



## MEDIA BACKGROUNDER

# RHEUMATOID ARTHRITIS: FACTS AND FIGURES

### Prevalence and Incidence

- Rheumatoid Arthritis (RA) affects between 0.5 to 1 per cent of the adult population worldwide.
- In China, Japan and Taiwan RA affects 0.3 per cent of the population in each country—or 4 million, 380,000 and 69,000 people respectively.<sup>1,2,3</sup>
- In Malaysia, RA affects about 0.5 per cent of adults between the ages of 25 and 50.<sup>4</sup>
- Two to three times as many women as men suffer from the disease.
- RA can start at any age, but the peak age of onset is between 30 and 55 years.

### Burden of Disease on Patients

- Treating only the symptoms of RA can reduce a person's lifespan by about 10 years.<sup>5</sup>
- Work disability among people with RA is significantly higher than in the general population.
- Research has shown that two-thirds of people with RA lose an average of 39 working days each year.<sup>6</sup>
- Another study demonstrated that nearly a quarter of patients with RA experience a reduction in income.<sup>7</sup>

### Economic Burden of RA

- In the United States, a systematic review revealed that the average annual medical cost associated with RA is US\$5,720 per patient of which in-patient cost is the largest component.<sup>8</sup>
- In Korea, the economic burden of RA is estimated to be US\$624.9 million, equivalent to 0.11 per cent of the GNP.<sup>9</sup>
- In Australia, arthritis costs A\$24 billion each year in healthcare, lost time at work, shortened lives and years spent with disability.<sup>10</sup>
- In Thailand, the average societal cost of RA is estimated to be US\$2,682, 41.4 per cent of a patient's average annual income. Average direct and indirect costs were estimated to be US\$2,135 and US\$547 per patient per year, respectively.<sup>11</sup>



## REFERENCES:

1. Rheumatoid Arthritis Therapeutics in China. Medical News Today, (10 April 2009).
2. Shichikawa K, Takenaka Y, Maeda A (1981). A longitudinal population survey of RA in a rural district in 1. Wakayama. Ryumachi, 21, 35-43.
3. Rheumatoid Arthritis Therapeutics in Taiwan. Bio-medicine News, (10 April 2009).
4. Rheumatoid Arthritis Therapeutics in Malaysia. Bio-medicine News, (31 March 2009).
5. Weaver A. L. (2004). The Impact of new biologicals in the treatment of rheumatoid arthritis. Rheumatology, 43, 17-23.
- 6 Wayne B., Morrison A., Maclean R. & Ruderman E. (2006). Systematic review of studies of productivity loss due to rheumatoid arthritis. Occupational Medicine, 56, 18-27.
7. Albers J.M.C., Kuper H.H., van Riel P.L.C.M., Prevoo M.L.L., Van't Hof M.A., van Gstel A.M. & Severens J.L. (1999). Socio-economic consequences of rheumatoid arthritis in the first years of the disease. Rheumatology, 38, 423-430.
8. Cooper N.J. (2000). Economic burden of rheumatoid arthritis: a systematic review. Rheumatology, 39, 28-33.
9. Yoon SJ, Bae SC, Lee SI, Chang HJ, Jo HS, Sung JH, Park JH, Lee JY & Shin YS (2007). Measuring the burden of the disease in Korea. The Korean Academy of Medical Sciences, 22, 518-23.
10. Access Economics PRY Limited (2007). Painful realities: The economic impact of arthritis in Australia in 2007. (Arthritis Australia).
11. Osiri M, Maetzel A, Tugwell P. The economic burden of rheumatoid arthritis in a developing nation: results from a one-year prospective cohort study in Thailand. J. of Rheumatology January, 34, 57-63.