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**Versus Arthritis’ response to the Government consultation on the Women's Health Strategy**

**June 2021**

**Introduction**

1. Versus Arthritis welcomes the opportunity to provide input into the Department of Health and Social Care’s consultation on the Government’s development of a new ‘Women's Health Strategy’ for England.[[1]](#endnote-2)
2. Versus Arthritis is the charity formed by Arthritis Research UK and Arthritis Care joining together.[[2]](#endnote-3) We work alongside volunteers, healthcare professionals, researchers, and friends to do everything we can to push back against arthritis. Together, we develop breakthrough treatments, campaign for arthritis to be a priority and provide support. Our remit covers all musculoskeletal conditions which affect the joints, bones and muscles including osteoarthritis, rheumatoid arthritis, back pain, and osteoporosis.
3. Musculoskeletal conditions are amongst the most common long-term conditions in the UK and represent the leading cause of pain and disability nationally.[[3]](#endnote-4) Musculoskeletal conditions also have a profound impact on an individual’s physical and mental health, as well as their wider social and emotional wellbeing.3
4. Chronic pain and musculoskeletal conditions affect women significantly more than men. The reasons for these health inequalities include some biological factors, but also very significant environmental, social, and psychological factors as well. These marked health inequalities should be a key consideration in any strategy designed to improve health outcomes for women, including through the provision of musculoskeletal public health, health, and care services at a population level, to target existing gender-based health inequalities.
5. The following submission provides a summary of the available data on the prevalence and impact of musculoskeletal conditions in women in the UK, including the effects of living with the chronic pain often associated with these conditions.

Musculoskeletal conditions – Relative prevalence in women and men

1. Versus Arthritis’ report the State of Musculoskeletal Health 2019, stated that musculoskeletal conditions such as arthritis and back pain affected an estimated 18.8 million people across the UK in 2017, based on Global Burden of Disease data, accounting for more than 22% of the total burden of morbidity in the UK.3
2. More recent data from the Global Burden of Disease Study suggests that 20.3 million people now have a musculoskeletal condition in the UK, which equates to over three in ten people (32%).[[4]](#endnote-5)
3. Women are more affected by musculoskeletal conditions than men. According to the most recent Global Burden of Disease data cited above, in the UK 11.6 million women have a musculoskeletal condition (35% of women) compared to 8.7 million men (28% of men).4
4. English GP patient survey data suggests a slightly lower figure of around 19% of people aged 16 and over in England have a musculoskeletal condition that has lasted, or is expected to last, 12 months or more.[[5]](#endnote-6)
5. According to this data, women again reported having more long-lasting musculoskeletal conditions than men (21% of women versus 16% of men).5
6. The Health Survey for England 2017 data also shows that chronic pain is more prevalent in women at every age.[[6]](#endnote-7) Among people aged 35-44 years, 33% of women have chronic pain compared with 25% of men; among those aged over 75 years, chronic pain is reported by 57% of women, compared to 47% of men.6
7. Women are also much more likely than men to have high impact chronic pain, the most severe form which means a person struggles to take part in daily activities such as self-care, family, community, and work. In the Health Survey for England 2017, high impact chronic pain affected 14% of women, compared to 9% of men.6
8. The differences between chronic pain in women and men are exacerbated by deprivation. Health Survey for England 2017 showed that women in the most deprived quintile were nearly twice as likely to have chronic pain (45%) than men in the least deprived quintile (27%).6
9. Therefore, while estimates may vary, depending on the scope of the conditions included in the definition of musculoskeletal health and chronic pain, along with the data sets that are used, the prevalence of both musculoskeletal conditions and chronic pain amongst women is consistently recorded as being higher than in men.

