The State of Musculoskeletal Health 2026

Arthritis and other musculoskeletal conditions in numbers



Arthritis UK

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Introduction and methods

What is The State of Musculoskeletal Health?

The State of Musculoskeletal Health is a collection of the most up-to-date, UK-wide statistics on arthritis and other musculoskeletal (MSK) conditions. This includes how many people have these conditions; the number at risk of developing them; their impact on individuals, the health system and society; and inequalities that can be found within all the topics above.

Who is it for?

It is a resource for health and care professionals, policy makers, public heath leads, researchers, people with these conditions, and anyone interested in MSK health. We believe that with the best information you can build awareness, make more informed decisions, feel more confident and ultimately help more people with MSK conditions, including arthritis.



Arthritis UK is the leading arthritis charity, changing lives through research, campaigning and support.

Over 10 million adults, young people and children in the UK live with arthritis. [1] [2] That's one in six people living with the pain, fatigue, disability, mental and financial strain it can cause. The impact can be huge, affecting the ability to work, care for family, and even live independently. Yet despite how many it affects, arthritis is poorly understood and far too little is done. At Arthritis UK, we fund life-changing research into better treatments, offer information and support, and campaign on the issues that matter most to people living with it.

10 million

people in the UK have arthritis.

Find out more about Arthritis UK here

Methods

Data, information, and insights about MSK conditions such as arthritis are available from numerous sources. At Arthritis UK, we judge all evidence based on individual merit and 'good evidence' is evidence that accurately represents the needs, experiences, and perspectives of people with arthritis and musculoskeletal conditions. Different types of evidence can help answer different types of questions. The key is to select evidence based on the question and what is most relevant and useful for answering it.

Figure 1 depicts a hierarchy of evidence. [3] It is important to note that while such frameworks have their merits in specific contexts, they are not without their limitations, as ranking evidence in this way may indirectly favour certain sources of evidence over others. The evidence in this report mainly comes from quantitative studies and real-world evidence. However, it also includes evidence that has been generated from other methodological approaches, some of which may not rank highly in such hierarchies.

This kind of evidence, drawing on lived experience of MSK conditions such as arthritis, adds increased depth and context to some of the statistics we present in this report.

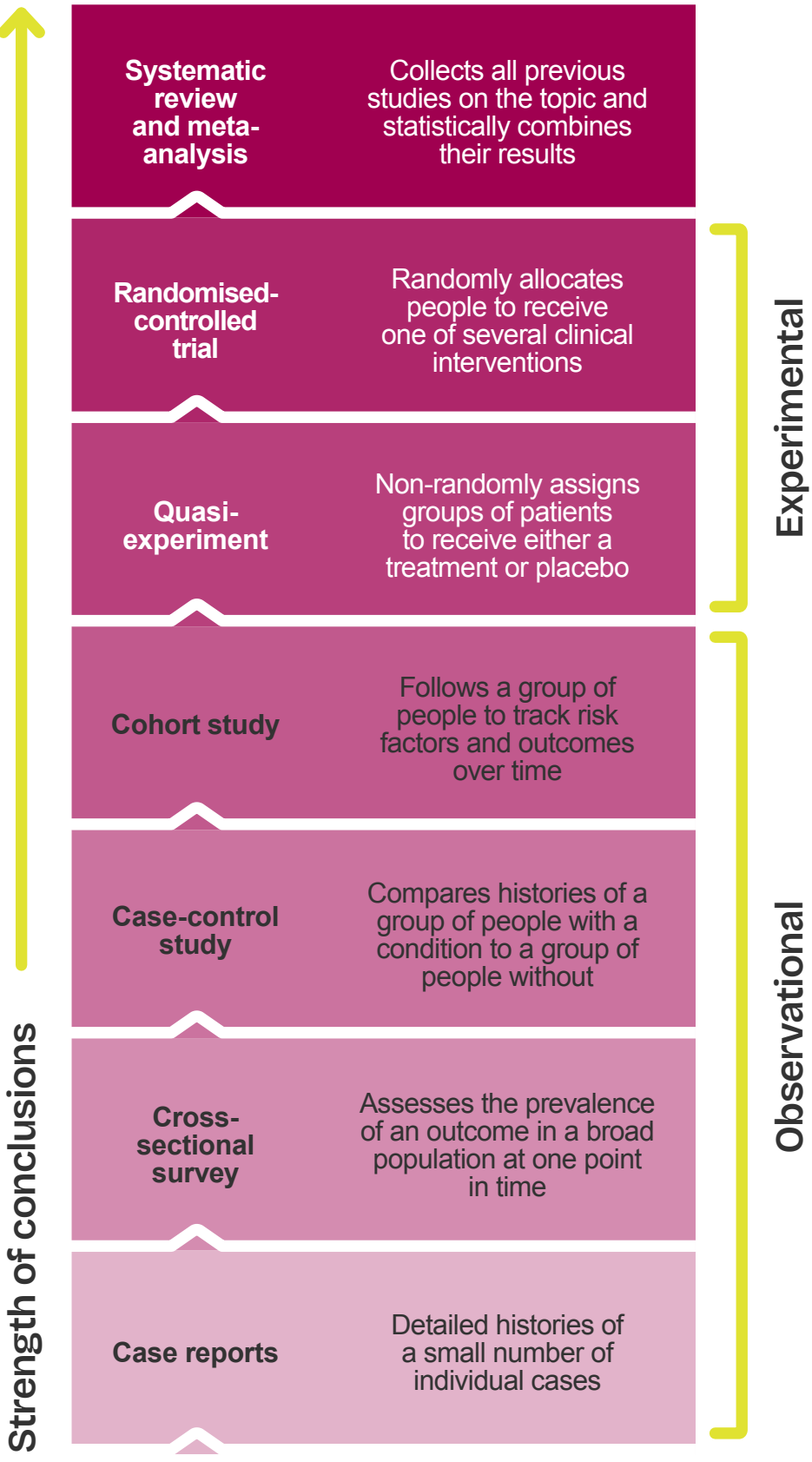


Figure 1. Hierarchy of evidence

What is arthritis?

Arthritis refers to painful, stiff, or restricted joints. These symptoms are common in conditions that cause joint damage or inflammation. These include osteoarthritis (OA), autoimmune inflammatory arthritis conditions including axial spondyloarthritis, rheumatoid arthritis, crystal arthritis (such as gout), or as a symptom of inflammatory connective tissue diseases (such as lupus).

Arthritis is also used as an umbrella term for a range of conditions where arthritis is their main symptom.

Most types of arthritis are long-term conditions. The most common type is osteoarthritis, where the body is unable to maintain and repair the joints leading to thinned and damaged cartilage, due to rising age or injury to a joint. Osteoarthritis mainly affects older adults and is uncommon below age 45 years. People with arthritis often have multiple long-term conditions.

Less common types of arthritis are autoimmune conditions, such as rheumatoid arthritis (RA), psoriatic arthritis and axial spondyloarthritis. Here the immune system attacks and inflames the joints and surrounding tissues causing swelling, pain, stiffness, and joint damage. Peak onset is usually in middle age, but these can strike at any age including juvenile idiopathic arthritis (JIA) in childhood.

Arthritis is also a common symptom in other, mainly rare autoimmune conditions, including lupus, and Behçet's.

Conditions such as gout are types of crystal arthritis, where people have severe but self-limiting arthritis episodes caused by microscopic crystals being deposited in and around the joints. Because people often have more than one type of arthritis at the same time (such as osteoarthritis alongside a form of inflammatory arthritis), the size of the population with arthritis can't be estimated by simply adding up the numbers of the most common different types. The best current estimate is that between 10 and 11 million people in the UK have arthritis [1] [4] with approximately 450,000 adults diagnosed with one of the main arthritis conditions every year. [1] [4] [9] [13] [50]

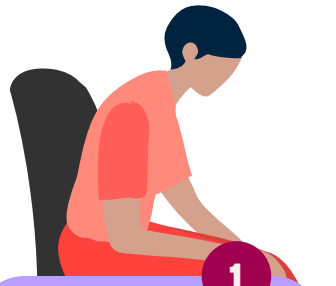


01

Population health

How many people have arthritis?

The prevalence of musculoskeletal conditions can be measured at different points on someone's journey to diagnosis



1

The person experiences symptoms.

Such as stiff joints.



2

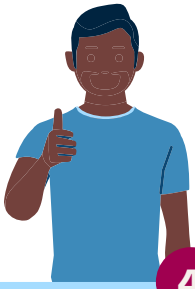
The person engages with the healthcare system about their symptoms.

e.g. via their GP surgery.

3

The healthcare professional begins the diagnostic process.

This might include a physical examination, or input from a specialist.



4

The person has a confirmed diagnosis.

This means they have a name and clear explanation for their symptoms.

We can measure the number of people who have experienced particular symptoms, or have identified that they have a particular condition through surveys.

At this point the healthcare professional may enter a code, for the symptoms or likely diagnosis, into the person's healthcare record. Examples of a clinical coding system are SNOMED or Read codes.

Once the diagnosis is confirmed, the relevant clinical code may be added to the person's notes.

The anonymised national databases of healthcare data used for research purposes generally only include codes entered by healthcare professionals, not free text data.

This means if no code is entered, or the incorrect code is used (even if the diagnosis is recorded in notes elsewhere in a patient's records) researchers will not capture this in their analysis. This is likely to underestimate the true prevalence of the condition.

What measures are used in our prevalence data?

Estimates from those who self-report	Estimates from those with probable diagnosis	Estimates from those with a recorded diagnosis
8.8 million people report low back pain in any given year in the UK. (14)	**10 million** adults have a probable diagnosis of osteoarthritis. (2)	**450,000** adults have a recorded diagnosis of rheumatoid arthritis. (2) (4)
Up to 28 million people report chronic pain in the UK. (2) (6) (7) (8)	**1.6 million** adults have a probable diagnosis of gout. (2) (9)	**10,000** children have a recorded diagnosis of juvenile idiopathic arthritis. (10) (11)
	220,000 adults have a probable diagnosis of axial spondyloarthritis. (12)	**60,000** adults have a recorded diagnosis of axial spondyloarthritis. (4) (2)
	200,000 adults have a probable diagnosis of psoriatic arthritis. (2) (4)	



[1] Age standardised

What are MSK conditions?

Musculoskeletal (MSK) conditions are problems with the muscles, bones, joints and adjacent connective tissues, leading to temporary or lifelong limitations in functioning, and the ability to participate in everyday activities.

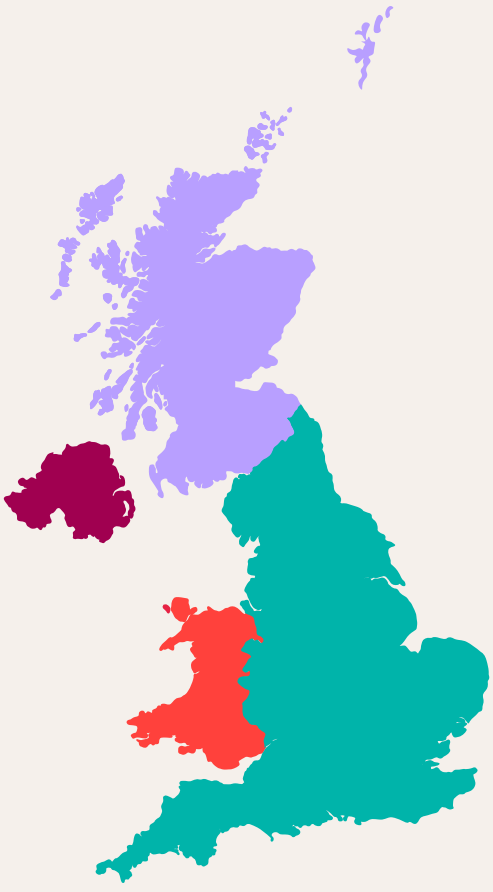
They are typically characterised by pain and limitations in mobility and dexterity, including conditions such as arthritis conditions, back and neck pain, and fibromyalgia. Some musculoskeletal conditions like osteoporosis may be painless.

21.3 million

people in the UK live with an MSK condition. (14)

20.65 million adults (over 20 years old) live with an MSK condition in the UK, that's more than 1 in 3 people. (14)

615,000 children and young people (under 20 years old) live with an MSK condition in the UK. (14)



Adults living with an MSK condition (those over 20 years old) and children and young people living with an MSK condition (those aged 0 to 19 years) (14)

Scotland

Adults
1,700,000 | 39%
Children
51,000 | 5%

Northern Ireland

Adults
544,000 | 37%
Children
20,000 | 5%

England

Adults
17,398,000 | 39%
Children
513,000 | 5%

Wales

Adults
978,000 | 40%
Children
31,000 | 5%

Please note that numbers may not sum to totals due to rounding.

Health inequalities

Health inequalities are 'unfair and avoidable differences in health across the population, and between different groups within society'. [15]

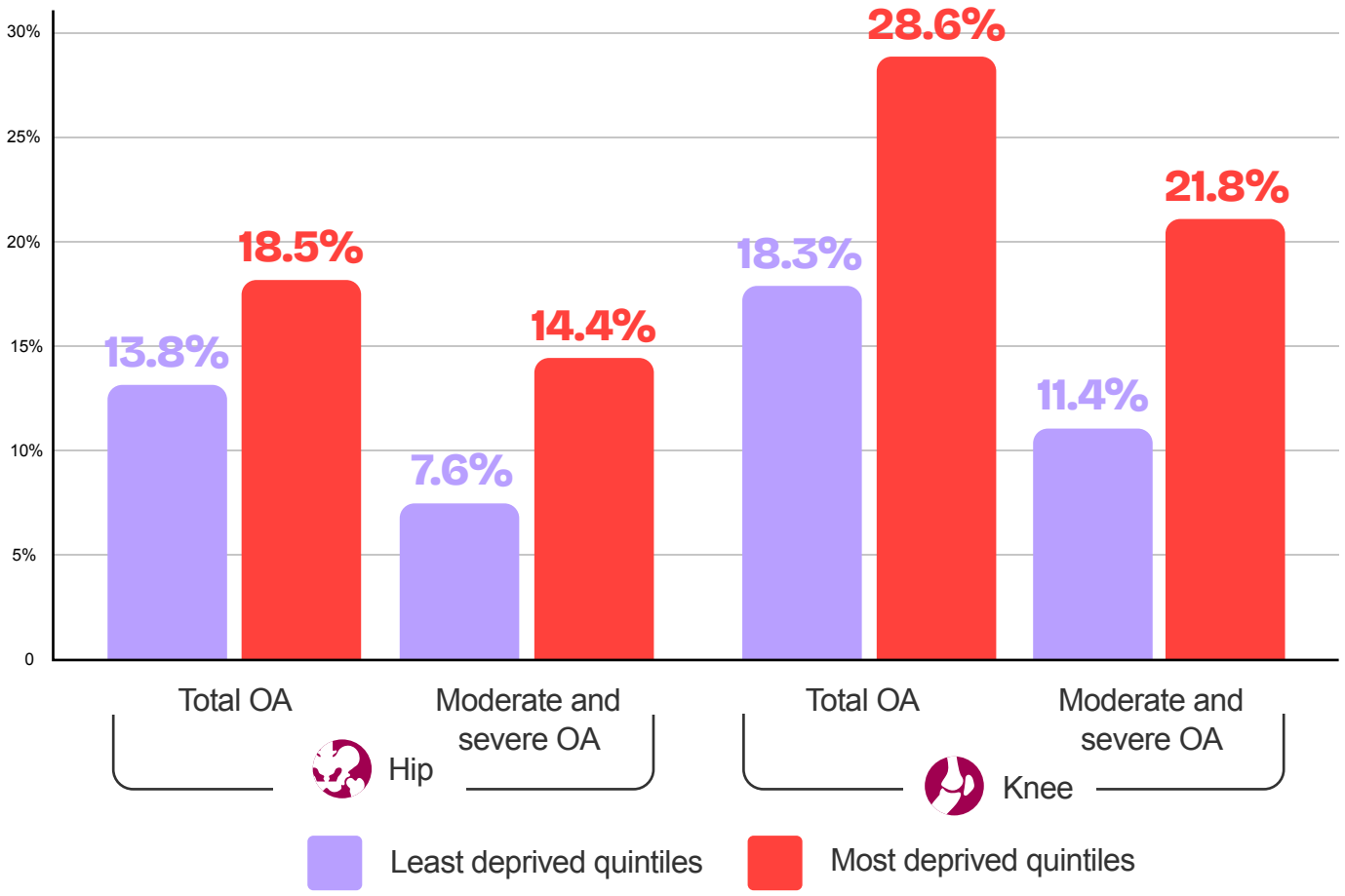
Here we present data on these 5 topics:

1. Deprivation
2. Weight
3. Ethnicity
4. Age
5. Differences between men and women

1. Deprivation

Arthritis and MSK conditions are more common among those living in more deprived areas.

