

Living Well

Musculoskeletal Conditions

Revised: 25/10/2016

Introduction

[*The Global Burden of Disease Study 2010 \(The Lancet\)*](#) reported that musculoskeletal disorders (muscles, bones and joints) are the single biggest cause of disability in the UK, at 31.3% of the population. Of the entire burden of disability, low back pain is the single biggest cause of disability, followed closely by osteoarthritis. Musculoskeletal related disability is going to increase because of the ageing population, increased levels of obesity and lack of physical activity.

Musculoskeletal (MSK) conditions are those affecting the nerves, tendons, and muscles and supporting structures, for example spinal discs. This encompasses over 150 diseases and syndromes. Taken together, data from the Global Burden of Disease study (GBD) demonstrates that as of 2013 they are the leading cause of disability in England, accounting for 24% of all years lived with disability (YLD).

According to GBD data, low back and neck pain was the leading cause of disability in England in 2013, resulting in 1.3 million YLD – nearly 18% of all YLD - compared to 445,000 YLD attributable to the next leading cause (sense organ diseases). ‘Other musculoskeletal disorders’ were the tenth largest contributor of YLD, responsible for 235,000 YLD, while osteoarthritis was 15th, causing 136,000 YLD. The disability due to MSK disorders is expected to rise further with increases in obesity and sedentary lifestyles, along with an ageing population.

This chapter focuses on these leading and most common causes of musculoskeletal morbidity and mortality: low back and neck pain and osteoarthritis.

What do we know?

Low back pain (LBP) affects around one-third of the UK adult population each year, and around one in five of those affected will present to their GP. Studies suggest that that 11% of adults have had disabling back pain in the previous three months, 23% have had LBP lasting more than three months, and 18% have had “at least moderately troublesome pain” in the previous month. It is estimated that around 6% of LBP patients develop long standing or serious disabling back pain, and these cases account for more than 80% of health care resource utilisation for back pain. The lifetime risk of a significant episode of neck pain is between 40 and 70 percent, with higher rates in women than men, and increasing prevalence up to around age 55. Between 50 and 85% of neck pain sufferers will also face a recurrence within five years.

Based on data from [The English Longitudinal Study of Ageing](#), Arthritis Research UK found that 1 in 5 adults have osteoarthritis of the knee and 1 in 9 have osteoarthritis of the hip.

Based on data on Disability Allowance claimants for 2010/11, arthritis was the most prevalent disabling condition in the UK, cited by 17.4% of all claimants, with “disease of the muscles, bones or joints” and back pain accounting for an additional 10.7%. MSK conditions also account for around 14% of primary care consultations (as of 2006). The Health and Safety Executive estimate that 9.5 million working days were lost to work-related musculoskeletal disorders alone in 2014/2015 - 40% of all days lost due to work-related ill health.

Older age, obesity and smoking are key risk factors for the MSK conditions. Older age is the biggest risk factor for osteoarthritis, with the proportion of people seeking treatment for osteoarthritis rising from around a third of women and a quarter of men aged 45-64 to half of people aged 75 and over.

Obesity is a risk factor for low back pain and rheumatoid arthritis, and is the largest modifiable risk factor for osteoarthritis. Ageing also increases the risk of osteoporosis and low back pain. Studies have indicated that obese people are around eight times as likely to get knee osteoarthritis (even controlling for age, sex, smoking and physical activity), and those that are severely obese (BMI at least 36 kg/m²) are almost 14 times as likely to have neck pain. Females are also at greater risk of neck pain, osteoporosis and self-reported low back pain. Because osteoarthritis often makes activity painful, sufferers are also more likely to become inactive, and so further increase the risk of obesity and associated disorders. Smoking is a risk factor for rheumatoid arthritis and low back pain and osteoporosis. Female gender is also a risk factor for all of the MSK conditions detailed here: prevalence of osteoarthritis is around twice as high in women as in men, rheumatoid arthritis.

Table 1: [Prevalence Rates for Rheumatoid Arthritis \(16+\) for West Berkshire, 2014](#)

	Estimated List Size 16+	Number on Register	Prevalence Rate %
England	46,378,469	338,080	0.73

CCG Breakdown

Newbury & District CCG	93,713	613	0.65
North & West Reading CCG	87,405	527	0.60

GP's in Area

West Berkshire GP Total	120,668.96	778	0.64
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Table 2: [Prevalence Rates for Osteoporosis \(50+\) for West Berkshire, 2014](#)

	Estimated List Size 16+	Number on Register	Prevalence Rate %
England	20,052,188	34,992	0.17

CCG Breakdown

Newbury & District CCG	42,017	46	0.11
North & West Reading CCG	37,982	106	0.28

GP's in Area

West Berkshire GP Total	54,952.49	100	2.75
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What is the data telling us?

[Arthritis Research UK \(2014\)](#) have produced estimates for the prevalence of knee and hip arthritis (the most common forms of osteoarthritis), and report that the prevalence of knee osteoarthritis in those aged over 45 in West Berkshire is 17.5% (male prevalence 16%, female prevalence 19%), or 5.4% for severe cases. The prevalence of hip osteoarthritis is 10.6% (male prevalence 7.8%, female prevalence 13.2%), or 2.9% for severe cases. This is similar to the overall England prevalence of 18.2%. This equates to 11,931 people with knee osteoarthritis and 7,209 people with hip osteoarthritis in West Berkshire.

Risk factors for osteoarthritis in West Berkshire: In the MSK Calculator, risk of osteoarthritis is related to age, gender, socioeconomic status, body mass index, physical activity level and smoking status. West Berkshire is among the least deprived local authority areas in England (deprivation decile 10). It has a similar proportion of adults who are overweight or obese compared to the England average. The proportion of adults in West Berkshire who are physically active is similar to the England average and it has a similar smoking prevalence.

Recommendations for consideration

Emphasis should be placed on increasing awareness of preventative and self-management strategies for individuals who have or are at risk of MSK disease.

Primary care professionals should be aware of available local service to enable patients to access them when appropriate. Primary care professionals should also be well versed on up-to-date information and advice for self-management strategies.

Other services and partner organisations

Royal Berkshire NHS falls & balance clinic
 Pharmacies
 Shopmobility
 NHS 111
 Wheelchair services & mobility aids
 Keep Mobile community service

Activity for Health – Exercise on Referral Legacy Leisure
Steady Step - Legacy Leisure community based falls prevention exercise classes
Thrive charity
Eat4Health Weight Management Service –Solutions for Health

National and local strategies

NICE [Guidance & Pathways](#)
NICE Evidence Search – [Musculoskeletal Conditions](#)
Arthritis Research [Musculoskeletal Health a Public Health Approach](#)

Other chapters you might be interested in

Falls and Mobility
Mental Health in Adults
Deprivation
Carers

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437