**Reasons for the differences in musculoskeletal conditions between women and men**

1. Reported differences in the prevalence of musculoskeletal conditions between men and women can be attributed to a number of causes, and the overall prevalence gap is likely to be multicausal; involving interactions between many biological, psychological, and social factors.
2. Biological factors such as hormonal changes and differences in bone structure and density may partially account for women’s elevated risk of developing certain musculoskeletal conditions.[[7]](#endnote-8), [[8]](#endnote-9)
3. It is also important to note more broadly that some musculoskeletal conditions like rheumatoid arthritis are autoimmune conditions, which in general are known to be more common in women than men.[[9]](#endnote-10)
4. Varying environmental and psychosocial factors are also likely to contribute to the difference in the prevalence of chronic pain and musculoskeletal conditions in men and women:
	* Women are more likely than men to report experiencing poor mental health[[10]](#endnote-11), which in turn can increase their risk of developing musculoskeletal pain, as musculoskeletal conditions and mental health have a complex and reciprocal relationship.[[11]](#endnote-12)
	* Women are also more likely than men to live in persistent poverty [[12]](#endnote-13), including in work poverty [[13]](#endnote-14), which, in itself, can increase the risk of developing certain types of musculoskeletal conditions.[[14]](#endnote-15), [[15]](#endnote-16)
5. The prevalence gap may also be due, in part, to some potentially modifiable risk factors for musculoskeletal conditions being more common in women. For example, in England women are less likely to be physically active than men (65% of women, versus 68% of men[[16]](#endnote-17)), and they are also more likely to be classed as obese or morbidly obese (29% of women versus 26% of men [[17]](#endnote-18)). These are both key factors associated with an increased risk of developing a musculoskeletal condition.
6. It’s also important to note that the same health inequalities that are seen in many long-term conditions are also seen in chronic pain, which may result in women being at an increased risk of developing chronic pain. Adverse social and psychological experiences increase people’s risk of developing chronic pain, and groups that in our society experience greater life stress, disadvantage, and discrimination are more likely to have chronic pain.[[18]](#endnote-19)
7. In 2017, the Industrial Strategy published by the Department for Business, Energy & Industrial Strategy (BEIS) set out a number of ‘Grand Challenges’ for the government to deliver on, including the aim of ensuring that ‘people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest’.[[19]](#endnote-20)
8. While the UK life expectancy for women in the UK is higher than for men, women can expect to spend nearly a quarter of their lives (19.3 years on average) in poor health, compared to a fifth for men (16.2 years).[[20]](#endnote-21)
9. To achieve its healthy life expectancy and health equality goals, the newly established Office for Health Promotion, and the health system more broadly, needs to prioritise investing in programmes that are designed to improve the prevention and management of conditions that disproportionately impact women, especially those living in areas of high deprivation, including chronic pain and musculoskeletal conditions.3, 18

**Condition-specific prevalence estimates**

1. **Rheumatoid arthritis**
* Over 430,000 people have rheumatoid arthritis in the UK.3, [[21]](#endnote-22)
* Rheumatoid arthritis is two to three times more common among women than men. [[22]](#endnote-23), [[23]](#endnote-24), [[24]](#endnote-25)
1. **Osteoarthritis**
* Over 8.75 million people aged 45 and over have sought treatment for osteoarthritis in the UK. [[25]](#endnote-26)
* The prevalence of osteoarthritis is generally higher in women than men.3 The difference is most apparent for hand and knee osteoarthritis and among people over 50 years of age.[[26]](#endnote-27)
* Women account for roughly 60% of hip and knee replacement operations in the UK, over 90% of which are due to osteoarthritis. [[27]](#endnote-28), [[28]](#endnote-29)
1. **Low back pain**
* Around 10 million people in the UK have persistent back pain, affecting around one third of the UK adult population. 3
* Research studies show low back pain has consistently been reported in a higher proportion of females than males across all age groups [[29]](#endnote-30), with the difference being shown in some research to be greatest amongst school aged children (6–19 years old).[[30]](#endnote-31) In comparison to younger and middle-aged adults (20-50 years old), a further increase in the prevalence gap between females and males for low back pain is seen after menopause age (over 55 years old).30
* Research also suggests that women are more severely affected by low back pain; on average they have lower functional capacity and are more likely to have recurrent or chronic pain.[[31]](#endnote-32)
1. **Fibromyalgia**
* Between 1.7 to 2.8 million adults have fibromyalgia in the UK.[[32]](#endnote-33)
* Fibromyalgia is more common in women than in men at every age.[[33]](#endnote-34)
* Fibromyalgia symptoms also tend to be more intense in women, who generally report higher levels of fatigue, sensitivity, related-irritable bowel syndrome, more widespread pain, and a greater symptomatic burden.[[34]](#endnote-35)
1. **Osteoporosis and fragility fractures**
* Each year, almost a third of people aged over 65 years old fall at least once and there are an estimated 500,000 fragility fractures in the UK.[[35]](#endnote-36)
* One in two women and one in five men over the age of 50 are expected to break a bone during their lifetime.[[36]](#endnote-37)

