

Joint Pain Matters 2021

A spotlight on the impact of joint pain

66% 

of people with **joint pain** struggle to **sleep**

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Foreword

Paul Manning

Chief Medical Officer and Consultant Orthopaedic Surgeon at Circle Health Group

BMedSci BMBS DM FRCS(Eng) FRCS(Tr&Orth)



With joint pain currently affecting more than 8 million people across the UK, now is the time to start a conversation about its impact on daily life. This form of pain affects people of all age groups, resulting in mental health issues, devastating mobility loss and sleepless nights. Our objective with this year's Joint Pain Matters 2021 Report is to share what life is really like when living with joint pain. Of those who participated in our recent research for this report, more than 50% said that living with joint pain significantly reduces their quality of life. More work could always be done to raise awareness of joint pain. Not only in older people, but in younger people, too. While living with joint pain often feels like an uphill battle, there are treatment options available to help people manage pain.

I am extremely pleased that Circle Health Group is shining a spotlight on this conversation. I want to thank every person — men and women across varying ages — for their participation in our recent research. Their feedback will help us to better our healthcare services and the information we provide to patients and healthcare professionals. With the correct information, we can continue to raise awareness of the impact of joint pain in people across the UK.

Executive summary

The Circle Health Group Joint Pain Matters campaign explores the impact that musculoskeletal pain has on our society, from mental health and wellbeing, to the treatments, therapies and lifestyle changes people with MSK pain have tried.

Method

This report examines the results of insights gathered from our Joint Pain Matters survey, carried out between November 2020 and January 2021, published in 2020, predominantly on social media. This survey featured both closed and open-ended questions to gather statistical analysis about joint pain, commonly diagnosed conditions and treatment options.

8,545 people took part, making it one of the largest UK studies of its kind. And while the results presented here are not part of a scientific research project, the parallels with other studies are undeniable. What is presented here is anonymised statistical analysis, specialist commentary and, perhaps most importantly, the voice of people who suffer with MSK pain every day of their lives.

Our aim is fourfold

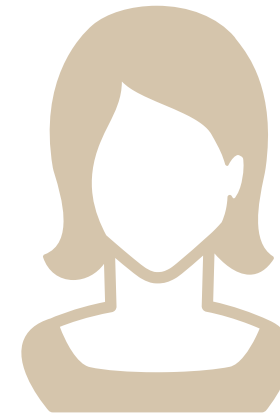
- To gather insightful data on the impact of joint pain on daily life, examining the physical and emotional effects of joint pain across people of different age groups.
- To understand how joint pain affects a person's quality of life, relationships and career.
- To explore the key treatment pathways and alternative therapies for joint pain that respondents have tried.
- To understand the impact that the COVID-19 pandemic has had on people's joint pain, as society adjusted to a more sedentary and solitary lifestyle caused by social restrictions and lockdowns.

Gender

71.53% of our survey respondents are female, while only 28.16% of are male. Overall, the highest percentage of our survey respondents fall under the following categories: white, female, age range 65-74, from the North West of England and the South East of England. These respondents suffer from pain in multiple joints.

Location

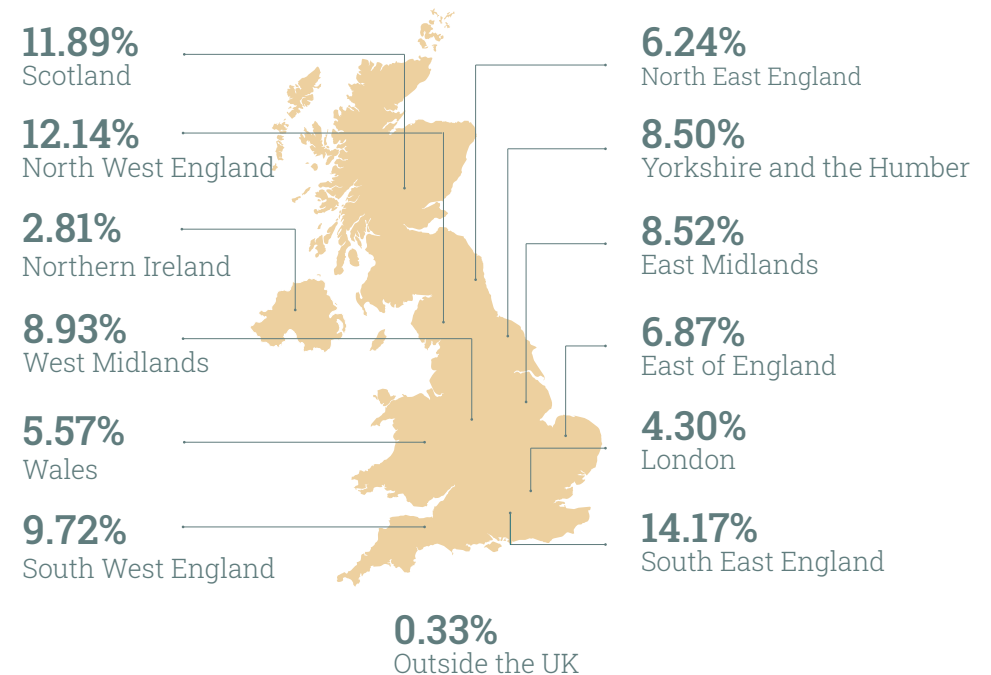
The largest number of responses came from the South East. Responses were generally evenly distributed across locations.



71.53%
Female



28.16%
Men



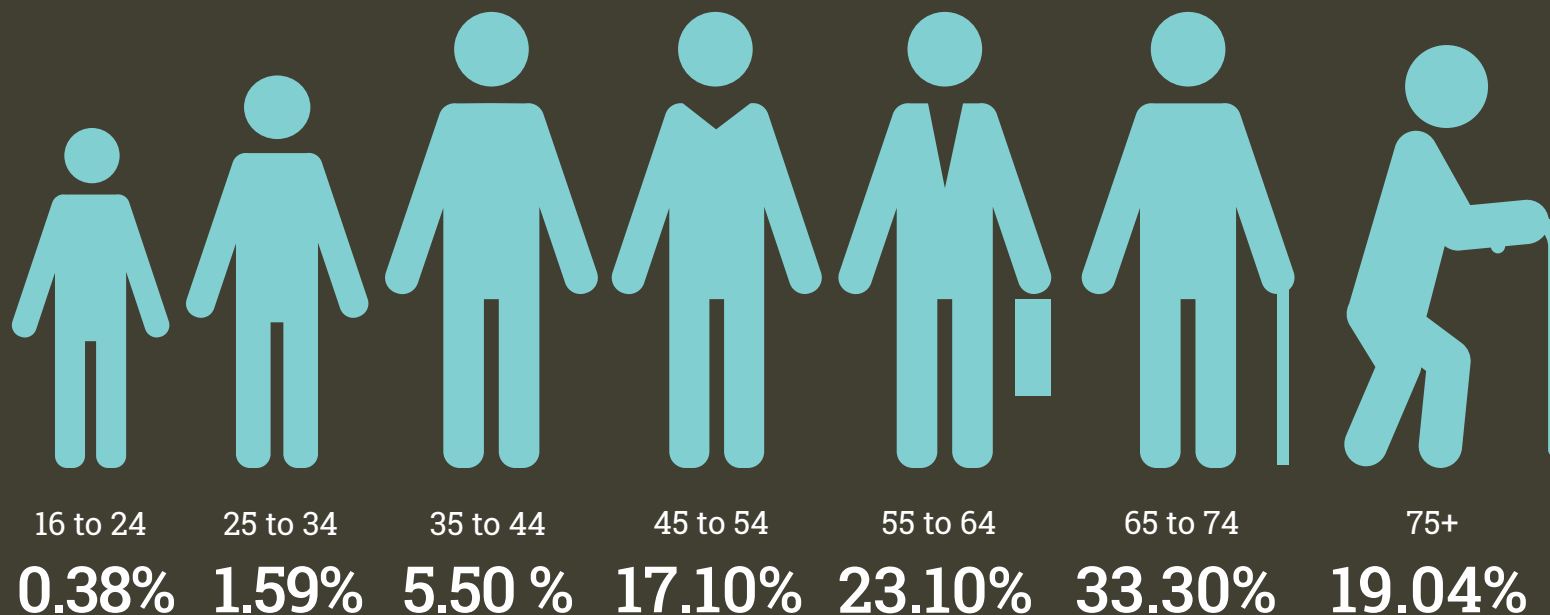
Age range

The largest segment our survey respondents are aged 65-74 (33.30%), followed by 19.04% of people aged 75+. 23.10% of our respondents are aged 55-64. While most survey respondents are in older age groups, 5.50 % of respondents are aged 35-44. This represents 461 people (a substantial number of people).

Conditions reported

86.20% of survey respondents have been officially diagnosed with a joint pain condition. Most respondents (65.18%) suffer from some form of arthritis — predominantly, osteoarthritis (37.12%).

Age of respondents



“

I can't sleep. I wake up throughout the night in pain, which makes me unproductive during the day.

”

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Symptoms and conditions

Joint pain: symptoms and conditions

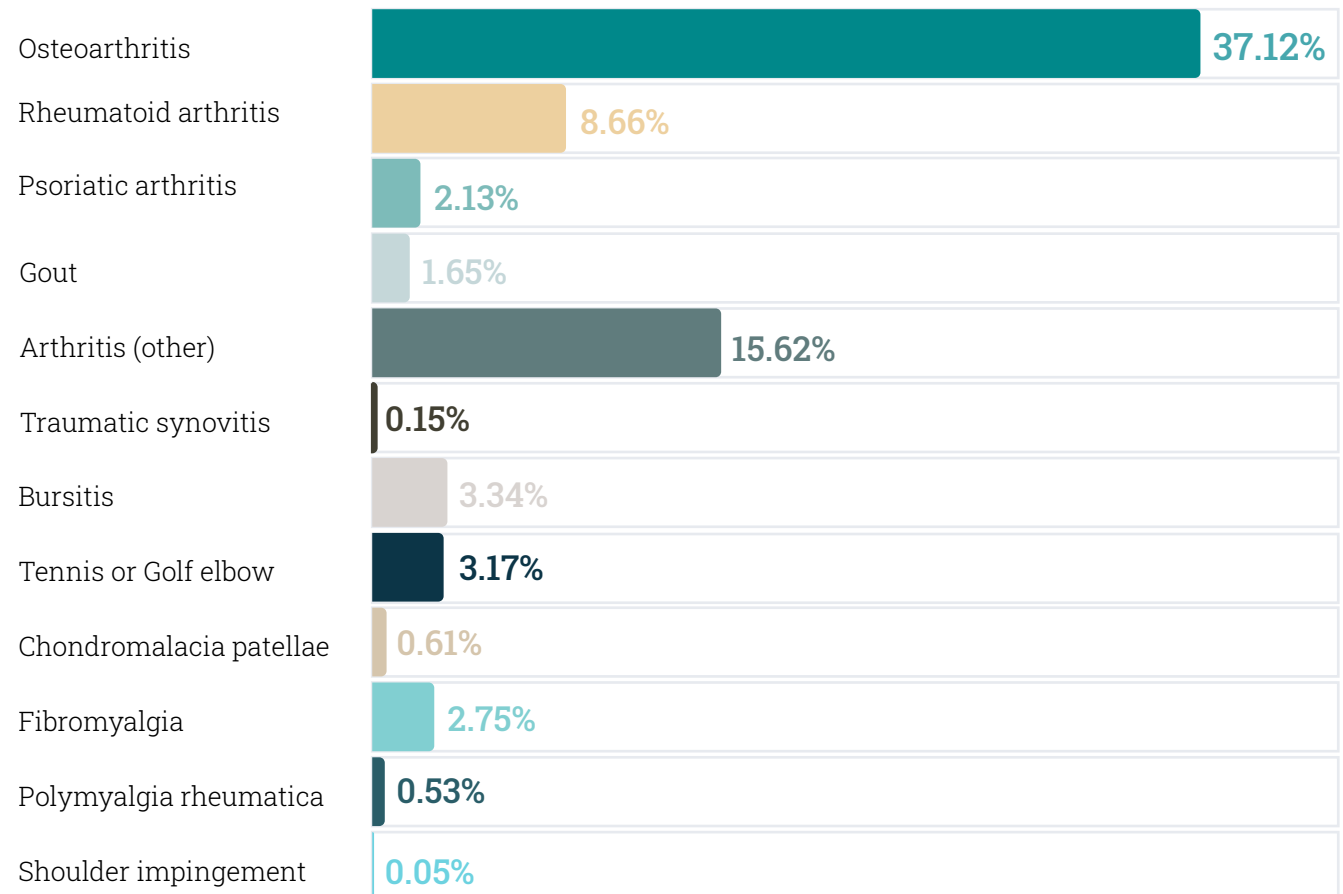
We share important information about the most common joint pain conditions in the UK, as well as symptoms to look out for and key treatment options.





In the UK, more than 8 million people suffer from joint pain caused by arthritis or other musculoskeletal conditions [1]. Joint pain often results in stiffness and reduced mobility, which in turn can lead to poor mental health and quality of life. Joint pain has many causes, including rheumatoid arthritis, osteoarthritis, bursitis and frozen shoulder. Joint pain symptoms vary across these conditions — although they each have one factor in common — they are relentless and debilitating.

Our survey found that various forms of arthritis are the leading cause of joint pain, with 65.18% of respondents having been diagnosed with one form of arthritis or another. Osteoarthritis is the most commonly diagnosed form of arthritis across men and women, with 37.12% of respondents having been diagnosed with the condition.

People in the early stages might not understand the underlying condition causing their joint pain. And while they could be suffering from one of the many forms of arthritis, it is also possible that could be suffering from another condition, such as shoulder impingement, bursitis or gout.

Percentage of respondents with diagnosed joint pain conditions



 Joint pain condition	 Main symptoms	 Commonly affected joints	 Main treatment
Osteoarthritis	Joint tenderness, joints appearing larger than usual, muscle weakness, reduced mobility	Knees, hips, hands	Steroid injections, NSAIDs medication
Rheumatoid arthritis	Throbbing and aching joint pain, stiffness, swelling, warmth and redness in joints, lethargy, sweating	Hands, wrists, knees	Steroid injections, DMARDS medication, supportive treatments (physiotherapy and occupational therapy)
Psoriatic arthritis	Swollen, painful and stiff joints, joint deformities	Knees, ankles, hands	NSAIDs medication, opioids such as codeine, capsaicin cream, steroid injections
Bursitis	Dull, achy joint pain, tender and warm joints	Shoulders, hips, elbows or knees	NSAIDs medication, opioids such as codeine, capsaicin cream, steroid injections
Gout	Sudden, severe pain in one joint, hot, swollen skin over affected joint	Big toes, hands, wrists	NSAIDs medication, steroid injections, lifestyle changes (exercise and diet)
Shoulder impingement	Pain in the top and outer side of your shoulder; pain that's worse when you lift your arm, an aching pain in your shoulder; weakness in your arm	The shoulder joint	Specialist shoulder exercises, steroid injections, NSAIDs medication, subacromial decompression surgery
Tennis elbow	Swelling and tenderness on the outside of the elbow, which could travel to the forearm when lifting your arm, bending your arm, or gripping objects	The elbow joint	NSAIDs medication, steroid injections, physiotherapy, specialist elbow exercises

Conditions reported

How do joint pain symptoms differ across conditions?

Osteoarthritis

Osteoarthritis is the most common type of arthritis in the UK, affecting more than 8 million people. This represents 13.8% of the UK population [2]. The condition occurs when the smooth cushion between bones (cartilage) breaks down, making joints painful, swollen and hard to move. Our survey found that 37.12% of respondents suffer from osteoarthritis. According to the NHS, people commonly suffer from osteoarthritis in the hands, knees, lower back and neck [3]. This is reflected in the results of our survey, with 34.89% of people with osteoarthritis reporting pain in their hands and wrists, 39.48% in their knees, 34.47% in their back and 33.27% in their necks.

“Most days, I struggle to get out of bed because of pain and stiffness in my hips. It's horrific in the mornings.”

Rheumatoid arthritis

In the UK, rheumatoid arthritis affects more than 400,000 people [4]. This represents 0.6% of the UK population. Rheumatoid arthritis (RA) is an inflammatory joint condition caused by an autoimmune process. This happens when the body attacks its healthy cells by mistake. This often causes painful swelling and stiffness. People most commonly suffer from rheumatoid arthritis in their hands, wrists, hips and knees [5]. Our survey found that 8.66% of respondents suffer from rheumatoid arthritis.

