

# European Project on OsteoArthritis (EPOSA)

## Factsheet

### Purpose of the EPOSA project

EPOSA aims to study the personal and societal burden and its determinants of osteoarthritis (OA) in older persons in six European countries.

### Clinical and social relevance

So far, OA has received little attention from clinicians and health care organisations. OA has mainly been studied clinically in a selected patient population. However, prevalence rates, natural course and consequences of OA in the general population are still largely unknown. EPOSA bridges this gap. The obtained knowledge could be used to improve guidelines for the treatment of OA and subsequently functioning and quality of life for older adults with OA.



### Did you know there are...

- 2,942 EPOSA participants from 6 countries
- 2 EPOSA measurement waves
- 20 EPOSA publications
- >30 scientific oral presentations
- >10 poster presentations
- 2 PhD theses based on EPOSA data
- Opportunities to request the data

### Collaboration between six cohort studies

	<b>Activity and Function in the Elderly in Ulm study</b> Ulm University
	<b>New cohort study</b> University of Padova
	<b>Longitudinal Aging Study Amsterdam</b> VU University Medical Center
	<b>Peñagrande Study</b> De Autonome Universiteit van Madrid
	<b>Swedish Twin Registry</b> Karolinska Institute
	<b>Hertfordshire Cohort Study</b> University of Southampton



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### **Prevalence of osteoarthritis**

- In EPOSA, the prevalence rates for self-reported OA varied from 21.8% for hip OA, 34.1% for knee OA, and 33.8% for hand OA. The prevalence rates for clinical OA varied from 6.1% for hip OA, 20.2% for knee OA, and 17.1% for hand OA
- In Italy the prevalence rates for knee, hip and hand clinical OA were the highest, and in Germany the prevalence rates for knee and hip clinical OA were the lowest.

### **Physical performance, functional limitations and frailty**

- Both self-reported and clinical OA are associated with low physical performance. Poor physical performance is more likely in those with a combination of clinical hip and knee OA.
- There is a strong association between any hip and/or knee clinical OA and functional limitations in self-reported activities of daily living.
- Clinical OA is associated with frailty and pre-frailty in older adults.

### **Physical activity**

- Participants with knee OA are less likely to follow physical activity recommendations and have poorer overall physical activity profiles than those without knee OA.
- Older adults with knee OA are more likely to cycle but walk to a lesser extent than persons without knee OA.

### **Self-rated health**

- Clinical OA is related to fair-to poor self-rated health with stronger associations for hip and knee OA than for hand OA. The strength of the observed associations differ between European countries, but all associations point in the same direction. Part of these associations are explained by poor physical function.

### **Weather sensitivity and joint pain**

- The majority of participants with OA (67.2%) perceive the weather as affecting their joint pain.
- Weather-sensitive participants reported, on average, more pain than non-weather-sensitive participants.
- Higher levels of humidity are associated with more joint pain in older adults with OA. The effect of humidity on joint pain is stronger when the temperature is low.

### **Environment**

- Osteoarthritis is associated with more use of places to sit and rest, and less use of parks.
- The perception of more neighbourhood problems seems to hinder older adults with lower limb OA to make use of public transport.
- The perception of more neighbourhood problems is associated with a stronger decrease in quality of life over time in older adults with OA than in those without the condition.

### **Medication use**

- The prevalence of glucosamine and chondroitin users was highest in the United Kingdom (14.2%), followed by Spain (6.0%), Sweden (2.4%), the Netherlands (1.4%), Italy (0.4%), and Germany (0.2%).
- In all countries, a larger number of respondents with self-reported OA used glucosamine and chondroitin compared to those with a clinical diagnosis.