caution.

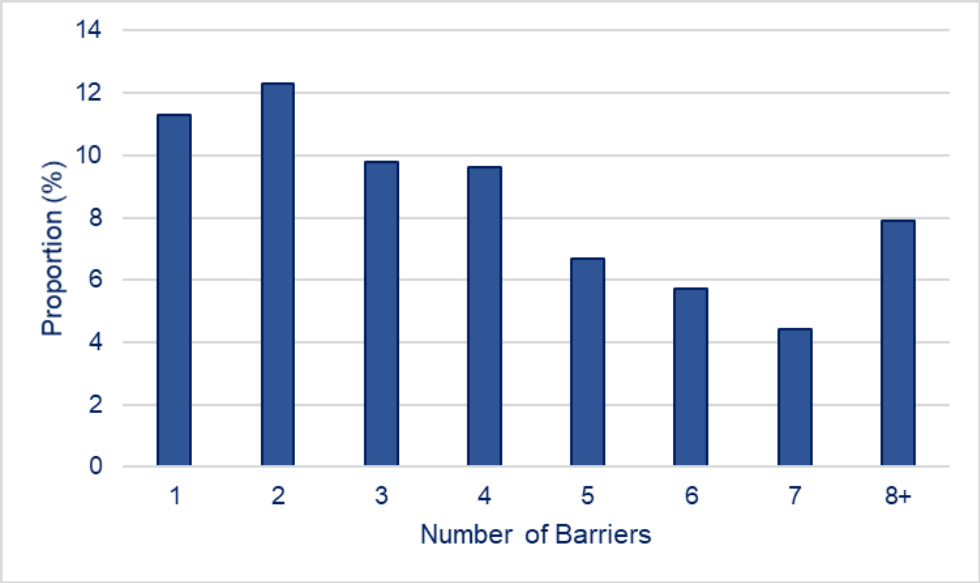
Barriers to Social Participation among Individuals with Arthritis-Associated Disability

Accessibility Barriers

Individuals were asked about accessibility barriers, both physical and behavioural, that they experience as a result of the conditions causing their disability. Physical barriers were those that limited access to different areas and activities in daily life (11 physical barriers were queried in total).[10] Among individuals reporting arthritis-associated disability, 68% report facing one or more physical barriers; 25% report experiencing five or more physical barriers (Fig. 25).

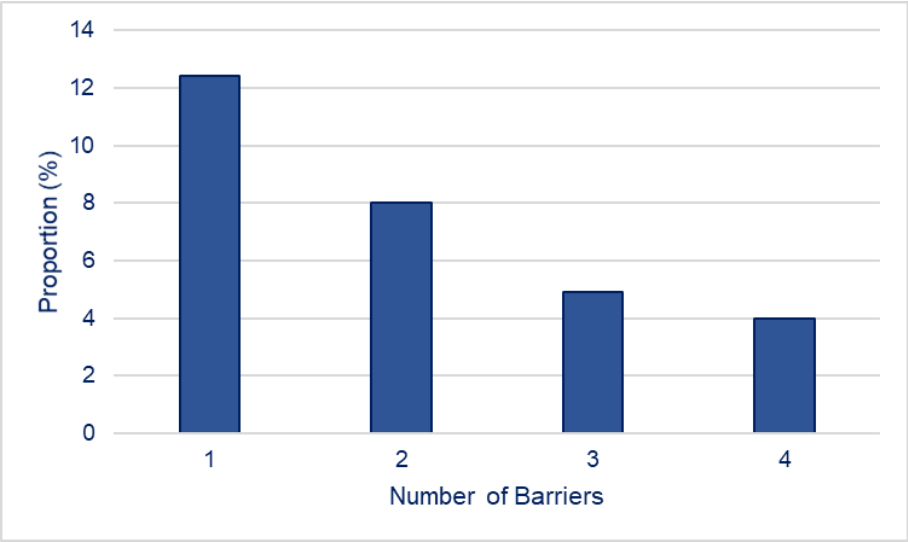
[10] In the CSD, physical barriers include entrances or exits to buildings, floorplans inside buildings, light or sound levels inside buildings, public washrooms, wait lines, self-serve technology, announcements or alarms, signs or directions, pedestrian signals at intersections or crosswalks, sidewalks when covered in ice or snow, and sidewalks in general.