Psoriatic arthritis

Only 2% of people suffer with psoriasis in the UK, according to the NHS [6]. The National Psoriasis Foundation states that psoriatic arthritis affects around 30% of people with psoriasis [7]. Only 2.13% of our survey respondents suffer from this form of arthritis, which is a long-term condition that gets progressively worse (making early diagnosis key to managing symptoms). It often results in swelling, stiffness and sometimes joint deformities. According to the NHS, it is not clear why some people develop psoriatic arthritis and others do not [8].

Bursitis

According to a 2018 study by the National Centre of Biotechnology Information (NCBI), 1 in 10,000 people suffer from bursitis in the UK every year (0.01%) [9]. Bursitis happens when the fluid-filled sacs (bursa) that protect your joints from wear and tear become inflamed. Only 3.34% of our survey respondents suffer from bursitis. It can affect any joint but, according to the NHS, it is most common in the shoulders, hips, elbows or knees [10].

Gout

Gout is caused by a build-up of uric acid crystals in the joints, where they cause a type of arthritis called gouty arthritis. According to the UK Gout Society, gout is caused by a build-up of uric acid crystals in the joints, where they cause a type of arthritis called gouty arthritis. One in 40 people suffer with gout in the UK (2.5%) [11]. Gout often begins in the big toe and spreads to other joints [12]. Only 1.65% of our survey respondents suffer from gout.

Shoulder impingement

According to a study published by the Oxford Shoulder and Elbow Clinic, 20% of people will experience symptoms of shoulder impingement during their lifetime [13]. The exact percentage of people living with shoulder impingement in the UK is unclear. Although only 0.05% of our survey respondents have shoulder impingement, it is referred to as a “common cause of shoulder pain” by the NHS [14]. Shoulder impingement happens when the tendon (a band of protective tissue) inside the shoulder rubs or catches on nearby tissue and bone as a person lifts their arm.

Tennis elbow

According to the NHS, tennis elbow affects 1% to 3% of the population [15]. This is often caused by the overuse of the muscles of the forearm, near the elbow joint. Although only 3.17% of our survey respondents have tennis elbow, respondents told us that elbow pain has the largest impact on people's work and social life. More than a third (39.23%) of respondents reported that elbow pain massively or significantly affects their mental health. Almost a half of respondents said it affects their sleep every night.

While there are many joint pain conditions, symptoms are most commonly caused by some form of arthritis. Finding the right treatment option is key to managing pain and making the most of daily life.



Often, people suffer a crossover of rheumatoid arthritis and osteoarthritis symptoms. It's our job to make sure we identify which form of arthritis a person has before building their treatment plan.

BMI Healthcare Consultant orthopaedic surgeon
[Mr Vikas Vedi](#)

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Fibromyalgia: the linked condition

According to Versus Arthritis, somewhere between 1.8 million and 2.9 million people in the UK suffer from fibromyalgia [1]. This poorly understood condition often results in chronic pain, fatigue and sleep issues. Although it is not life-threatening, it can severely impact a person's quality of life. In our survey, 2.75% of respondents have been diagnosed with fibromyalgia. This statistic represents a substantial number of people (163).

What is fibromyalgia?

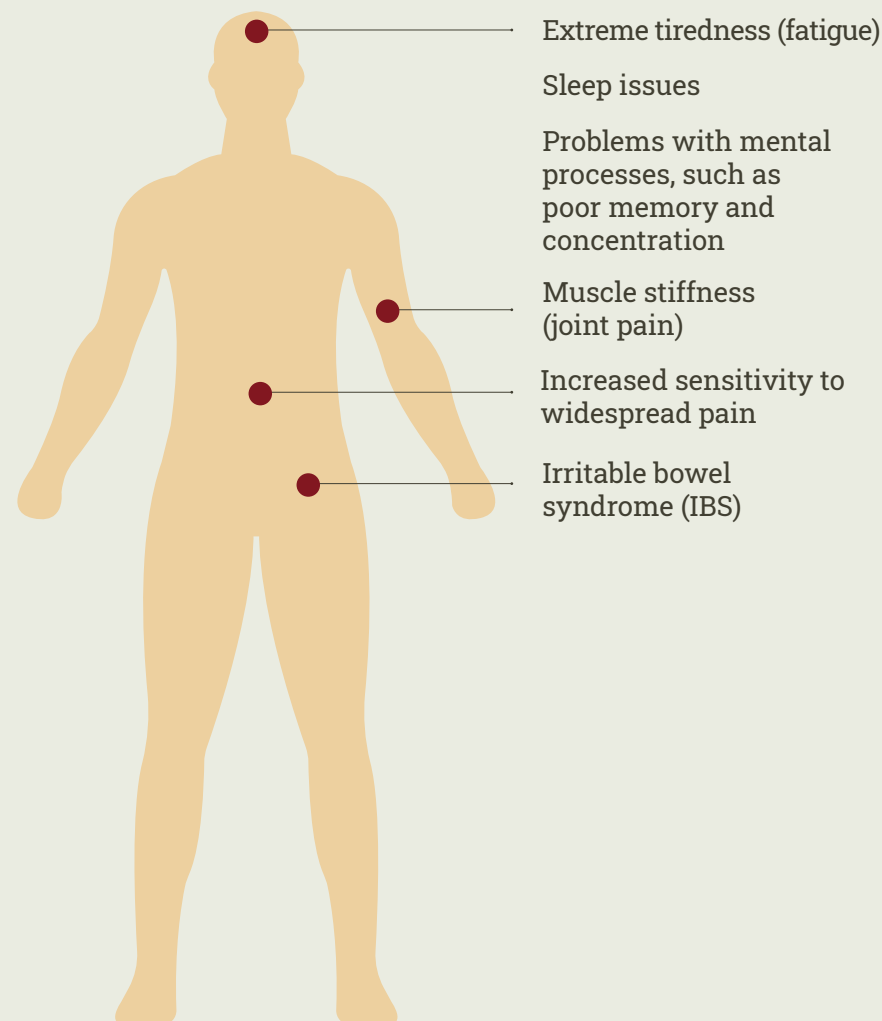
Fibromyalgia, also known as fibromyalgia syndrome (FMS), is a long-term condition that causes widespread pain, as well as extreme fatigue and muscle stiffness [2].

Symptoms of fibromyalgia

Symptoms of fibromyalgia include:

- Muscle stiffness (joint pain).
- Increased sensitivity to pain.
- Extreme tiredness (fatigue).
- Sleep issues.
- Problems with mental processes, such as problems with memory and concentration.
- Irritable bowel syndrome (IBS). This is a digestive condition that causes stomach pain, bloating and irregular bowel movements [3].

Symptoms of fibromyalgia



Fibromyalgia treatment options

There is no cure for fibromyalgia. However, there are treatment options available to help people manage their symptoms and enjoy daily life. Some of these are similar to joint pain treatment options. Treatment for fibromyalgia is usually a combination of medication (painkillers and anti-inflammatory drugs), talking therapies and lifestyle changes.

According to the NHS, exercise is one of the most effective treatment options for fibromyalgia [4]. This includes aerobic and muscular strengthening exercises [5].

“With medications, self-care strategies and lifestyle modifications, living with fibromyalgia can be a little easier” — Arthritis Foundation [6].

What causes fibromyalgia?

At present, the exact cause of fibromyalgia is unknown [7]. However, it is also believed that some people are more likely to develop fibromyalgia as a result of genetics. Sometimes, the condition appears to be triggered by a trauma, such as giving birth, the breakdown of a relationship, or a bereavement [8]. Versus Arthritis says: “We don’t currently know the exact reason why people get fibromyalgia. But there does seem to be a common link with things such as arthritis, a traumatic event, and mental health and wellbeing” [9].

Fibromyalgia and rheumatoid arthritis

Fibromyalgia causes joint pain, but how is it linked with arthritis?

According to the Arthritis Foundation, people with rheumatoid arthritis are more likely to develop fibromyalgia. “People with rheumatoid arthritis, lupus or other autoimmune diseases are more likely to develop fibromyalgia. Symptoms usually appear between ages 30 and 55 [10]. Although fibromyalgia is more common in adults, children (especially adolescent girls) can develop fibromyalgia,” the charity says. In our survey, 8.66% of respondents have rheumatoid arthritis. These respondents are more likely to suffer from fibromyalgia. More research needs to be done to understand why arthritis (specifically rheumatoid arthritis) is commonly linked to fibromyalgia.

What we do know is that rheumatoid arthritis symptoms combined with fibromyalgia symptoms can make life extremely challenging. One respondent said: “I can’t sleep. I struggle to walk far. I don’t clean my house. I can’t work. I struggle with life every day.”

“

We don't currently know the exact reason why people get fibromyalgia. But there does seem to be a common link with things such as arthritis, a traumatic event, and mental health and wellbeing.

Versus Arthritis

”

“

People with rheumatoid arthritis, lupus or other autoimmune diseases are more likely to develop fibromyalgia. Symptoms usually appear between ages 30 and 55. Although fibromyalgia is more common in adults, children (especially adolescent girls) can develop fibromyalgia.

Arthritis Foundation

”

Painsomnia

One of the issues related to these combined symptoms is painsomnia (the vicious cycle of pain and lack of sleep). More than a third (37.38%) of our respondents say that their sleep is disrupted every night because of joint pain. According to the NHS, fibromyalgia often also results in sleep issues [11]. While painsomnia is testing, there are coping methods that can help people with chronic pain sleep better, including cognitive behavioural therapy.

Help for fibromyalgia sufferers

There are resources available to help people with fibromyalgia. Arthritis Research UK's "Fibromyalgia Information Booklet" discusses the pain condition in depth, including symptoms, treatment options and vital research [12]. Fibromyalgia Action UK [13] and UK Fibromyalgia [14] are charities that offer information and support to people living with fibromyalgia. The NHS also offers a lot of advice on self-help techniques [15].

“

I can't sleep. I struggle to walk far. I don't clean my house. I can't work. I struggle with life every day.

”



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40% 

of our survey respondents
feel that joint pain affects the
people around them

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A photograph of a middle-aged man with grey hair and a beard, wearing a dark blue long-sleeved sweater. He is sitting on a bed with white linens, looking down and to the right with a pained expression, holding his right hand to his neck. The background is softly blurred, showing a bedroom setting.

Life impact

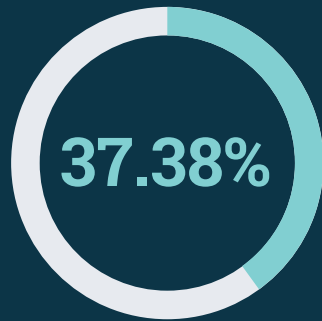
Numbers you should know

Life impact

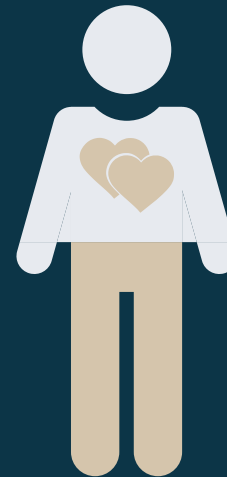


43.79%

have missed work because of joint pain



of respondents reported that joint pain affects their sleep every night



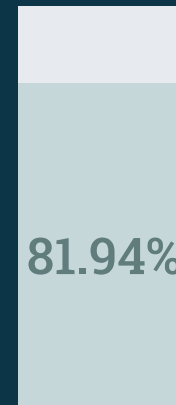
49.29%

say that joint pain has affected their romantic relationships



39.29%

of respondents rate their quality of life as 'poor' as a result of joint pain



of respondents said that elbow pain has affected their mental health

Life impact (sleep and social life)

women vs men

Severe joint pain significantly impacts a person's quality of life. It interferes with romantic relationships, social life, family life, career progression, sleep patterns and physical activity. Cumulatively, these aspects of life shape a person's mental wellbeing and overall sense of self.

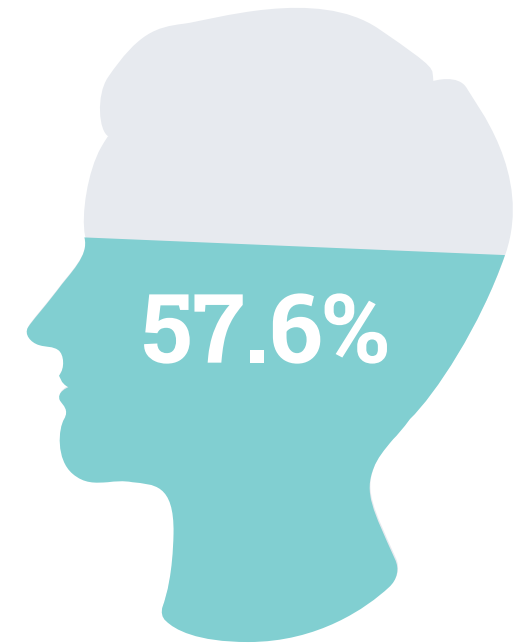
More than two thirds (68.88%) of respondents to this year's Joint Pain Matters survey reported that joint pain has impacted their mental health. More women than men say that joint pain has impacted their mental wellbeing, with 73.36% of respondents saying their mental health was impacted a 'little', 'significantly' or 'massively'. This compares with only 57.6% of men, which could reflect a wider narrative about men's health. We discuss this topic in more detail in our Men's Health: combating the Stigma section.

Versus Arthritis report that: "Musculoskeletal (MSK) conditions, such as arthritis and back pain, affected an estimated 18.8 million people across the UK in 2017." [1].

More than a quarter (25.75%) of our survey respondents say they struggle to deal with their joint pain, which reflects its severe and debilitating nature. Mr James Berstock remarks: "Being in constant pain, even when resting, is relentless and exhausting. It takes the joy out of the simplest of pleasures, disrupts sleep and makes patients understandably irritable and low in mood. This affects close relationships."



of women say their mental health is impacted a "little", "significantly", or "massively" by joint pain



of men say their mental health is impacted a "little", "significantly", or "massively" by joint pain

Sleep

Pain disturbs sleeping patterns and ability to fall asleep. Overall, more than a third (37.38%) of respondents say that their sleep is disrupted by joint pain every night. Only 8.33% of respondents say their sleep is not affected. Studies by The National Library of Medicine show that about 50% to 70% of people with rheumatoid arthritis suffer from disturbed sleep as a result of chronic pain [2]. Sleep is extremely important. Restorative sleep — which comprises the completion of all five stages of sleep — is vital for brain function. It releases growth hormones that repair the cells in the body, allowing people to heal and grow. Restorative sleep also helps regulate emotions [3].

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Being in constant pain, even when resting, is relentless and exhausting. It takes the joy out of the simplest of pleasures, disrupts sleep and makes patients understandably irritable and low in mood. This affects close relationships.

Consultant orthopaedic surgeon
[Mr James Berstock](#)

Unfortunately, lack of sleep induced by chronic pain can lead to a vicious cycle of no sleep and increased sensitivity to pain, due to lack of repairment and growth. This cycle is sometimes referred to as “painsomnia”, a term coined by members of the rheumatoid arthritis community. The British Pain Society says that chronic pain affects more than two fifths of the UK population, meaning that about 28 million adults are living with pain that has lasted for three months or longer [4]. Studies show that sleep disorders affect nearly half of people reporting chronic pain, with a quarter suffering from clinical insomnia and therefore a lack of restorative sleep [5].

A lack of restorative sleep can also lead to mental health issues, such as depression and anxiety. It can also cause poor memory and concentration [6]. While these statistics are alarming, there are ways people with joint pain can manage sleep patterns and improve their quality of life. Studies show that cognitive behavioral therapy (CBT) helps people with rheumatoid arthritis cope with their pain. CBT is a form of talking therapy that can reshape a person's thinking patterns and behaviours [7].

CBT for sleep issues involves a structured programme, helping people address thoughts and actions that could negatively affect sleeping habits. This includes relaxation techniques, sleep hygiene and biofeedback. CBD oil is also shown to help people in pain experience a better night's sleep. Harvard Health states: “CBD is commonly used to address anxiety, and for patients who suffer through the misery of insomnia, studies suggest that CBD may help with both falling asleep and staying asleep. CBD may offer an option for treating different types of chronic pain [8].” In our survey, 21.7% of respondents have taken to our survey have taken CBD oil to manage joint pain. James Berstock says: “There is certainly some early evidence to support the use of CBD oil, which is thought to work by

reducing inflammation. Inflammation in joints is very painful. Research into this interesting area is ongoing and we hope to learn much more about CBD oil.”