**The link between chronic pain and musculoskeletal conditions and the disproportionate impact on women**

1. Public Health England’s Chronic Pain research report, which analysed the data from the 2017 Health Survey for England, demonstrates the central role that musculoskeletal conditions play in the development of chronic pain.6
2. In line with this new data becoming available, Versus Arthritis has published its own report, *‘Chronic pain in England: Unseen, Unequal, Unfair’*.18 This report explores the impact of chronic musculoskeletal pain on a personal and population level, and how individuals from marginalised backgrounds are more likely to be affected by chronic pain.
3. Around 15.5 million[[37]](#footnote-2) people (34%) in England have some form of chronic pain, defined as recurrent pain which lasts for three months or more.6 While a majority of this is musculoskeletal pain, this also includes people experiencing less common types of chronic pain such as neuropathic pain, chronic migraine, and pelvic pain.6
4. 12% of all people in England have high-impact chronic pain, the most severe form which means a person struggles to take part in daily activities such as self-care, family, community, and work.6
5. Musculoskeletal conditions are responsible for the majority of chronic pain in the UK, with 81% of people with a musculoskeletal condition experiencing chronic pain.6
6. Among those that reported that their chronic pain highly interfered with their usual activities, respondents were most likely to have a musculoskeletal condition (51%).6 This was significantly higher than the next condition listed, mental disorders (28%).6
7. The Chronic Pain research report demonstrates how women are more affected by chronic pain than men, as 38% of women report experiencing chronic pain in comparison to 30% of men.6 Furthermore:6
* 14% of women have high impact chronic pain versus 9% of men.
* 36% of women report pain that has a high interference on their usual activities, versus 31% of men.
1. These findings are consistent with other studies which have shown that women experience more chronic pain than men.[[38]](#endnote-38), [[39]](#endnote-39)
2. Chronic musculoskeletal pain is more common among women regardless of where the pain is felt:
	* Between 4 and 5 out of every 10 women (45%) report chronic back pain, compared to about 4 out of every 10 men (39%).6
	* 3 out of every 10 women (26%) report chronic neck or shoulder pain, compared to 2 out of every 10 men (21%).6
3. Chronic pain is also more common among women throughout the life course: 6
* 22% of women aged 16-34 report chronic pain, compared to 13% of men.
* 33% of women aged 35-44 report chronic pain, compared to 37% of men.
* 46% of women aged 55-64 report chronic pain, compared to 40% of men.
* 52% of women aged 65-74 report chronic pain, compared to 47% of men.
* 57% of women over 75 report chronic pain, compared to 47% of men.
1. Chronic pain is also more common in areas of greater deprivation and is more likely to be reported by black people, while people living with chronic pain who describe themselves as Asian are more likely to report high-impact chronic pain compared to other ethnicities.6 These dynamics illustrate the importance of taking a nuanced and intersectional approach to improving women’s health, including women from ethnic minority communities, in order to support women with more than one protected characteristic.
2. The disparity between both the reported levels and the impact of chronic pain in men and women can be explained to some extent by the higher prevalence of musculoskeletal conditions and their associated risk factors in women, as previously outlined. Additionally, there are some other non-musculoskeletal conditions that cause chronic pain, such as endometriosis, which also primarily affect women.18
3. However, underlying biological factors are only likely to provide a partial explanation for this level of disparity, as there are a number of psychosocial factors which can also increase an individual’s risk of developing chronic musculoskeletal pain.18
4. Adverse social experiences and stressors that disproportionately impact women, including experiencing poverty or gender-based violence, may put women at higher risk of developing chronic pain, possibly due to the link between experiencing chronic stress and pain.18, [[40]](#endnote-40)
5. Some research suggests that adverse life events can act as a risk factor for the onset of chronic musculoskeletal pain.[[41]](#endnote-41)
6. This increases the importance of addressing the underlying drivers of ill health when trying to improve women’s health, in addition to tackling the more immediate causes and risk factors of musculoskeletal conditions.18
7. In order to improve our ability to identify, treat, and manage chronic pain as a public health priority in the UK, data on the prevalence and impact of chronic pain should be routinely collected and published at a national, regional, and local level, with a particular focus on understanding the experiences of groups who are disproportionately affected, including women.