Figure 25. Proportion of people in Canada aged 15 and older with arthritis-associated disability who report facing physical barriers, by number of physical barriers experienced, CSD 2022.



Behavioural barriers were characterized as behaviours, misconceptions or assumptions made due to their condition by family or close friends, staff of a business, medical or health care professionals and staff of government services or programs (four behavioural barriers queried in total). Among individuals reporting arthritis-associated disability, 29% report facing one or more behavioural barriers; nearly one in five report two or more (Fig. 26).

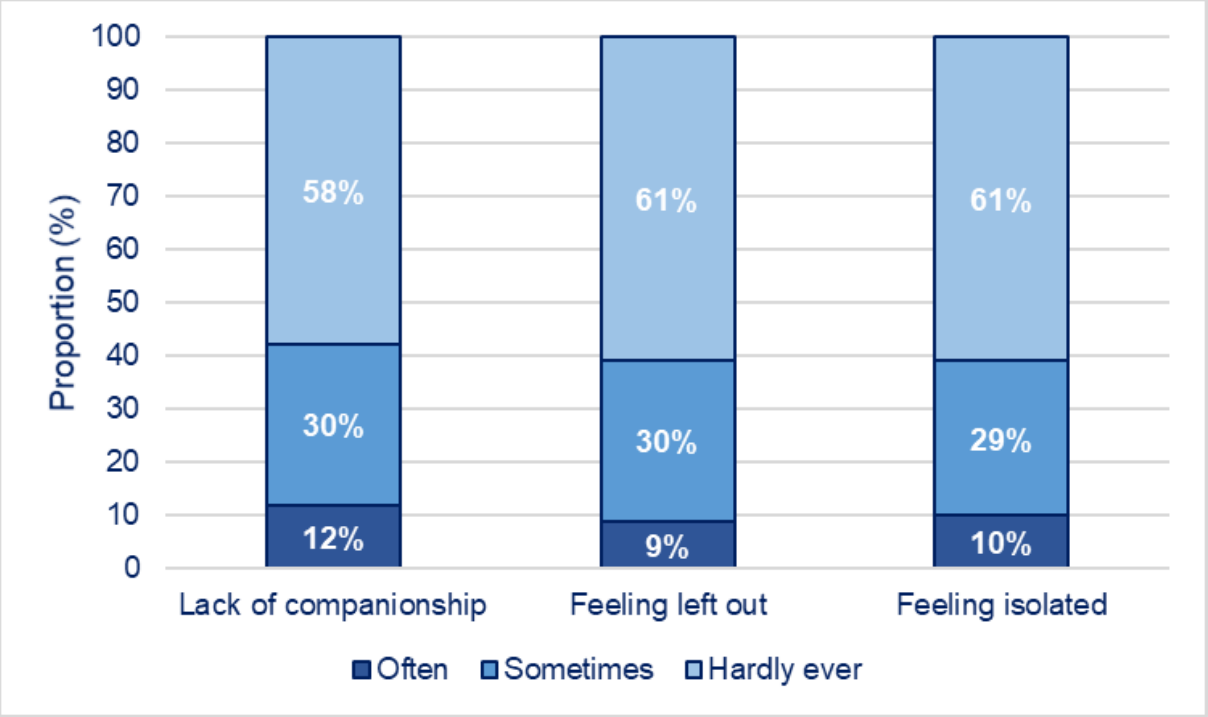
Figure 26. Proportion of people in Canada aged 15 and older with arthritis-associated disability who report facing behavioural barriers, CSD 2022.



Social Isolation

Individuals were also asked questions pertaining to feelings of social isolation as a result of the conditions causing their disability. This included questions about the frequency with which they feel they lack companionship, feel left out, and feel isolated from others; these were also combined into a loneliness scale [4]. About 40% of those with arthritis-associated disability reported sometimes or often feeling they lacked companionship, felt left out, or felt isolated from others (Fig. 27). Overall, 54% of respondents with arthritis-associated disability experience feelings of loneliness.