Other ways to manage painsomnia include meditation. Meditation is not about becoming a new and improved person, but about achieving a clear mind. It can help people focus on things outside of their pain [9].

Social life

There are many social implications associated with joint pain, which interfere with a person's social life, family life and romantic relationships. People with joint pain often miss social events, because they are in too much pain to attend them. More than half (57.12%) of respondents have missed an event because of joint pain. One respondent said: “Family members and friends miss me at events. I either can't stay long or don't go at all, because I'm in pain. Sometimes, they don't even invite me because they know I'll miss it anyway.”

Similar to the way that chronic pain and poor sleep work as a vicious cycle, so does chronic pain and limited social activity. If a person is in pain, they don't always have the ability or desire to leave home and socialise. This results in feelings of isolation and detachment. It also puts strain on relationships. Arthritis Action reports: “People with arthritis feel isolated, scared about the future and don't want to ask family, friends or doctors for help” [10].



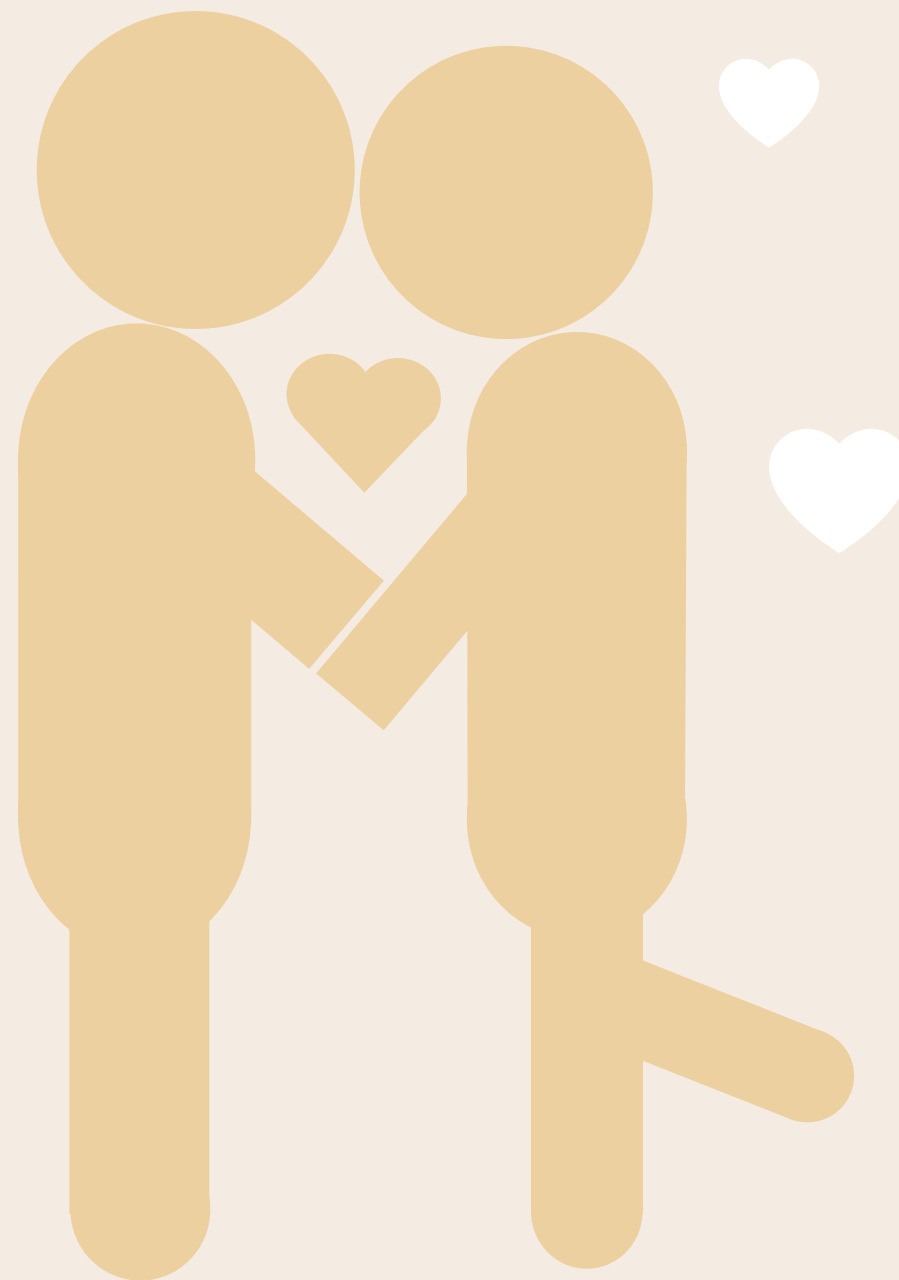
Romantic relationships

The same goes for romantic relationships: 49.29% say that joint pain has affected their romantic relationships. One respondent remarked: "I can't go out. I can't meet new people. Joint pain makes me feel less sexy, so I don't want to meet new people, anyway."

Again, this vicious cycle of pain and inability to socialise causes a person with joint pain to experience a lack of confidence and feel isolated.

Oxford Academic states: "The reality of living with illness impacts on the sexuality of many patients. This is particularly so with a disease such as rheumatoid arthritis (RA) as it is a chronic, systemic, inflammatory condition that is both painful and potentially physically disabling. RA can affect almost every domain of life, including relationships and sexual function [11]."

49.29%
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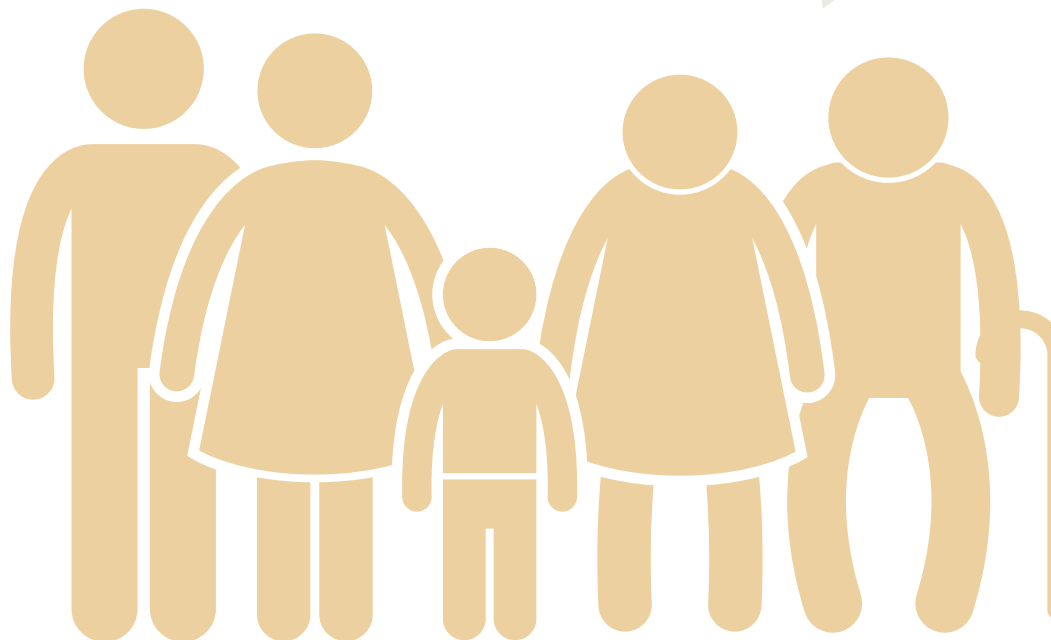
Family life

Across survey responses, several themes emerged. According to results, people with chronic joint pain are understandably irritable at times, causing animosity among family members. This makes them feel detached from loved ones. Some respondents also feel a sense of guilt, because they are not the number one caregiver in their home. In our survey, 39.54% of respondents felt that joint pain affected the people around them. One respondent said: "People think I'm exaggerating about the pain. I've stopped talking about it because I'm sick of people associating me with pain."

The Journal of Pain and Symptom Management reports: "In addition to the problems created for the patients themselves, chronic pain is likely to alter traditional family roles, result in deterioration of the sexual and marital relationships, cause financial difficulties, and create distress for other family members [12]." Versus Arthritis adds: "When you live with arthritis, your family lives with it too. They don't experience chronic pain or fatigue but, like you, family members can struggle to accept changes forced by the disease [13]."

39.54%
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“
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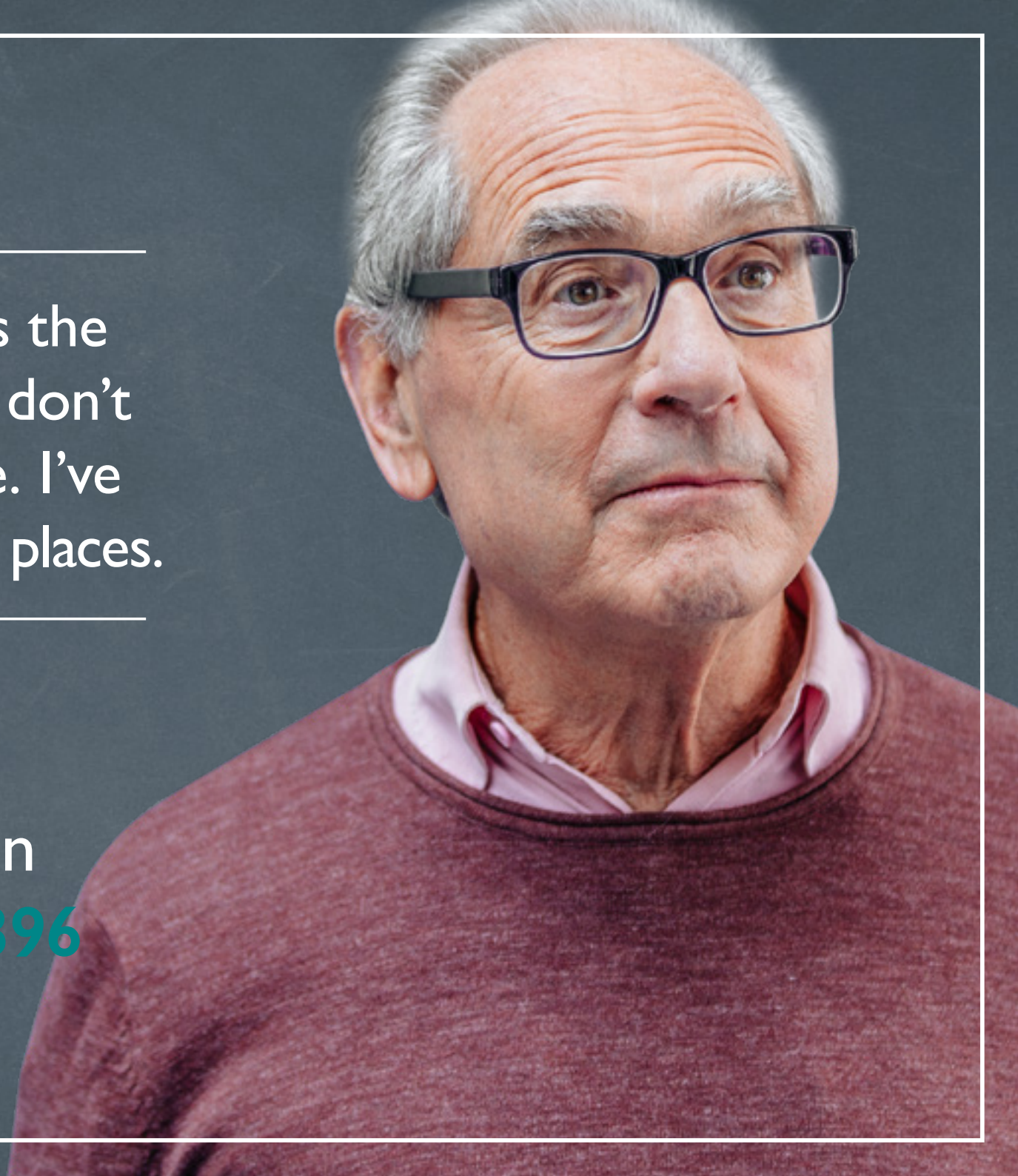
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“

Family members miss the person I used to be. I don't go to events anymore. I've stopped being invited to places.

”

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Men's health: combating the stigma

Our findings

Our findings show that men are less likely to seek professional help for joint pain than women, with 23.91% of men waiting between five to ten years or more before seeing a healthcare professional for joint pain. This compares with 21.8% of women, who waited between five to ten years or more to see a healthcare professional for joint pain. Although a higher number of women participated in our survey (71.53% compared with 28.16% of men), the above statistic reflects a wider male health crisis across the UK. According to research by The National Center for Biotechnology Information (NCBI) in 2001^[1], men avoid visiting their GP for a number of reasons, including:

- Having difficulty expressing health fears.
- A knowledge of healthcare services is limited.
- The influence of social class, morbidity and mortality on male journeys to accessing healthcare.



23.91%
of male respondents wait
**five years
or more**
before seeking help



21.87%
of female respondents wait
five years or more
before seeking help

“ Societal expectations and traditional gender roles play a role in why men are less likely to discuss or seek help for their mental health problems. We know that gender stereotypes about women — the idea they should behave or look a certain way, for example — can be damaging to them. But it's important to understand that men can be damaged by stereotypes and expectations too.

The Mental Health Foundation ”

Not visiting a GP has serious consequences (delayed diagnosis). By avoiding visits, men are more likely to receive a delayed diagnosis for health issues. This could impact their overall chances of survival [2].

In 2021, the male health crisis is still highly prevalent. Now, more research has been done to determine that men are less likely to access healthcare than women, because of damaging gender attitudes. The Mental Health Foundation states: "Societal expectations and traditional gender roles play a role in why men are less likely to discuss or seek help for their mental health problems. We know that gender stereotypes about women — the idea they should behave or look a certain way, for example — can be damaging to them. But it's important to understand that men can be damaged by stereotypes and expectations too [3]."

Traditional gender roles, which remain entrenched in society today, affect men disproportionately. The long-told narrative of manliness as being strong and in control can mean that asking for help is perceived as weak. This stigma interferes with men's desire or urgency to seek healthcare. If men feel they cannot open up without being stigmatised, they are less likely to seek professional help for physical and mental health issues.

“Joint pain makes you ask yourself so many questions: What did I do to deserve this? Why me? It’s no wonder it causes mental health problems and makes people feel alone.”

compared with only 56.6% of men. This contrast in responses mirrors the male health crisis. Less men are likely to speak up about physical or emotional pain.

Getting help for mental health.

Fortunately, there are plenty of vital resources people can use if they are struggling with mental health or know someone that is. Going to see a GP is often the best first step in seeking help, as they can assess the severity of mental health problems and organise the right support. They will work with patients to decide on treatment options, which may involve therapy, lifestyle changes or trying certain medications. There are various types of therapy available, from counselling to hypnotherapy, group therapy, or cognitive behaviour therapy (CBT).



Male mental health crisis

This delay in accessing healthcare treatment in men is not limited to joint pain treatment. It is a driving force behind the current male mental health crisis. About 75% of UK suicides are from men and it is the most common cause of death for men under 50[3]. In 2020, male suicide rates hit a two-decade high across England and Wales [4]. The ONS states that men accounted for about three-quarters of deaths by suicide registered in 2019 (4,303 men compared with 1,388 women) [5].

Mental health and joint pain

Our findings show that joint pain and poor mental health often go hand-in-hand. More than two thirds of respondents (68.88%) say that joint pain has impacted their mental health. One respondent said: “Joint pain makes you ask yourself so many questions: What did I do to deserve this? Why me? It’s no wonder it causes mental health problems and makes people feel alone.” Joint pain results in social issues, relationship issues and sleep issues. This often leads to poor mental health: 73.36% of women say that joint pain has impacted their mental health



Joint pain is debilitating, disabling and depressing, but there are solutions out there.