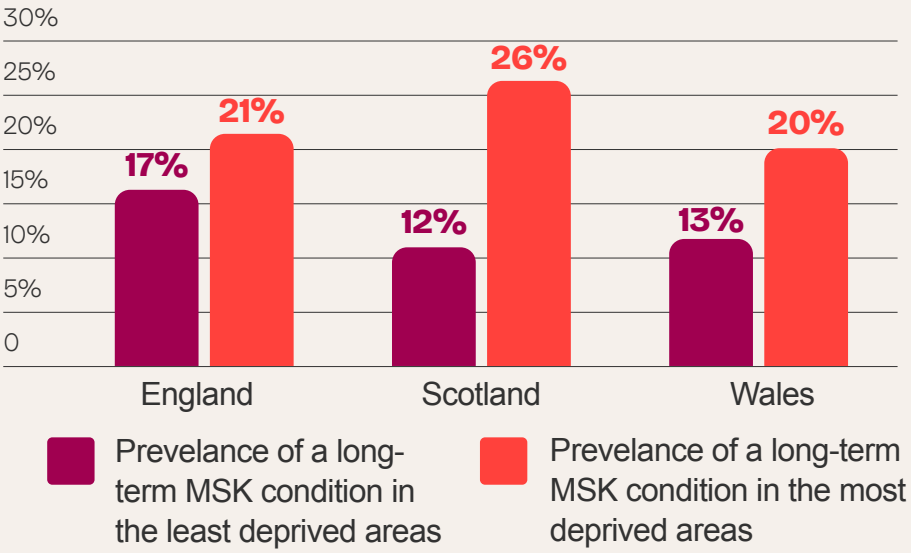
Increased prevalence of hip and knee osteoarthritis in people aged over 45 living in the most deprived areas of England. [193]



MSK conditions

People who live in the most deprived 20% are more likely to report arthritis or a long-term MSK condition compared to those living in the least deprived 20% [4]. (7) (23)

Increased prevalence of long-term MSK conditions in those living in the most deprived areas.[3,5]



2. Weight

People who experience higher levels of deprivation are more likely to be living with overweight or obesity than those experiencing lower levels of deprivation. (21)

Deprived areas have increased prevalence of osteoarthritis. The increased prevalence of people living with obesity in these areas accounts for 50% of the extra risk for knee osteoarthritis. (22)

The risk of developing osteoarthritis increases by 1% for every

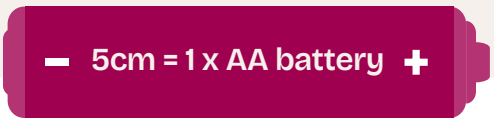
1kg/m²

increase in BMI (20)

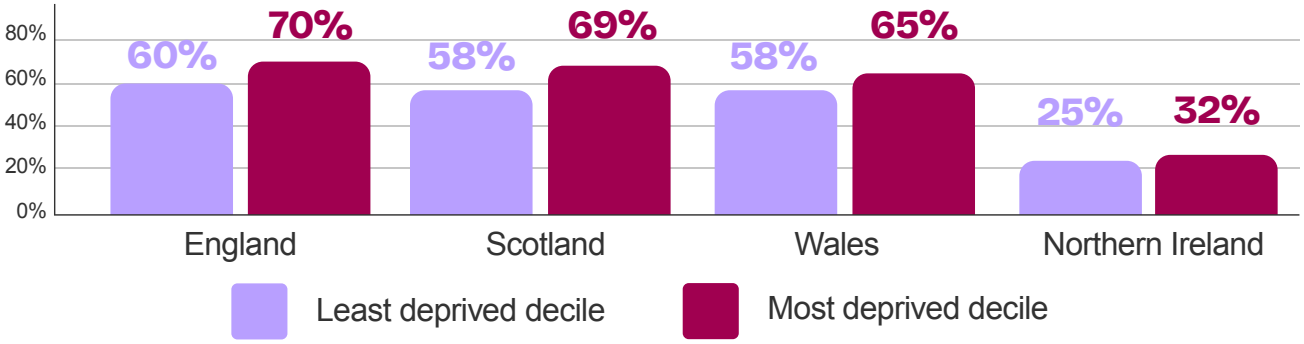


The risk of developing osteoarthritis increases by

3% for every 5cm increase in waist circumference (20)



The prevalence of people living with obesity increases with deprivation (7) (21) (23) (24)

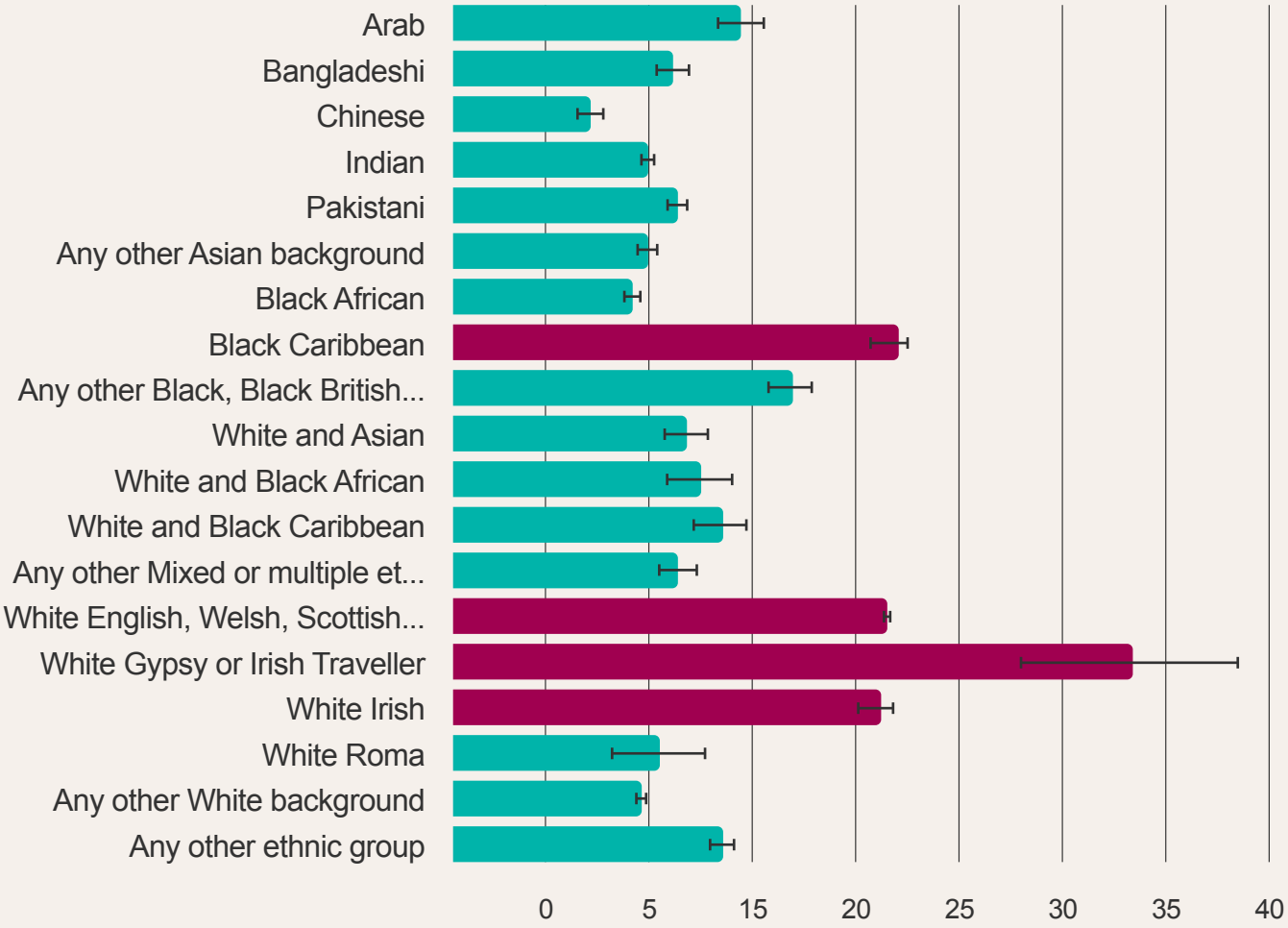


[3] Northern Ireland has not been included in this graph as data for the prevalence of MSK conditions with varying deprivation is not available for Northern Ireland.
[4] Long-term MSK condition defined as a condition or illness that has lasted or is expected to last a year or more
[5] The England columns represent people living in the 10 % least and most deprived. Whilst the Scotland and Wales columns represent people living in the 20% least and most deprived areas.

3. Ethnicity

MSK conditions disproportionately affect some minoritised ethnic groups, however data often varies in which groups are identified as having the highest rates of these conditions. Findings from the GP patient survey, conducted in England, have shown that White Gypsy or Irish Traveller (33.4%), Black Caribbean (21.7%), White English, Welsh, Scottish, Northern Irish or British (21.3%) and White Irish (21.1%) ethnic groups are the most likely to report a long-term musculoskeletal problem. [25]

Increased prevalence of long-term musculoskeletal conditions in some minoritised ethnic groups in England (aged 16+) [25]



The raspberry bars denote ethnic groups with higher prevalence.

In some cases, the disproportionate prevalence of MSK conditions in some minoritised ethnic groups is only made apparent when you look at the data for men and women separately. [26]

For example, Health Survey for England data demonstrate a significantly higher than average prevalence of MSK conditions among Pakistani women (29.1%). [26]

29.1%

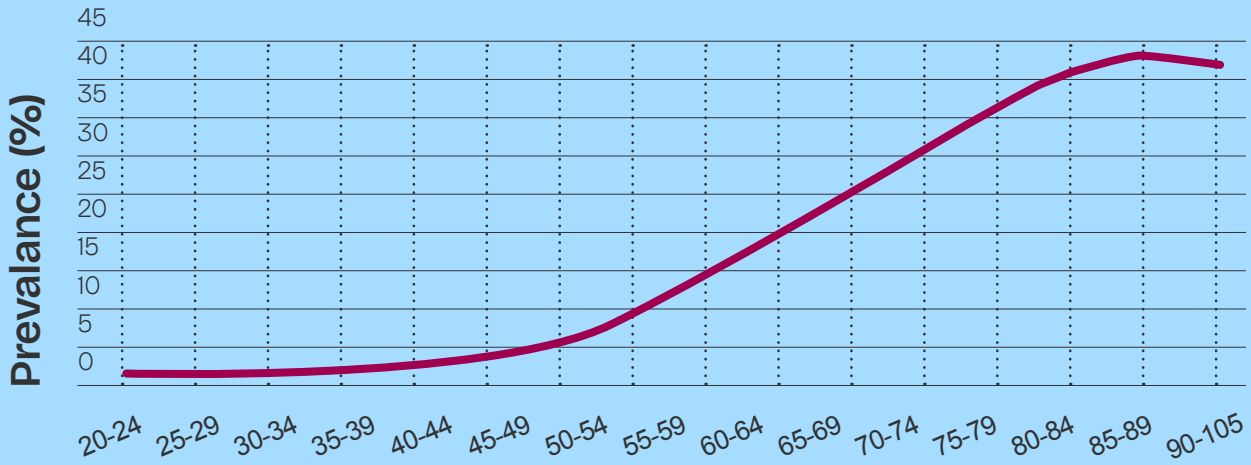
of Pakistani women have an MSK condition.

4. Age

Arthritis

Osteoarthritis prevalence increases with age. The age group with the highest prevalence is 85-89 year olds where **42%** have osteoarthritis.

The prevalence of OA in any joint increases with age. [2] [27]



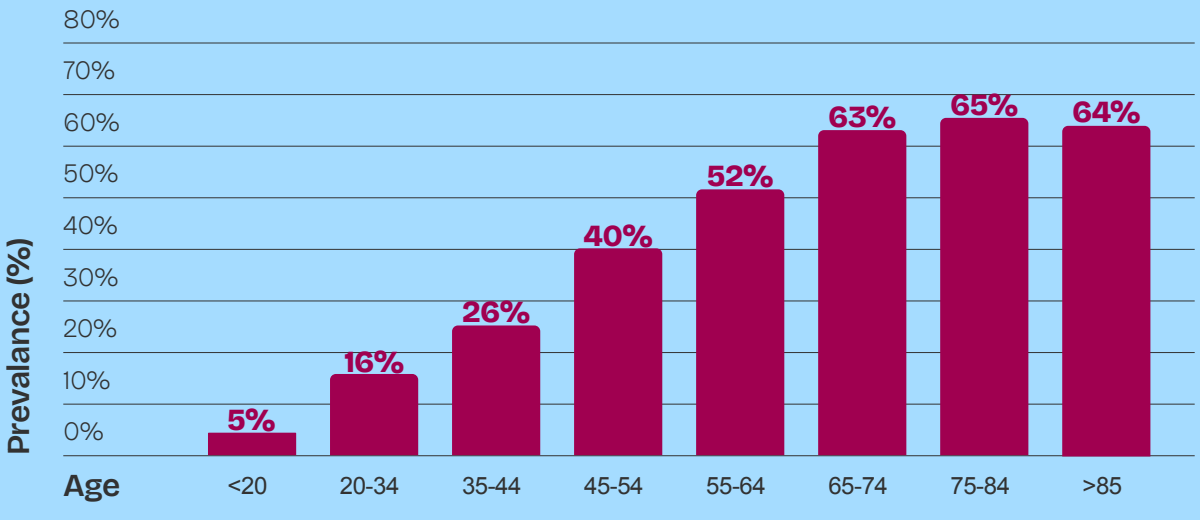
Most people are aged between 45 to 70 years old when diagnosed with rheumatoid arthritis.[28] [29]

MSK conditions

MSK conditions affect people of all ages but become more common with advancing age.

- **2.7 million people** aged under 35 years (9%) live with an MSK condition. [2] [14]
- **10.3 million people** aged 35-64 years (39%) live with an MSK condition. [2] [14]
- **8.2 million people** aged 65 and over (63%) live with an MSK condition. [2] [14]

The prevalence of MSK conditions increases with age. [14]



Differences between men and women

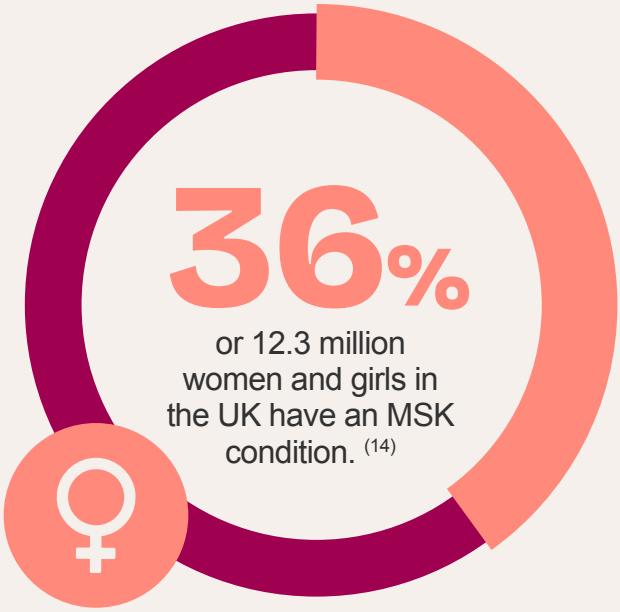
Arthritis and MSK conditions have different prevalence between men and women.