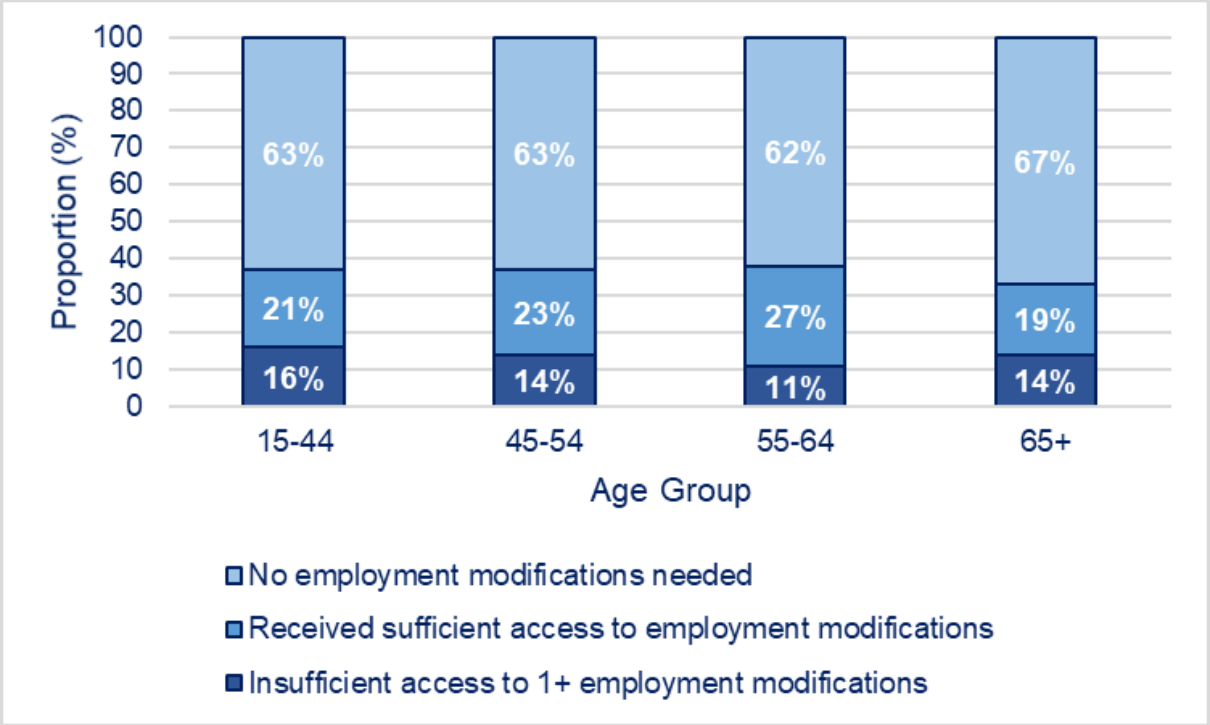
Figure 27. Proportion of people in Canada aged 15 and older with arthritis-associated disability who report feelings of social isolation, CSD 2022.



Employment Modifications

Employment modifications are resources that are required for those with a disability to be able to perform in the workplace. Individuals who were currently employed were asked whether they required work modifications to be able to work.[11] Over one-third of employed individuals with arthritis-associated disability report requiring one or more employment modifications because of the condition causing their disability; this is the case across all age groups (Fig. 28). Of those requiring employment modifications, over one-third report not receiving sufficient help, with the highest proportion of unmet modification needs observed within the youngest age group (Fig. 29).