**Musculoskeletal research**

1. In analysing the 2018 UK Health Research Analysis dataset, arthritis and other musculoskeletal conditions was one of five disease areas that received a funding allocation which was significantly lower than its comparative burden of disease, as measured using the 2016 DALY rate.[[42]](#endnote-42), [[43]](#endnote-43)
2. The average research funding proportion allocated to each disease area in 2018 was 4.7%, while the arthritis research funding proportion was 3.4%, despite it being one of the leading causes of pain and disability in the UK.42
3. This mirrors a wider pattern observed around health research globally, in which conditions that disproportionately impact women tend to receive less prioritisation and investment.[[44]](#endnote-44)

**Impact of chronic pain and musculoskeletal conditions on employment**

1. The overall prevalence of chronic pain in England related to all conditions is higher among women in paid employment or self-employment, than in men: 31% of women in paid employment or self-employment have chronic pain versus 25% of men.6
2. Women with chronic pain in England are less likely to be in paid employment or self-employed than men: 47% of women with chronic pain are in paid employment or self-employed compared with 56% of men.6
3. The prevalence of chronic pain in England is higher among women who are permanently unable to work because of long-term sickness or disability: 84% of women who are permanently unable to work because of long-term sickness or disability have chronic pain versus 71% of men.6
4. Musculoskeletal conditions more broadly, have a significant impact on women’s ability to find and remain in long-term employment. In 2018/2019, the employment rate for people with musculoskeletal conditions, a majority of whom are women, was 57.8%, compared to 82.2% for people without a long-term health condition.[[45]](#endnote-45)
5. The data also indicates that disabled women were more likely to have moved out of work than disabled men.44
6. Versus Arthritis research found that that 43% of working-aged people with arthritis said their condition impacted on their own working life, or on their carer’s working life, ranging from reducing hours or changing roles, through to giving up work or taking early retirement.[[46]](#endnote-46)
7. Given that women are more likely to be affected by a musculoskeletal condition, and are more likely to act as a carer for someone with a long-term health condition [[47]](#endnote-47), women can be significantly disadvantaged by the lack of understanding and resources provided to support musculoskeletal health in the workplace.45
8. This is supported by research from other countries, which has found that long term sickness absence due to musculoskeletal health problems was strongly associated with gender, with women on average having a higher number of sickness absences and a longer mean duration of sickness episodes attributed to musculoskeletal ill health.[[48]](#endnote-48), [[49]](#endnote-49)
9. Women are also significantly more likely to need additional support from the government’s Access to Work scheme, which is designed to help people with health conditions and disabilities find and stay in work. According to 2019/20 data, 63% of people who had an Access to Work application approved were women.[[50]](#endnote-50)