[Mr James Berstock](#)

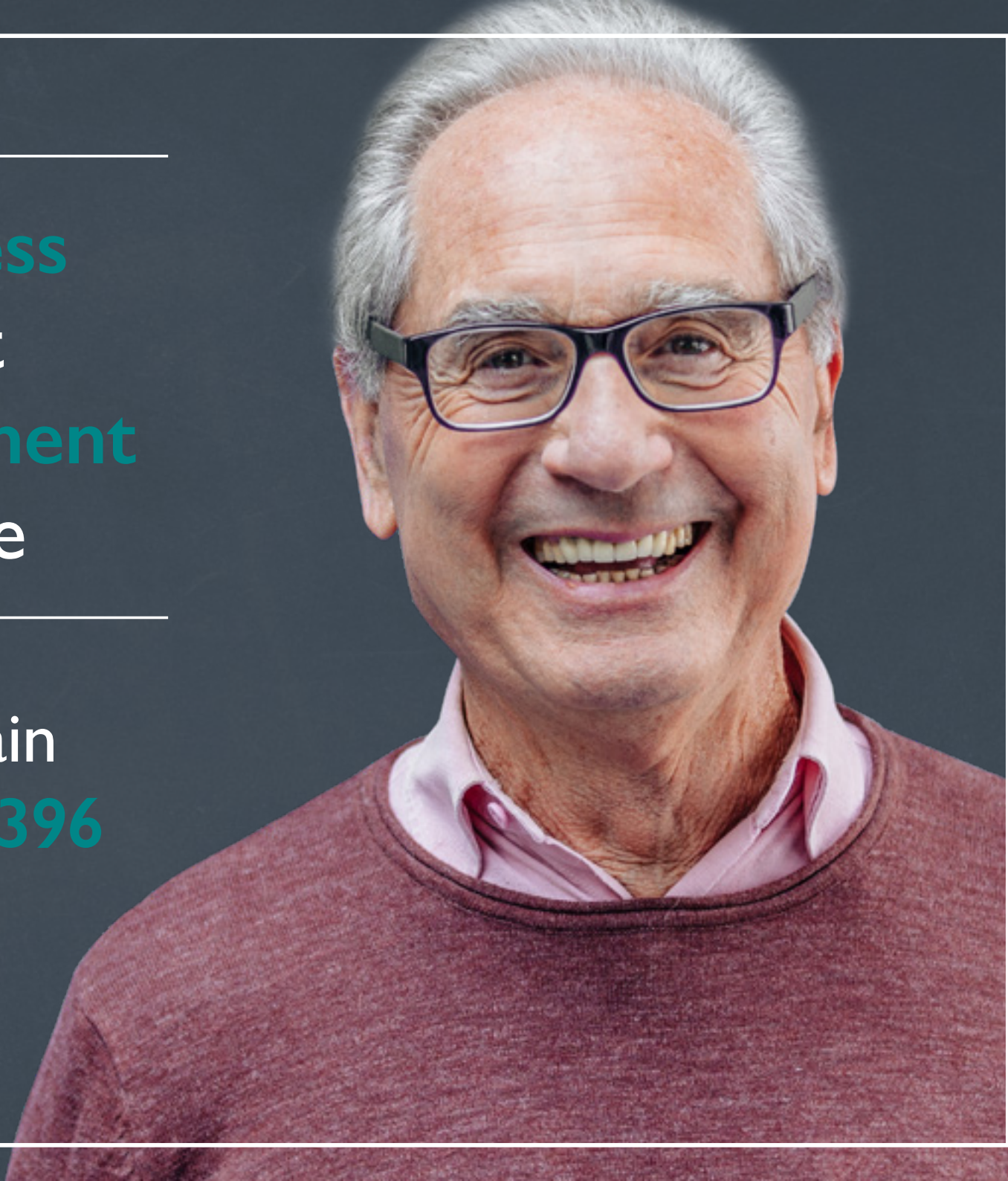


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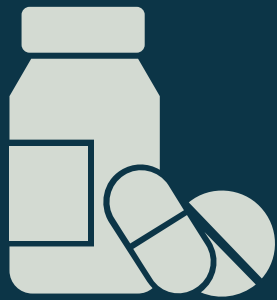
“
My pain has a life of its own. One day you can do something and the next day you can't.”



The care pathway



Treatment options

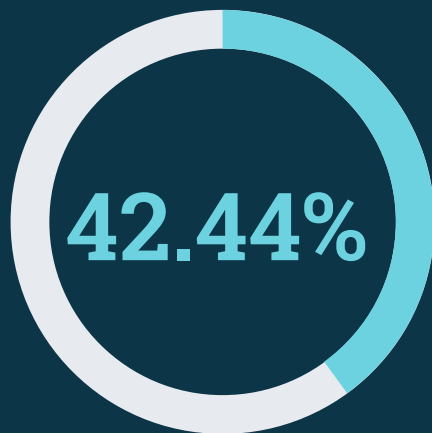


69.67%

of respondents take medication for joint pain

61.41% 

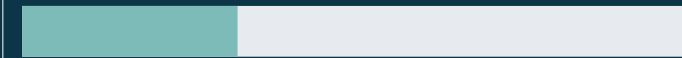
of respondents have seen a physiotherapist



have had steroid injections

Complementary therapies

34.89%



of respondents have tried supplements to improve their joint pain

Lifestyle changes



71.28%

of people exercise to improve joint pain

Diagnosis time for joint pain **in men**

How long do people with joint pain wait before seeking treatment?

Most respondents to our survey didn't put up with joint pain for long, with 40.08% respondents waiting for less than a year before seeking professional help for joint pain. And, overall, 60.79% waited less than two years before seeking medical help.

However, a fifth of respondents (22.46%) waited for five years or more before seeking professional help for joint pain, with 8.33% putting off professional healthcare advice for 10 years or more before visiting a healthcare professional. The British Medical Journal (BMJ) says that people often delay visiting their GP (General Practitioner) for psychological reasons, as opposed to practical ones [1]. The publication refers to this issue as the: "fear of finding out", which is often induced by clinical environments and the daunting prospect of physical examinations [2]. Our survey findings reveal that people with knee pain are more likely to seek professional help sooner, with 38.55% of respondents waiting for less than one year before doing so. Mr Vikas Vedi explains: "Patients should be encouraged to seek advice before symptoms become severe. They may not require surgery, but treatments such as physiotherapy, pain relief, weight loss and exercise can be hugely beneficial."

Our findings indicate that men are less likely to seek help for joint pain than women. Among our respondents, 14.33% of men waited for five to nine years before seeking help for joint pain compared with 14.07% of female respondents.



39.18%

of men wait
less than one year

20.03%

of men wait **two years**

11.11% of men wait
three years

5.77% of men wait
four years

14.33%

of men wait
five to nine years

9.58% of men wait
ten years or more

This variance widens in respondents delaying seeking help for more than 10 years, with 9.58% of male respondents delaying seeking help compared with 7.8% of women. Anne-Cecile Berthier, Country Director of the UK and Europe Movember Foundation, says: "The state of men's health is in crisis, too many men are unaware of the health risks they face and the actions required to stay mentally and physically well." [3].

“

The state of men's health is in crisis, too many men are unaware of the health risks they face and the actions required to stay mentally and physically well.

Anne-Cecile Berthier

”

Gillette and The Movember Foundation's 2018 study [4] supports the idea that women are more likely to seek help for joint pain than men. The study shows that 75% of men delay seeing their GP when necessary. More than a third of these men felt that it wasn't important to see a GP.



in women

40.32%

of women wait
less than one year

21.10%

of women wait **two years**

11.18%

of women wait **three years**

5.53% of women wait
four years

14.07%

of women wait
five to nine years

7.8% of women wait
10 years or more

Healthcare professionals visited

Our findings show that 83.68% of respondents are more likely to see their GP for joint pain, followed by a physiotherapist (61.41%), osteopath (17.43%), and a massage therapist (11.93%). According to Oxford University Press [5], musculoskeletal conditions form a total of 15% to 20% of all GP visits. About 50% of these patients are treated by their GPs directly through prescriptions for medication (over the-counter painkillers, NSAIDs and steroidal injections) and information about potential lifestyle changes, such as weight loss and exercise.

GPs remain the preferred healthcare professional to visit for joint pain. Contrastingly, our findings reveal that pharmacists are the least likely to be visited for joint pain. Only 9.23% of our respondents have seen or plan to see a pharmacist. Despite this, pharmacists play a vital role in healthcare services across the UK. Philip Conagan, Professor of Musculoskeletal Medicine and Director of the Leeds Institute of Rheumatic and Musculoskeletal Medicine, comments: "Pharmacists remain a trusted source of information in an increasingly overwhelmed healthcare service. With appropriate training, pharmacy teams can categorise joint pain, recommend the best management options and signpost patients to relevant healthcare professionals and community or support services."

Healthcare professionals seen



GP



Physiotherapist



Osteopath



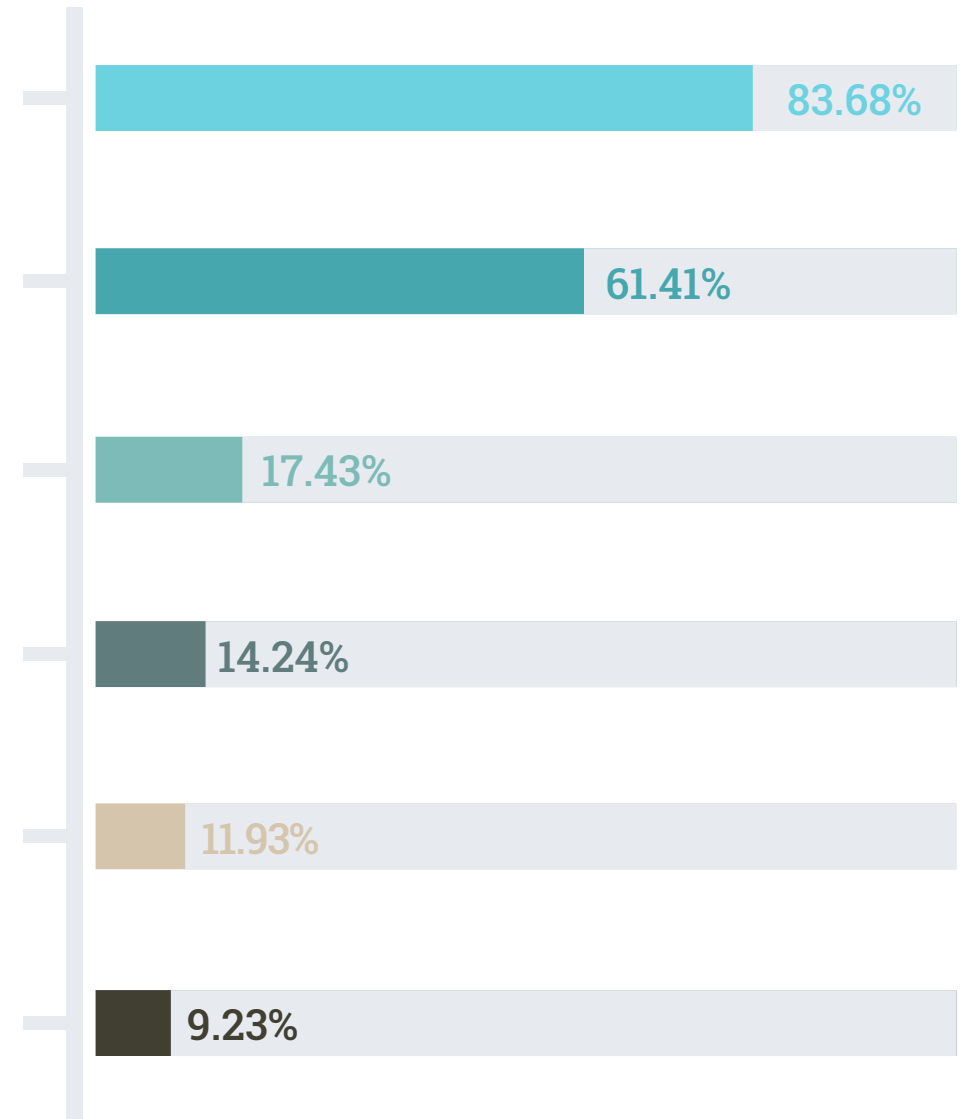
Chiropractor



Massage therapist



Pharmacists



Medication tried

Treatments options: medication

More than two thirds (69.67%) of respondents use some sort of medication to treat and manage joint pain. A report by Versus Arthritis states that over 8.75 million people aged 45 and over have sought treatment for osteoarthritis [6]. The National Institute for Health and Care Excellence recommends using painkillers, such as paracetamol, to treat joint pain initially [7]. An oral non-steroidal anti-inflammatory drug (NSAID) can be used alongside or substituted for paracetamol to help people manage pain. There are many types of NSAIDs [8], such as aspirin at high dosages, ibuprofen, naproxen, diclofenac, celecoxib, mefenamic acid, etoricoxib and indomethacin. These are available as injections and as topical or oral treatments.

Mr Vikas VEDI says: "In osteoarthritis, there are a number of ways that medication can help. Pain relief medications can reduce pain, while anti-inflammatories work by reducing the inflammatory component of arthritis. Topical medications such as pain relief ointments or anti-inflammatory ointments can help people manage pain."

Capsaicin cream is a popular topical pain medication for joint pain. It works by blocking the nerves that send pain to the joint. It should be applied four times a day on affected joints (avoiding sensitive areas). For treatment to be fully effective, it can take up to one month [9].

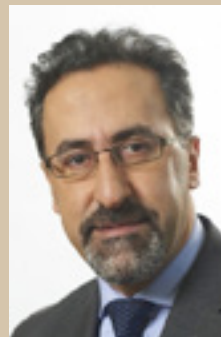
Steroid injections

Under half (42.44%) of our survey respondents have tried steroid injections to treat their joint pain. Steroid injections, also called corticosteroid injections, are anti-inflammatory medicines used to treat a range of conditions. These are

administered through injections. Common examples of steroid injections include hydrocortisone, triamcinolone and methylprednisolone. Steroid injections are usually given by a specialist doctor in hospital.

They can be given in several different ways, including: into an affected joint (an intra-articular injection) and into the blood (an intravenous injection). The injections normally take a few days to start working, although some work in a few hours. The effect usually wears off after a few months.

Our research shows that younger people are the least likely to have had steroid injections for joint pain [10].



Early movement to keep the joint mobile, avoid stiffness and maintain muscle bulk is essential. Physiotherapy employs methods such as heat, application of compression dressings and massage to deal with the inflammatory part of the joint. A range of exercises are included to deal with joint stiffness and improve flexibility.

BMI Healthcare Consultant orthopaedic and upper limb surgeon [Dr Adel Tavakkolizadeh](#)



Physiotherapy

After medication, 47.98% of our respondents have physiotherapy to manage joint pain. Our research shows that physiotherapy is more commonly used to treat neck pain (56.87%), back pain (56.63%) and shoulder pain (53.3%).

Physiotherapy is helpful for people of all ages suffering from joint pain. Physiotherapy focuses on improving a person's mobility and strengthening their muscles after an injury or illness. Dr Adel Tavakkolizadeh explains: "Early movement to keep the joint mobile, avoid stiffness and maintain muscle bulk is essential. Physiotherapy employs methods such as heat, application of compression dressings and massage to deal with the inflammatory part of the joint. A range of exercises is included to deal with joint stiffness and improve flexibility." Joint pain conditions such as rheumatoid arthritis typically affect the hands, feet and wrists [10]. Our research reveals that only half of respondents with hand and wrist pain use physiotherapy, and 51.9% use physiotherapy for foot and ankle pain.

Age UK [11] encourages older people to move more. This is to help reduce joint pain, boost memory and mood. In older people, regular exercise can lower the risk of developing heart disease, stroke, depression and dementia.

