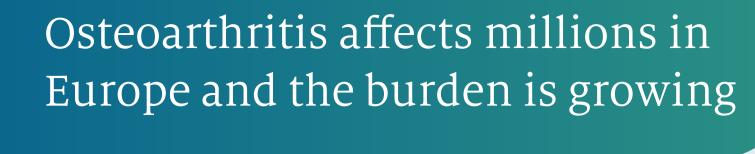




SWEDEN



In 2019, over 57 million people in Western Europe¹ had osteoarthritis (OA), and it caused the loss of over 2 million years of healthy life.² Numbers affected in the region have grown by 54% since 1990.

Increase since 1990

Numbers affected

in 2019

Source: IHME, Global Burden of Disease Data 2019

45%1 1_m UNITED **KINGDOM** 43%1 8.5m **GERMANY**

44%1

FRANCE 11**m**

8.4m

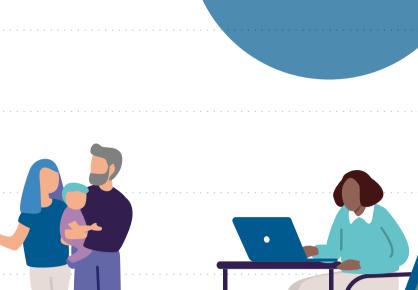
60%**1**

50%1

MITALY 8.6m

OA does not just affect the elderly: 43% of those affected are under 65





50-59

SPAIN

83%

6.6m



Age (in years)

15.5m



14.3m



10.5m

Source: IHME, Global Burden of Disease Data 2019

40-49

<40

OA has a significant impact on people's quality of life and daily activities

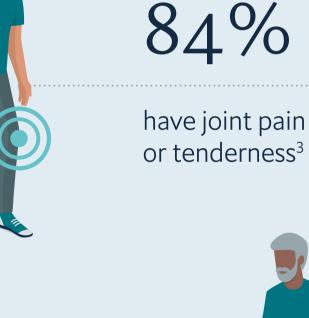
Most people with OA have joint pain, and this impacts their ability to

function normally. People who have more severe pain have more limitations to their activities,³ and also worse mental health⁴ and quality of life.⁵



report that OA

affects their work³









Europe billions of Euros each year

OA causes lost productivity and costs

economies by causing absenteeism, presenteeism and early retirement, necessitating income support or disability allowance payments. People with OA may also need formal and informal care. • European countries have reported annual OA-related costs in the billions:⁷

• In addition to the substantial direct healthcare costs, OA also impacts

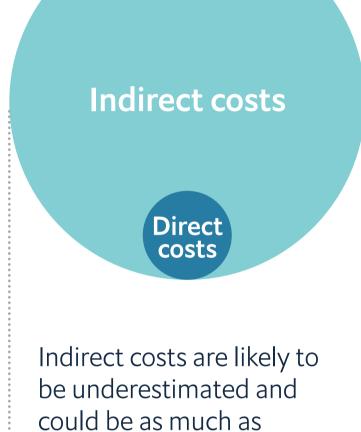




4.6011

Up to

Indirect healthcare costs



direct costs.

