



LIVING WITH JOINT PAIN

A STUDY INTO THE IMPACT OF JOINT PAIN ON SUFFERERS' QUALITY OF LIFE



FOREWORD

Arthritis and other musculoskeletal (MSK) conditions affect over 17 million people across the UK, with pain as one of the leading symptoms. Yet, joint pain does not only affect individuals diagnosed with joint health conditions.

In fact, perimenopause, menopause, age-related changes and historic injuries are all factors that can contribute to prolonged joint pain and discomfort. As a result, 3 in 10 adults experience persistent pain, defined as lasting longer than 3 months.²

The Living with Joint Pain Report aims to provide a voice to those experiencing chronic or persistent joint pain, helping to raise awareness of the detrimental impact that pain can have on all aspects of life and advocate for better treatment outcomes.

EXECUTIVE SUMMARY

METHOD

The Living with Joint Pain Report examines insights from national research³ that was conducted to better understand the multifaceted impact of joint pain on sufferers' everyday lives.

Chronic joint pain can impact all aspects of daily life, with this research highlighting that mental health, social life and work life are most affected.

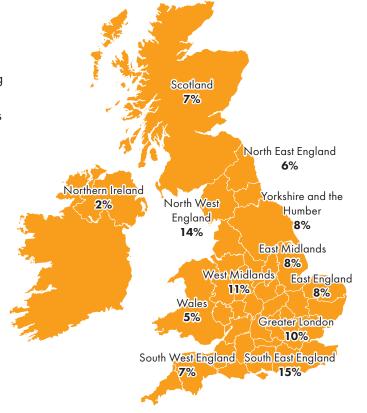
2,001 participants with regular joint pain took part, ensuring that the data and statistical analysis is an accurate reflection of joint pain sufferers' perceptions of their quality of life.

This insight report intends to provide a collection of up-todate statistics, highlighting the detrimental effect of joint pain on sufferers' everyday lives. In addition, it covers current treatment behaviours as well as treatment aspirations detailing how sufferers would prefer to manage their symptoms, with recommendations on how to better support joint pain sufferers in all aspects of life.

PARTICIPANT OVERVIEW

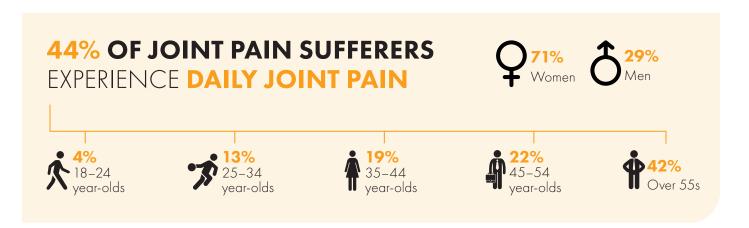
- 2,001 joint pain sufferers
- 12 regions
- Aged 18-55+
- With undiagnosed and diagnosed conditions





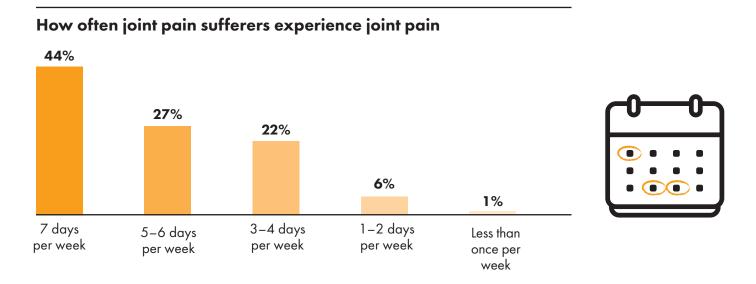
PREVALENCE

Joint pain is a common issue that can have many possible causes, including injury, joint overuse or an MSK condition. Over half (59%) of joint pain sufferers surveyed for this report had a diagnosed joint health condition, with the most common conditions being osteoarthritis (26%), rheumatoid arthritis (19%), fibromyalgia (11%) and gout (6%). A further 40% of respondents did not have a diagnosed joint health condition, meaning that their joint pain could potentially be caused by other health-related issues, such as tendonitis, hormonal changes or age-related aches and pains.



Research shows that MSK conditions are highly prevalent and impact females more frequently and severely than males.⁴ Notably, MSK conditions arise in postmenopausal females at rates higher than age-matched males,⁵ highlighting how hormone differences between sexes can impact the development of conditions that lead to chronic joint pain.