Use of physiotherapy

56.87%
for neck pain

53.3%
for shoulder pain

56.63%
for back pain

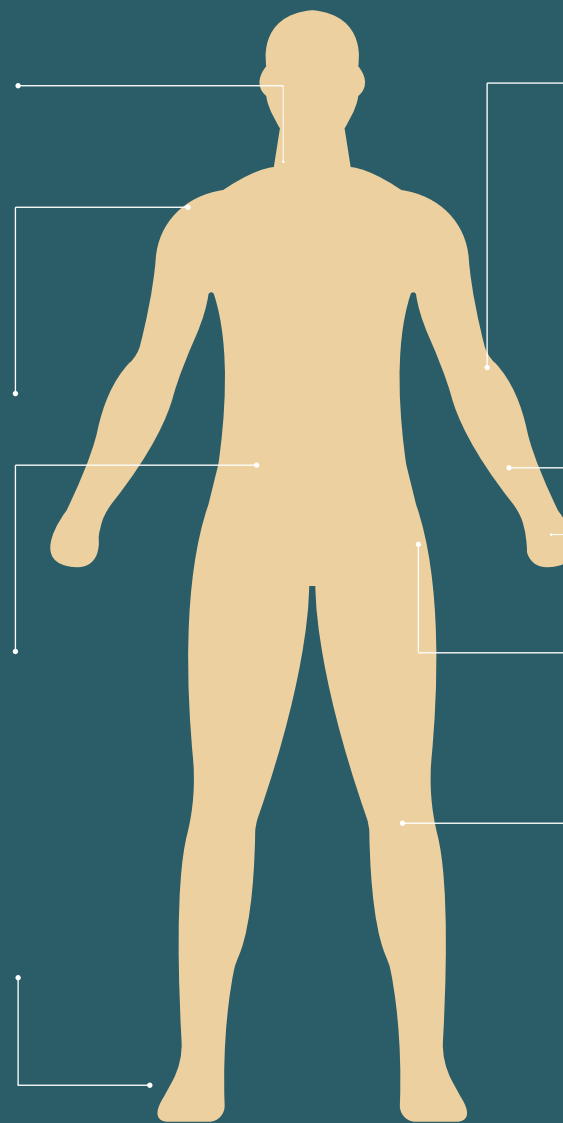
51.9%
for foot and ankle pain

55.24%
for elbow pain

50.44%
for hand and wrist pain

52.87%
for hip pain

48.95%
for knee pain

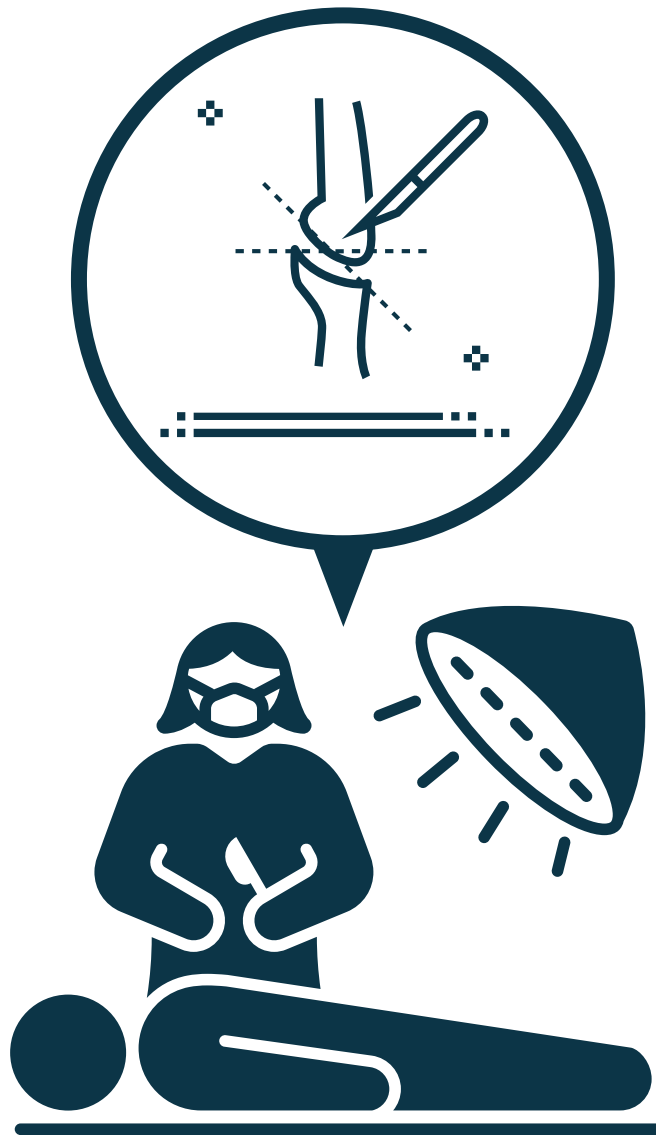


Surgery

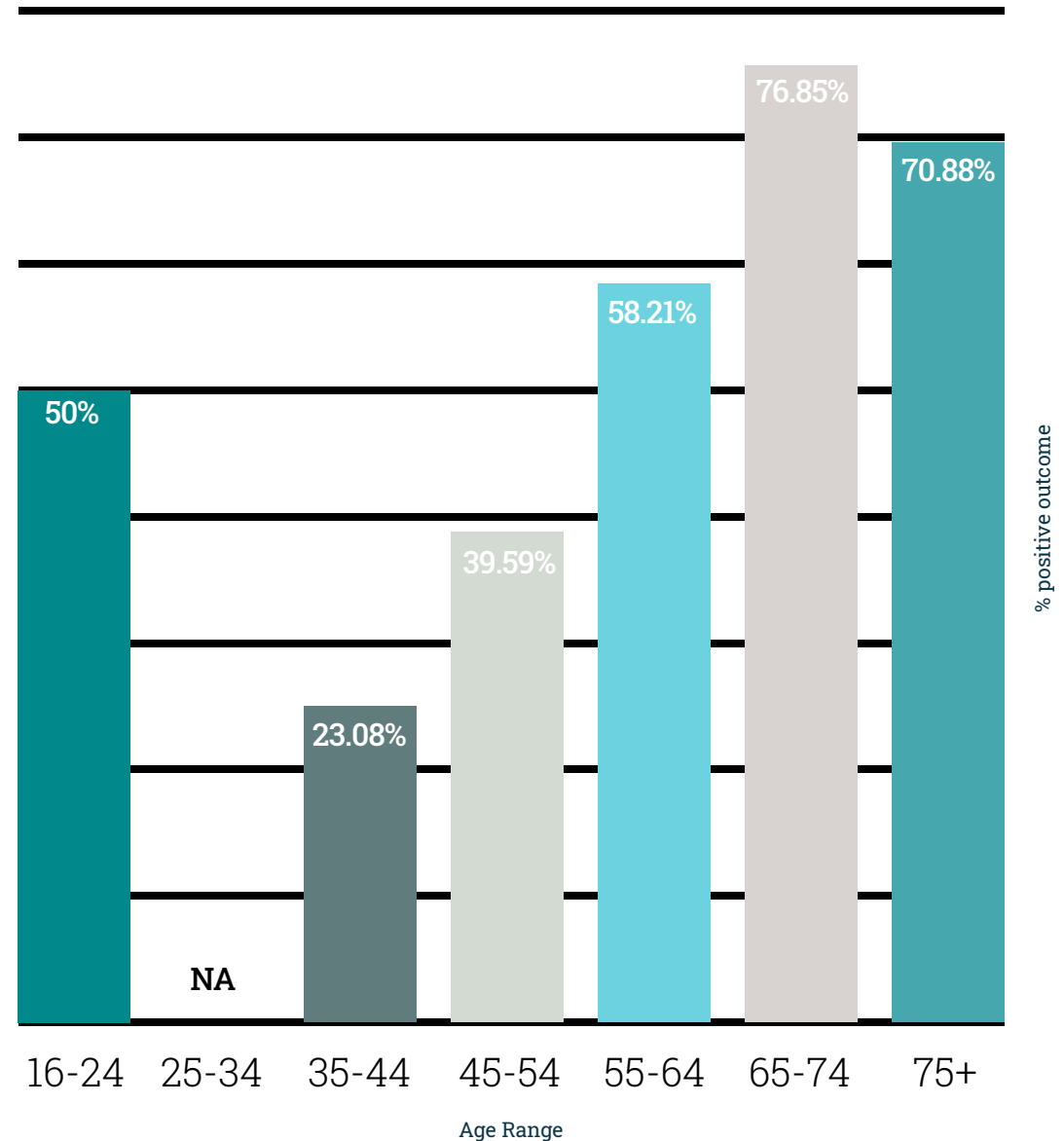
Overall, 24.74% of our respondents have had surgery to treat joint pain. Our findings reveal that a total joint replacement surgery is the most common surgery for joint pain among respondents, with 36.12% of respondents waiting for a total joint replacement.

According to the National Joint Registry's 15th annual report, almost 1 million hip replacements and 1 million knee replacements have been performed since NJR's records began. Overall, more joint replacements than ever before were carried out in 2018, with over 252,250 cases of joint replacements submitted to the NJR in this year [12].

Nearly half (49.7%) of respondents with hip pain are waiting for a total joint replacement surgery. Similarly, 38.46% of respondents with hand and wrist pain are waiting for a total joint replacement surgery.



Positive outcomes to surgery



“A total joint replacement surgery takes away the inflamed arthritic joint and corrects the deformity. It is not indicated for mild to moderate arthritis, but for severe arthritis when other treatments have failed,” says Mr Vikas VEDI. Respondents aged 75 and above are more likely to have received surgery or have had a total joint replacement surgery. In respondents aged 75+, 43.53% have had a total joint replacement surgery. Studies show that joint replacements are generally performed on people between 60 and 80 years of age. However, whether a person needs a joint replacement is dependent entirely on their circumstances [13].

An arthroscopy is a type of keyhole surgery used to diagnose and treat problems with joints. It involves the repairing of damaged cartilage, the removing of fragments of loose bone or cartilage and the draining away of any excess fluid. People should consider whether they want arthroscopy surgery carefully. Mr Vikas VEDI says: “An arthroscopy should not be considered as a useful treatment in the modern management of arthritis. An arthroscopy gives temporary relief and that same level of relief can be achieved in other ways without the need for an operation.”

“

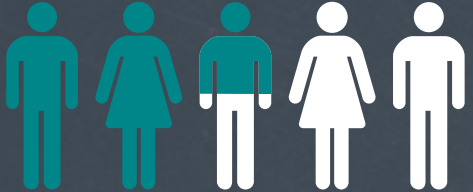


An arthroscopy should not be considered as a useful treatment in the modern management of arthritis. An arthroscopy gives temporary relief and that same level of relief can be achieved in other ways without the need for an operation.

BMI Healthcare Consultant orthopaedic surgeon
[Mr Vikas VEDI](#)

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50% 

say that joint pain
has affected their
personal relationships

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Mr James Berstock: my view as a specialist orthopaedic surgeon



Who am I?

I am a specialist hip and knee surgeon, focused on improving the outcomes of hip replacement and knee replacement surgery through pioneering, research-proven techniques. When not operating or consulting patients, I serve as Editor-in-Chief of the journal, *Hip International*. In this role, I read around 600 original research submissions each year, which keeps me at the forefront of developments in my field. In 2018, I received the Current Concepts in Joint Replacement Award for my achievements in the field of joint replacement surgery. I was also awarded a National Institute of Health Research funded Clinical Lectureship at the University of Bristol, where I conducted research into ways of minimising complications and improving results for patients having hip and knee replacement surgery.

After completing my surgical training as a specialist orthopaedic surgeon, I decided to embark on a further three years of advanced surgical training to learn the latest techniques for helping patients with hip and knee problems. I am indebted to the year-long fellowship programme in Vancouver, where I finessed my skills in one of the world's most prestigious joint replacement units, gaining a wealth of technical expertise in hip replacement and knee replacement surgery. I also completed higher surgical training through the Bristol Hip Surgery Fellowship, which gave me additional experience in hip preservation and arthroscopic hip surgery, as well as another fellowship in complex adult lower limb trauma. I use the skills and teachings from these experiences to help my patients today.

Joint pain through my eyes

In many ways, life is movement. When movement ceases, so does life. This is why joint pain can be such a tragedy. It can deprive us of the most basic tasks. This includes getting out of bed, putting shoes or socks on, getting in and out of a car, or nipping to the shops. The effects of disablement ripple beyond the individual and affect close relationships. Loved ones can no longer enjoy going on walks, gardening, or visiting a museum together. Those in work can struggle to get through the day and may be forced to change or cease employment, profoundly altering their identity. Chronic pain affects sleep and the gradual disability from joint disease can lead to feelings of anger or frustration.

From the viewpoint of a specialist, I am often surprised by how disabled some people become before seeking medical attention. The Joint Pain Matters 2021 report shows that almost 30% of patients endure pain for over three years before seeking help. I am also amazed by the resilience of the human spirit to carry on despite such disabling and severe arthritis. Although we are remarkably adaptable and can learn to cope with debilitating joint conditions, it does not always have to be this way. Joint replacements are among the most successful procedures in modern medicine. Advances in joint replacement surgery mean that it is safer than ever and technological breakthroughs have produced implants that are lasting longer. Patients do not need to reach a certain age or level of disability before intervention can be offered. I would always prefer to offer joint replacement to a patient before their activities decline and muscle strength is lost, because this is always hard to rebuild. Specialists like myself can discuss all the treatment options, along with the risks and chances of success for any patient.

Complementary therapies



Complementary therapies

Complementary therapies

Complementary therapies offer a different approach than traditional medicine. They include therapies such as yoga, supplements, acupuncture and meditation. Complementary therapies are often used alongside traditional treatment methods for pain management. In our survey, 61.84% of respondents had tried some sort of complementary therapy.

Supplements are the most common type of complementary therapy tried by respondents who answered this question, with 34.89% having tried them to improve joint pain. Dr Adel Tavakkolizadeh says: "Patients often take glucosamine and chondroitin as a combined supplement for joint pain. Although there is not enough evidence to confirm whether supplements are effective, some patients find taking them beneficial."

Glucosamine and chondroitin protect cells called chondrocytes. These help maintain and protect cartilage structure. In theory, these supplements have the potential to slow cartilage deterioration in the joints and reduce joint pain [1].

61.84%

of respondents have tried an alternative therapy

“



Patients often take glucosamine and chondroitin as a combined supplement for joint pain. Although there is not enough evidence to confirm whether supplements are effective, some people find taking them beneficial.

[Dr Adel Tavakkolizadeh](#), BMI Healthcare Consultant orthopaedic and upper limb surgeon

Complementary therapy use: men vs women

One study by the National Library of Medicine states: "Orally administered glucosamine and chondroitin sulfate, used alone and in combination, both being natural components of articular cartilage, are extensively used as alternative medicines, and are suggested by several studies not only to reduce the OA-associated pain and other symptoms, but also to suppress disease progression [2]."

Dr Adel Tavakkolizadeh explains: "Other supplements for joint pain include vitamin D and calcium supplements. If a person is lacking in vitamin D and calcium, they might experience aching pain across the bones and joints. Vitamin D rich foods such as oily fish, dairy products and egg yolk are also an effective way of boosting a person's vitamin D intake."

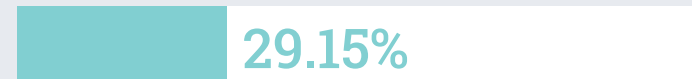
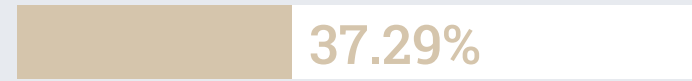
While many people experience the benefits of supplements, more research needs to be done to determine how effective they are.



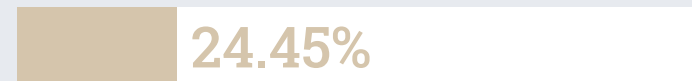
Hot and cold therapy



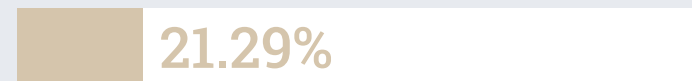
Supplement



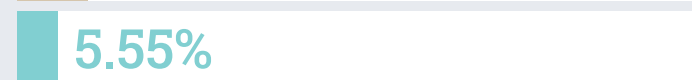
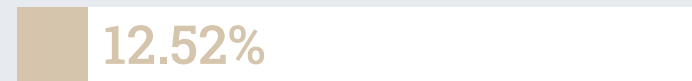
Massage



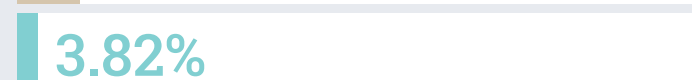
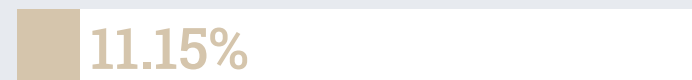
Acupuncture



Meditation



Yoga

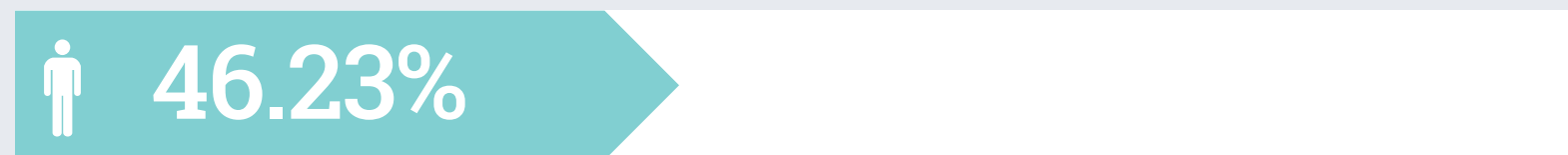


Do complementary therapies work?

