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Musculoskeletal Conditions

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Introduction

Musculoskeletal (MSK) conditions are the largest single cause of disability in the UK, affecting almost 32% of the population, with 21% of years lived with a disability (YLDs) in the UK accounted for by MSK conditions. The leading cause of YLDs in England the UK is lower back pain.[1]

Musculoskeletal conditions include:

- Joint diseases such as osteoarthritis and rheumatoid arthritis
- Back and neck pain
- Osteoporosis and fragility fractures
- Trauma and musculoskeletal injuries resulting from accidents

MSK conditions have a substantial influence on health and quality of life, and are associated with significant social costs. These conditions cause pain, physical disability and loss of personal and economic independence and account for around 27% of self-reported cases of work-related ill health and non-fatal injury (HSE, annual statistics 2023). In the UK in 2022/23, 35.2 million working days were lost to work-related ill health and of these over 9.5 million are due to MSK conditions.

Facts and figures

It is not possible to determine the exact prevalence of MSK disorders as there are no systems to capture the overall number of people with MSK conditions, therefore the level of need in the population is estimated from national research.[2] These estimates should be interpreted with caution as they may under or overestimate the overall burden of MSK disorders in Blackpool due to the particular demographic makeup of the local population, as well as other factors such as social deprivation and lifestyle factors. Given the level of deprivation in the borough together with higher rates of modifiable risk factors such as obesity, it is likely that estimates based on national research will underestimate levels locally. Nevertheless it gives a useful indication of total population prevalence.

It is estimated that almost 27,300 people in Blackpool have a MSK condition (figure 1). This equates to 1 in 6 men and 1 in 5 women. Many conditions, particularly osteoarthritis, rheumatoid arthritis and osteoporosis become more prevalent with age. Conditions such as back pain appear to be most prevalent during working years, though studies also show that the prevalence of severe lower back pain continues to increase with age.[3]

Figure 1: estimated prevalence (number) of musculoskeletal conditions in Blackpool

Condition	Males	Females	Persons
Rheumatoid arthritis	258	632	890
Childhood arthritis	-	-	-
Ankylosing spondylitis	41	8	49
Gout	618	138	756
SLE*	4	37	41
Scleroderma	3	16	19
Osteoarthritis	1,296	2,305	3,601

Back pain	2,824	3,351	6,175
Polymyalgia rheumatica	99	224	323
Osteoporosis (of hip only)	1,720	6,763	8,482
Disablement (mHAQ>0.5+pain)	9,796	9,775	19,571
All (MSK)	11,576	15,700	27,277
***SLE-Systemic lupus erythematosus**			

Source: Arthritis Research UK (now Versus Arthritis), A Heavy Burden: the occurrence and impact of musculoskeletal conditions in the UK today, 2011. Revised figures based on mid-2023 population estimates. Figures may not sum due to rounding.

The state of musculoskeletal health

As the table indicates, arthritis, back pain and osteoporosis are the most prevalent conditions. Osteoporosis is much more prevalent in females than males but still affects significant numbers of men. Both back pain and arthritis (osteo and rheumatoid) are also more prevalent in women.

It is estimated that around one in five of the adult population consults a GP about a musculoskeletal condition each year, accounting for around one in seven GP consultations.[1] Over the next 20 years as the population ages, a significant increase in MSK symptoms would be expected.

Self-reported data from the GP Patient Survey (2023) shows that an estimated 27.5% of Blackpool patients reported a long-term MSK problem, significantly worse compared to England (18.4%).

Musculoskeletal pain (eg osteoarthritis)

The Musculoskeletal Calculator provides estimates of the number of people with osteoarthritis of the hip and knee (both total and severe), It suggests that 12.2% of people in Blackpool aged over 45 have hip osteoarthritis. Based on 2023 population estimates, this would equate to 8,164 people (figure 2).

There are some significant risk factors in relation to musculoskeletal conditions, the most significant of which are obesity and physical activity. In Blackpool the level of adult obesity in 2022/23 was 33.2%, significantly higher than the national average of 26.2%. Almost a third (31.4%) of Blackpool's adults (aged 19 and over) are classified as physically inactive (doing less than 30 minutes of moderate intensity activity per week).

Figure 2 - number of people with osteoarthritis

	Total number of people with osteoarthritis			Number of people with severe* osteoarthritis		
	England	**North west**	**Blackpool**	**England**	**North west**	**Blackpool**
Hip	2,718,090 (10.9%)	368,468 (11.2%)	8,164 (12.2%)	797,971 (3.2%)	111,856 (3.4%)	2,543 (3.8%)
Knee	4,538,462 (18.2%)	618,500 (18.8%)	13,652 (20.4%)	1,521,133 (6.1%)	213,843 (6.5%)	4,818 (7.2%)
***Severe pain most of the time/unable to walk ¼ mile unaided/previously undergone hip or knee replacement due to arthritis**						

Source: Arthritis Research UK Musculoskeletal Calculator, 2012 modelling. Based on mid-2023 local authority population estimates

Rheumatoid arthritis

Rheumatoid arthritis is a long-term condition that causes pain, swelling and stiffness in the joints. The hands, feet and wrists are commonly affected, but it can also cause problems in other parts of the body. There were 1,377 patients with diagnosed rheumatoid arthritis registered to GPs in Blackpool in 2023/24, a prevalence rate of 0.9%, higher than the national average of 0.8%.