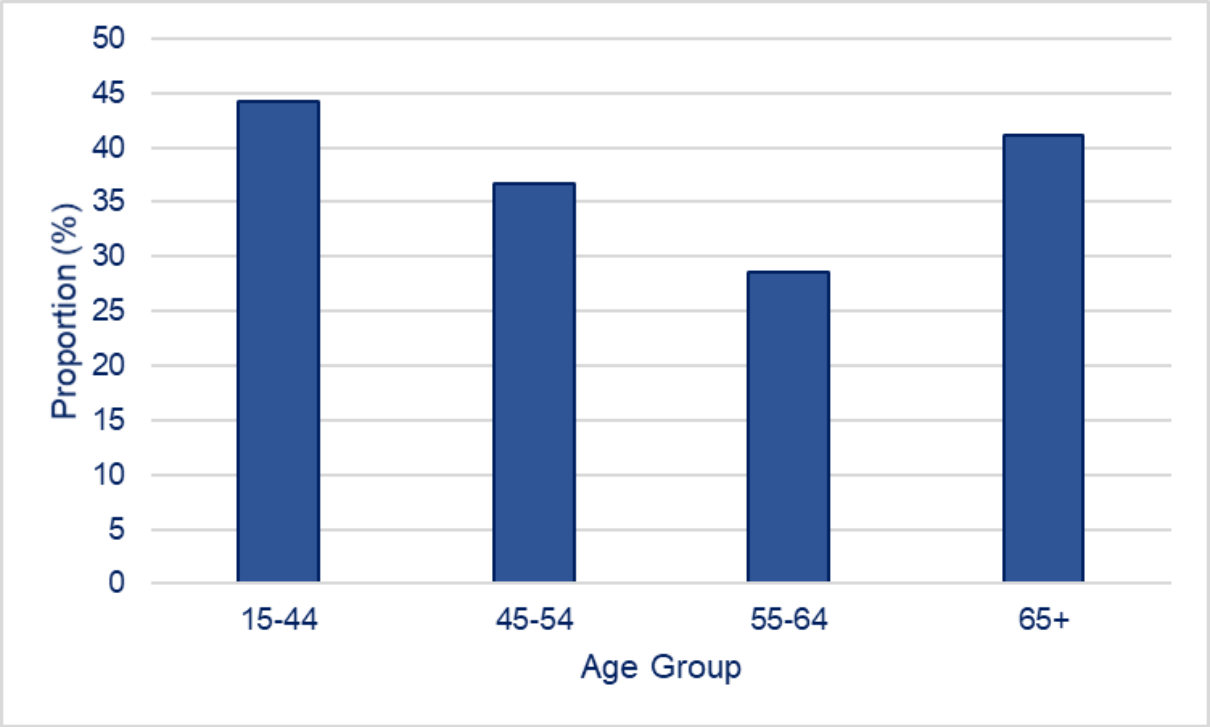
Figure 28. Proportion of employed people in Canada aged 15 and older with arthritis-associated disability who report requiring employment modifications, CSD 2022.[E]



[E] Estimates for "insufficient access to 1+ required employment modifications" have a high sampling variability and should be interpreted with caution.

[11] In the CSD, employment modifications included need for modified or different duties, working from home, modified hours or days or reduced work hours, human support, technical aids, computer, laptop or tablet with specialized software or other adaptations, communication aids, modified or ergonomic workstation, special chair or back support, handrails, ramps, widened doorways or hallways, adapted or accessible parking, accessible elevators, adapted washrooms, specialized transportation, or other equipment, help or work arrangement.

Figure 29. Proportion of employed people in Canada aged 15 and older with arthritis-associated disability who report requiring employment modifications and who do not receive sufficient help, CSD 2022.



Disability can also limit the amount or type of work an individual can do, leading to varied participation rates in the labour force. Nearly half (43%) of employed individuals and 68% of unemployed individuals with arthritis-associated disability report that their condition limits the amount or type of work that they do. In addition, nearly half of retired individuals with arthritis-associated disability retired because of their condition; 16% did not retire voluntarily.

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, the reality is that 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 ages. 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. The need for workplace modifications is also not uncommon, and nearly half in the youngest age group that are employed and live with arthritis-associated disability report unmet workplace modification needs.

Disability can affect one's functioning, health, independence, and engagement in society. At a population level, over 1.7 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 1.7 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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