Arthritis

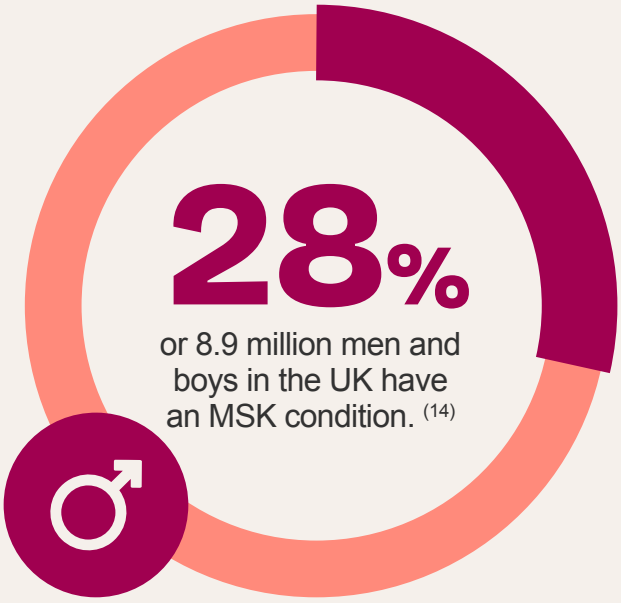
Rheumatoid arthritis is 2-3 times as common among women than among men. [28]

Radiographic axial spondyloarthritis is more frequently diagnosed in men (3:1) compared with women. [29]

Non-radiographic axial spondyloarthritis (where damage is not visible on a standard x-ray) has an equal distribution between men and women. [29]



6 million
women have osteoarthritis in the UK. [1]



4 million
men have osteoarthritis in the UK. [1]

MSK conditions in the UK

Health inequalities are also seen in those with chronic pain (also known as persistent pain).

To find out more about these see the Health Survey for England results.

02

Person

Impact of arthritis and MSK conditions

Impact on life

Having arthritis or another MSK condition is one of the biggest contributors to years lived with disability (YLDs).

YLDs is a measure which combines the prevalence of a disease with a rating of how disabling that disease is.

One YLD represents a year of healthy life being lost due to disability or illness. [32]

Quality of life can be measured using a self-reported Quality of Life score, where a score of 1=perfect health. For example, the presence of any long-term condition is associated with an average self-reported Quality of Life score of 0.79, but if arthritis or back pain is present the average self-reported Quality of Life score is 0.71. [33]



Musculoskeletal conditions and Years Lived with Disability [14]

Low back pain accounts for **970,000** YLDs

Neck pain accounts for **299,000** YLDs

Osteoarthritis accounts for **334,000** YLDs

Rheumatoid arthritis accounts for **62,000** YLDs

Gout accounts for **24,000** YLDs

Other MSK conditions **334,000** YLDs



Work

Arthritis and MSK conditions can impact a person's ability to work.

People with arthritis are **20% less likely** to be in work than someone without arthritis. [35] [36]

People in work

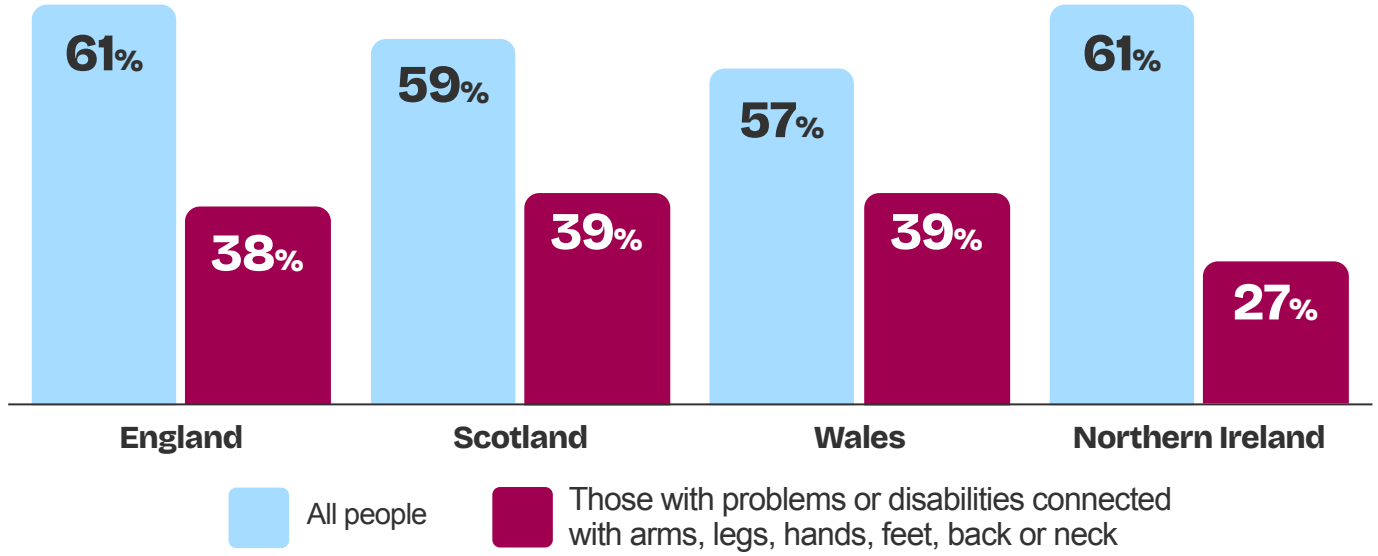
1 in 10 current UK employees have an MSK condition. [37]

1 in 3 employees with a long-term condition have not discussed it with their employer. [40]

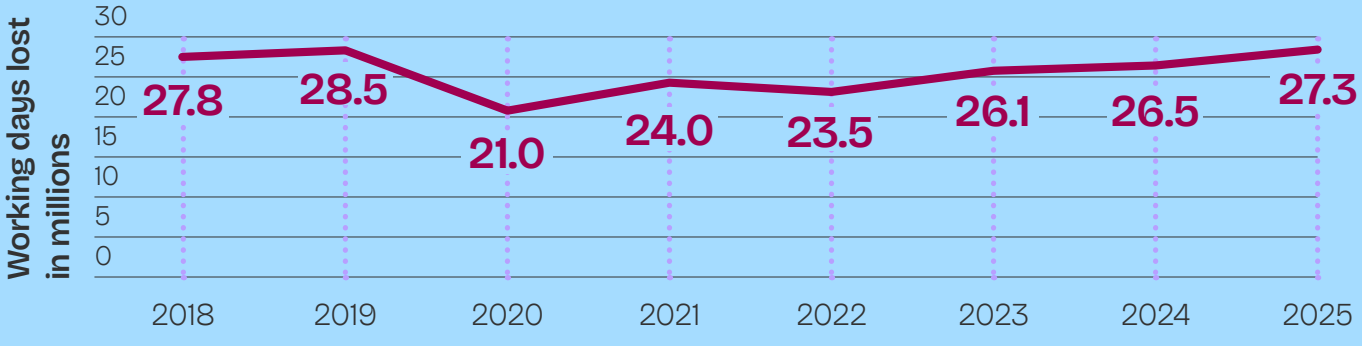
27.3 million working days were lost in the UK in 2025 due to MSK conditions. This accounts for 18% of all working day lost. [41]

MSK conditions are the **3rd most common** reason for working days lost, behind 'Minor Illnesses' and 'Other'. [41]

Proportion of people in employment [38]



Millions of working days lost due to MSK conditions in the UK [41]



The percentage of UK employees reported having a long-term health condition rose from:

March 2016 **29%** → **March 2023** **36%** [39]

MSK conditions are the second most common diagnosis (after mental health conditions) on fit notes written by GPs in England, from July 2024 to June 2025. (42)

16%

of fit notes issued with a reason to patients by GPs in England were for MSK conditions from July 2024 to June 2025. (42)

53%

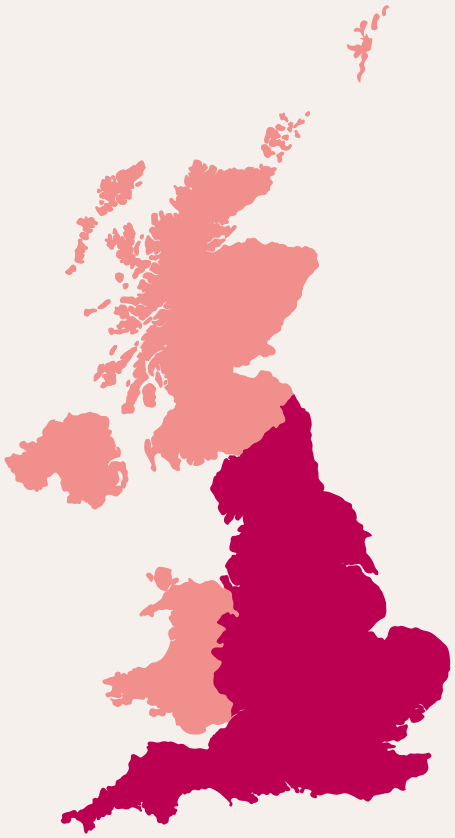
of fit notes issued for MSK conditions cited episodes lasting 5 or more weeks in 2024 to 2025. (42)

53%

of people with an MSK condition say their symptoms have a negative impact on work. (34)

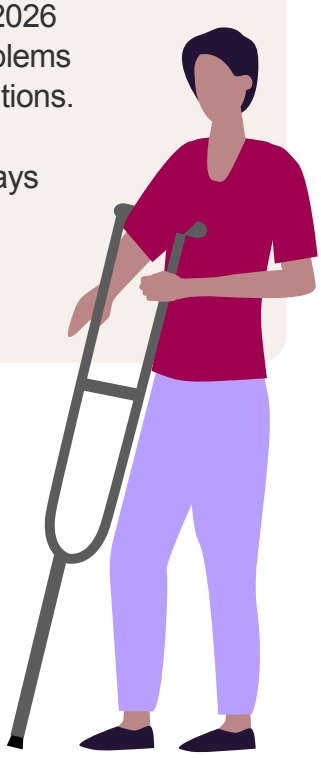
8%

of people (5,890) receiving support from the UK's Access to Work scheme in 2024/25 had an MSK condition. (44)



14%

of sickness absence within the NHS England over April 2025 to March 2026 was due to back problems and other MSK conditions. This is equivalent to 3,974,000 working days lost in 12 months. (43)



1.35 million

people who are economically inactive because of long-term sickness reported that they have a musculoskeletal health condition. (39)

As of March 2023, the number of people who are economically inactive due to problems with their legs or feet has risen by **243,000 (29%)** since 2019. (39)

As of March 2023, the number of people who are economically inactive due to problems with their back or neck has risen by **217,000 (28%)** since 2019. (39)

The number of ESA claimants has fallen in recent years as the Department for Work and Pensions began shifting ESA households to Universal Credit in 2024.

17% (372,194) of female ESA claimants in Great Britain in 2025 have a disease of the MSK system or connective tissue as their primary condition. (45)

10% (200,853) of male ESA claimants in Great Britain in 2025 have a disease of the MSK system or connective tissue as their primary condition. (45)

13% (573,044)

of employment and support allowance (ESA) claimants in Great Britain in 2025 have a disease of the MSK system or connective tissue as their primary condition. (45)



The reality of living with arthritis

The impact of arthritis

The findings on this page and the next come from the Arthritis UK lived experience survey 'Left Waiting, Left Behind: The Reality of Living with Arthritis'. [190] The results present a powerful snapshot of the reality of living with arthritis in the UK. Told through lived experiences and personal stories, it covers experiences of diagnosis, treatment, management and support, along with the personal and financial costs.

1 in 3

people (32%) say arthritis severely or very severely impacted their life in the past year.

6 in 10

people (60%) are living in pain some or all of the time due to their arthritis condition.

4 in 10

people (44%) felt that people did not understand their condition or the impact of arthritis on their life.

People told us that their arthritis had a negative effect on their personal relationships, sleep, hobbies and family planning.

The biggest unmet need was fatigue. Across all forms of arthritis, fatigue emerged as the symptom least alleviated by treatment. 70% of respondents said their treatment helps 'Not at all' or 'Not very much' with fatigue.

Arthritis does not impact everyone equally

People from lower social grades, younger adults (18 to 44), and those with autoimmune inflammatory conditions consistently reported worse experiences across all topics, including reporting their arthritis is less well managed, more severe symptoms of pain, and higher levels of mental health struggles because of their condition.

To find out more read the Left Waiting, Left Behind report

Having a diagnosis is important but people wait too long to get one.

4 in 10

people (43%) felt the process of getting a diagnosis took too long.

1 in 2

(48%) felt their symptoms were not taken seriously or were underplayed when they were trying to identify their arthritis condition with a healthcare professional, highest in lower social grades.

2 in 3

(66%) said that waiting for treatment had impacted their mental health.

There are challenges in accessing effective treatment and support.

More than half

(54%) said treatment does not help them "live the life they want to lead".

4 in 10

(37%) said difficulty travelling to get treatment made it harder for them to access.

People with arthritis can struggle financially because of their condition.

1 in 2

(50%) people said that arthritis had impacted their ability to work in some way.

Of these,

4 in 10

people (39%) have stopped work due to their arthritis.

Over a third of retired people

(35%) said arthritis played a part in their decision to retire.

4 in 10

people (42%) said having arthritis increased their personal expenditures in the past 12 months.

Arthritis, MSK conditions and multiple long-term conditions



1 in 4

adults in the UK live with two or more long-term conditions. (46) (47)



1 in 5 people with osteoarthritis experience symptoms of depression and anxiety. (51)

People with OA have a

24%



higher risk of cardiovascular disease than people without OA. (52)

People with OA have a

61%



higher risk of having diabetes mellitus than those without arthritis. (53)

Multiple long-term conditions, or multimorbidity, refers to when a single individual is living with two or more long-term conditions.

1 in 2 people in England (over 32 million) live with two or more long-term conditions (52.8%). (48) (2)

In England, the median age of onset for living with two or more long-term conditions was 56 years in 2004 but in 2019 the median age was 46 years. This shows that people are experiencing multimorbidity earlier in life. (48)

The prevalence of people with 4 or more chronic conditions in the UK is expected to nearly double from: 9.8% in 2015 to 17% in 2035. (47)

Arthritis

Multiple long-term conditions are common in people with arthritis.

People with OA are **1.2x more** likely to have an additional long-term condition than people without. (50)

People with OA are **2.5x more** likely to have three or more additional conditions than people without. (50)

The prevalence of depression in people with rheumatoid arthritis is **2 to 3 times higher** than in those without the condition. (54)

MSK conditions are very common in people with multiple long-term conditions.

Almost **4 in 10** people (36%) with multiple long-term conditions are living with a physical and a mental health condition. (46) (47)

1 in 5 adults (21%) in midlife (46 to 48) in Britain with multiple long-term conditions have recurrent back issues. (55)

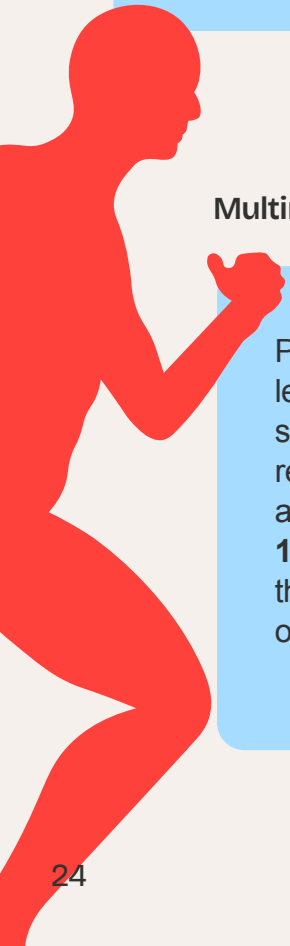
1 in 8 people (13.4%) in England report living with at least two long-term conditions, one of which is MSK-related.(56)

The prevalence of multiple long-term conditions increases with advancing age.

