

## Obesity and Osteoarthritis Fact Sheet



Fact 1

Osteoarthritis (OA) is strongly associated with weight and obesity.

- OA is a chronic progressive joint disease caused by increased force across the joint and other pro-inflammatory factors such as inflammation throughout the body which is linked to obesity.<sup>5,9,11</sup>
- A person with obesity is 60 percent more likely to develop arthritis than someone of normal body weight.<sup>10,11</sup>
- Joint pain symptoms and severity increase with body mass index (BMI) values. For every 11 pounds of weight gain, there is a 36 percent increased risk for developing OA.<sup>10</sup>
- Women with obesity have nearly four times the risk of knee OA, and men with obesity have five times the risk of knee OA compared to leaner individuals.8
- The number of osteoarthritis cases involving the knee in the U.S. could be cut in half if obesity was removed as a risk factor.<sup>5</sup>

Fact 2

Osteoarthritis is not just a wear and tear disease; obesity can be a cause of chronic inflammation throughout the body that can contribute to the development of osteoarthritis.

- Osteoarthritis affects non-weight bearing joints, including joints in the hands, upper extremities, mid-back and neck.<sup>8,10</sup>
- Obesity is a cause of low-level inflammation in the body. 8,9,10,11
  - O As individuals become affected by obesity and their fat cells enlarge, fat tissue undergoes biological changes affecting metabolism through inflammation. 9,11
  - O Individuals affected by obesity have higher concentrations of biochemical inflammatory processes and reactions, therefore may be at greater risk for functional limitations and OA disease progressions.<sup>7,11</sup>
- Fat tissue inflammation is important in the development of obesity-related complications. 9,11

Fact 3

The risk of disability in people with OA increases with the degree of obesity.

- Those affected by obesity are 1.72 times more likely to be disabled from OA than normal weight counterparts.<sup>1</sup>
- Those with severe obesity (more than 100 pounds overweight), increase the risk of disability from OA to 2.75 times higher than normal weight persons.<sup>1</sup>
- Force across the knee joint is 3 times one's body weight while walking, six times one's body weight while stair climbing and 10 times one's body weight while jumping.

Weight-loss can reduce joint pain and symptoms of osteoarthritis; obesity is the most modifiable risk factor for OA.

- For women with obesity, for every 11 pounds of weight lost, the risk of knee osteoarthritis drops more than 50 percent.<sup>3</sup>
- Weight-loss can significantly improve the symptoms of patients with osteoarthritis by restoring function and quality of life and preventing more than 100,000 total knee replacements each year.<sup>5,10</sup>
- Intensive weight-loss will reduce inflammation and joint loads sufficiently to alter disease progression.<sup>7,10</sup>
- Both exercise training and weight-loss decrease overall inflammation.<sup>7,10</sup>
- Weight-loss helps prevent the onset of OA symptoms and disability.<sup>10</sup>
  - Obesity (BMI ≥ 30.0 kg/m2) is associated with increased risk of functional impairment and is considered the most modifiable risk factor for knee OA.<sup>6,7</sup>

## References:

- United Nations System Standing Committee on Nutrition. Overweight and obesity: a new nutrition emergency? SCN News 29, Late 2004-Early 2005 Retrieved from [www.unscn.org/layout/modules/resources/files/scnnews29.pdf; accessed 5/25/2014]
- 2. Lawrence RC, Felson DT, Helmick CG. Estimates of the prevalence of arthritis and other rheumatic conditions in the United States. Part II. Arthritis Rheum 2008; 58(1):26–35
- 3. Bartlett, Susan. Role of Body Weight in Osteoarthritis. John Hopkins Arthritis Center, updated 27 March 2012. Web. March 2014.
- 4. Bravman, Johnathan T. (2013). Obesity and Osteoarthritis: More than just wear and tear [PowerPoint slides]. Retrieved from [http://www.oaaction.org/news\_events/Obesity%20and%20 Osteoarthritis%20-%20OA%20Action%20Alliance.pptx]
- Koonce, Ryan C., Johnathan T. Bravman. Obesity and Osteoarthritis: More Than Just Wear and Tear. Journal of the American Academy of Orthopaedic Surgeons, 2013; 21 (3): 161 DOI: 10.5435/JAAOS-21-03-161
- 6. Lementowski, Peter W., Zelicof, Stephen B. Obesity and Osteoarthritis. *The American Journal of Orthopedics*, 2008, 37(3):148-151. Print.
- 7. Messier, Stephen P., Legault C., Mihalko S., Miller G., Loeser R., Devita P. The Intensive Diet and Exercise for Arthritis (IDEA) trial: design and rationale. BMC Musculoskelet Disord. 2009;14:93. doi: 10.1186/1471-2474-10-93.
- 8. Manek, N. J., Hart, D., Spector, T. D. and MacGregor, A. J. (2003). The association of body mass index and osteoarthritis of the knee joint: An examination of genetic and environmental influences. Arthritis & Rheumatism, 48: 1024–1029. doi: 10.1002/art.10884
- 9. Sies, Helmut., Packer, Lester. Oxidative Stress and Inflammatory Mechanisms in Obesity, Diabetes, and the Metabolic Syndrome. New York: CRC Press Taylor and Francis Group, 2008. Print.

- 10. Vincent H., Heywood K., Connelly J., Hurley R. Obesity and Weight Loss in the Treatment and Prevention of Osteoarthritis. PM & R 2012, 4(5 Suppl):S59–S67
- 11. Jacques, Jacqueline. The Wear and Tear of Obesity: The Burden of Weight in Joint Disease. Obesity Action Coalition, March 2014. Retrieved from: http://www.obesityaction.org/educational-resources/resource-articles-2/obesity-related-diseases/the-wear-and-tear-of-obesity-the-burden-of-weight-in-joint-disease