240

Occupational therapists per 100k

Supported self-management programmes involving education and exercise are

non-pharmacological support

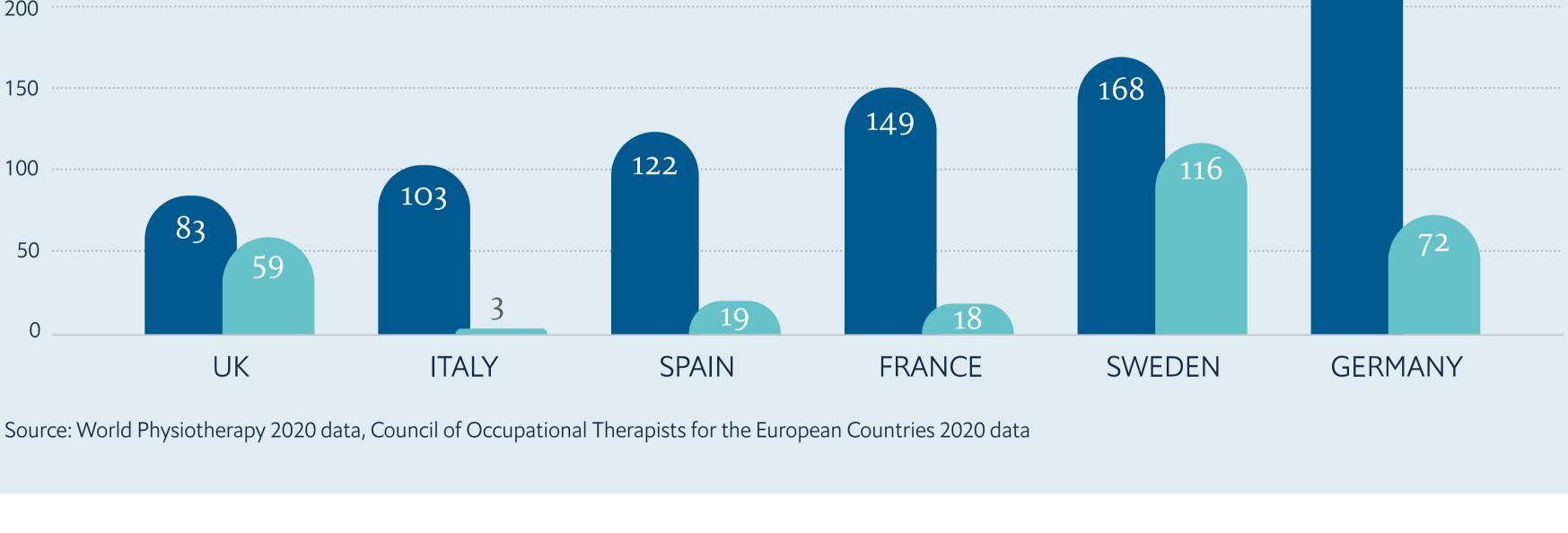
People with OA can't always access

Physiotherapists per 100k 250

nationwide access. The availability of physiotherapists and occupational therapists

recommended by guidelines, but of our focus countries only Sweden provides

who could provide these programmes is very variable across countries.8,9



Options for pharmacological

No treatments can stop or reverse the joint damage associated with OA. • Many people with OA also have other conditions such as cardiovascular disease, which limits which pain medications they can take. Existing pain medications are not meant for long-term use.

symptom relief are limited

- 27-54%
- of people have pain despite taking prescription pain relief medication^{6,10}



are very satisfied with their current OA medication¹¹



and are being lengthened by the pandemic. Not everyone with OA may be suitable for surgery or want to have it. Knee

replacement surgery can be long

Waiting times for joint

6.3

Hip

Average waiting times for joint replacement surgery were up to 6 months in our focus countries pre-covid-19,12





10-20%

still have pain after joint

replacement¹³

to help meet the needs of people affected by OA:

Our research identified several steps which could be taken



commensurate prioritisation of care and research



More coordinated

multidisciplinary

care and OA pain

management of OA





Greater education

treatments

⁵ Vitaloni M et al. BMC Musculoskeletal Disorders. 2020;20(1):493.

non-pharmacological

More widespread

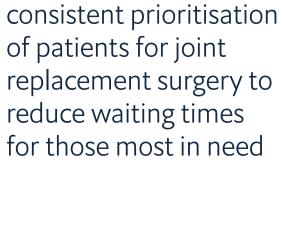
evidence-based

access to









Better and more



- ¹ 22 countries including all 6 of our countries of focus ² Institute for Heath Metrics and Evaluation, Global Burden of Disease 2019. Used with permission. All rights reserved. ³ Vitaloni M et al. BMC Musculoskeletal Disorders. 2020;21(1):1-9. ⁴ de Koning EJ et al. Journal of Pain. 2018;19(6):690-8.
- ⁶ Doane MJ et al. Annals of the Rheumatic Diseases. 2018;77(Suppl 2):1806. ⁷ Various sources, see full report for details: The Economist Intelligence Unit. The hidden burden of osteoarthritis: unmet needs in Europe. 2021. ⁸ World Physiotherapy. Profile of the global profession (2020 data). Available from: https://world.physio/membership/profession-profile. ⁹ Council of Occupational Therapists for the European Countries. Summary of the occupational therapy profession in Europe 2020. Available from: https://www.coteceurope.eu/updates/summary-of-the-profession/. ¹⁰ Conaghan PG et al. Rheumatology. 2015;54(2):270-7.
- ¹¹ Kingsbury SR et al. Rheumatology. 2014;53(5):937-47. ¹² OECD. Health Care Utilisation: Waiting times. Available from: https://stats.oecd.org/Index.aspx?ThemeTreeId=9# ¹³ Beswick AD et al. BMJ Open. 2012;2(1).