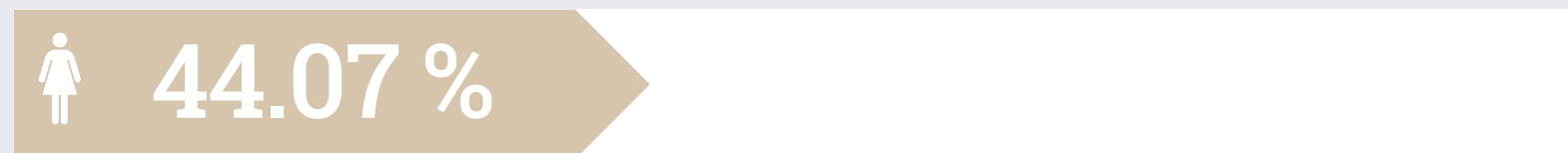
The percentage of men who did not see an improvement with complementary therapies



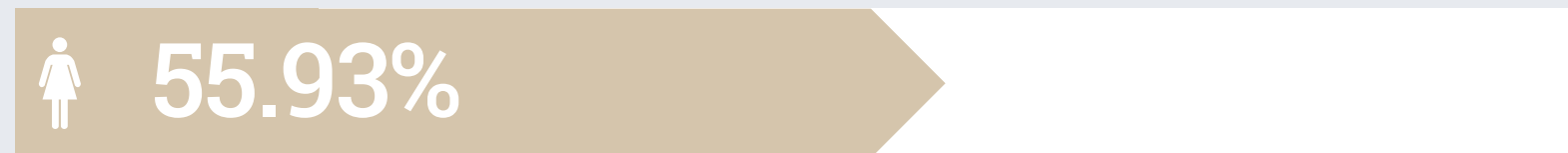
The percentage of men who did see an improvement with complementary therapies



The percentage of women who did not see an improvement with complementary therapies



The percentage of women who did see an improvement with complementary therapies



Hot and cold therapy

In our survey, 33.4% of respondents who have tried complementary therapies use hot and cold therapy. Heat therapy works by relaxing the muscles, improving pain tolerance and reducing joint pain. Harvard Medical recommends using heat therapy for joint pain, stating: "Heat helps improve your pain tolerance and relaxes muscles, both of which can reduce the pain of rheumatoid arthritis. Heat treatment remains a standard part of the physical therapist's practice [3]." People can apply heat therapy through a hot water bottle, warm bath or heating pad. Cold therapy can reduce inflammation, swelling and pain related to arthritis and activity. Cold therapy can also temporarily numb joint pain. Mr Tavakkolizadeh says: "Applying crushed ice or a frozen bag of peas can be an effective way of reducing swelling and pain." People can apply heat therapy through ice packs and ice baths.

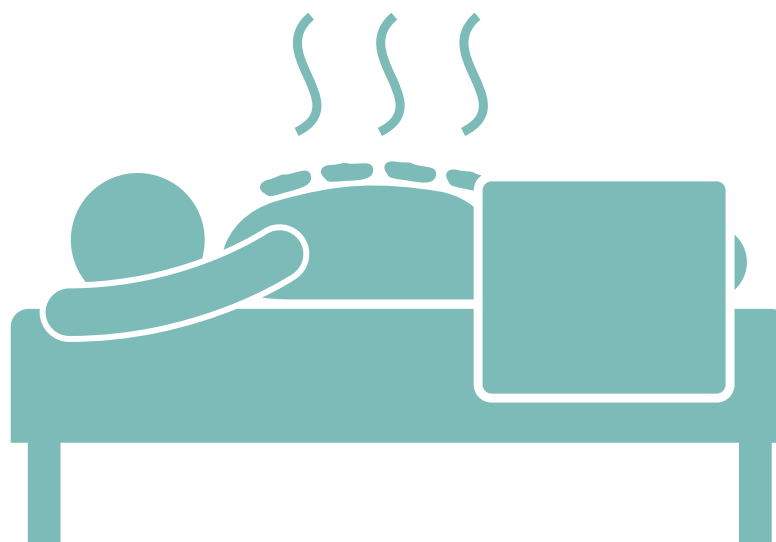
The PRICE method (protection, rest, ice, compression, elevation) is sometimes used to treat joint pain induced by injury. This process involves:

- **Protection:** Protecting the affected area from further injury.
- **Rest:** Avoiding exercise and reduce daily physical activity.
- **Ice:** Applying an ice pack to the affected area for 15-20 minutes every two to three hours.
- **Compression:** Using elastic compression bandages during the day to limit swelling.
- **Elevation:** Keeping the injured body part raised above the level of the heart whenever possible. This can help reduce swelling.

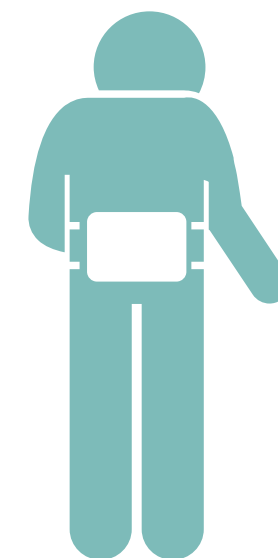
On average, complementary therapies were tried by around 41.1% of the UK population over a one-year period [4]. The use of complementary therapies in the UK increased to up to 90% for people with long-term conditions, who'd had little success with mainstream medicine [5].

33.4%

of respondents who have tried complementary therapies use hot and cold therapies



63.14%
said it improved their pain



Massage

Our research shows 22.99% of respondents that have explored complementary therapies have tried massage therapy to treat joint pain. A massage incorporates a variety of strokes to relax the body's muscles. In addition to relieving tension within the muscles and improving circulation, a massage can reduce anxiety and stress levels. Studies show that in 2015, 19% of people in England had visited a massage practitioner for joint pain or mental wellbeing [6].

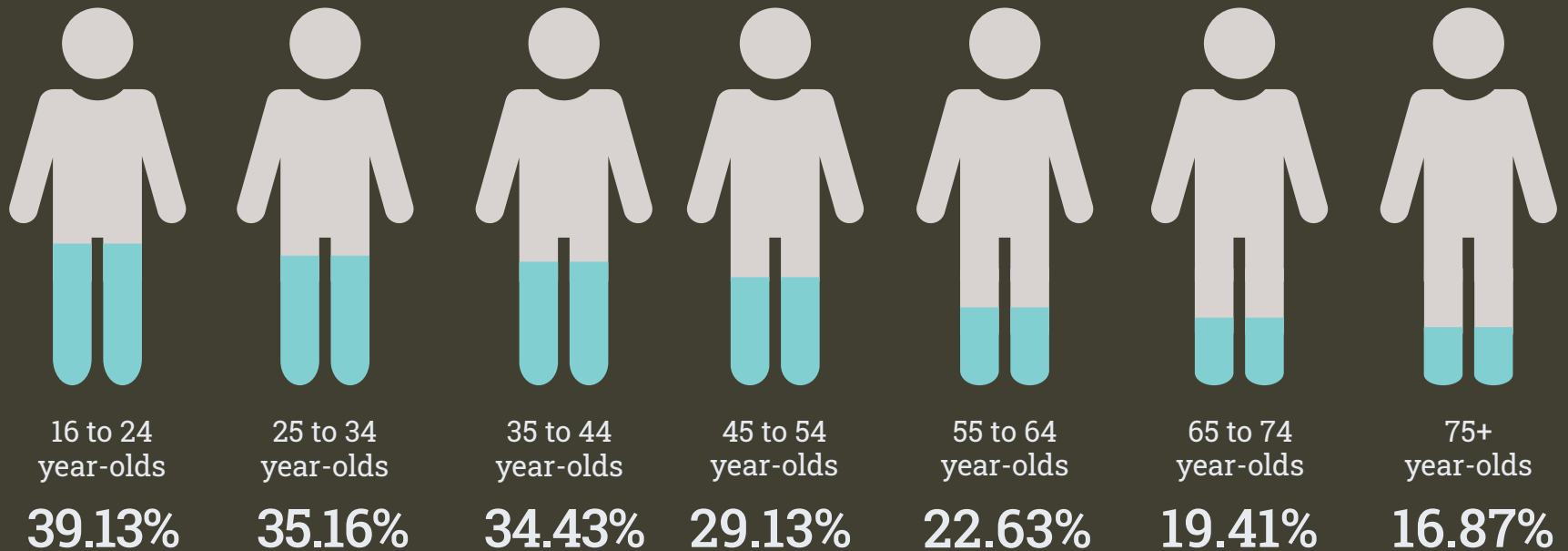
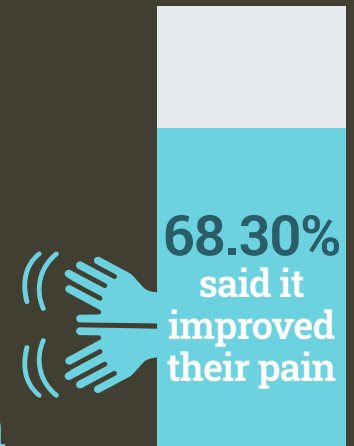
A 2018 study published in the Journal of General Internal Medicine assigned 200 patients with knee osteoarthritis into three different treatment groups. The results found that patients who received a weekly one-hour whole-body massage experienced a significant improvement in mobility and pain after eight weeks [7].

Age groups likely to have had massage treatment for joint pain



22.99%

of respondents have tried
massage to treat joint pain

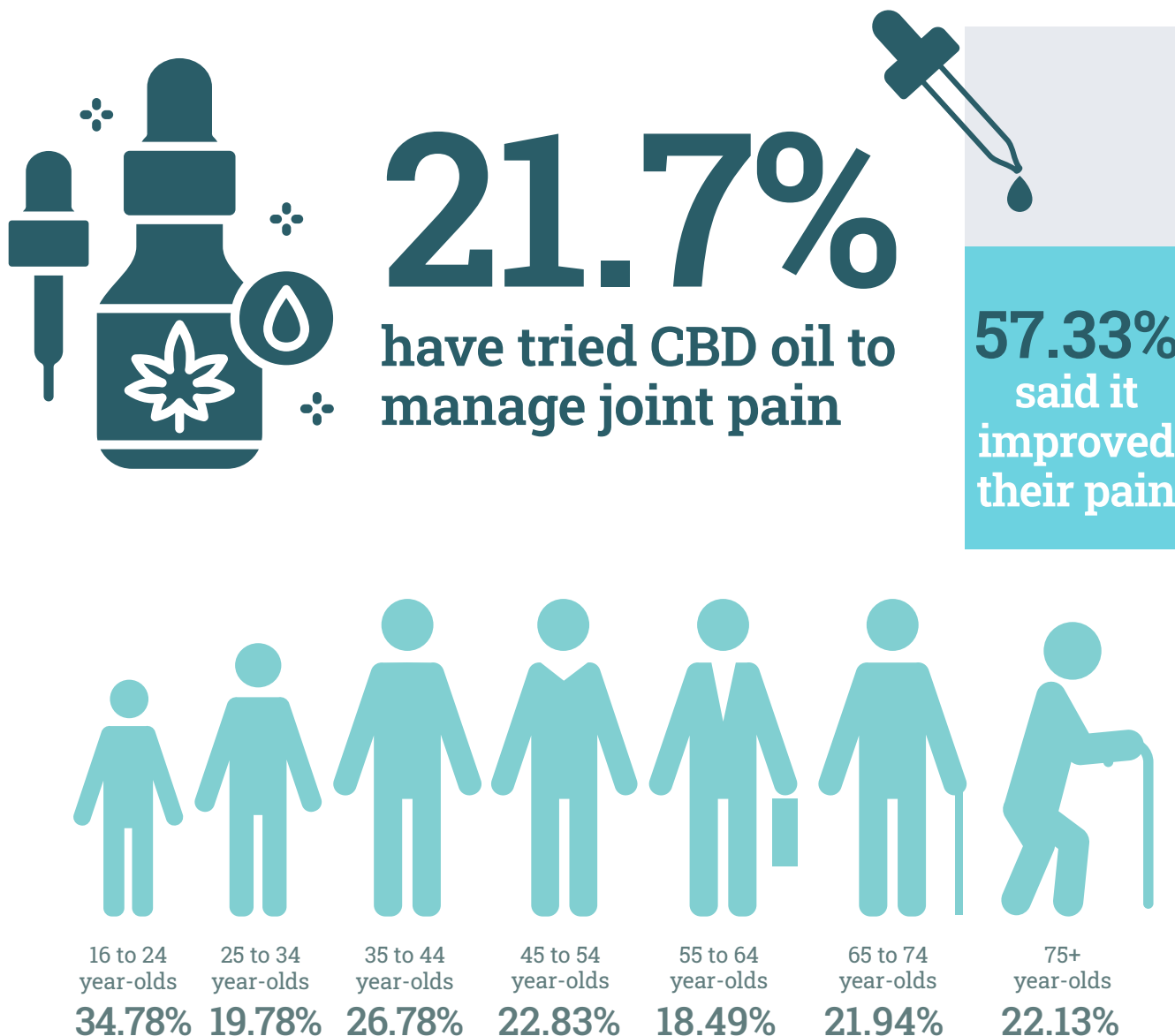


CBD oil

Of respondents that have used complimentary therapies, 21.7% have tried CBD oil to manage joint pain. CBD oil, otherwise known as cannabidiol, is derived from the hemp plant. It is typically used to treat anxiety and insomnia, or sleeplessness. People can take CBD oil by applying it in drops directly underneath their tongue. A person's dosage depends on the severity of their health problems. Mr Tavakkolizadeh says: "CBD is the non-active part of cannabis. The THC, which is the active part of cannabis, is excluded. There is strong evidence to show that CBD oil can be an effective way of managing anxiety, chronic pain and insomnia in patients. It can help with sleeping patterns and have some effect on patients' joint pain." More than a third of our respondents (37.38%) say their sleep is disrupted every night by joint pain. Only 8.33% of respondents say their sleep is unaffected by joint pain. In 2019, 10% of people with chronic back pain in the UK suffered from a sleep disorder; compared with only 3.4% of people without back pain [8].

People with back pain in the UK are more than twice as likely to suffer from depression (13%) and anxiety (8%) compared with people without back pain [9]. More than a quarter (25.18%) of our respondents with neck pain have taken CBD oil, followed by 24.87% of those with elbow pain and 23.94% with back pain. In our survey, 22.84% of respondents with knee pain have taken CBD oil. The Arthritis Foundation's 2019 survey examining the use of CBD oil in arthritis patients showed 71% of people had improvements in their ability to sleep, while 67% experienced improvement in their physical function [10]. Clare Jacklin, CEO of the National Rheumatoid Arthritis Society (NRAS), comments: "Sleep is going to be disrupted by pain, but sleep deprivation can also impact the ability to cope with pain and heighten sensitivity to pain."

