

Musculoskeletal health: a public health approach

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Good morning; welcome.

I would like to share with you five thoughts about musculoskeletal health.

First. This is a big problem.

In the 19th and 20th centuries, industrialised countries fought twin battles against pollution and poverty which made people die young. Dirty water and filthy air were gradually made clean; and nutrition and housing were immeasurably improved. With these changes came longer life. A child born today can expect to live longer than any child ever before.

Progress brings new challenges. As a society we are older than ever before. Living in a world of clean abundance, supported by modern medicine, we live on even as our bodies become weak. Abundance itself has become a threat: the twin menaces of obesity and physical inactivity are increasingly prevalent. These are the greatest threats to musculoskeletal health.

And musculoskeletal problems have now become a very big problem indeed. Ten million people in the United Kingdom live with painful conditions of their muscles, joints or bones. A quarter of those aged over 45, and a half of those aged over 75, live with painful arthritis. These conditions are the single largest cause of disability

both in this country and globally. In England, the National Health Service spends £5 billion each year on treating these conditions. One in five of us sees our doctor each year about a musculoskeletal problem. Over seven million working days are lost each year due to work-related musculoskeletal conditions – one third of the total figure.

In particular, here, we are talking about two groups of common conditions, both of which become more prevalent as we get older. There are painful, disabling conditions of musculoskeletal pain such as osteoarthritis and back pain. And then we have osteoporosis and fragility fractures where osteoporosis is the gradual weakening of bone, itself is silent and painless. Bones weak from osteoporosis easily break, so that a simple trip can result in the agony of a broken hip.

Together, these musculoskeletal conditions ruin millions of lives, causing pain, disability and misery. Musculoskeletal conditions are one of the greatest threats to the health of the public. Only a public health approach can tackle a problem this big.

Second. We know what we want.

We don't just want to live longer. We also want to live better. We want good musculoskeletal health.

Musculoskeletal health is more than just the absence of a specific musculoskeletal disease. Good musculoskeletal health means that the muscles, joints and bones work well together without pain. With good musculoskeletal health we can carry out the activities we want to with ease and without discomfort.



Several factors come together to produce musculoskeletal health. The joints and spine need to be both stable and supple to support the body and carry out a wide range of movements. Muscles need to be strong enough to provide the power to move. Bones need to be robust enough to withstand the normal knocks of everyday living without breaking. A healthy nervous system is needed to oversee all this activity, providing coordination and balance. What's more, all this should happen without pain, stiffness or fatigue.

When all is well, it is easy for us not to notice our own musculoskeletal health. But more than anything, it is musculoskeletal health that allows us to live independently. Being able to walk requires strength and coordination. Simple tasks like writing or eating need dexterity of the hands and wrists. Being able to reach up, or bend down, allows us to enjoy everyday activities like gardening, dancing, cooking and cleaning.

As well as enabling us to live our lives now, good musculoskeletal health also includes building the muscles, joints and bones that will continue to be healthy for many years ahead. Our perceptions of ageing are changing and we increasingly expect to lead active, pain free lives in our older years. For many people, this includes remaining part of the workforce. In our ageing society, it is more important than ever that all of us invest in our musculoskeletal health now so we can continue to enjoy it later in life.

So, we know what we want.



Third. We know more than we think.

Now we don't know everything about how to guarantee good musculoskeletal health, but we do know a lot.

At every age we can take steps to improve our musculoskeletal health. This begins in the womb, when the bones and joints are forming, and factors such as the mother's vitamin D may affect the child's bone health years on. In childhood we form good habits for life, and high impact activity - running, skipping, jumping - build bones that will last a lifetime. In adulthood physical inactivity and obesity are major threats: those who are obese are around four times more likely to develop osteoarthritis than those who are not. We spend much of our adult lives at work, many of us developing joint and back problems as a result. In older life, remaining active in simple ways – walking, taking the stairs - prevents pain and reduces the risk of falls and fractures. At every age, there is something we can do.

And at every stage, we can make a difference to our own musculoskeletal health. For people who have already developed arthritis, maintaining a healthy body weight, ensuring good nutrition and increasingly physical activity can dramatically reduce pain and disability. There is a deeply held – but misguided belief – that *nothing can be done*, and too many people still think the best thing to do for joint and back pain is to rest, when the opposite is true.

We know what works. At every age and at every stage. Physical activity works. Maintaining a healthy body weight works. We need to get these messages out there, and make it easier for people to live healthily.



Fourth: What gets measured gets done

Public health activity is underpinned by data. Numbers, facts, figures drive decisions, and help those designing and improving services prioritise and plan. But when it comes to musculoskeletal health, there are huge gaps in the data. Nationally and locally, there are no reliable figures for how many people have arthritis, or osteoporosis. There are millions of appointments in physiotherapy and rheumatology, but the National Health Service collects no data on the conditions that are being seen treated, or whether or not people are getting better as a result of their treatment.

People act on what they can see. Where there is a lack of data, what follows is a lack of attention. The first step to creating a public health response to arthritis is making sure that we have the basic information to understand the problem and develop the solution. What gets measured gets done. It's time to start measuring.

Fifth. The time to act is now.

By 1858 the Thames was overflowing with effluent, and Parliament soaked its curtains in lime to mask the smell. It took this Big Stink to produce the will for Bazalgette to build the sewers. It took the Great Smog peasouper of 1952 to persuade Parliament to pass the Clean Air act.

Right now, millions of people are living in pain, and it's a scandal. We are getting older, we are moving less, we are becoming more obese – a toxic mix that threatens to unleash an epidemic of arthritis. Something needs to change.

Tightening finances mean that we must re-examine the need for prevention - more than ever before. Moving public health into local government has created a renewed



energy to tackle the underlying causes of ill health. And there is a growing realisation that we can't simply go on as we are, investing little on health and spending fortunes on disease.

So the time for action is now. This is what we're asking for.

1. **Sort out the data.** Good policy begins with data, because you can't make decisions without accurate figures. Local and national health assessments need to include better data about musculoskeletal health, at every level.
2. **Always include arthritis in public health programmes.** To make a difference to people's lives, public health programmes addressing obesity and physical inactivity must consider the potential benefits of these programmes to people at risk of developing arthritis, and for people already living with the pain of arthritis.
3. **Inform ourselves and others.** All of us who care about public health need to let people with arthritis know that they can take steps to change their lifestyle to reduce their pain, in particular by being more physically active and maintaining a healthy body weight. The myth that rest is good for painful joints and backs is pernicious, and needs to be banished for good.

The problem is great, and growing. We want to be well, free from pain and enjoying the things we love throughout our lives. We don't know everything, but we know enough to act. And the time, now, has arrived to act.