More men take part in sport and physical activity than women.⁶ Injuries sustained from sporting activities can have life-long implications, and individuals who have experienced injuries affecting their joints may be at risk of an accelerated development of osteoarthritis⁷ – a common cause of chronic joint pain.



THIS RESEARCH HIGHLIGHTED THE TRUE PREVALENCE OF JOINT PAIN, SHOWING THAT 93% OF SUFFERERS ARE EXPERIENCING PAIN ON 3 OR MORE DAYS PER WEEK



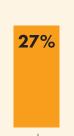
IMPACT ON PHYSICAL, MENTAL AND EMOTIONAL HEALTH

The research highlights that joint pain not only affects sufferers' physical abilities, but also has a significant impact on their emotional and mental health, which can be just as challenging.

PHYSICAL

Joint pain can affect a person's overall function and mobility, which can result in physical limitations. The top physical limitations experienced by joint pain sufferers include:

66 I HAVE BEEN UNABLE TO
SLEEP AND HAVE HAD TO
SLEEP UPRIGHT IN A CHAIR 99



I struggle to get dressed and or put on socks and shoes



I struggle to get out of bed



perform daily activities



I struggle to climb stairs



I have been unable to exercise and or play sport



I struggle to carry heavy bags

MENTAL

Our physical health and mental health are closely connected. As a result of regular joint pain, those surveyed admitted to feeling:



STRESSED

Almost **half** (41%) of joint pain sufferers have experienced stress as a result of their joint pain



ANXIOUS

Over **2 in 5** (41%) joint pain sufferers have experienced anxiety due to their joint pain



DEPRESSED

Almost **one-third** (32%) of joint pain sufferers have experienced depression due to their condition



UNABLE TO COPE

Over 1 in 5 (22%) joint pain sufferers have felt overwhelmed and unable to cope because of their joint pain

IMPACT ON PHYSICAL, MENTAL AND EMOTIONAL HEALTH

EMOTIONAL

Mental health involves overall psychological well-being, while emotional health refers to a person's ability to handle and express their emotions. This research showed that there is a clear impact on emotional well-being:



Over **one-third** (40%) of joint pain sufferers are concerned about their independence as they age



2 in 5 (40%) joint pain sufferers admit that joint pain has negatively impacted their quality of life



Over **1 in 3** (35%) joint pain sufferers feel that joint pain has negatively affected their self-esteem

