

ANNOTATIONS

PREVALENCE OF ARTHRITIS AND RHEUMATISM IN THE UNITED STATES¹

THE common chronic diseases, arthritis and rheumatism, are well known to workers in the field of public health and medicine as leading causes of disability and suffering in the population at large. With new possibilities emerging in the treatment of the rheumatoid diseases, it is of utmost importance to obtain up-to-date statistical information as a means to planning programs for the effective control of such diseases.

In September, 1951, the Division of Public Health Methods conducted a survey in the United States to obtain new estimates of the number of recognized cases of chronic arthritis and muscular rheumatism. The findings from the September, 1951, survey are presented in the article "Prevalence of Arthritis and Rheumatism in the United States." The procedure used in collecting the data for this study was to add six short questions concerning arthritis and rheumatism to the interview used in one of the monthly canvasses conducted by the Census Bureau's Current Population Survey. Interviewers of the Bureau of the Census periodically visit approximately 25,000 households in sixty-eight sample areas in forty-two states and the District of Columbia. From this sample it was possible to make estimates of the amount of arthritis and rheumatism in the civilian population of the United States as a whole.

Persons reported by a family informant as having either arthritis or rheumatism were classed as "presumptive" cases. The estimated number of such cases in the civilian, noninstitu-

¹ Woolsey, Theodore D.: Prevalence of Arthritis and Rheumatism in the United States. *Public Health Reports*, June, 1952, 67, No. 6, pp. 505-512.

tional population of the United States, age 14 years and over was 10,104,000. About 75 per cent of the total number of cases had been medically attended. In 4.8 per cent of the attended cases the informant cited a diagnosis which was not considered to be arthritis or rheumatism in this survey. Another 31.7 per cent of the presumptive cases were judged to be doubtful cases either because the person had not had medical attention, or because the family did not know what the doctor's diagnosis had been. However, 63.5 per cent or an estimated 6,414,000 cases had medical care and were described by a physician as being arthritis, rheumatism, gout, lumbago, myositis or fibrositis. The author emphasizes that this estimate of 6,414,000 "diagnosed" cases was based on information obtained from lay informants who reported what they thought the doctor had said.

The prevalence rate per 100 population is discussed. For both sexes, the prevalence of presumptive cases of arthritis and rheumatism was 9.3 per cent. All cases attended by a physician yielded a prevalence rate of 6.9 per cent, and the prevalence rate for all diagnosed cases of arthritis and rheumatism was 5.9 per cent. The prevalence of all presumptive cases among females was considerably higher than among males, the rates being 10.8 and 7.6, respectively. For cases diagnosed as arthritis, the prevalence for females exceeded that for males by 80 per cent. However, the sex difference for diagnosed cases of rheumatism was not statistically significant.

Woolsey then discusses the per cent of cases in which a change in the type or amount of work was necessitated by the presence of a rheumatoid disease. Thirty-four per cent of the persons with diagnosed cases of arthritis and 29 per cent of those persons diagnosed as having rheumatism reported that their illness brought about some significant change in their employment status. When the age factor is also considered, the economic ramifications of this public health problem are clearly illustrated. Because of some form of arthritis or rheumatism 1.5-5 per cent of the population in the age group 45-65 years are forced to stop working entirely, change to part-time or occasional work, or make some other significant alteration in their employment or other usual activities.

The author also examines urban or rural residence, race, and occupation as factors affecting the prevalence of rheumatoid diseases. It was found that all forms of rheumatism and arthritis were more prevalent in farm areas than in urban populations.

The estimated number of employed civilians reported by the family informant as having arthritis or rheumatism is presented. These cases were analyzed by sex and occupation. The age-adjusted prevalence rates obtained from this analysis reveal that the highest percentage of persons who had arthritis or rheumatism were engaged in the occupation of farming. Woolsey believes: "The statistics suggest, however, that outdoor occupation may be a factor in determining the prevalence of arthritis and rheumatism."

The sex differences commented upon earlier by the author are again in evidence when men and women are compared according to occupation. Among the occupational groups in which both sexes are represented in large numbers, the age-adjusted prevalence rates for females with arthritis or rheumatism exceed those for males. Despite the fact that not all of these differences between the sexes were statistically significant, from all the prevalence rates presented, it would appear that more women than men are afflicted with the rheumatoid diseases.

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