

# CNE HEALTH LUNCHEON

## Europe's ageing population: Healthy and Working, or a Burden on Society? A Case Study

~Brussels, 26 February 2008~



On February 26, 2008, the Centre for the New Europe (CNE) invited health economist Dr. Gisela Kobelt and Maarten de Wit, EULAR Vice President representing people with arthritis/rheumatism in Europe, to its Health Luncheon to discuss the burden of rheumatoid arthritis (RA) in Europe and the impact of RA on Europe's population.

Key issues highlighted included:

- RA is a leading cause of chronic pain and disability affecting close to 3 million people in Europe alone.
- RA affects people as they reach the peak of their careers, forcing them out of work, causing high losses of productivity to European economies and resulting in lower incomes for people with RA and high public expenditures for disability benefits.
- Recent advances in medical treatment such as new biologic drugs can prevent or reduce the speed of joint damage and hence the progression of affected individuals to disability.
- Greater awareness of RA by employers and the adaptation of the workplace to RA patients' needs are important factors for keeping people with RA in the workforce.

### RA – the burden and cost across Europe

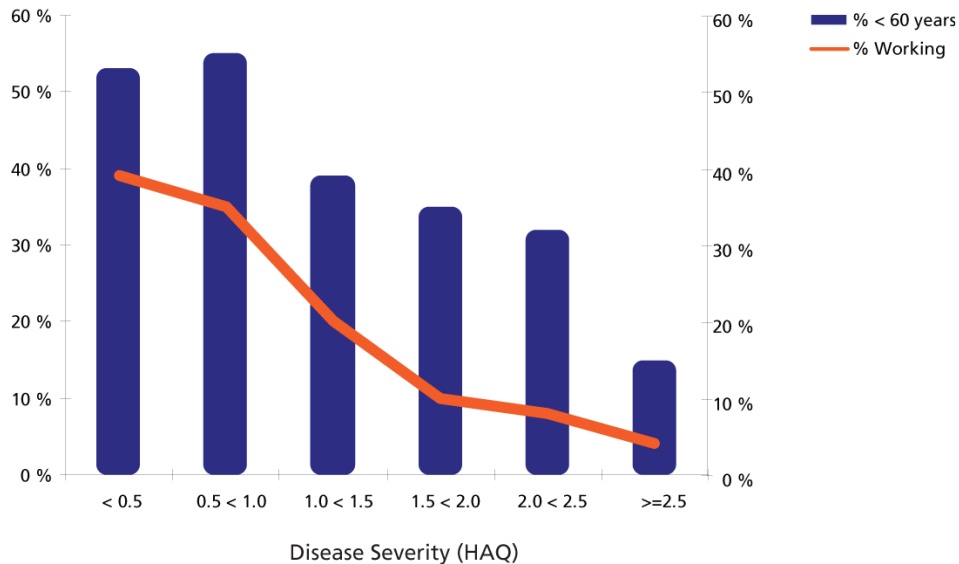
Dr. Gisela Kobelt, founder and president of European Health Economics SAS, presented key findings from the recent report, "*The Burden of Rheumatoid Arthritis (RA) and Patient Access to Treatment.*" This report was co-authored by Prof. Bengt Jönsson, Dr. Gisela Kobelt and Prof. Josef Smolen.

Key points highlighted included:

- RA has a large impact on patients' quality of life. Among chronic diseases, RA has one of the worst utility (quality of life) scores, similar to that of Multiple Sclerosis.
- RA has a high cost. The total annual cost of RA in Europe is estimated at EUR 45 billion per year. Lost production due to decreased work capacity is the biggest cost driver of RA. Up to 50% of RA patients are forced to leave the workforce within 10 years of disease onset, requiring disability pensions and extra care. The disease affects people as they reach the height of their careers forcing them out of work. For example, in France only 15% of RA patients below 60 years of age with severe functional disability (HAQ>2) remain in the workforce.



- Although new biologic drugs can prevent or reduce the speed of joint damage, access to the most advanced biologic RA drugs varies significantly across Europe. Economic determinants (such as GDP per capita and health care budgets) are an important factor, but not the only factor in determining patient access to new drugs. Drug approval processes, reimbursement decisions and limited access to specialists all affect the ability of patients to access new drug innovations.



**Figure 1:** Workforce Participation of RA patients in France

Source: Kobelt, G. Richard, B. Peeters, P. Sany, J.: Costs and quality of life of patients with RA in France, ACR 2006, Bone Joint Spine 75(7), (2008).

## A Patient's Perspective on Living with RA

Maarten de Wit, EULAR Vice President representing people with arthritis/rheumatism in Europe, spoke of his personal experience as living with RA, underlining that up to 50-60% of people affected by RA are unemployed ten years after being diagnosed with the disease.

Key points included:

- Timely diagnosis and fast access to the most appropriate drug treatment as well as the adjustment of working conditions for those



living with RA are critical factors to enabling those with RA to be active in their daily activities.

- Important barriers to the improving the quality of life for those living with RA include the price and reimbursement of new biologic RA drugs, the absence of European and national plans to fight rheumatism, uncertainties about drug side-effects, the lack of knowledge about the specifics of rheumatic diseases among General Practitioners, and the lack of awareness among employers.
- Mr. de Wit presented a set of recommendations to improve the participation of people with RA in society, including active employment. In particular, he called for:
  - Raising general awareness of RA
  - Providing appropriate access to treatment, as stated in the draft Written Declaration of the European Parliament on Rheumatic diseases
  - Early diagnosis
  - Further research on RA and other rheumatic diseases to identify innovative and more cost-effective solutions to the disease
  - Further education of GPs on rheumatic diseases
  - Increasing the flexibility of patients' working environments by taking into account the beneficial impact of ergonomics adjustments
  - Establishing networks of support for patients
  - Fighting stigmatisation of RA patients

### **An Active Discussion**

Following the presentations, CNE Director Stephen Pollard moderated an active discussion, during which a number of key points were made including:

- RA and other rheumatic diseases have a significant negative impact on people in the workforce.
- Access to appropriate treatment can help prevent, reduce and contain RA-related productivity loss.
- Greater awareness of employers, flexibility of the workplace and adaptation of the workplace to those living with RA are key factors for keeping people with RA in the workforce.