1 in 3 adults (34%) who are 46 to 48 years old live with multiple long-term conditions in Britain. (55)

6 in 10 people aged 65 to 84 years have multiple long-term conditions. (46) (47)

8 in 10 people aged 85 years or over have multiple long-term conditions. (46) (47)



Multimorbidity is associated with social deprivation.

People who experience higher levels of deprivation are significantly **more likely** to report two or more conditions and can expect to develop them **10 to 15 years earlier** than those experiencing lower levels of deprivation. (46) (47)

Adults from more disadvantaged backgrounds are up to

43%

more likely to have multiple long-term conditions in midlife (46 to 48) compared to those from less disadvantaged backgrounds. (55)

Arthritis, MSK conditions and wider health

People with arthritis, an MSK condition, or chronic pain (also referred to as persistent pain) are more likely to have wider health problems such as poor mental health, overweight and physical inactivity. The relationships here are complex. Some are because of shared risk factors such as deprivation.

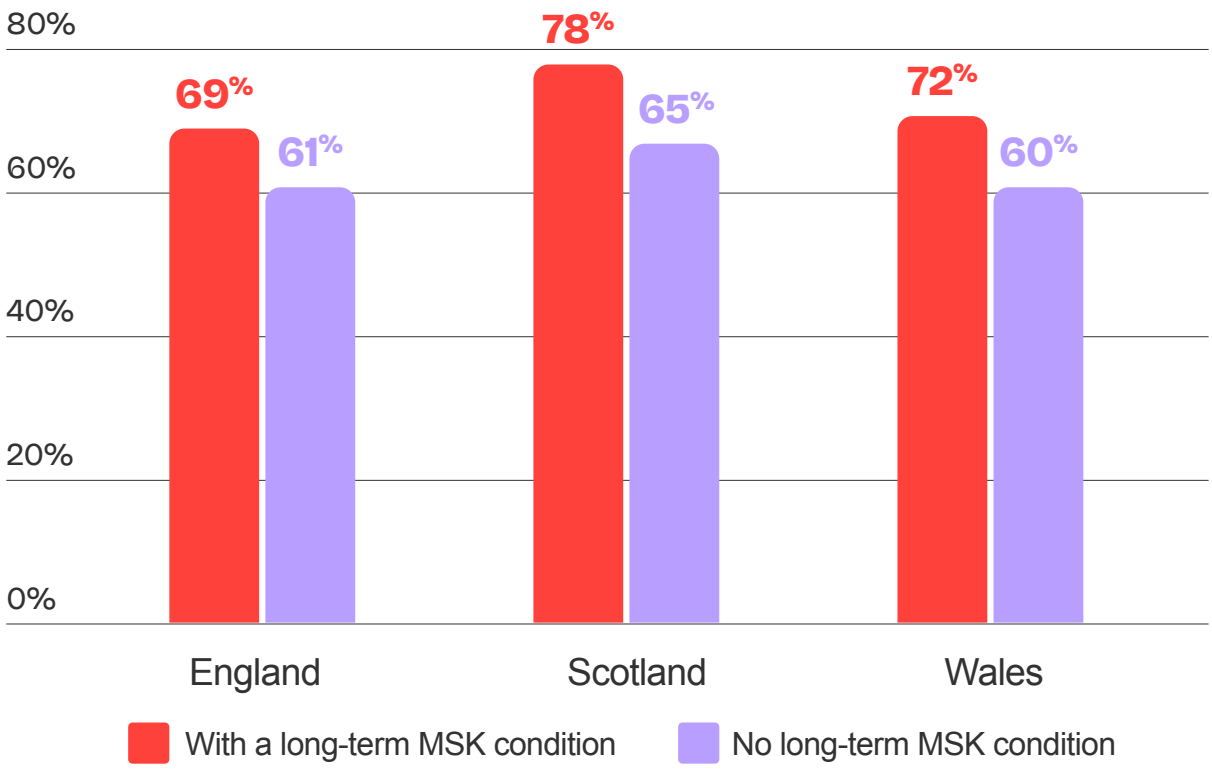
Some risk factors are causative, such as increased body weight contributing directly to knee osteoarthritis, or people struggling to be physically active because of painful arthritis or musculoskeletal conditions.

These relationships can also be reciprocal, including where chronic pain worsens mental health, and poor mental health worsens chronic pain.

Overweight and obesity

Living with overweight or obesity can increase people's risk of developing arthritis conditions such as osteoarthritis and gout.

Increased prevalence of people living with overweight and obesity in those with a long-term MSK condition [57] [58] [59]



Equivalent data in Northern Ireland not available

6 in 10

adults in the UK are classified as living with overweight or obesity. (57) (58) (59)

7 in 10

(70%) adults over 16 with a long-term MSK condition are classified as living with overweight or obesity. (57) (58) (59)

The risk of developing OA increases by 3% for every 5cm increase in waist circumference. (20)

The risk of developing OA increases by 1% for each 1kg/m2 increase in BMI. (20)



1 in 4

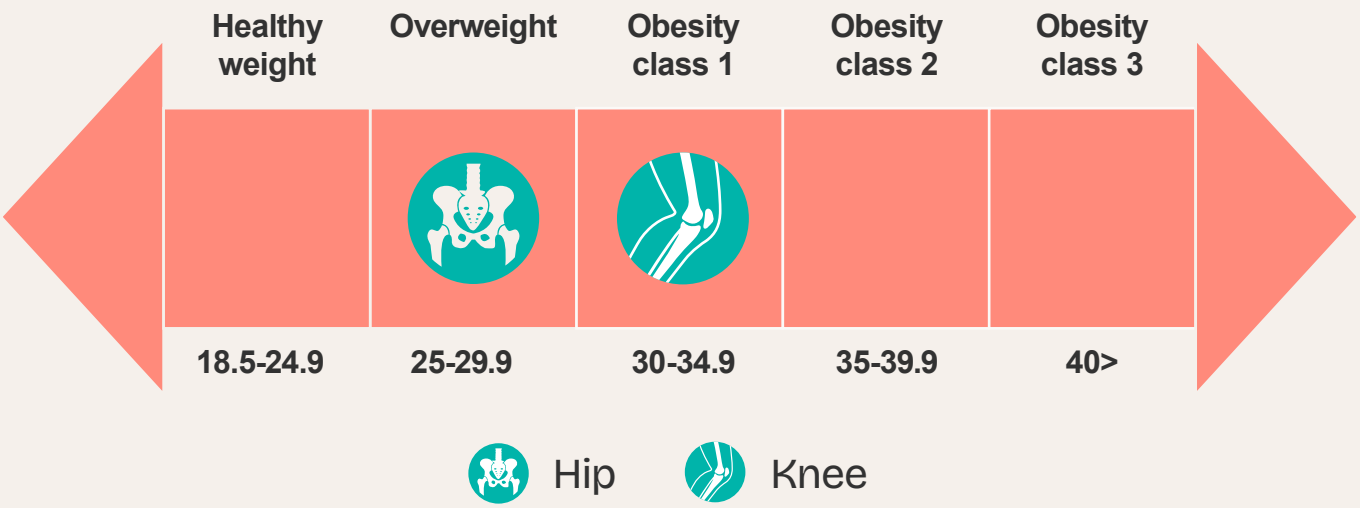
people with psoriatic arthritis are classified as living with obesity. (60)

54%

of adults in England living with obesity report chronic pain.(6)

Average BMI of hip and knee replacement patients [61] [62] [63]

Obesity directly contributes to damage to weight-bearing joints, such as knees and hips, because of the abnormally high loads they have to carry. [64] In nearly a quarter (24.6%) of people with new onset knee pain, the symptoms can be attributed to living with overweight or obesity. [65]



The average BMI of a person who's had hip replacement surgery is in the overweight category, and the average BMI for a person who's had knee replacement surgery is in the obesity class 1 category.

2x

People who are living with obesity are 2x more likely than someone classified with healthy weight to develop gout and are more likely to develop it at a younger age. [66]

10%

People classified as living with overweight have a 10% higher risk of low back pain than those classified with healthy weight. [67]

31%

People classified as living with obesity have a 31% higher risk of rheumatoid arthritis than those classified with healthy weight. [68]

15%

People classified as living with overweight have a 15% higher risk of rheumatoid arthritis than those classified with healthy weight. [68]

Physical inactivity

Being physically inactive, defined as doing less than 30 minutes of moderate intensity physical activity a week, can increase people's risk of developing particular MSK conditions. (69)

Around

1 in 4

people in the UK are physically inactive. (70) (58) (71)

60%

of people with rheumatoid arthritis are physically inactive. (73)

34%

of people who are physically inactive in England have chronic pain. (191)

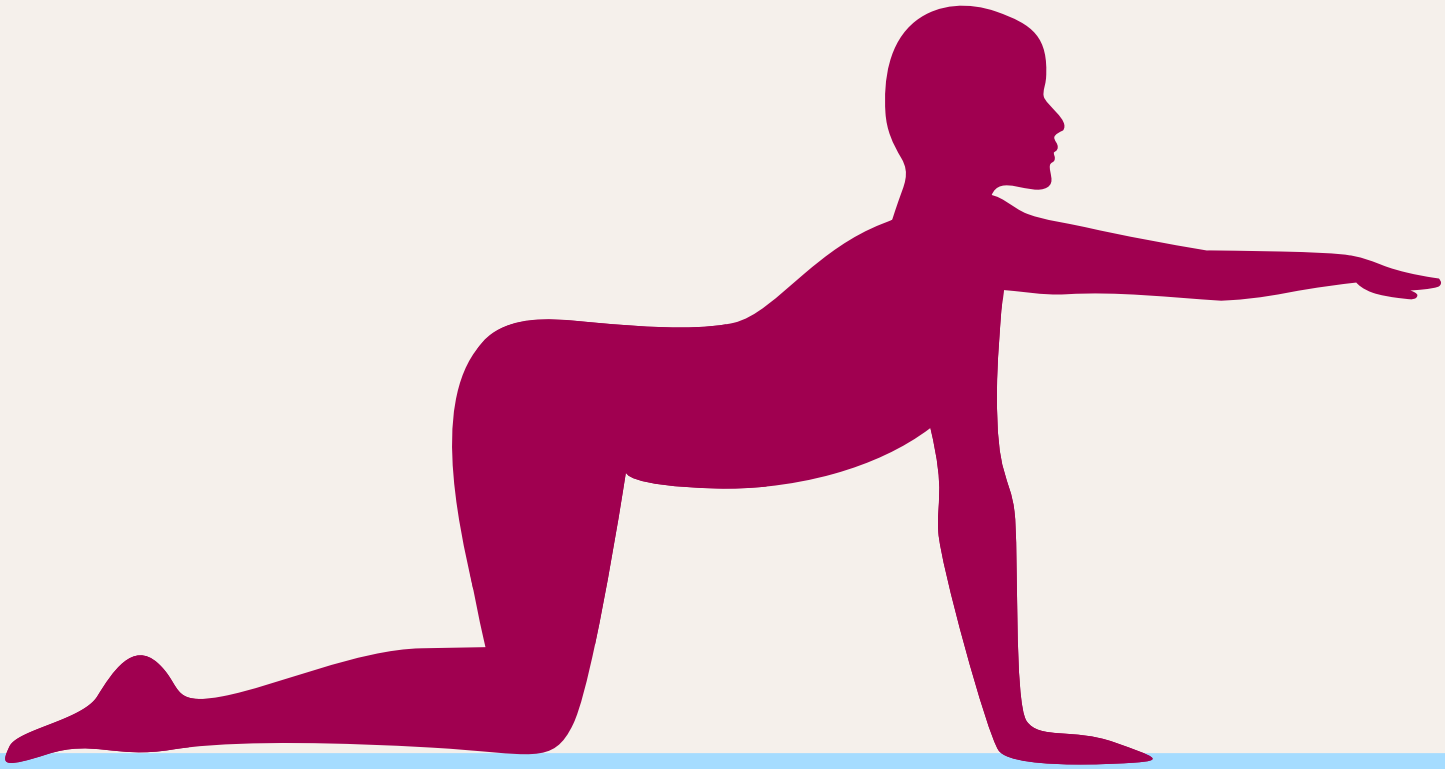
20%

of respondents in Northern Ireland reported 0 as the number of days where they have completed at least 30 minutes of physical activity (inactive). (72)

People with a long-term MSK condition are around

2x

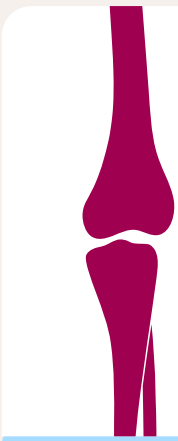
as likely to report being physically inactive than those without. (58) (70) (71)



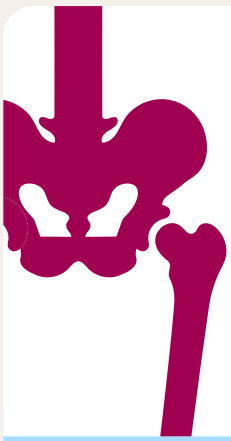
Regular physical activity reduces people's risk of:



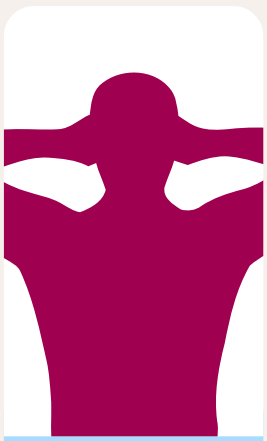
Lower back pain by **33%**



Hip and knee OA pain by **6%**



Hip fractures by **24%**



Depression by **25%**



Falls by **76%**

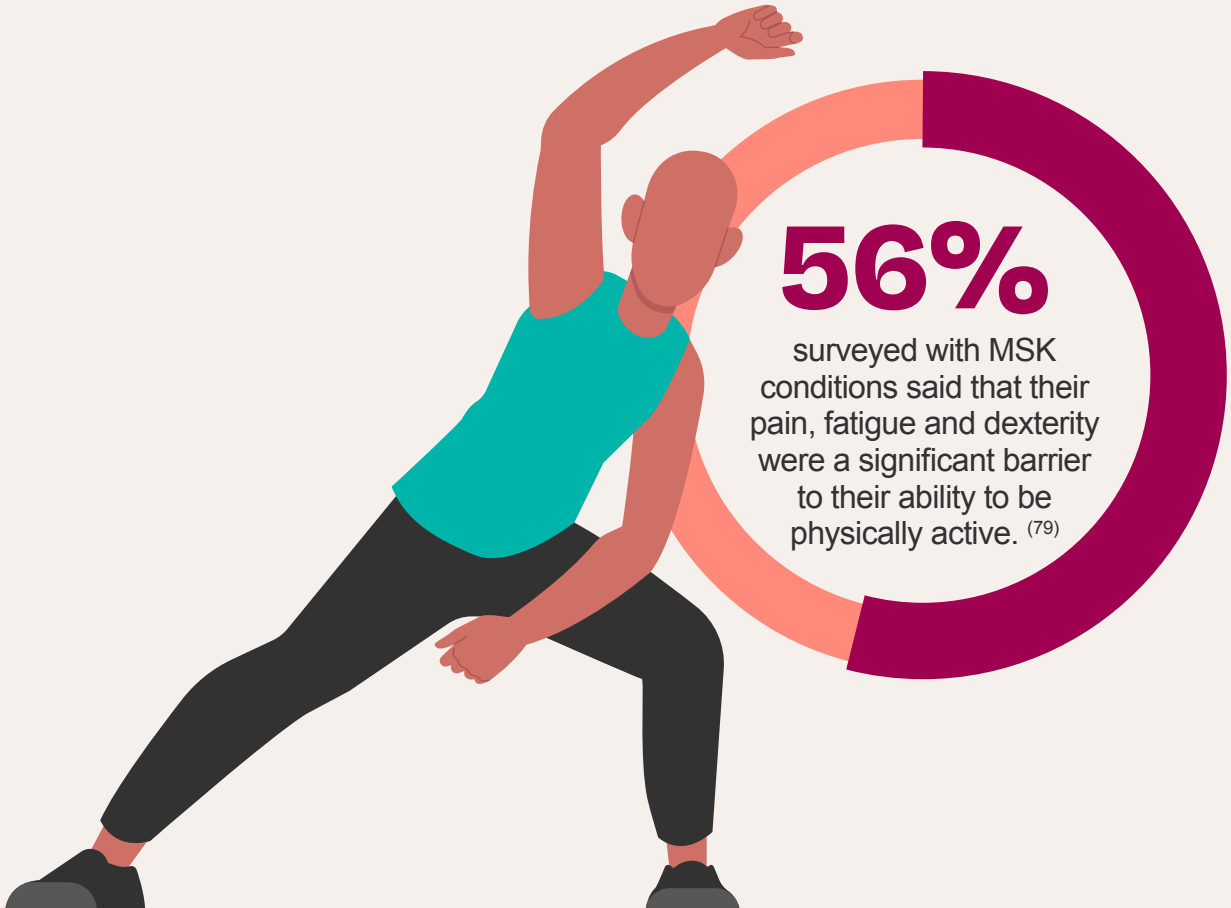
People struggling with their MSK conditions are less likely to be active but have the most to gain, if offered the right support.