Osteoporosis and fragility fractures

Osteoporosis is a condition that weakens bones, making them fragile and more likely to break. It's a common condition that affects around three million people in the UK. More than 300,000 people receive hospital treatment for fragility fractures (fractures that occur due to falls from standing height or less) every year as a result of osteoporosis.

Data from GP Practice Quality Outcomes Framework (QOF) registers provides us with the number of people aged 50 and over with a record of a fragility fracture and a diagnosis of osteoporosis. There were 1,564 Blackpool patients on the register in 2023/24, a

prevalence rate of 2.1%, which is considerably higher than the national average of 1.1%. The number and rate of those registered with osteoporosis continues to climb in Blackpool, from 581 (0.8%) in 2017/18.

Falls and fall-related injury (hip fractures)

Falls are a significant public health problem and much health and social care activity results from people who have fallen and incurred fall-related injuries. Young children and older people are the two groups most likely to require healthcare treatment for falls. This is likely to continue to increase with an ageing population, unless falls prevention strategies are uniformly and effectively implemented.

Data from the Projecting Older People Population Information System (POPPI) provides an estimate of the number of people aged 65 and over predicted to be admitted to hospital as the result of a fall. In Blackpool the number of admissions is predicted to rise by almost 30% over the next seventeen years from 932 in 202 to 1,211 in 2040 (figure 3).

Figure 3 - Blackpool residents aged 65 and over predicted to be admitted to hospital as a result of fall, by age, to 2040

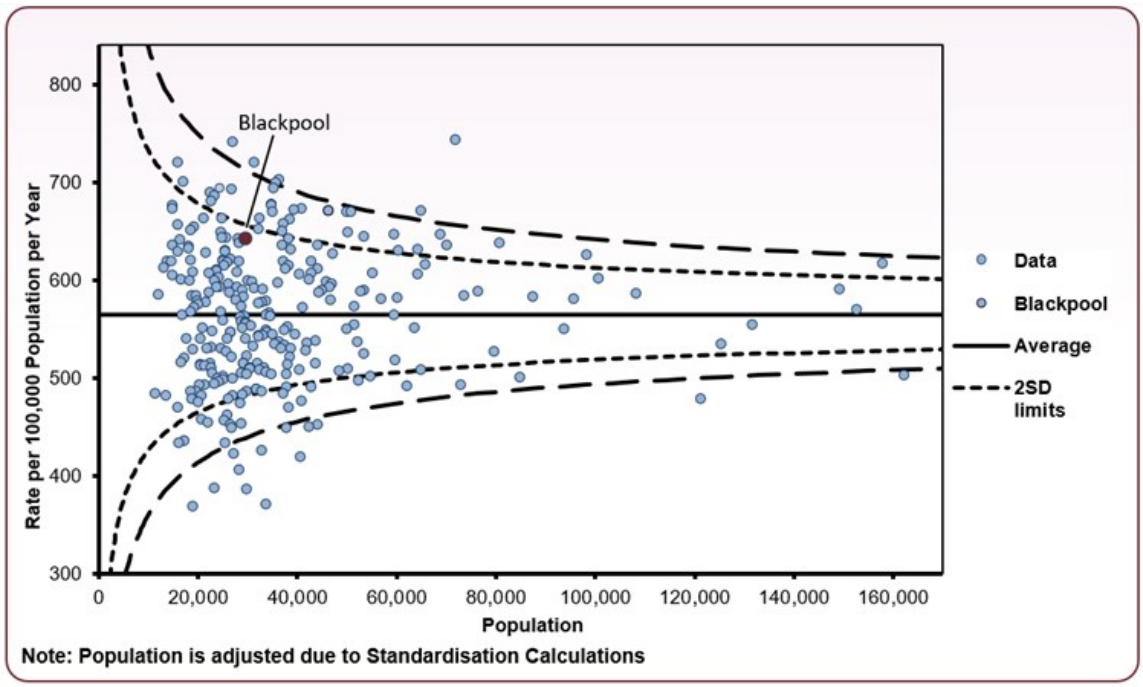
Age Group	2023	2025	2030	2035	2040
People aged 65-69	66	70	79	80	70
People aged 70-74	95	91	104	121	121
People aged 75-79	163	165	146	168	195
People aged 80 and over	608	631	732	756	826
Total population aged over 65	932	957	1,061	1,124	1,211

Source: Projecting Older People Population Information System

A hip fracture is the most important immediate consequence of falls and pre-existing osteoporosis among older people. It can result in a loss of independence, decreased quality of life, a need for more support in the community or admission to residential care - only 1 in 3 sufferers return to their former levels of independence and 1 in 3 end up leaving their home and moving to long-term care. Women are more likely than men to sustain a hip fracture and the incidence rises with age, associated with the decrease in oestrogen production after the menopause which accelerates bone loss.