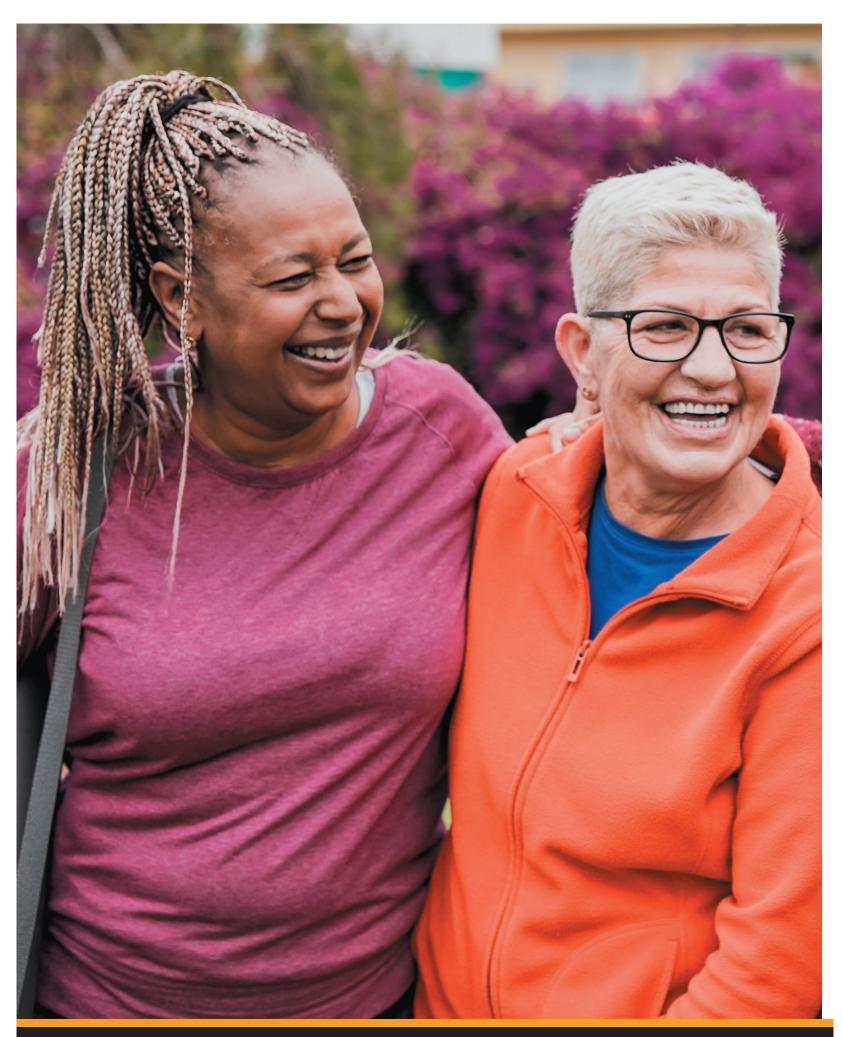


Over **one-quarter** (27%) of joint pain sufferers grieve for their past abilities and lifestyle

It's clear that joint pain has a profound impact on emotional and mental well-being, with stress and anxiety being experienced in equal measure. The research highlights that sufferers would benefit if friends and family, as well as healthcare providers, had a better understanding of the impact of joint pain on emotional and mental health. Emotion and pain are intrinsically linked and emotional responses, such as anxiety and depression, have been associated with increased feelings of pain and discomfort.8 As such, it's important to not only provide sufferers with self-management techniques that support physical health, but to also teach skills to help people cope with the emotional and mental health burden which often accompanies joint pain.







IMPACT ON WORK, RELATIONSHIPS AND FINANCES

Those surveyed reported experiencing inequality in the workplace, losing friends and sufferering financial hardship as a result of their joint pain.

WORK

Work life and career aspirations can be hindered due to joint pain, with some sufferers having to give up work completely due to their pain.



Over **1 in 5** (22%) joint pain sufferers say that joint pain has had a negative impact on their work



Over one-fifth (21%) of joint pain sufferers have been forced to take days off work or sick leave due to joint pain



Over **1 in 6** (18%) joint pain sufferers admit that they have had to reduce their working hours as a result of joint pain



MY JOB INVOLVES BEING ON MY FEET FOR 9 HOURS A DAY - IT'S HARD TO STAND AT TIMES >>



One respondent said that they can't find a suitable job which accommodates their disabilities. As such, employers could provide an inclusive working environment that accommodates those dealing with chronic joint pain, adapting responsibilities accordingly to ensure efficient working.





IMPACT ON WORK, RELATIONSHIPS AND FINANCES

RELATIONSHIPS

Relationships can often be impacted due to a lack of understanding about the severity of specific joint conditions or how it affects a person's life.



Almost **one-third** (32%) of joint pain sufferers have cancelled plans with friends and family as a result of their joint pain



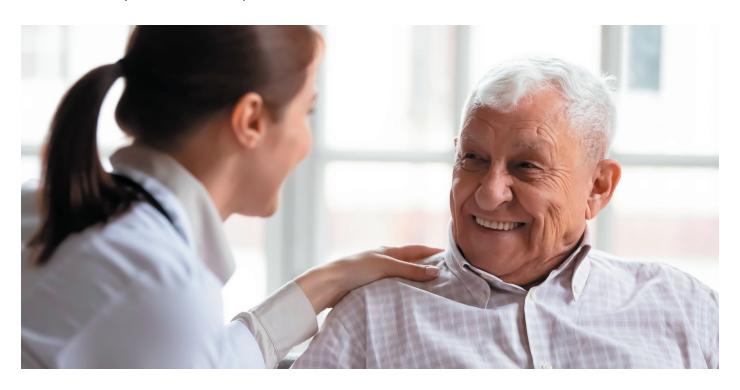
1 in 5 (20%) joint pain sufferers have avoided physical intimacy with their partner due to joint pain



15% of joint pain sufferers don't feel that they can be the parent they want to be as a result of their joint pain

1 IN 7 (14%) JOINT PAIN SUFFERERS DON'T FEEL SUPPORTED BY FRIENDS AND FAMILY

The top three ways to support joint pain sufferers, as identified in this research, are providing a listening ear whilst sufferers discuss their condition (16%), being patient if they move or react more slowly (14%) and checking in daily to see how they're doing (14%). Additionally, respondents felt that healthcare practitioners can support sufferers by going above and beyond clinical care expectations (11%).