8 in 10

(77%) surveyed with MSK conditions said they want practical support to help them be more physically active. (79)

7 in 10

(70%) people surveyed with MSK conditions said they would like to be more active. (79)



56%

surveyed with MSK conditions said that their pain, fatigue and dexterity were a significant barrier to their ability to be physically active. (79)

Mental health

People with arthritis, MSK conditions or chronic pain are more likely to have mental health conditions.



1 in 4

men (23.7%) with rheumatoid arthritis develop depression within 5 years of diagnosis. (77)



1 in 5

people (20%) with OA experience symptoms of depression and anxiety. (51)



1 in 3

women (36.5%) with rheumatoid arthritis develop depression within 5 years of diagnosis. (80)



1 in 5

people (20%) with psoriatic arthritis have depression. (81)

1.5x

The odds of having a self-reported mental health condition are 1.5 times as high in people with an MSK condition compared with people with no MSK condition. (82)

4x

Depression is 4 times more common among people in persistent pain compared to those without pain. (83)

03

Provision

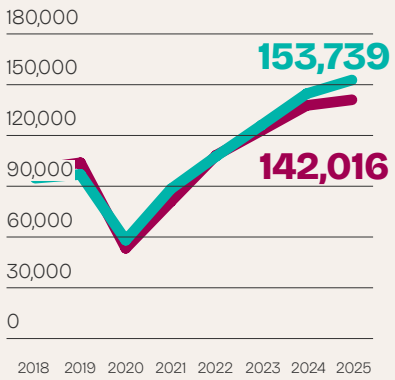
Access to care

Joint replacements and trauma

An important treatment for osteoarthritis, when other less invasive interventions have not worked, is joint replacement surgery. Typically, this will be a replacement of the hip or knee.

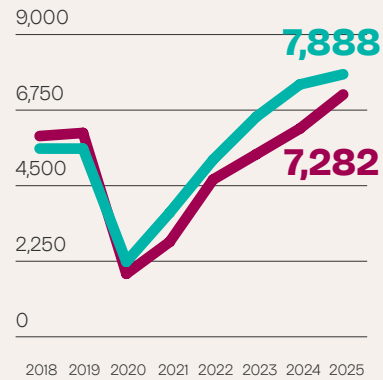
After the impact of the COVID-19 pandemic, the number of hip and knee replacements has risen, now surpassing the number conducted pre-pandemic. (84) (85) (86) (192)

England



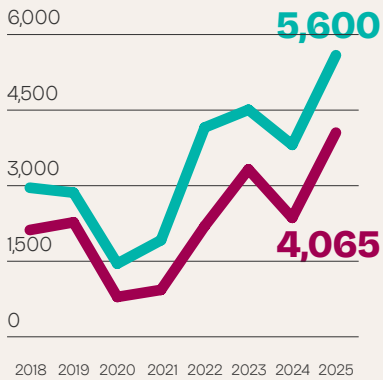
- Primary hip replacement procedures
- Primary knee replacement procedures

Wales



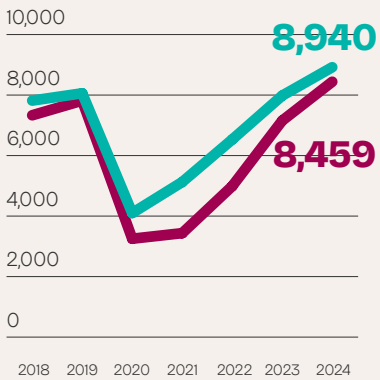
- Primary hip replacement procedures
- Primary knee replacement procedures

Northern Ireland



- Primary hip replacement procedures
- Primary knee replacement procedures

Scotland

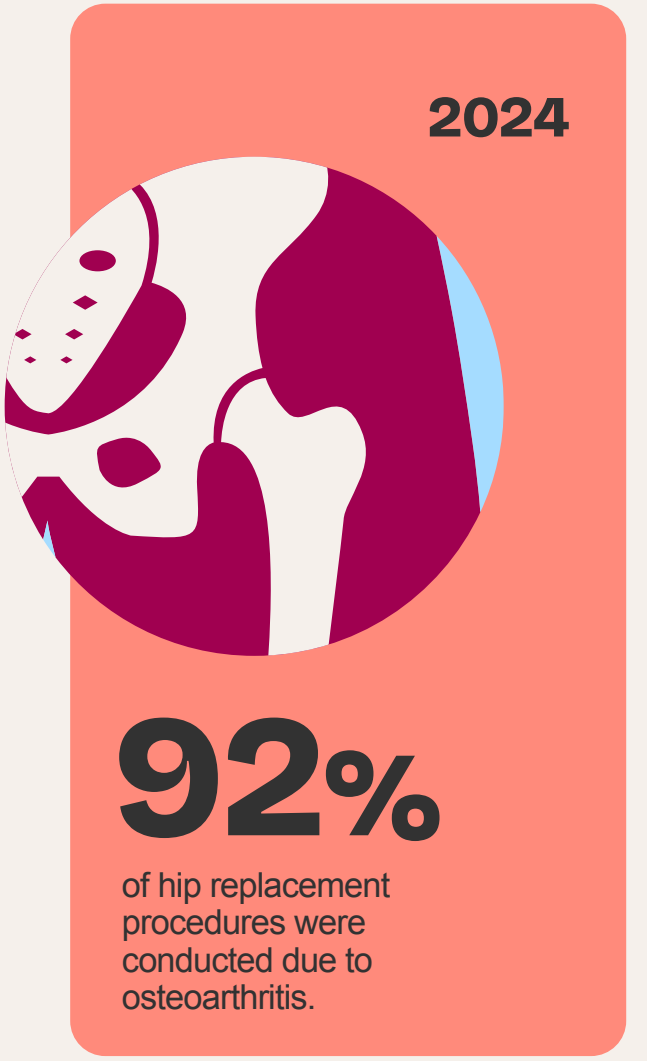


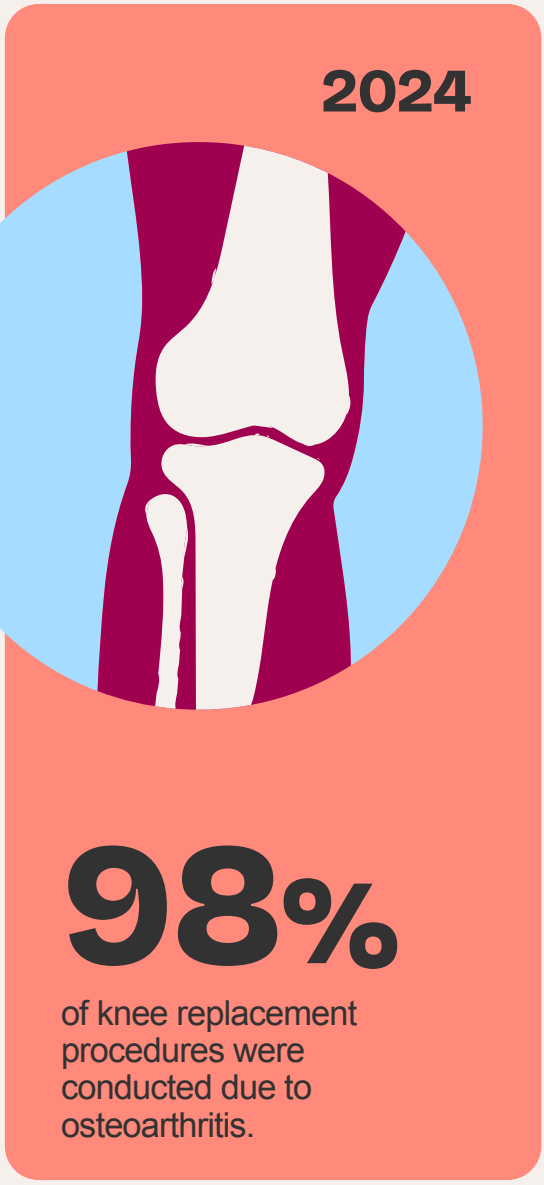
- Hip athroplasty procedures
- Knee athroplasty procedures

The number of joint replacement surgeries conducted dropped in 2020 and has steadily increased over the years since.

In 2024, **116,901 hip resurfacing and replacement procedures** were conducted in England, Northern Ireland and Wales, 92% of these were conducted due to osteoarthritis. (63)

In 2024,**134,652 knee replacement procedures** were conducted in England, Northern Ireland and Wales, 98% of these were conducted due to osteoarthritis. (62)





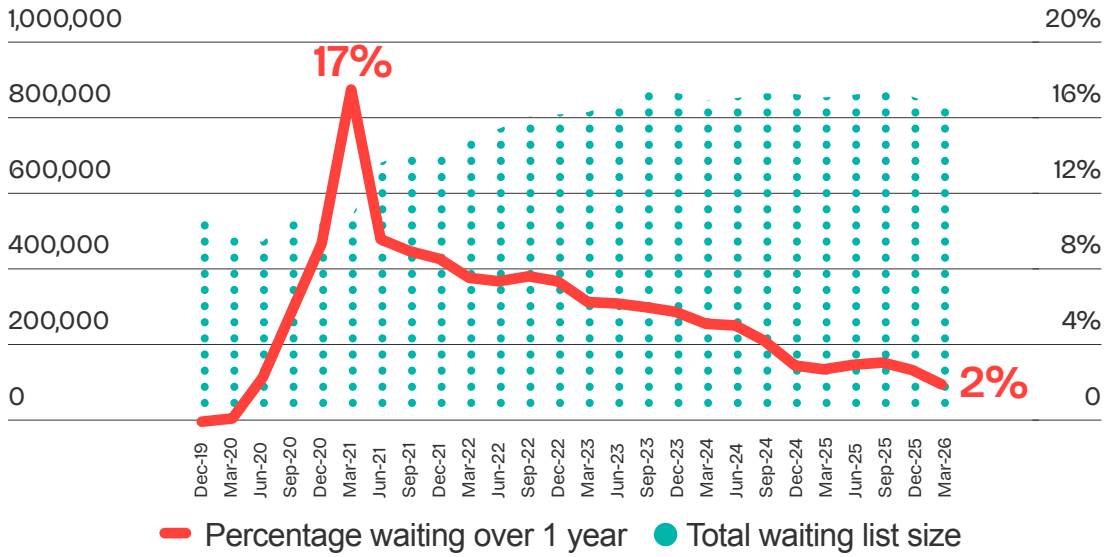
Joint replacement and health inequalities

People who experience the most deprivation across England and Wales are more likely to need a hip replacement than those experiencing less deprivation.(87) Yet a patient living in the least deprived area in England was 4.8 times more likely to receive an NHS-funded elective hip replacement in 2016 than a patient of the same age, sex and hip function who lived in the most deprived area. (87)

The number of people waiting for trauma and orthopaedic treatment

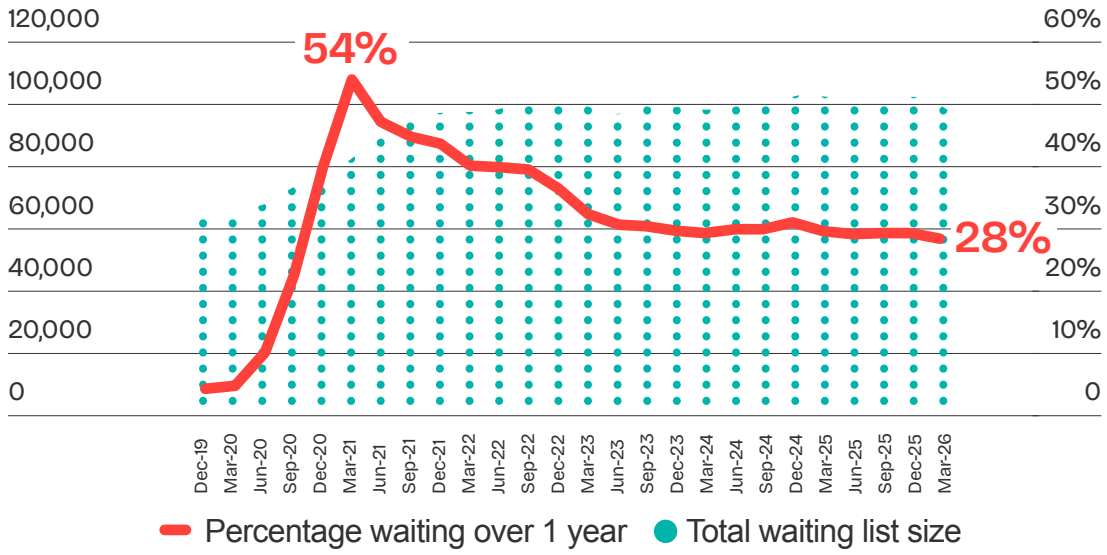
England

In England the waiting list for Trauma and Orthopaedic treatment contains 818,009 cases, 2% have waited over a year for treatment (March 2026 data). [88]



Wales

In Wales 88,018 cases are waiting for Trauma and Orthopaedic treatment with 28% waiting over a year and 1% waiting over two years (March 2026 data). [89]



Northern Ireland

Northern Irish trusts recently migrated to a new electronic patient record system and as such we do not have national trend data. [91] [92]

20,805 cases were waiting for Orthopaedic inpatient and day case treatment with 57% waiting over a year to be admitted to surgery or treatment as a day case or inpatient. [91] [92]

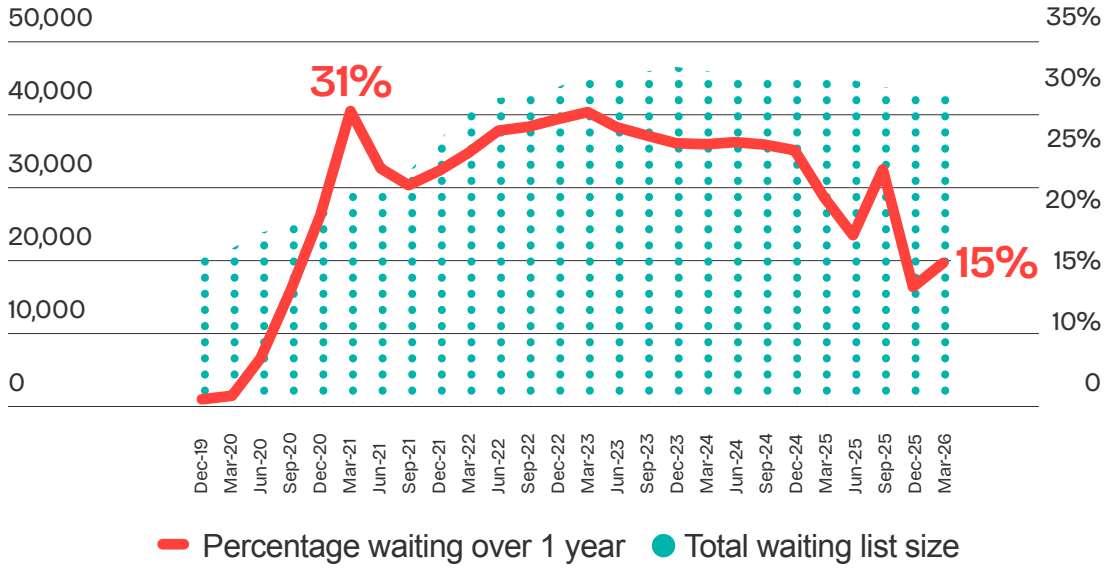
34,907 cases were waiting for Orthopaedic outpatient treatment with 53% waiting over a year for their first outpatient appointment to see a consultant (March 2026 data). [91] [92]