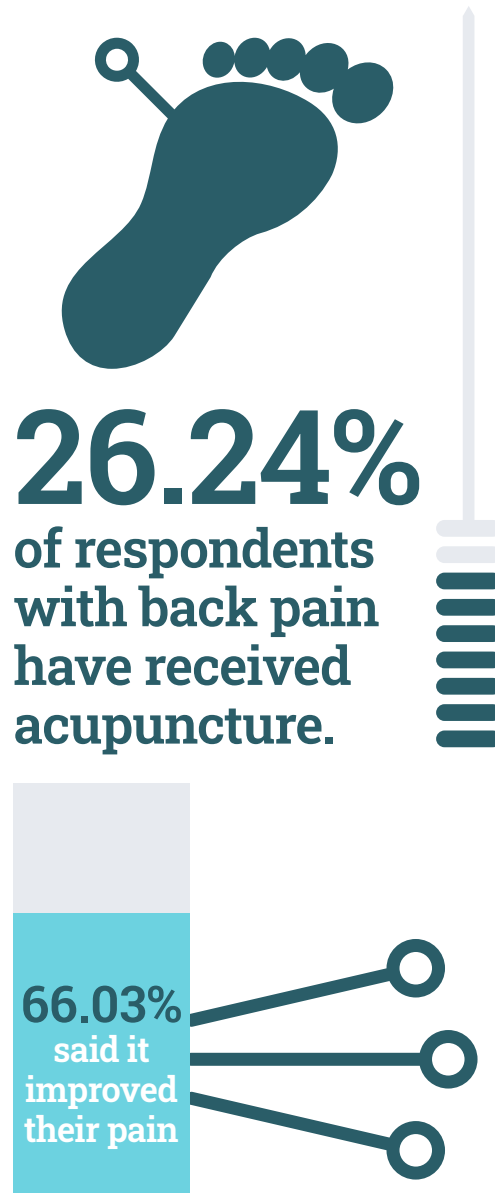
Which age groups use CBD oil?



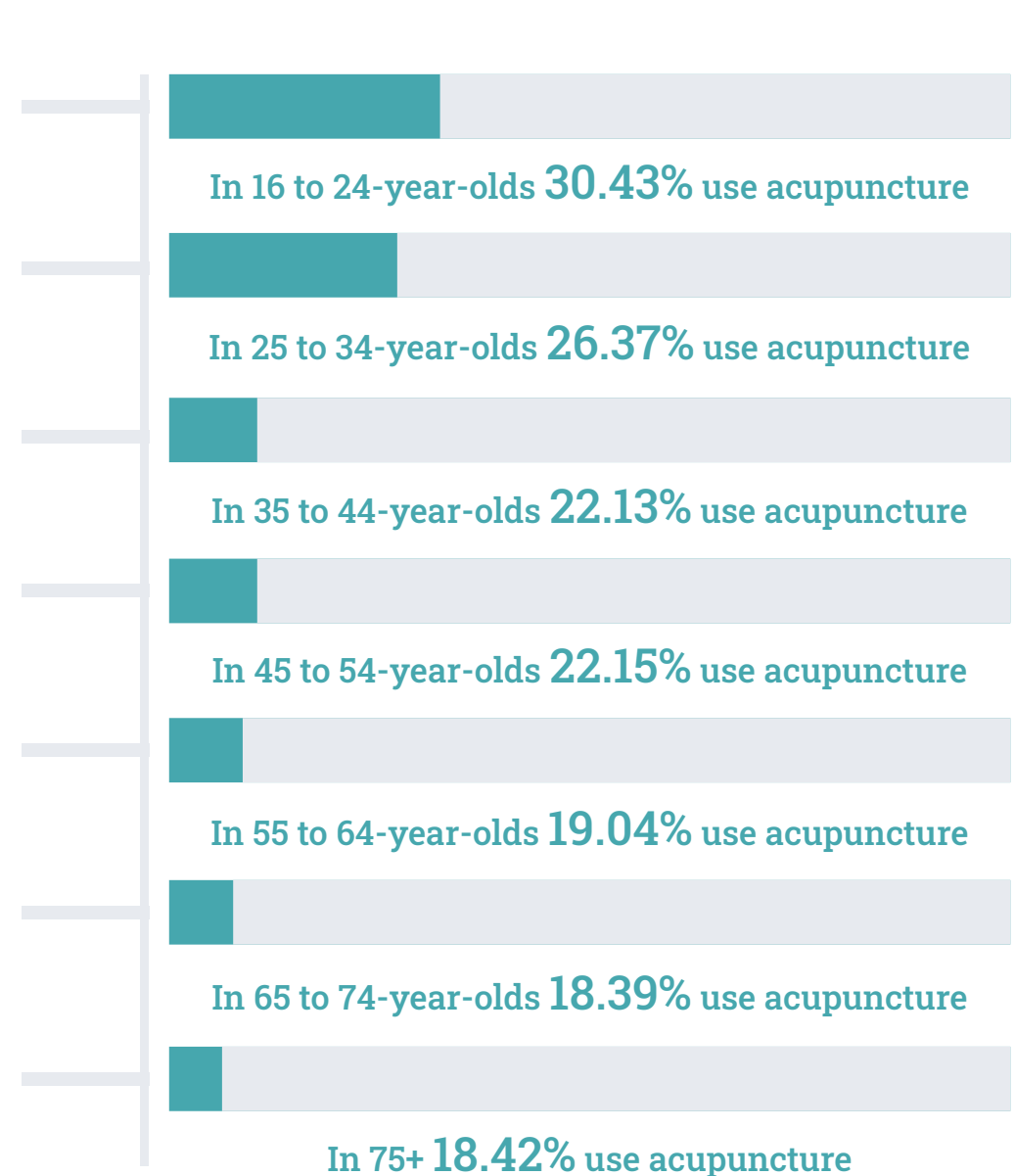
Acupuncture

Acupuncture originates from ancient Chinese medicine. It involves inserting fine needles into painful areas of the body. These are referred to as acupuncture points. Acupuncture needles are left in the skin for up to 30 minutes and stimulate the sensory nerves under the skin and muscles. As a result, the body produces endorphins, which can help alleviate pain [11]. Although acupuncture is increasingly available on the NHS or through GP referrals, the National Institute for Health and Care Excellence (NICE) does not recommend acupuncture for osteoarthritis [12]. Of respondents who have tried complimentary therapies, 19.83% have received acupuncture to treat joint pain. Respondents with neck pain are the most likely to try acupuncture (26.78%), while 26.24% of respondents with back pain have received acupuncture.

Mr Tavakkolizadeh says: "There is good evidence that acupuncture works for treating joint pain. It works on pain pathways and is less effective on other symptoms. Acupuncture will not address knee stiffness and weakness in patients, but it is good for managing joint pain. It does not work for all patients, but can be very effective for others."



The use of acupuncture across age



Yoga

Yoga is an ancient Indian practice that incorporates meditation and a variety of poses and breathing techniques. Asanas, known as physical postures in yoga, can increase strength and flexibility in people with rheumatoid arthritis. Moreover, yoga can be used with physiotherapy to support a patient's recovery from surgery. The BMJ's 2018 study on yoga therapy for rheumatoid arthritis patients found that, after 16 weeks of yoga, patients reported reductions in medication, improved sleep, mood and energy. The study also found that patients experienced improvement in rheumatoid arthritis symptoms, including increased mobility and joint flexibility [13]. Despite these benefits, only 9.07% of respondents have practised yoga to manage joint pain. Respondents suffering from foot and ankle pain are most likely to practise yoga at 11.05%. Similarly, 10.94% of respondents with neck pain have practised yoga and 10.89% of those reporting back pain have tried yoga. Respondents with knee are the least likely to have tried yoga at 9.05%.

NRAS' Clare Jacklin explains: "Yoga not only improves a person's range of movement but also helps with breathing, mental health and stability. All of which can improve wellbeing and in turn help modify pain."

Women are close to three times more likely to have tried yoga for joint pain than men. Our research shows 11.15% of female respondents practice yoga, while only 3.82% of men have tried yoga to treat joint pain.

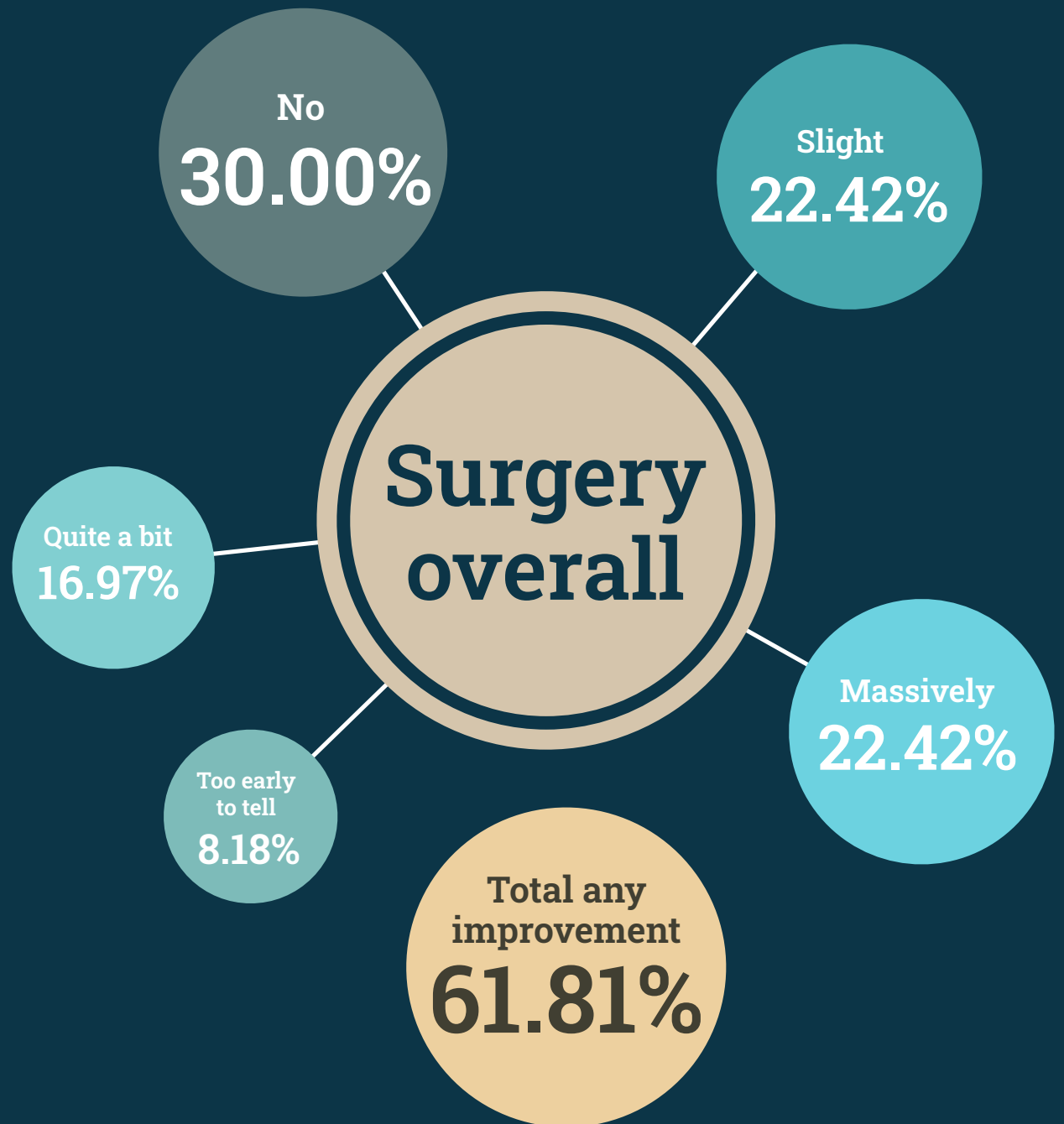
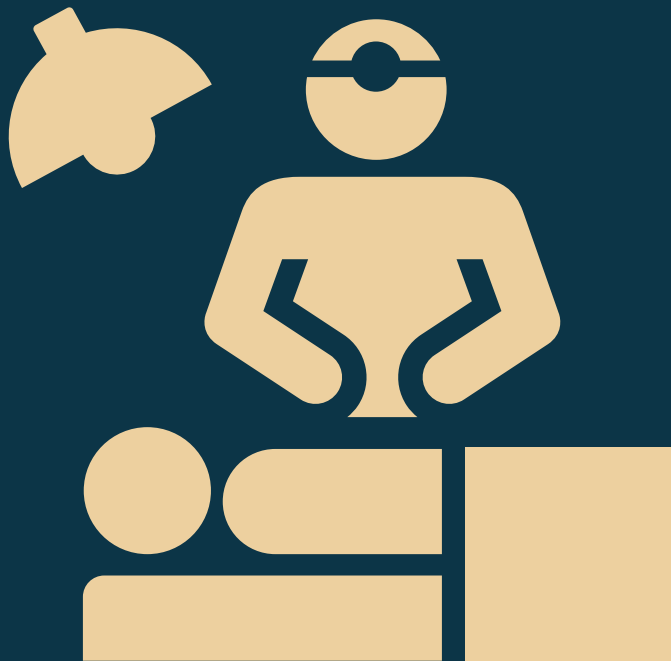


9.07%
of respondents
have practised
yoga to manage
joint pain



73.90%
said it
improved
their pain

Percentage of people who experienced improvement after surgery



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I can't go out and meet
new people. I don't feel
fun to be around.

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Lifestyle changes



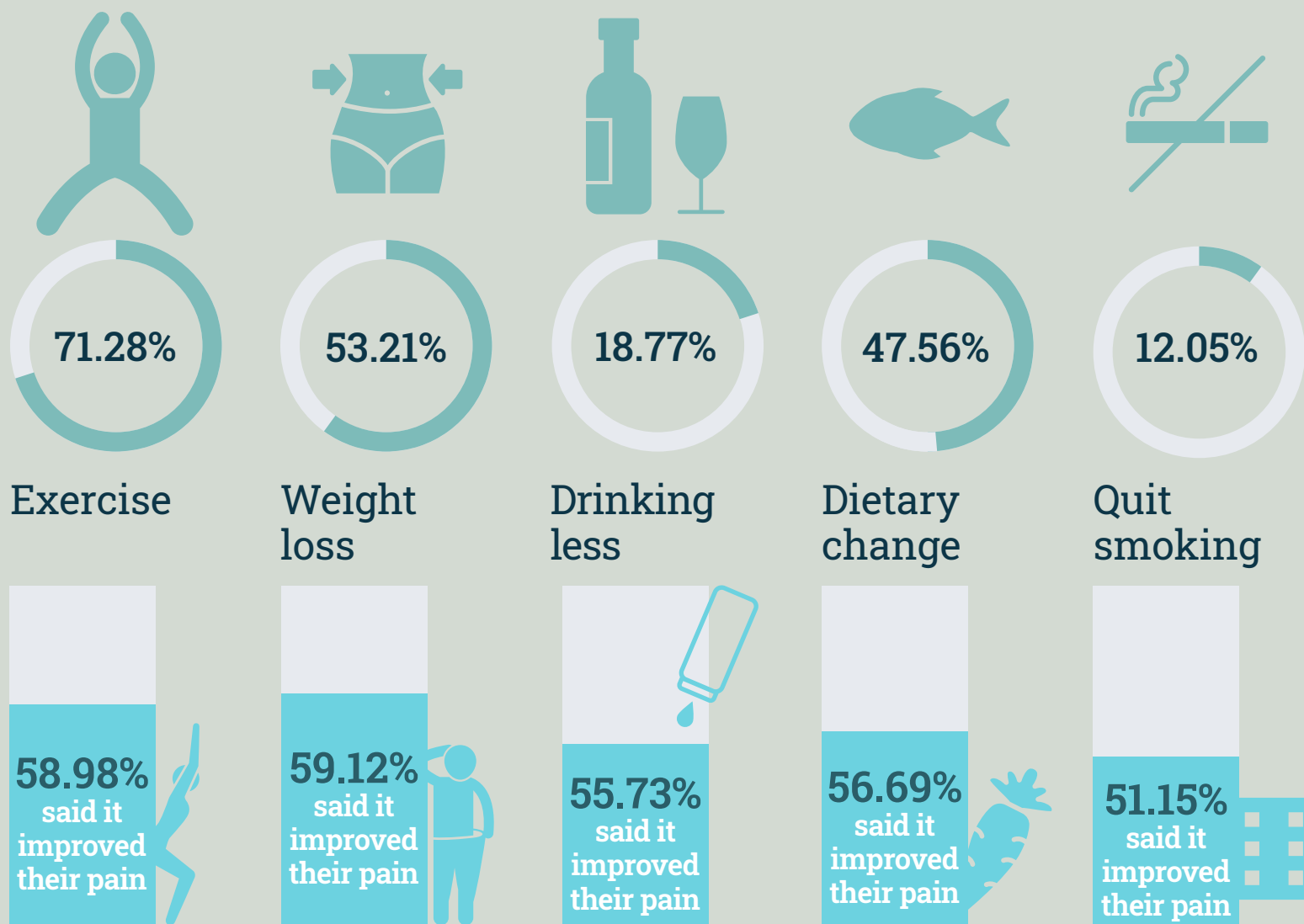
Lifestyle changes

Our survey respondents have adopted many lifestyle changes to combat joint pain, with 63.53% of respondents trying at least one of the following: changes to diet, quitting smoking, weight loss and drinking less. Of this group, 71.28% have tried exercising more to manage joint pain, and 53.21% of respondents have lost weight to treat joint pain. In 2019, seven in 10 people in the UK suffering from a musculoskeletal or joint pain (MSK) condition were overweight or obese [14]. Moreover, four in 10 people with an MSK condition in the UK practice less than 30 minutes of physical activity per week [15].

