**INTRODUCTION**

The burden of chronic conditions can be measured in terms of the impact on health-related quality of life and/or mental health of the individual. This poster presents information on arthritis, quality of life and mental health obtained from population surveys.

**METHOD**

Data relating to health-related quality of life (SF-36) and chronic conditions were collected during the 2002 Health Omnibus Survey (HOS). HOS is an annual face-to-face survey conducted throughout South Australia. This annual representative population household interview study of South Australians aged 15 years and over obtained a response rate of 70.6% (n=3015). Data are clustered samples and weighted by age, gender, geographic location, and probability of selection in the household, to accurately reflect the South Australian adult population.

Information relating to the impact of arthritis on mental health was assessed using the Short Form-12 (SF-12) and the General Health Questionnaire (GHQ) during a Computer Assisted Telephone Interviewing (CATI) survey in 1997. The response rate was 74%.

**RESULTS**

In the 2002 HOS survey, self-reported prevalence of arthritis was 22.4%.

Lower mean SF-36 scores were found for people diagnosed with arthritis in each domain of the SF-36 (PF physical functioning, RP role physical, BP bodily pain, GH general health, VT vitality, SF social functioning, RE role emotional, MH mental health) particularly the physical domain (PF, RP, BP, GH). The age and sex adjusted means are presented in Figure 1. The mean score for each SF-36 domain was significantly lower for those with self-reported arthritis compared to those without (t-test, p<0.05).

The age and sex adjusted mean SF-36 scores for arthritis compared to other chronic conditions are in Figure 2. Respondents with arthritis alone or with arthritis and one or more of diabetes, asthma or chronic bronchitis rated lower in the physical dimensions of the SF-36 than those with none of the conditions, or with only asthma, chronic bronchitis or diabetes.

**CONCLUSION**

Arthritis has a significant effect on mental health and health-related quality of life and impacts on the ability to partake in physical, mental and emotional tasks. The impact on mental health was noted in all age groups but in particular in younger age groups, who may be less accepting of their functional limitations. Evaluation of these factors is an important part of health promotion and treatment of chronic musculoskeletal conditions.