The number of people waiting for trauma and orthopaedic treatment

Scotland

In Scotland 42,489 cases are waiting for Orthopaedic inpatient and day case treatment with 15% waiting for over a year (March 2026 data). (90)

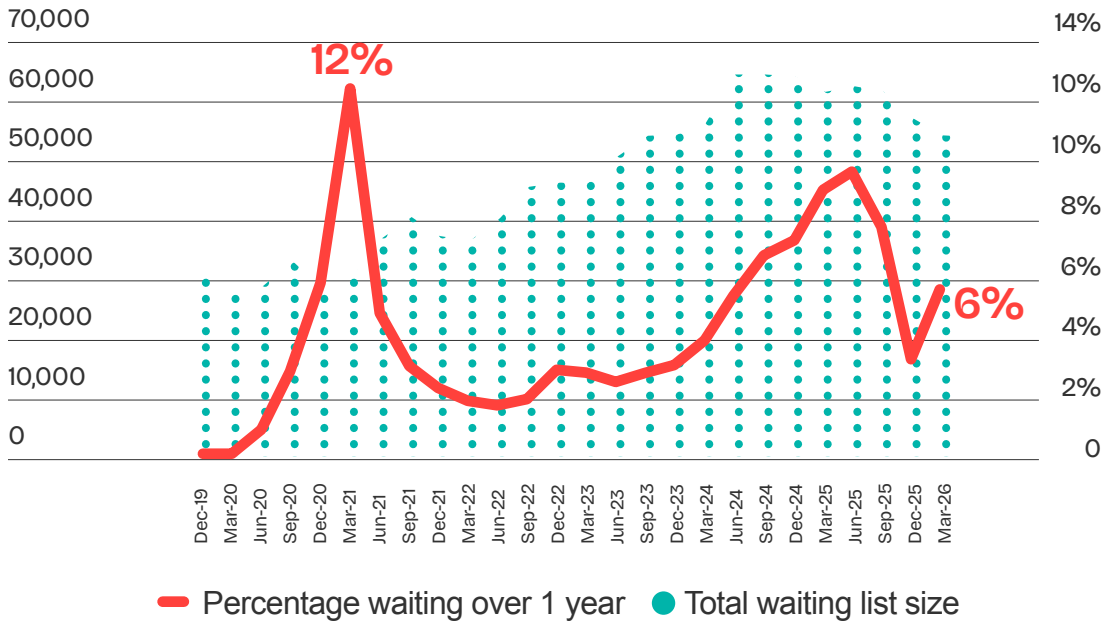
Inpatient



Scotland

In Scotland 54,231 cases are waiting for Orthopaedic outpatient treatment with 6% waiting for over a year (March 2026 data). (90)

Outpatient



Quality of care in inflammatory arthritis services

The National Early Inflammatory Autoimmune Diseases Audit (NEIAA) is a national clinical audit which examines how quickly people with inflammatory arthritis, connective tissue diseases and systemic vasculitis are diagnosed, assessed and treated across England and Wales. This data comes from their latest audit and refers to April 2025 to March 2026. (93)

53% of people with suspected inflammatory arthritis are referred within the target of 3 working days, a decrease of 5% from the previous year. The target is for everyone to be referred within 3 working days. (93)

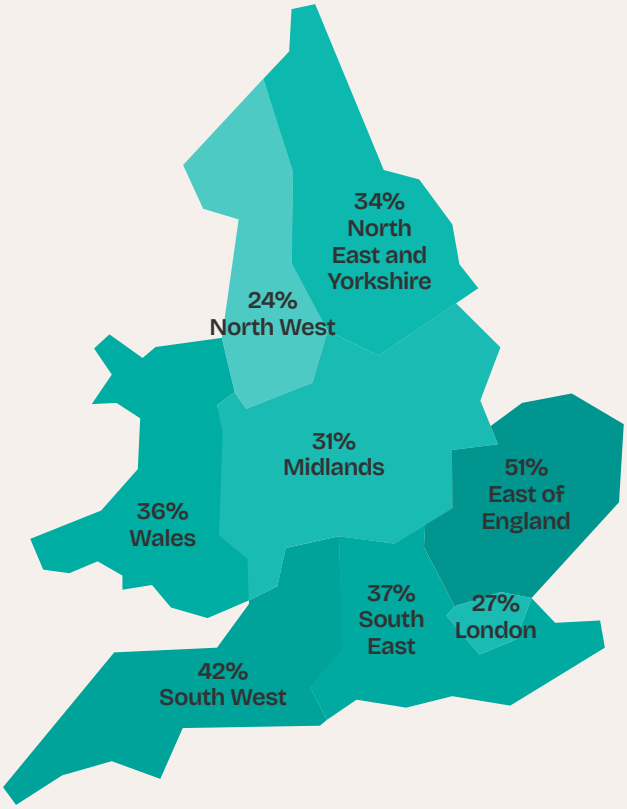
40% of people with suspected inflammatory arthritis receive a rheumatology appointment within 3 weeks of a rheumatology clinic receiving a referral. The target is for everyone to receive an appointment within 3 weeks. (93)

55% of people with confirmed autoimmune inflammatory arthritis receive disease-modifying antirheumatic drugs (DMARDs) within 6 weeks, an increase of 8% from the previous year. The target is for everyone to start treatment within 6 weeks. (93)

The number of people with early inflammatory arthritis that are in remission has remained stable at **33%** (93)

Geographical variation

Remission rates vary by geography. (93)

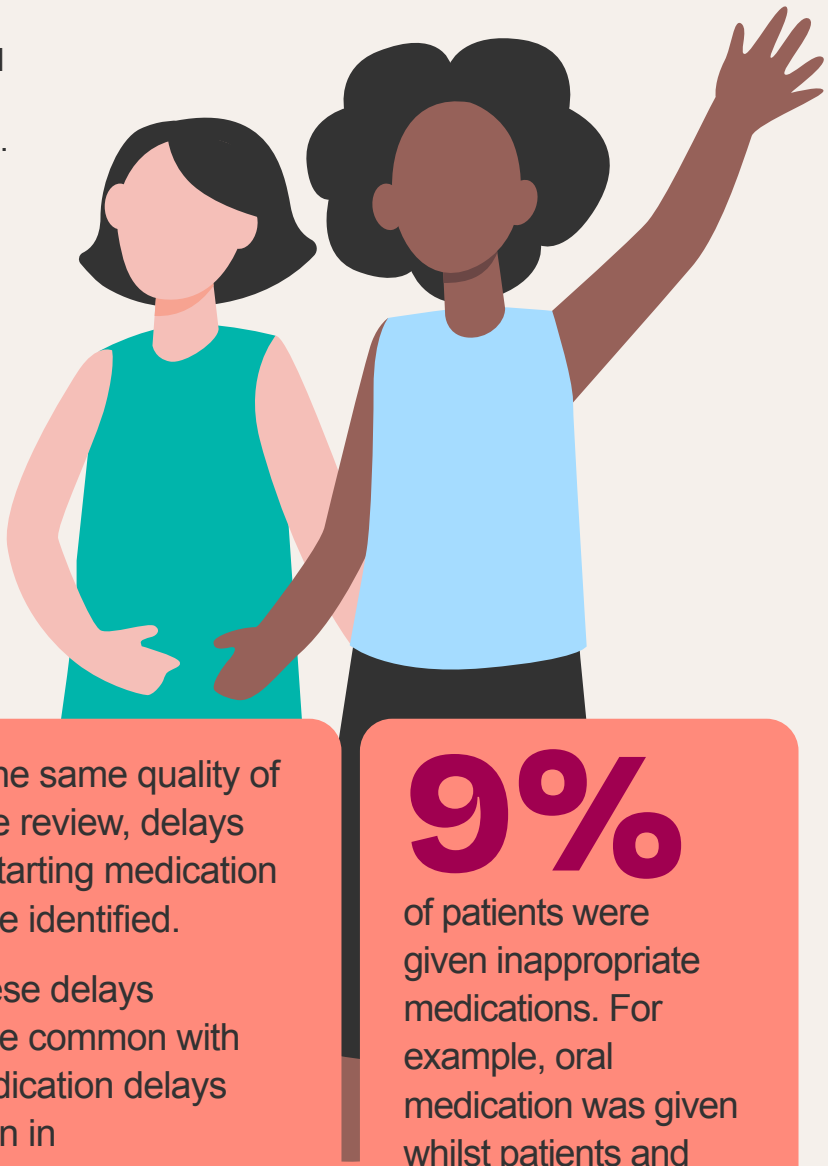


Overall remission rates at 3 months remain static at 34% but this disguises significant geographic variation.



Juvenile idiopathic arthritis (JIA)

The pathway for a child or young person to receive a diagnosis of JIA is varied and depends on several factors such as the symptoms presented and where they live. As such, delays in diagnosis occur which lead to increased pain and potentially more joint damage. (94)



In a recent quality of care review, it was found that

43%

of patients experience a delay between the first presentation of symptoms and referral to rheumatology. (94)

In the same quality of care review, delays in starting medication were identified.

These delays were common with medication delays seen in

32%

of patients. (94)

Nobody should experience a delay in receiving medication.

9%

of patients were given inappropriate medications. For example, oral medication was given whilst patients and carers waited to receive training on how to administer injections. (94

Nobody should be given inappropriate medication whilst waiting for training.

Societal impact

Impact on healthcare, social services and the economy

Health and care services

People with arthritis and MSK conditions often contact and use primary healthcare, secondary healthcare, and community healthcare services such as physiotherapy.

MSK conditions accounted for

1.4m

hospital admissions, 6% of the total number of hospital admissions in England in 2024-25. (95)

MSK conditions accounted for

1 in 7

GP consultations. (1)

Every year

1 in 5

adults will consult their GP for an MSK condition. (96)

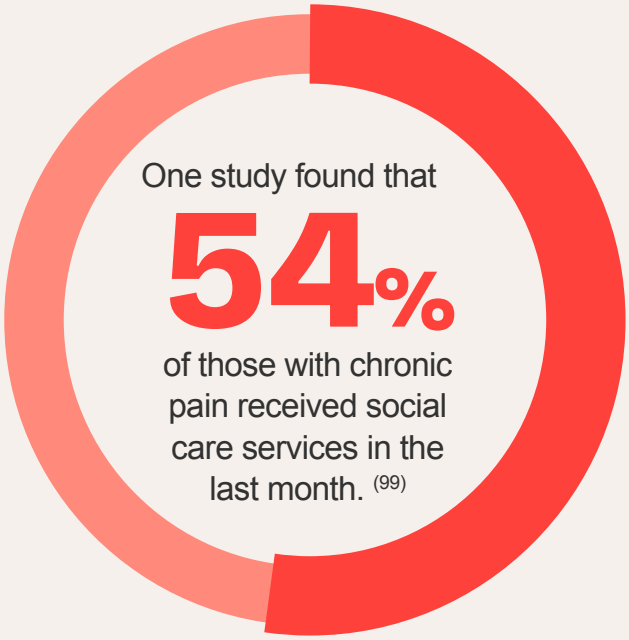
People with arthritis and MSK conditions often take medicines to help manage their symptoms. **47% people** with long-term MSK conditions in England take five or more medicines on a regular basis. (97)

Over **32.5 million** prescription items were dispensed for MSK conditions and joint diseases in England in 2025. (98)

Prescriptions for MSK conditions dispensed in the community cost approximately **£146m** in England in 2025. (98)

Social services

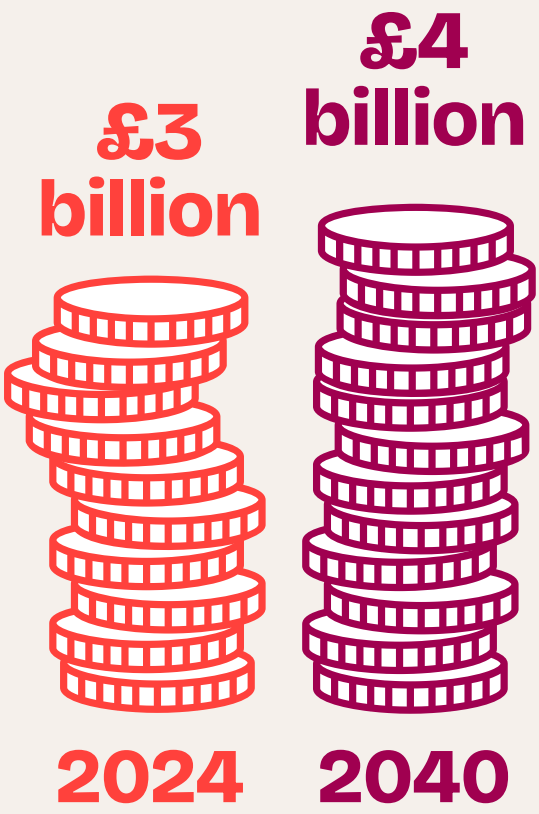
Adults with chronic MSK pain have high levels of social care use in the UK. (99)



Economy

Musculoskeletal ill health results in significant costs for individuals, employers, the health service, and the wider economy.

Analysis by York Health Economics Consortium in 2017 found that the cost of working days lost due to osteoarthritis and rheumatoid arthritis was estimated at £3 billion in 2024 rising to £4 billion in 2040. (100)



Combined costs from all worklessness and sickness absence in the UK amount to around £100 billion annually. (40)

The total work-related costs of axial spondyloarthritis due to early retirement, absenteeism and presenteeism is estimated to be £11,943 per person with axial spondyloarthritis per year. (101)

The cost of arthritis to the NHS

York Health Economics Consortium found in 2017 that:

- Treating the two most common forms of arthritis (OA and RA) was projected to cost the NHS £118.6 billion over the next decade, from 2017. (100)
- Based on this analysis, in 2025, treating the two most common forms of arthritis is projected to cost the NHS £13.2 billion. (100)

£118.6 billion
projected costs



MSK conditions accounted for the third largest area of NHS programme spending at £4.7 billion in 2013 to 14. This was 3.5% of total spending in 2013 to 2014. If the proportion has stayed the same – MSK conditions will have accounted for £5.5 billion spending in 2019 to 2020 and an estimated £6.54 billion in 2024 to 2025 [7]. (102) (103) (194)

05

Conditions where arthritis is the main symptom

Osteoarthritis

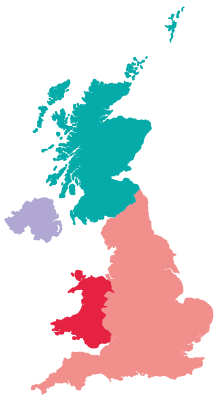
Osteoarthritis (OA) happens when the body can no longer maintain and repair one or more joints – commonly affecting hands, hips, and knees. The cartilage becomes thin and uneven, preventing the joint from moving easily. The body's attempts to repair these changes can lead to pain, stiffness and swelling.