Mr Tavakkolizadeh says: "Weight loss is relevant and can take the pressure off joints. Another helpful lifestyle change is correcting your posture. Keeping your head in an angled position while you're working puts a lot of pressure on your neck, leading to neck pain and discomfort. Over a sustained period, this can give rise to other problems such as back pain and shoulder pain."

Only 18.77% of our respondents who have made lifestyle changes admit lowering their alcohol intake to manage joint pain. Of this group, 47.56% have changed their diet to treat joint pain. Young and middle-aged adults are more likely to try diet changes to help joint pain, compared with respondents aged 65 to 74 or 75+.

Which lifestyle changes have respondents tried to manage joint pain?



Diet changes are the most common in 35 to 44-year-olds (65.95%) followed by 45 to 54-year-olds (62.96%). Mr Tavakkolizadeh says: "In a vast majority of people with osteoarthritic conditions or inflammatory arthritis conditions such as rheumatoid arthritis, diet does not have a direct impact. However, gout is related to elevated uric acid levels, and eating anything that has uric levels can affect that."

In the UK, 1.6 million people have gout. Unplanned hospital admissions for gout increased by 59% in England between 2006 to 2017 [16]. It is strongly advised that patients with gout increase their water intake to lower uric acid levels and reduce their consumption of red meat to prevent flare-ups [17]. Citrus fruits and other vitamin C-rich foods can also help reduce uric acid levels. Harvard Health reports that there is some evidence to show that consuming vitamin C-rich fruits, such as cherries, can reduce gout attacks and prevent pain [18].

Clare Jacklin, CEO of The National Rheumatoid Arthritis Society (NRAS), comments: "One necessary lifestyle change is to stop smoking. Smoking is a key trigger for inflammatory arthritis and doubles the chances of developing rheumatoid arthritis. If the person continues to smoke, they reduce the efficacy of their medications by almost half."

However, only 12.05% of respondents that have made lifestyle changes have quit smoking. Overall, men are more likely to stop smoking for joint pain at 16.88% of respondents than women (10.17%). Male smokers are at twice the risk of developing rheumatoid arthritis compared with male non-smokers in 2019. Female smokers were 1.3 times more likely to develop rheumatoid arthritis compared with non-female smokers [19].



One necessary lifestyle change is to stop smoking. Smoking is a key trigger for inflammatory arthritis and doubles the chances of developing rheumatoid arthritis. If the person continues to smoke, they reduce the efficacy of their medications by almost half.

Clare Jacklin, CEO of
The National Rheumatoid Arthritis
Society (NRAS)

“



Weight loss is relevant and can take the pressure off joints. Another helpful lifestyle change is correcting your posture. Keeping your head in an angled position while you're working puts a lot of pressure on your neck, and leads to neck pain and discomfort. Over a sustained period, this can give rise to other problems such as back pain and shoulder pain.

[Dr Adel Tavakkolizadeh](#), BMI Healthcare Consultant orthopaedic and upper limb surgeon



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because I can't do it myself.
”

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Pandemic impact



COVID-19 impact

“

During the COVID-19 pandemic, many say that their joint pain has become worse. This is likely due to a combination of factors, especially less exercise, weight gain, worries and sleep disturbance.

**Dr Wendy Holden, Consultant
rheumatologist at North Hampshire
Hospitals NHS Foundation Trust
and Arthritis Action's
Medical Advisor**

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The coronavirus pandemic has hit people with joint pain hard, often resulting in increased pain, weight gain and poor mental health [1]. Close to half (42.5%) of survey respondents reported that their joint pain has worsened during the pandemic. There are several reasons why people have experienced increased joint pain as a result of COVID-19. Feedback from respondents predominantly refers to the following contributing factors:

- Delays in treatment plans and cancelled surgeries;
- Inactivity and routine set-back;
- Increased eating due to boredom;
- Working from home, and
- Mental health.

Inactivity, increased eating and routine set-back can lead to weight gain and reduced mobility, which puts strain on joints and leads to increased pain. Harvard Medical states: “Excess weight puts additional stress on weight-bearing joints (the knee, for example). Inflammatory factors associated with weight gain might also contribute to trouble in other joints (for example, the hands) [2].”

Dr Wendy Holden is the Medical Advisor for UK charity Arthritis Action. Founded in 1942, Arthritis Action offers a unique, integrated self-management approach, which helps address the physical and mental health symptoms of living with arthritis. Wendy says: “During the COVID-19 pandemic, many

say that their joint pain has become worse. This is likely due to a combination of factors, especially less exercise, weight gain, worries and sleep disturbance.”

In our survey, 47.7% of respondents have experienced increased elbow pain during COVID-19, followed by hip pain (46.29%) and back pain (45.04%). Almost half (45.55%) of respondents say that their foot and ankle pain has worsened, while 44.6% report increased neck pain.

Working from home can also reduce mobility, resulting in increased joint pain. Versus Arthritis survey found that, during the COVID-19 pandemic, 81% of office workers in the UK experienced joint pain due to their remote working set-up [3]. A quarter of office workers admitted joint pain (induced by working from home) had made them less productive [4]. Another 30% said they struggled to concentrate [5]. More than a third of workers (35%) have not been provided with any equipment or advice to make working from home easier. In larger businesses, 45% of employees admit they have not received any support at all from their workplace [6].

Dr Adel Tavakkolizadeh says: “If someone is spending hours in front of a computer while working remotely, they should opt for desktop on a standing desk and not an iPad or a laptop. It is a better to work facing forwards with the keyboard at the front.”

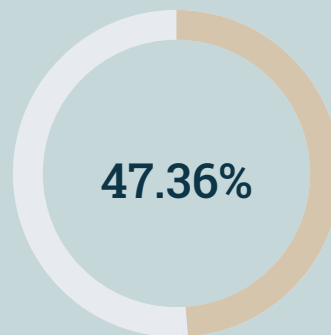
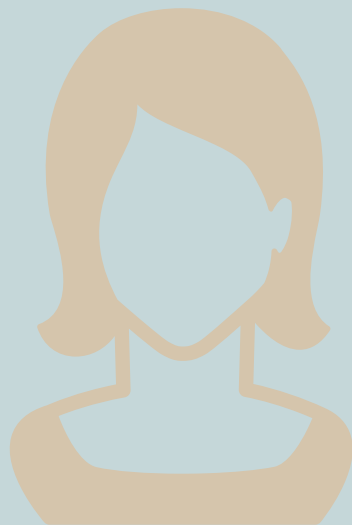
Respondents also say poor mental health has increased their joint pain, because it fuels a cycle of inactivity and, in some cases, overeating. As one respondent said: "I have found that being unable to go to the gym has impacted my fitness and brought on the arthritis in my ankles. I have always been an active person both mentally and physically, but I now have to take a back seat."

The World Health Organisation (WHO) has addressed the impact of COVID-19 on mental health, in stating: "The COVID-19 pandemic has disrupted or halted critical mental health services in 93% of countries worldwide while the demand for mental health is increasing [7]." Anxiety, stress, depression and bereavement has been felt more deeply and on a global scale since the beginning of COVID-19. It is unsurprising that this has fueled a mental health crisis across the world.

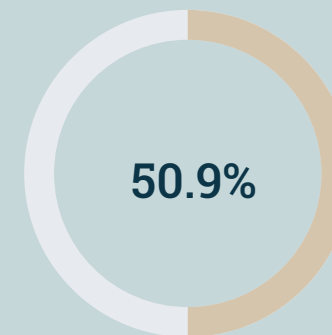
In our survey, 16.81% of respondents said that joint pain affects their mental health. In the UK, 89% of office workers suffering with joint pain have not yet told their employers about it [8]. This reflects feelings of shame and isolation. One in 10 (11%) are anxious about job security [9].

Clare Jacklin comments: "An employee should have an honest conversation with their employer and explain to them the impact of their condition. There are reasonable adjustments people can expect for their employer to put in place."

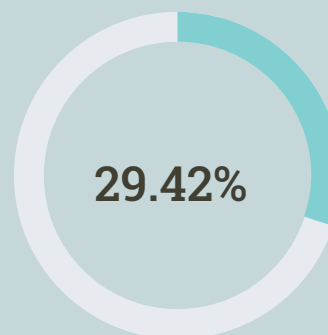
The impact of the COVID-19 pandemic on joint pain



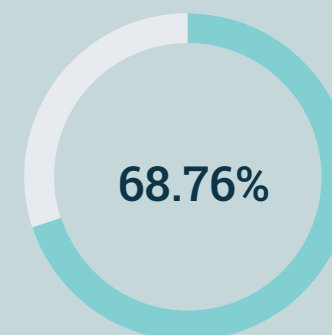
of women report joint pain has worsened during the COVID-19 pandemic



of women say their joint pain has not been affected by COVID-19



of men report joint pain has worsened during the COVID-19 pandemic



of men say joint pain has not been affected by the COVID-19 pandemic

Mr Tavakkolizadeh adds: "People with joint pain should make sure they have a daily routine of exercise. This could be half an hour of stretches, yoga or pilates, or going outdoors for a walk, or cycling. It's important for people to maintain balanced mental health to avoid a deterioration in their condition."

Treatment delays

Respondents have also experienced delays in treatment plans and cancelled surgeries during the pandemic. This lack of treatment can result in increased pain. Some respondents feel that video consultations are impersonal. Other respondents report being misdiagnosed via Zoom.

One respondent says: "I have had appointment and scans cancelled and rescheduled due to the COVID-19 pandemic. I haven't seen my rheumatologist face-to-face for more than a year and my next scheduled appointment is a telephone appointment. I have no idea when my joints will next be physically checked."

The Health Foundation states: "The reduction in GP consultations since the start of the pandemic has been widely reported. This has led to concerns about the care of non-COVID patients, people with long-term health conditions, and the potential for delayed diagnoses [10]." The organisation also reports: "The reduction in consultations masks a more fundamental shift in how consultations are taking place. The number of face-to-face consultations has fallen by 2.3 per person per year; which was partially — but not completely — offset by the increase in remote consultations of one per person per year" [11].



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It's impossible to book face-to-face appointments during the pandemic. When I'm talking about my condition over the phone or online, my level of need is not understood.

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Final thoughts

Overall, the highest percentage of respondents fall in the following categories: white, female, age range 65-74, from the North West of England and the South East of England. They still suffer from pain in multiple joints.

Joint pain has a major impact on quality of life

- More than two-thirds of respondents (68.88%) said joint pain has affected their mental health.
- 94.87% of survey respondents said joint pain has affected their ability to do everyday tasks.
- 37.38% of respondents reported that joint pain affects their sleep every night.
- 39.26% of respondents rated their quality of life as 'poor', as a result of joint pain.
- 43.79% have missed work because of joint pain.
- About half of our respondents (49.29%) believe that joint pain has affected their romantic relationships.

Medication is the most common treatment option

- 69.67% of respondents have taken medication for joint pain.
- 61.41% of people with joint pain have been to see a physiotherapist.
- 42.44% of people have used steroid injections for joint pain.
- 24.74% of people with joint pain have had surgery.
- Total joint replacement is the most common type of surgery, with 36.12% of respondents having had it.
- More women than men said surgery had improved joint pain. A quarter (25.13%) of women said surgery had improved joint pain significantly, compared with 19.12% of men.

Supplements are the most common complementary therapy option

- 34.89% of respondents have tried supplements to improve their joint pain.
- 33.4% have tried hot and cold therapy.
- 22.99% have had massage therapy.
- 21.7% have taken CBD oil.
- 19.83% have had acupuncture.
- 53.27% of respondents said complementary therapies have improved joint pain.

Joint pain impacts younger people too

- Young and middle-aged adults are more likely to feel that joint pain has affected their professional life. Around 71% of 25 to 34-year-olds and 74.27% of 45 to 54-year-olds said joint pain had affected their career.
- Younger people are more likely to feel the impact of joint pain on their family, with 33.01% of 45 to 54-year-olds and 27.02% of 54 to 65-year-olds reported that it affected family life significantly.
- Younger people are more likely to feel the impact on romantic relationships, with 67.86% of 35 to 44-year-olds reporting so, compared with 41.01% of 65 to 74-year-olds.

Joint pain is most commonly caused by arthritis

- Arthritis is the most common cause of joint pain across respondents, with a total of 65.18% of respondents suffering from some form of arthritis.
- Osteoarthritis is the most commonly diagnosed condition across men and women (37.12%).
- 15.62% of people have been diagnosed with arthritis.
- 8.66% of people have been diagnosed with rheumatoid arthritis.
- 39.54% of women have been diagnosed with osteoarthritis, compared with 31.18% of men.

Lifestyle changes that are adopted to manage joint pain

- 71.28% of people exercise to improve joint pain.
- 47.56% of people have made changes to their diet to reduce joint pain.
- 18.77% of people have tried drinking less alcohol to reduce joint pain.
- 12.05% of people stopped smoking cigarettes to reduce joint pain.
- 47.32% of people said they did not see an improvement from making lifestyle changes. Only 1.37% of people said that it massively helped their pain.

Women are more likely to seek treatment for joint pain

This reflects a wider narrative about the current men's health crisis in the UK.

- Women are more likely to have had medication, steroidal injections and physiotherapy for joint pain than men. Close to three quarters (72.14%) of women have taken medication for joint pain, 44.56% of women have had steroidal injections and 51.07% of women have had physiotherapy.
- 63.49% of men have taken medication for joint pain. Less than half of men have had physiotherapy (40.63%) and 36.86% of men have had steroidal injections.
- 40.57% of women rate their quality of life as poor, compared with 35.83% of men.
- Men (9.58%) are more likely than women (7.8%) to have suffered joint pain for ten years or more.

Lifestyle changes make a difference

- Exercise is the most common lifestyle change made by respondents at 71.28%, followed by weight loss at 53.21%, and diet changes at 47.56%.
- However, only 18.77% of respondents are likely to lower their alcohol intake and only 12.05% of respondents had stopped smoking.

- Overall, 52.67% of respondents noticed an improvement in joint pain with lifestyle changes. Weight loss has helped joint pain the most and 59.12% of respondents confirmed that weight loss had reduced joint pain. This was followed by exercise, where 58.98% of respondents noticed improvements to joint pain through exercise.

COVID-19 has exasperated people's pain

- 42.5% of respondents said their joint pain has become worse during the COVID-19 pandemic.
- 34.3% of respondents said they have struggled mentally due to COVID-19 restrictions.
- Working from home, weight gain, delayed treatment or surgeries and a lack of physical activity has contributed to increased pain and poor mental health across respondents.

Acknowledgements

This report could not have happened without the help of the National Rheumatoid Arthritis Society (NRAS). The chief executive officer (CEO) of NRAS, Clare Jacklin, supported our report by providing valuable insight into the impact of arthritis on people's physical and emotional wellbeing.

We would also like to thank Arthritis Action. This UK charity supported our research by sharing information about the effects of joint pain and pain management. A special thanks goes to Consultant Rheumatologist, Dr Wendy Holden at North Hampshire Hospitals NHS Foundation Trust and Arthritis Action's Medical Advisor.

We would also like to thank Versus Arthritis. The national statistics published in their State of Musculoskeletal Health 2019 report helped inform our research and contribute to our findings.

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Consultant orthopaedic surgeon, Mr Vikas Vedi, who shared his specialist knowledge about the many existing forms of joint pain, as well as key symptoms and effective treatment options.

Consultant orthopaedic and upper limb surgeon, Dr Adel Tavakkolizadeh, who shared important insight into the various joint pain treatment options available to manage joint pain.

Finally, we would like to thank the 8,545 survey respondents who completed our survey and shared their experience of living with joint pain.

