

Race plays a role in disability in older adults with arthritis

Arthritis is common among elderly Americans, and as the population ages it is expected to increase. At the same time, disability is increasing in patients with arthritis and the racial/ethnic composition of the U.S. is changing; minority populations are forecasted to increase from 30.6 percent of the population in 2000 to 49.9 percent by 2050.

A new study published in the August issue of *Arthritis Care & Research* examined the rates at which different racial groups develop disability, how differences between groups can be accounted for, and the significant risk factors that predict the development of disability among older adults with arthritis.

Led by Jing Song of Northwestern University Feinberg School of Medicine in Chicago, IL, researchers examined data from the 1998-2004 Health and Retirement Study (HRS), a national study of noninstitutionalized older Americans. Using information from 1998, 2000, 2002 and 2004, their analysis included 7,257 respondents who reported arthritis and were initially disability free. The group was comprised of 85.5 percent whites, 9.3 percent African Americans, 2.4 percent Hispanics who spoke Spanish and 2.9 percent Hispanics who spoke English. Respondents were questioned as to whether they had arthritis, and disability was established by an inability (after the initial interview) to perform at least one task in the activities of daily living (ADL) as defined by the HRS: dressing, walking across a room, getting in or out of bed, bathing, eating and toileting.

The results showed that 1 out of 6 people reported disability in at least one ADL task over the 6-year follow-up period, but there were substantial differences across race/ethnicity groups. The rates of ADL disability among African Americans and Hispanic/Spanish were almost twice that of whites; Hispanic/English had rates similar to whites. The study differentiated between Hispanics who spoke English and those who spoke Spanish in order to consider whether adapting to a new culture (as measured by language) can affect health status. The authors note that language barriers may limit educational and occupational choices, and social stress related to poverty may contribute to the greater disability experienced by the Hispanic/Spanish group.

The study investigated the influence of health and medical access on racial/ethnic differences in developing disability and found that the differences were due to other chronic health conditions, functional limitation (such as an inability to walk several blocks), and health behaviors (such as smoking, alcohol consumption and regular exercise). Medical access also substantially influenced differences in the development of disability. In addition to having fewer economic resources, minorities were more likely to be uninsured or rely on Medicaid coverage. The authors note that lack of private insurance may indicate poorer quality of health care received and that those with lower tier health plans commonly have fewer choices regarding health services, which can compromise their quality of care.

The authors acknowledge that the study included self-reported arthritis, did not include information on the severity of the condition, and that the findings might have been influenced by unmeasured factors such as occupation, job demands, poorer living conditions and segregation. Nonetheless, the results showed that among older adults with arthritis, differences among racial groups in developing disabilities was largely due to differences in health status and medical access. "At the clinical level, not only should treatment of comorbid conditions be considered, but also disease prevention, prevention and treatment of functional limitations, and promotion of healthy behaviors should be a priority for all patients with arthritis to prevent the development of disability," the authors conclude. "Future research should be directed at how to more

effectively deliver such programs especially to minority populations.”

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