OA and other long-term conditions

People with OA have a significantly increased risk of cardiovascular disease, **24% higher** than people without OA, probably because of shared underlying risk factors for these conditions. (52)

1 in 5 people with OA experience symptoms of depression and anxiety. (51)

Number of people with hip and knee osteoarthritis in the UK[9]. (5) (2) (193)



Northern Ireland
Knee: **152,000**
Hip: **91,000**

Scotland
Knee: **432,000**
Hip: **263,000**

Wales
Knee: **274,000**
Hip: **180,000**

England
Knee: **5,578,000**
Hip: **4,001,000**

Prevalence and incidence

In the UK, **over 10 million adults** have a probable diagnosis of osteoarthritis [8]. (1) (2) (5) (193)

In the UK, **4.5 million people** have hip osteoarthritis. (14)

In the UK, **6.4 million people** have knee osteoarthritis. (14)

In the UK, around **350,000 people** are diagnosed with osteoarthritis each year. (27)

Studies suggest that the median age of symptom onset of OA is approximately 55 years old, although severity of symptoms will vary. (104) (105)

Prevalence of OA in men and women

In the UK, **nearly half of people** aged 75 or over have OA. (49% of women and 42% of men). (1) (2)

Risk factors

Age – OA is uncommon in people under 45 years old. (14)

Men and women – For most joints, OA is more common and more severe in women [10]. (106) (107)

Heredity – Inherited genetic and genomic factors. (108) (109)

Abnormal loading onto joints – Due to abnormalities in joint shape or living with overweight or obesity. (110)

Inflammatory arthritis – Leading to loss of cartilage. (111)

[8] Age standardised
[9] Due to data unavailability, we have applied the prevalence of England to produce the totals for Northern Ireland. Please use this statistic with caution.
[10] The terms 'men' and 'women' have been used to ensure consistency when presenting data from multiple sources which report sex-related risk factors in varying ways.

Gout

Gout is a type of inflammatory arthritis where the immune system, which is the body's natural self-defence system, attacks joints and surrounding tissues where urate crystals have formed, causing episodes of severe inflammation, stiffness, pain, and damage. Urate crystals form in joints when the body's urate (uric acid) level is consistently too high.

Prevalence and incidence

In the UK

1.6 million

adults (1 in 50) have a probable diagnosis of gout. (9) (2)

66,000

people are newly diagnosed with gout each year. (2) (9)

Gout and other long-term conditions

Women and men with gout are **71%** and **22%** respectively more likely to develop type 2 diabetes. (112)

People with gout are at **29%** higher risk of chronic kidney disease than people without gout. (113)

Recent evidence has also shown that flare-up episodes of gout are associated with an increase in cardiovascular events in the 4 months following the flare. (114)

Risk factors



Age – The risk increases with age. (115)



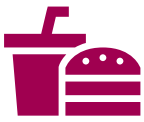
Men and women – Gout is more common in men. (115)



Weight – Living with overweight or obesity increases the risk of gout. (116)



Heredity – Inherited genetic and genomic factors. (117) (118)



Food and drink intake – Some foods and drinks raise urate levels. (119)



Medicines – Some lead to increased urate levels. (120)



Long-term conditions – Chronic kidney disease. (121)

[10] The terms 'men' and 'women' have been used to ensure consistency when presenting data from multiple sources which report sex-related risk factors in varying ways.

Rheumatoid arthritis

Rheumatoid arthritis (RA) is a type of inflammatory arthritis where the immune system attacks the body's joints, causing inflammation, swelling, pain, stiffness and damage to the joints.

Prevalence and incidence

In the UK, 450,000 adults have a recorded diagnosis of rheumatoid arthritis[11]. (4) (2)
In the UK, 27,000 adults are newly diagnosed with RA each year [12]. (4) (2)

RA and other long-term conditions

Around **30% of people** with RA develop osteoporosis-weak bones. (4)

Evidence suggests **1 in 10 people** with rheumatoid arthritis will be diagnosed with interstitial lung disease over the course of their disease, putting them at increased risk of early death. (122)

1 in 3 women (36.5%) with rheumatoid arthritis develop depression within 5 years of diagnosis. (80)

1 in 4 men (23.7%) with rheumatoid arthritis develop depression within 5 years of diagnosis. (80)

People with RA have **twice the risk** of developing congestive heart failure than people without RA. (123)

In England, patients with RA have a 33% higher cardiovascular disease risk than those without RA. (124) (125)

In England, **53% of people** with RA have hypertension. (126)

In England, **51% of people** with RA have osteoarthritis. (126)

Wider health

60% of people with RA are physically inactive.(73)

Work

Around **1/3 of people** with RA stop work within 5 years of diagnosis. (127)

Risk factors



Age – Most people are aged between 46 and 70 when diagnosed with rheumatoid arthritis. (29) (28)



Men and women – RA is 2 to 3 times more common in women than men [13]. (128)



Weight – Living with overweight or obesity increases risk. (129)



Heredity – Inherited genetic, genomic, and epigenetic factors. (130) (131)



Microbiomes – Changes in the microbiome. (132)



Smoking tobacco – Increases risk, worsens disease, and weakens treatment response. (133)

[12] Age standardised
[13] The terms 'men' and 'women' have been used to ensure consistency when presenting data from multiple sources which report sex-related risk factors in varying ways.

Psoriatic arthritis

Psoriatic arthritis (PsA) is a type of inflammatory arthritis linked to psoriasis where the immune system attacks the body's joints, causing inflammation, swelling, stiffness, pain and damage to the joints. Psoriasis is an autoimmune condition affecting the skin and around 1 in 4 people who have psoriasis have psoriatic arthritis. (134) Some people may develop psoriatic arthritis without noticeable skin psoriasis.



1 in 4

who have psoriasis have psoriatic arthritis. (134)

Prevalence and incidence

In the UK

200,000

adults have a probable diagnosis of psoriatic arthritis [14]. (13) (2)

In the UK, around

9,000

adults are newly diagnosed with psoriatic arthritis each year [14]. (13) (2)

Psoriatic arthritis and other long-term conditions



1 in 5

people (19%) with psoriatic arthritis have a cardiovascular disease. (60)



1 in 3

people (31%) in England with psoriatic arthritis have depression. (126)



1 in 4

people living with psoriatic arthritis (25%) are living with obesity. (60)

Risk factors



Age – Peak onset is between 40 and 50 years old. (135)



Heredity – Inherited genetic, genomic, and epigenetic factors. (136)

[14] Age standardised

Axial spondyloarthritis

Axial spondyloarthritis is a type of inflammatory arthritis where the immune system attacks the spine and sometimes joints causing inflammation, stiffness, pain, and damage. Axial spondyloarthritis can be either 'radiographic (r-axSpA)' or 'non-radiographic (nr-axSpA)'. In radiographic axial spondyloarthritis there are visible changes on X-rays. Radiographic axial spondyloarthritis was previously called ankylosing spondylitis (AS). In non-radiographic axial spondyloarthritis there are no changes visible on X-rays, but it may be picked up on an MRI scan.

Axial spondyloarthritis and other long-term conditions

In England, 21% of people with axial spondyloarthritis have a painful eye condition called uveitis which can cause blindness if untreated. (126)

In England, nearly 3 in 10 (27%) people with axial spondyloarthritis have depression. (126)

In England, 38% of people with axial spondyloarthritis have hypertension. (126)

Prevalence and incidence

Assessment of healthcare records suggest 60,000 people have a confirmed diagnosis of axial spondyloarthritis in the UK. (4) (2) However, coding in both primary and secondary care remains an obstacle to having an accurate number of diagnoses and indeed one study in the UK suggests that the number of people with the condition could be approximately 220,000. (12)

In the UK, around 2,200 adults are diagnosed with axial spondyloarthritis each year [15]. (4) (2)

Work

In a study on men with radiographic axial spondyloarthritis (previously known as ankylosing spondylitis) 24% reported retiring early and 45% changed to a less physically demanding job due to their condition. (137) (138)

Risk factors



Age – Axial spondyloarthritis often presents in people's late teens or twenties. (139)



Chronic conditions – Axial spondyloarthritis is more common in those with psoriasis or inflammatory bowel disease. (140)



Men and women – Axial spondyloarthritis with changes on X-ray/MRI is more frequently diagnosed in men than women (3:1), but axial spondyloarthritis with a normal X-ray/MRI has an equal sex distribution [16]. (31)



Heredity – Inherited genetic factors. (136)

[15] Age standardised

[16] The terms 'men' and 'women' have been used to ensure consistency when presenting data from multiple sources which report sex-related risk factors in varying ways.

Juvenile idiopathic arthritis

Juvenile idiopathic arthritis (JIA) refers to a group of arthritis conditions that present before children are 16 years old. Although JIA is a diagnosis given in children under 16 years old, this remains the diagnosis into adulthood. JIA are autoimmune diseases where the immune system attacks the body. There are different types of JIA, and the severity of the condition varies depending on the type. (141)

Prevalence and incidence

It is estimated that

10,000

children under 16 years old have been diagnosed with JIA. (10) (11)

Around

50%

of the children diagnosed with JIA will be discharged from care (perhaps due to drug-free remission) and around half of children will continue to need care. (142)



JIA and other long-term conditions

13 to 19%

of children with JIA have uveitis, an eye condition that can cause eye pain and if untreated can lead to blindness. (143)

15%

of children with JIA in the UK develop macrophage activation syndrome (MAS) – a rare inflammatory condition. (143)

Risk factors

Age – Typical onset age is between 2 and 10 years. (11) (144)

Men and women – JIA is more common in girls – data from JIA registries found 68 to 70% of patients were female [17]. (143)

Heredity – Inherited genetic, genomic and epigenetic factors. (144)

Microbiomes – Changes in the microbiome. (145)

[17] The terms 'men' and 'women' have been used to ensure consistency when presenting data from multiple sources which report sex-related risk factors in varying ways.

06

Conditions where arthritis is one symptom among many

Lupus

Lupus (systemic lupus erythematosus, SLE) is a condition where the immune system, which is the body's natural self-defence system, attacks the body. Lupus commonly affects the joints, causing arthritis with inflammation, swelling, stiffness, pain, and damage. It can also attack other organs including the skin, kidneys, lungs, and nervous system.

In patients with mild lupus, of more than 10 years duration, there is a

3 to 4 times

increased risk of cardiovascular events and death compared with people who do not have lupus. (148)

Prevalence and incidence

In the UK, an estimated

70,000

people have lupus [18]. (146)

In the UK

3,000

people are newly diagnosed with lupus each year [18]. (146)

Lupus and other long-term conditions

People with lupus have a mortality rate nearly

2x higher

than those without lupus. (147)

Risk factors



Age – Onset in women is typically between 15 and 40 years old. (149)



Men and women [19] – Lupus is more common in women. (150)



Ethnic background – Lupus is especially common in certain ethnicities, particularly Black Caribbean. (146)



Heredity – Inherited genetic, genomic and epigenetic factors. (151)



Microbiome – Changes in the microbiome. (152)

[18] Age standardised
[19] The terms 'men' and 'women' have been used to ensure consistency when presenting data from multiple sources which report sex-related risk factors in varying ways.

07

Other musculoskeletal conditions

Chronic pain

Chronic pain affects
up to
28 million
people in the UK. [2] [6]

In England between 2019 and 2040 there will be
270,000
more people living with chronic pain in the most deprived areas.



Pain is one of the leading symptoms of MSK conditions. Chronic pain (also referred to as persistent pain) is defined as pain which has lasted for more than three months.

Chronic pain in England

In England in 2024, **26%** of adults reported having chronic pain.

Half of these (**13%**) reported high-impact chronic pain. If pain interferes with life or work activities most days or every day it is classified as high-impact chronic pain.

The most common site of pain was in the arms, hands, hips, legs or feet (**71%**), followed by back pain (**52%**) and neck or shoulder pain (**39%**) – all sites where pain is most likely to be musculoskeletal.

For adults with chronic pain, **39%** had a musculoskeletal condition – the most commonly reported longstanding condition. Of those with high-impact chronic pain, 49% had a musculoskeletal condition.

Health inequalities

Deprivation

Chronic pain is linked to deprivation, with the highest rates in the most deprived areas (**36%**) and the lowest in the least deprived areas (**19%**). [191]

The prevalence of chronic pain is projected to increase at a faster rate in the most deprived areas than in the least deprived areas. [153]

Projections show that in England between 2019 and 2040 there will be over **270,000** more people living with chronic pain in the most deprived areas. Correspondingly in the least deprived areas there will be **140,000** more people living with chronic pain between 2019 and 2040. [153]

People with chronic pain report higher levels of being economically inactive compared to people who did not report chronic pain (**47%** vs **35%**). [191]

People with chronic pain report lower levels of employment compared to people who did not report chronic pain (39% vs 61%). (191)

People with chronic pain were more likely to feel lonely at least some of the time (32%) compared with those who did not have chronic pain (18%). (191)

Compared with those who did not have chronic pain, after controlling for differences in age, those with chronic pain had lower levels of mental wellbeing (a mean WEMWBS [20] score of 45.8 compared with 52.3 among those who did not have chronic pain). (191)

Ethnicity

The prevalence of chronic pain differs between some ethnic groups. The data is variable. Different studies in England have found that people from Black, Pakistani and Bangladeshi backgrounds have the highest rates of chronic pain of all ethnic groups. (6) (34)

Differences between men and women

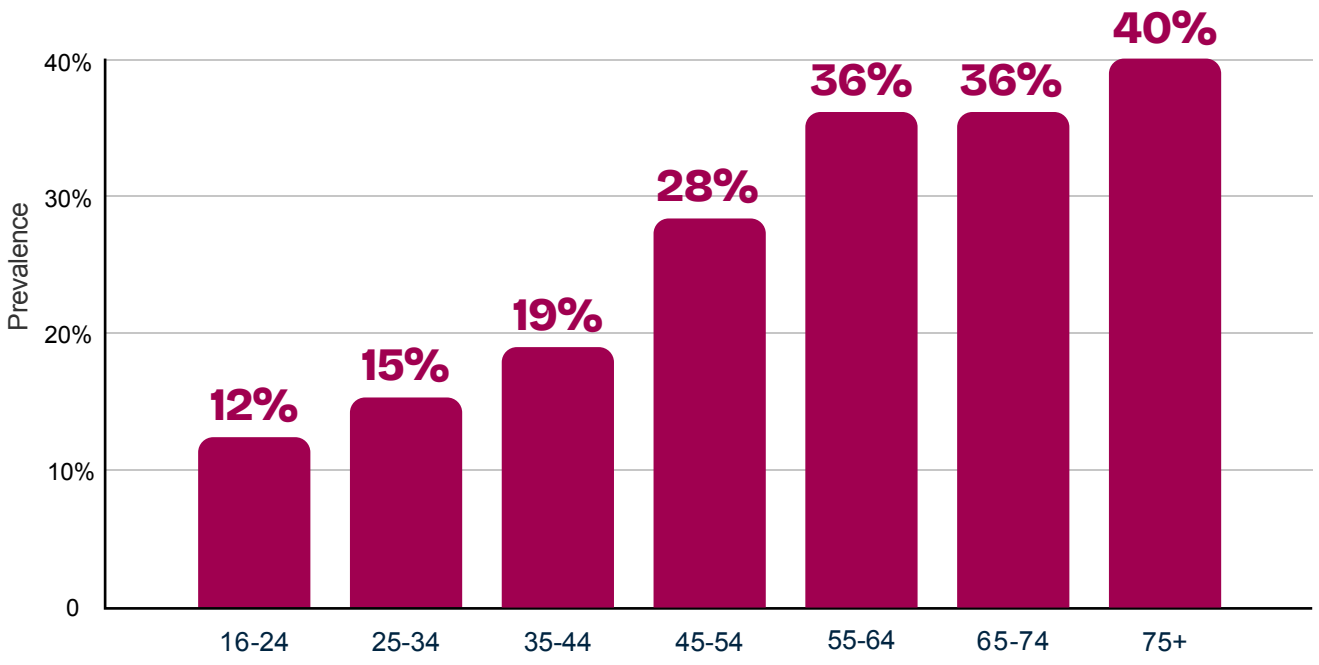
More women are affected by chronic pain than men.