Hip fractures are given as the most common reason nationally for admission onto an orthopaedic ward and in 2022/23 there were 190 admissions in Blackpool for a fractured neck of femur in people aged over 65 each year (increased slightly from 170 in COVID-19 affected 2020/21).[4] Hip fractures can happen at any age but are most common amongst the elderly and about two thirds of the admissions are women. Figure 4 shows that, in 2022/23 the rate of hip fractures in Blackpool compared to other lower tier local authority areas was above the national average, though less so than in previous years.

Figure 4 - hip fractures in people aged 65 and over by local authority: 2022/23



Source: OHID, Public Health Outcomes Framework

Musculoskeletal conditions profile

The Office for Health Improvement and Disparities' musculoskeletal conditions profile aims to provide meaningful data, on a single platform, to enable the commissioning of high value musculoskeletal services.

National and local strategies

- The Musculoskeletal health: 5 year prevention strategic framework (2019) is a statement of PHE (OHID), NHS England and Versus Arthritis' commitments to promote musculoskeletal health and to prevent musculoskeletal conditions
- The Department of Health's Musculoskeletal Services Framework - a joint responsibility: doing things differently published in 2006, is still relevant today and musculoskeletal services need to be reshaped in line with its recommendations
- The Arthritis Research guide, Musculoskeletal health - a public health approach presents a new way of thinking about musculoskeletal conditions
- National Institute for Health and Clinical Excellence (2017), Quality standard for hip fracture

Risks

Disability resulting from musculoskeletal disorders is increasing due to ageing of the population and to increased obesity and lack of physical activity. Prevention of longer term disability is possible through a range of currently available interventions such as accident prevention, modern treatment of arthritis and musculoskeletal injuries, and rehabilitation. The growing burden of these conditions can be controlled if priority and resources are given to ensuring access to these interventions.

Figure 5 - Factors contributing to musculoskeletal health

	Conditions of musculoskeletal pain (eg osteoarthritis)	Osteoporosis and fragility fractures	Inflammatory conditions (eg rheumatoid arthritis)
Age	Rare in the young	Affects mainly older people	Affects any age
Progression	Gradual onset	Silent and gradual weakening of bone, sudden fracture	Often rapid onset
Prevalence	Very common (more common in women)	Very common	Less common
Impact	Affects the joint and pain system	Hip, wrist and spinal bones are most common sites of fractures	Internal organs can be affected
Interventions	Treated with physical activity and pain management	Medication to strengthen bones, falls prevention, fracture treatment	Treated by suppressing the immune system
Risk factors	Age (late 40's onwards), physical injury, obesity, gender, previous joint illness or injury, genetic factors.	Smoking, alcohol, genetics, inflammatory disorders, poor nutrition, low physical activity	Genetics, smoking

Source: Musculoskeletal Health - a public health approach, Arthritis Research UK (now known as Versus Arthritis)

Like other long-term conditions, obesity and physical activity are major avoidable risk factors for developing musculoskeletal conditions. Our aging population, rising obesity and reduced levels of physical activity will increase the prevalence of these conditions. Yet conditions such as arthritis and back pain are commonly perceived to be unavoidable, and too few people with these conditions are aware of the benefits of physical activity and maintaining healthy body weight to improve their symptoms.

Key recommendations

- Local and national population health assessments must include musculoskeletal health (in particular in JSNAs and JHWS)
- Programmes targeting lifestyle factors such as obesity and physical activity should explicitly include impact on musculoskeletal health
- Health promotion messages should emphasise the benefits of physical activity to people with musculoskeletal conditions
- Public health activity must be underpinned by high-quality data about musculoskeletal health

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[1] Versus Arthritis (2021) The State of Musculoskeletal Health 2021: Arthritis and other musculoskeletal conditions in numbers.

[2] Parsons S, et al. 2011. A Heavy Burden: the occurrence and impact of musculoskeletal conditions in the United Kingdom today

[3] MacFarlance, G.J., Beasley, M., Jones, et al (2012) The prevalence and management of low back pain across adulthood: results from a population-based cross-sectional study (the MUSICIAN study). Pain, 1212 Jan;153(1):27-32. doi: 10.1016/j.pain.2011.08.005

[4] Office for Health Improvement and Disparities (OHID), Public Health Profiles, 2020/21

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