IMPACT ON WORK, RELATIONSHIPS AND FINANCES

FINANCES

There is often a cost to managing joint pain, whether it be purchasing prescriptions, over-the-counter (OTC) medication or paying for private treatment.



1 in 7 (14%) joint pain sufferers say that it's been challenging trying to balance the cost of managing pain with other household expenses



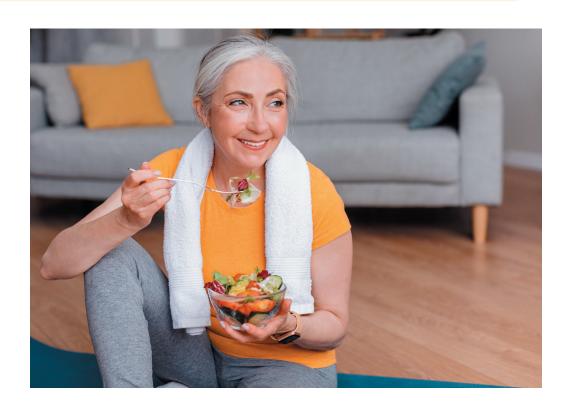
Over **1 in 10** (12%) joint pain sufferers admit that the financial impact of joint pain has been stressful, adding to the emotional burden of the condition



Almost **1 in 5** (19%) joint pain sufferers can't afford private healthcare



This research suggests that cost-effective self-management techniques and treatment plans should be favoured by healthcare providers to help mitigate the risk of financial hardship due to joint pain. These could include lifestyle and diet changes, alongside the introduction of clinically backed supplements that support healthy joint function and aim to reduce pain.





TREATMENTS

Treatment behaviours vary and can be dependent on many factors, including the severity of pain, financial implications and advice from healthcare providers. This research highlights that the majority of join pain sufferers use OTC or prescribed medication to help manage joint pain.

CURRENT TREATMENT BEHAVIOURS



Almost 9 in 10 (88%) joint pain sufferers manage pain with OTC painkillers or prescribed medication



Almost **one-third** (31%) of joint pain sufferers limit their movement so not to exacerbate their joint pain

Over Over one-quarter (29%) of joint pain sufferers manage pain with lifestyle and diet changes

TREATMENT ASPIRATIONS

Of the joint pain sufferers surveyed who manage pain with OTC painkillers or prescribed medication, over half (56%) would prefer to manage joint pain with only lifestyle changes and alternative treatments, such as supplements



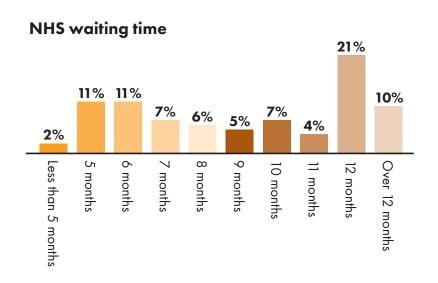
Whilst medication can help to alleviate joint pain, long-term use of analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs) may put users at risk of adverse side effects. For example, constipation and headaches can occur with some analgesics, and indigestion and peptic ulceration with NSAIDs.9

This could be the driving force behind more than half (56%) of joint pain sufferers wanting to manage their joint pain exclusively with lifestyle changes and alternative treatment options. To support treatment aspirations, it would be beneficial if healthcare providers could provide individualised treatment plans that take into account treatment preferences as well as lifestyle factors that could help to reduce joint pain.

FURTHER TREATMENT

Sometimes it's necessary for further treatment or surgical intervention, particularly when pain is as a result of joint destruction that is severe enough to warrant surgery, such as a knee or hip replacement.

The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment,10 but 82% of those surveyed who agreed that NHS waiting lists are too long, have been waiting longer than 18 weeks. Of these, 1 in 10 (10%) have been waiting longer than 12 months for NHS treatment, with some waiting as long as 36 months.



FINAL THOUGHTS

The **Living with Joint Pain Report** provides a timely look into the real-life struggle of those dealing with joint pain, highlighting the everyday limitations and wider well-being and financial impact of chronic joint pain. The complexity of living with persistent joint pain can feel overwhelming, life-limiting and inescapable, and it should be more widely acknowledged how pain can significantly affect all aspects of life.