29%
of women have chronic pain and 15% of men have chronic pain in England. (191)

15%
of women have high-impact chronic pain and 11% of men have high-impact chronic pain. (191)

Age

The prevalence of chronic pain increases with increasing age, but people of all ages can have it. (6)



[20] Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

Chronic pain in Scotland

In 2022, over a third (38%) of adults in Scotland were experiencing chronic pain (also referred to as persistent pain). [7] Although people of all ages can be impacted by chronic pain, prevalence increases with age. [7] As was also seen in England, more women than men are affected by chronic pain in Scotland, **43% of women** have chronic pain and **33% of men** have chronic pain. [7]

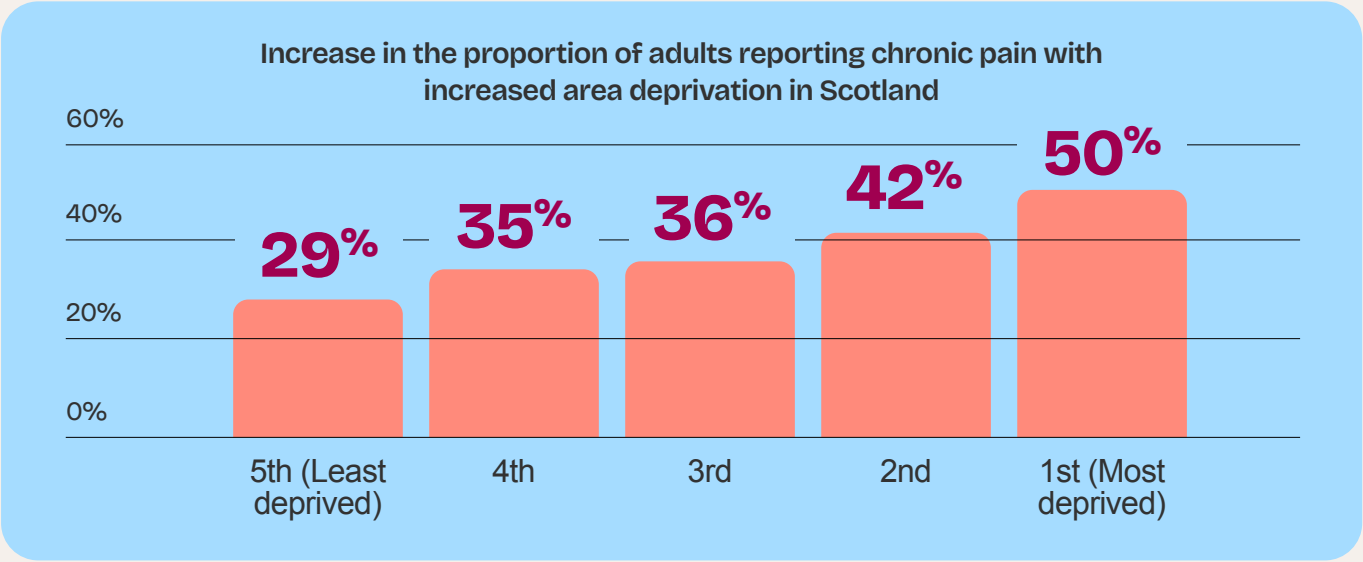
The proportion of adults experiencing chronic pain is highest in the most deprived fifth of Scotland, where the proportion of adults reporting chronic pain is **21% higher** than the proportion reporting chronic pain in the least deprived fifth. [7]

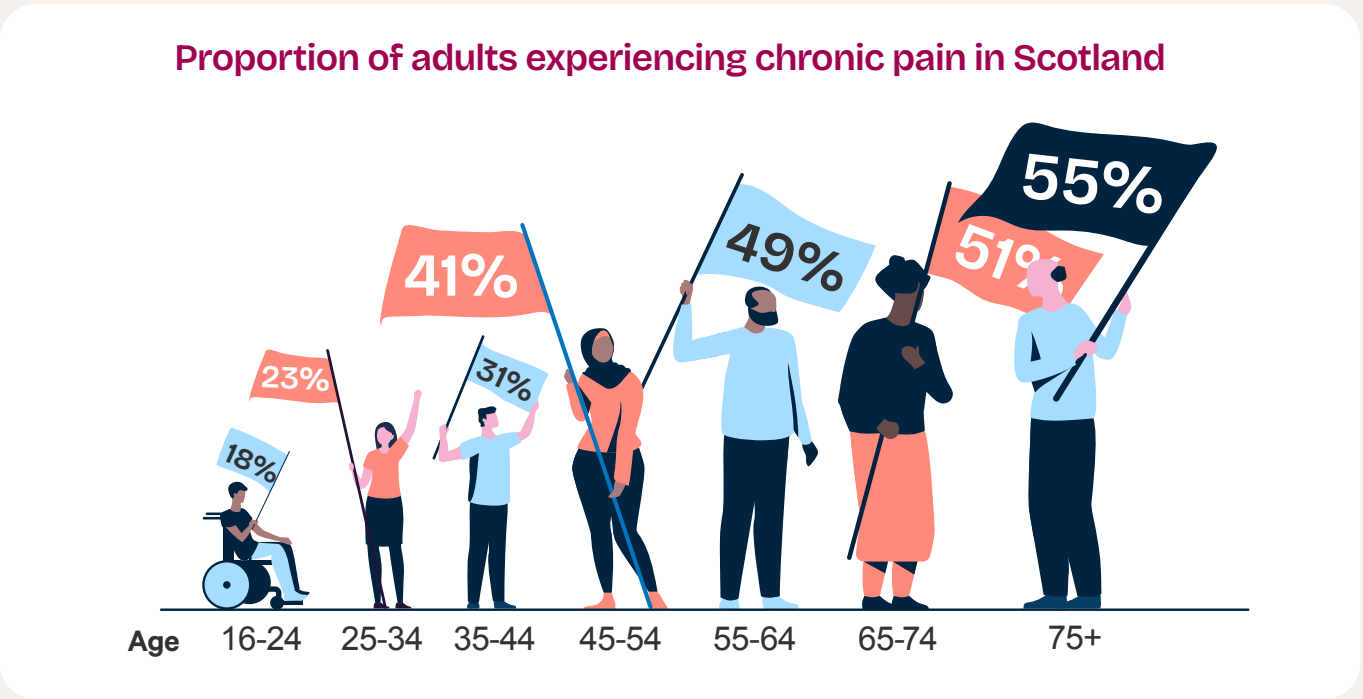
Work

In 2022, **78% of adults** experiencing chronic pain reported that it limited their life and work considerably. [7]

Children

In 2022, **6% of children** reported experiencing chronic pain. [7] The most common type of chronic pain was in arms, hand, hips, leg or feet. [7]





Chronic pain in Wales

Research has found that around 15% of the population of Wales are living with persistent pain – 475,000 people. Older people (especially those aged 61–70), women, and those living in poorer areas were more likely to experience persistent pain. (192)

In 2021

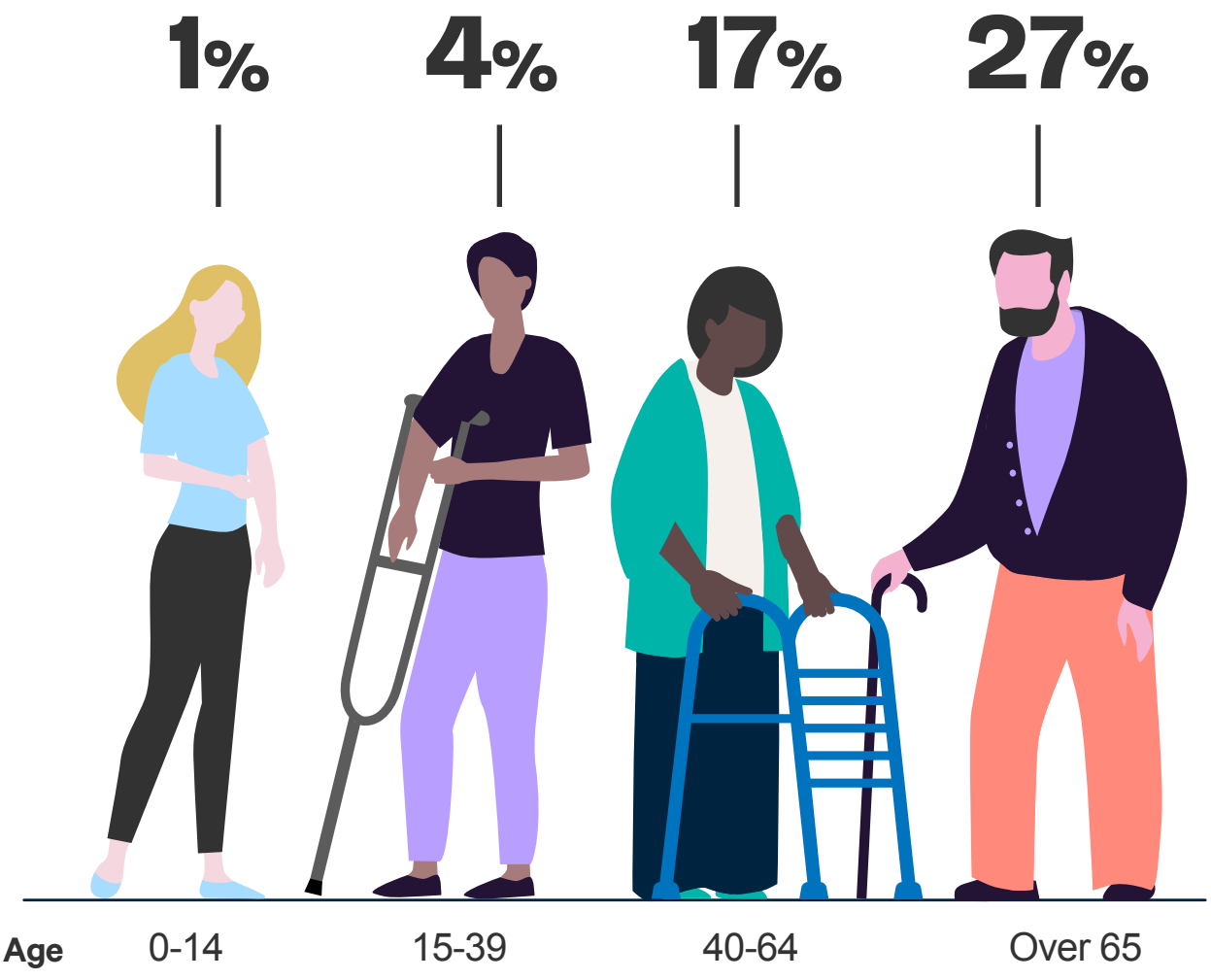
220,300

people (11.6%) in Northern Ireland had long-term pain or discomfort. (155)

Chronic pain in Northern Ireland

The prevalence of long-term pain in Northern Ireland increases with increasing age. (155)

Proportion of adults experiencing chronic pain in Northern Ireland



Back pain

Back pain is a common MSK condition. Non-specific low back pain which has not been caused by damage or inflammation in the spine is the most common type. Low back pain is the top cause of years lived with disability in the UK (2023). (14)

Work

In March 2023, 995,000 people in the UK were economically inactive due to problems or disabilities connected to the back or neck. (39) Around 1 in 5 workers with back pain take time off work over a period of 6 months or longer. (157)

Prevalence and incidence

8.8 million

people in the UK experience low back pain. (14)

3.7 million

new cases of low back pain occur each year in the UK. (14)

Wider health

The odds of back pain in people with symptoms of depression have been shown to be 50% higher than in those without symptoms of depression. (156)

Risk factors

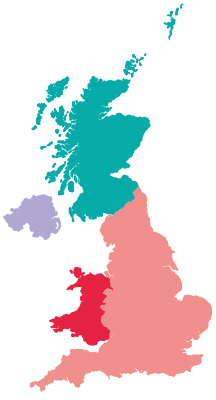
Age – While back pain can occur at any age it is not more common with age and seems to decline in the oldest people. (158)

Men and women – Back pain is more common in women [23]. (159)

Injury

Weight – Those who are living with overweight or obesity are more likely to have lower back pain than those classified as having a normal weight. (67)

The number of people with low back pain across the UK [22] (14)



Northern Ireland
240,000

Scotland
742,000

Wales
427,000

England
7,407,000

[22] Due to data unavailability, we have applied the prevalence of England to produce the totals for Northern Ireland. Please use this statistic with caution.
[23] The terms 'men' and 'women' have been used to ensure consistency when presenting data from multiple sources which report sex-related risk factors in varying ways.

Fibromyalgia

Fibromyalgia is a chronic condition, which is a form of chronic primary pain. Fibromyalgia does not itself cause any lasting damage on the body's tissues but is associated with widespread pain, fatigue, physical symptoms, and cognitive symptoms.

Prevalence

Around

1.7 to 2.8 m

people have fibromyalgia. (160)

270,000

adolescents aged 11 to 18 years have fibromyalgia. (161,162)

Wider health

Fibromyalgia is associated with a 1.54-fold increased risk for irritable bowel syndrome. (165)

Lifetime prevalence of depression in people with fibromyalgia goes up to:

70% (163) (164)

Lifetime prevalence of anxiety in people with fibromyalgia goes up to:

60% (163) (164)

Risk factors

Age – Fibromyalgia most commonly presents between 25 and 55 years. (166) (167)

Men and women – Fibromyalgia is more common in women [15]. (166)

Heredity – Inherited genetic, genomic, and epigenetic factors. (168)

Microbiome – Changes in the microbiome. (169)



[15] The terms 'men' and 'women' have been used to ensure consistency when presenting data from multiple sources which report sex-related risk factors in varying ways.

Osteoporosis and fragility fractures

Osteoporosis is a silent condition where bones are weak and can break easily. A fragility fracture is a broken bone which results from a force that would not usually result in a fracture, such as a fall from standing height or less.

Prevalence

More than

3,000,000

people in the UK are estimated to have osteoporosis. [170]

Osteoporosis and other long-term conditions

Adults over 50 years old with osteoporosis are more than 2 times more likely to develop arthritis, chronic low back pain, chronic heart failure and depression than someone without osteoporosis. [171]

Every year in England, Wales and Northern Ireland, over

70,000

people will sustain a hip fracture. [172]

Fractures

- Hip fractures are associated with a cost of £2 billion to health and social services. [172]
- Around 3% of all broken hip bones (femoral fractures) in England and Wales in 2023 occurred in inpatient settings. [173]
- 88% of people who broke their hip (femoral fracture) received surgery within 24 hours of presenting with a hip fracture. [172]
- 58% of patients were assessed by a senior geriatrician within 72 hours of presentation. [172]
- The economic burden of osteoporosis-related fractures is approximately £4 billion per year in the UK. [174]

Glossary

Age standardised: a statistical measure to increase precision when comparing data from two or more populations by removing the effects of age. [175]

Cartilage: a type of connective tissue found throughout the human body including within the joints. [176]

Comorbidity: the occurrence of more than one illness or condition at the same time. [177]

Economically inactive: people who are not in employment and not looking for work. [178]

Epigenetic: refers to a factor that affects the expression of a gene without altering the DNA sequence. [179]

Fatigue: severe mental and physical exhaustion which is not attributable to exertion. [180]

Genomics: the study of all of a person's genes (the genome) including the interactions of those genes with each other and the environment. [181]

Geriatrician: is a doctor that provides medical care to older people. [182]

Health inequalities: unfair and avoidable differences in health across the population, and between different groups within society. [15]

Hypertension: also known as high blood pressure, is when the pressure in your blood vessels is too high. [183]

Immune system: the network of cells and tissues in your body that work to provide defence from viruses, bacteria, and other infections. [184]

Incidence: the number of individuals who develop a specific disease during a particular time period. [185] In this report the time period used is a year.

Microbiome: refers to all of the microbes including bacteria, fungi and viruses that naturally live on and within our bodies. [186]

Prevalence: the total number of individuals in a population who have a disease or health condition at a specific time. [185]

Quantitative: refers to numerical measurement. Quantitative research uses systematic methods involving numerical or statistical data to study phenomena, assuming they can be measured. [187]

Quintile: one of five equal parts a population can be divided into. [188]

Years Lived with Disability (YLDs): a measure which summarises levels of disability in a given population; it combines the prevalence of a disease with a rating of how disabling that disease is. [189]

The terms 'men' and 'women' have been used to ensure consistency when presenting data from multiple sources which report sex-related risk factors in varying ways.

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