**Impact of COVID-19 on women’s health**

1. This section provides an overview of the key findings from survey research we have conducted during the pandemic, to better understand the impact of COVID-19 on women with musculoskeletal conditions and on the musculoskeletal health of the wider population.
2. Our COVID-19 Pain Impact survey, which had 5014 respondents in England, looked at how the pandemic impacted several key areas of daily life.[[51]](#endnote-51)
* On the overall impact of the pandemic on the physical health and level of pain experienced by people with musculoskeletal conditions, as well as their ability to manage their condition, the survey data indicated: 50
	+ 50% of people did not feel that they could manage their pain and do things around the home (52% of women, 44% of men).
	+ 81% wanted more information and guidance on how to manage their pain (same % for men and women).
	+ 93% felt the government needed to do more to raise awareness of the pain experienced by people with musculoskeletal conditions (same % for men and women).
* On the overall impact of the pandemic and subsequent restrictions on the mental health and wellbeing of people with musculoskeletal conditions, the survey found: 50
	+ 40% reported feeling lonelier since the pandemic (41% of women, 37% of men), a figure that rose to 46% among those who were shielding (47% of women, 45% of men).
	+ 65% of people said that having the opportunity to connect with other people with musculoskeletal conditions for support would help with their pain management (65% of women, 62% of men).
* On the impact of COVID-19 on employment for people with existing musculoskeletal conditions, it found that for people who had started working from home, the data indicated that: 50
	+ 60% felt it benefitted their physical health (63% of women, 55% of men).
	+ 53% enjoyed the flexibility working from home afforded them (53% of women, 49% of men).
	+ 49% wanted working from home to be a long-term option for them post-restrictions (48% of women, 53% of men).
	+ 37% said it benefitted their mental health (38% of women, 33% of men).
	+ However, notably, only 54% of respondents confirmed that they had their equipment needs met for working from home (53% of women, 58% of men).
	+ 46% said that practical adjustments and more support at work would help them manage their pain (47% of women, 45% of men).
1. Versus Arthritis also carried out an online survey on the experiences of people with musculoskeletal conditions from November - December 2020.[[52]](#endnote-52) The survey focused on those people waiting for joint replacement surgery the during COVID-19 pandemic and the impact waiting has had on their health.
2. Analysis of the data provided by respondents in England who indicated they were on the waiting list for joint replacement surgery found that:51
* 34% of respondents had been waiting for between 6 months and a year for joint replacement surgery (36% of women; 28% of men).
* 29% had been waiting for between 1 to 2 years (29% of women; 28% of men), and
* 11% had been waiting for over 2 years for surgery (same percentage for men and women).
* 56% had not been offered any options for proceeding with their surgery during the pandemic (58% of women, 51% of men).
* 84% had not been offered an alternative choice of provider for their surgery despite their extended waiting time (same % for men and women).
* 55% of respondents had either had their surgery or a related appointment cancelled or postponed by their hospital due to COVID-19 (57% of women, 51% of men).
* For those who had chosen to cancel or postpone treatment themselves:
	+ 49% cited a fear about getting COVID-19 in hospital as the reason behind that decision (48% of women; 60% of men).
	+ 46% said it was because they were shielding (45% of women, 60% of men).
	+ 72% of respondents had not been given a likely surgery date or an estimated waiting time for receiving treatment (74% of women, 68% of men).
	+ Only 14% had been offered access to a physiotherapist while waiting for surgery (same percentage for men and women).
* During their wait for surgery:
	+ 79% reported their general physical health had worsened (79% of women; 81% of men).
	+ 89% said their pain levels had deteriorated (91% of women; 85% of men).
	+ 90% reported reduced mobility (91% of women; 87% of men).
	+ 79% said they were less independent (81% of women; 74.1% of men).
	+ 72% reported a deterioration in their mental health (74% of women; 64% of men).
1. To understand the impact of COVID-19 and the subsequent restrictions on the general population’s musculoskeletal health, in September 2020 Versus Arthritis conducted a survey of over 1,000 individuals who had started to work from home as a result of the pandemic, including people who had no prior history of musculoskeletal problems:[[53]](#endnote-53)
* This research found amongst female workers: 52
	+ 82% reported experiencing musculoskeletal pain or discomfort caused by, or related to, their working set up since starting to work from home (in comparison to 79% of men).
	+ 18% said that this new pain meant that they were less productive (in comparison to 27% of men), and 28% said the pain made it difficult to concentrate (in comparison to 32% of men).
	+ Only 8% said they’d spoken to their employer about their new musculoskeletal pain (in comparison to 9% of men).
	+ When asked why they hadn’t spoken to their employer about their pain, 48% of women who hadn’t reported their pain said it was because they’d didn’t think it was a serious enough problem (in comparison to 43% of men).
	+ Only 15% said they had been given advice or support on how they could take care of their musculoskeletal health (in comparison to 20% of men).
	+ 44% said they take fewer breaks from work than they did at the start of lockdown (in comparison to 38% of men).
	+ 58% said they were less physically active working from home than in a normal workplace (in comparison to 51% of men).
	+ Only 45% report that they were mostly working from a desk set up, rather than using their home furniture (in comparison to 60% of men who reported having access to a desk for work).

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