Chronic joint pain is an **unseen**, **subjective** and **personal experience** which needs individualised treatment to cater to varying needs. The research highlights that many of those currently medicating to reduce joint pain would prefer to find alternative ways to ease symptoms. It would be beneficial if healthcare providers could focus on a **holistic approach** to treatment plans, using lifestyle and diet changes together with clinically backed supplements to help to improve the quality of life of sufferers.

Ideally, **emotional** and **mental health** should be taken into account when developing treatment plans to ensure that joint pain sufferers are equipped with the skills and coping techniques necessary to deal with the emotional and mental burden of joint pain.

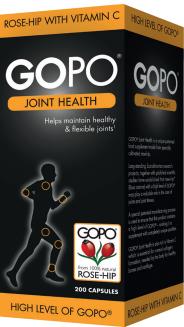
Given the increasing backlog of patients waiting for consultant-led NHS treatment, a change in practice could support in reducing the burden on the NHS by providing self-management techniques that help alleviate the need for further treatment.



The Living with Joint Pain Report

Commissioned by GOPO[®] Joint Health, a unique patented joint health supplement made from a specially cultivated rose-hip compound, GOPO[®].¹¹

The galactolipid, GOPO®, has been shown in numerous studies to have antiinflammatory effects, ¹² reduce joint pain and stiffness and improve joint mobility. ¹³



References:

- 1. UK Health Security Agency. Why are musculoskeletal conditions the biggest contributor to morbidity? 2019.

 Available at: https://ukhsa.blog.gov.uk/2019/03/11/why-are-musculoskeletal-conditions-the-biggest-contributor-to-morbidity/ (Accessed: December 2023).
- 2. NHS TIMS. Chronic or persistent musculoskeletal pain. No date. Available at: https://www.tims.nhs.uk/self-care/chronic-or-persistent-musculoskeletal-pain/ (Accessed: December 2023).
- 3. GOPO® Joint Health survey on 2,001 joint pain sufferers in the UK. November 2023.
- $4. \ Overstreet\ DS,\ et\ al.\ A\ Brief\ Overview: Sex\ Differences\ in\ Prevalent\ Chronic\ Musculoskeletal\ Conditions.\ Int\ J\ Environ\ Res\ Public\ Health.\ 2023; 20(5): 4521.\ doi:\ 10.3390/ijerph 20054521.$
- 5. Hart DA. Sex differences in musculoskeletal injury and disease risks across the lifespan: Are there unique subsets of females at higher risk than males for these conditions at distinct stages of the life cycle? Physiol. 2023;14:1127689. doi: 10.3389/fphys.2023.1127689.
- 6. Sport England. Gender. No date. Available at: https://www.sportengland.org/research-and-data/research/gender?section=research (Accessed: December 2023).
- 7. Saxon I, et al. Sports participation, sports injuries and osteoarthritis: implications for prevention. Sports Med. 1999;28(2):123-135. doi: 10.2165/00007256-199928020-00005. PMID: 10.492030.
- 8. Arthritis Foundation. The Emotion-Pain Connection. No date. Available at: https://www.arthritis.org/health-wellness/healthy-living/emotional-well-being/emotional-self-care/the-emotion-pain-connection (Accesssed: December 2023).
- 9. NHS. NSAIDS. No date. Available at: https://www.nhs.uk/conditions/nsaids/ (Accessed: December 2023).
- 10. NHS England. Referral to Treatment. No date. Available at: https://www.england.nhs.uk/rtt/ (Accessed: December 2023).
- 11. GOPO® Joint Health. GOPO® Joint Health Range. No date. Available at: https://www.gopo.co.uk/joint-health (Accessed: December 2023).
- 12. Winther K, et al. The anti-inflammatory properties of rose-hip. Inflammopharmacology. 1999;7:63-68. doi: 10.1007/s10787-999-0026-8. PMID: 1765744.
- 13. Winther K, et al. A powder made from seeds and shells of a rose-hip subspecies (rosa canina) reduces symptoms of knee and hip osteoarthritis: A randomized, double-blind, placebo-controlled clinical trial. Scand J Rheuma-tol. 2005;34:302-308. doi: 10.1080/03009740510018624.