

Table 9A.4.2: Hospital Discharges for Arthritis Conditions, by Sex, United States 2011

	Total Persons (in 000s)			Rate Per 100 Persons [1]		
	Male	Female	Total	Male	Female	Total
Hospitalizations for Arthritis and Other Rheumatic Conditions (AORC) Among Adults Age 18 and Older, 2011 [2]						
Osteoarthritis and allied disorders	1,140.1	2,020.9	3,161.1	1.0	1.7	1.3
Rheumatoid arthritis	134.6	407.5	542.2	0.1	0.1	0.2
Gout and other crystal arthropathies	577.3	296.2	873.4	0.5	0.2	0.4
Joint pain, effusion and other unspecified joint disorders	406.3	617.9	1,024.4	0.4	0.5	0.4
Spondylarthropathies	239.6	299.4	539.0	0.2	0.2	0.2
Fibromyalgia	48.0	400.8	448.8	< 0.1	0.3	0.2
Diffuse connective tissue disease (Sjögren's syndrome, SSC, SLE)	36.2	247.5	283.6	< 0.1	0.2	0.2
Carpal tunnel syndrome	*	*	39.3	*	*	*
Soft tissue disorders (excluding back)	348.2	327.4	675.5	0.3	0.3	0.3
Other specified rheumatic conditions	464.2	483.5	947.7	0.4	0.4	0.4
Total AORC Diagnoses	2,631.8	3,982.1	6,614.0	2.3	3.3	2.8
Hospitalizations, Length of Stay, and Average Patient Charges, 2011 [2]						
Osteoarthritis and allied disorders (number in 1,000s)	1,140.1	2,020.9	3,161.1			
Mean LOS (days)	4.5	4.7	4.6			
Mean hospital charges (in 000s) [3]	\$ 45.28	\$ 41.09	\$ 42.62			
Total hospital charges (in billions)	\$ 51.6	\$ 83.0	\$ 134.7			
Rheumatoid arthritis (number in 1,000s)	134.6	407.5	542.2			
Mean LOS (days)	5.2	5.2	5.2			
Mean hospital charges (in 000s) [3]	\$ 45.26	\$ 41.70	\$ 42.59			
Total hospital charges (in billions)	\$ 6.1	\$ 17.0	\$ 23.1			
Gout and other crystal arthropathies (number in 1,000s)	577.3	296.2	873.4			
Mean LOS (days)	5.4	5.5	5.4			
Mean hospital charges (in 000s) [3]	\$ 45.64	\$ 39.48	\$ 43.54			
Total hospital charges (in billions)	\$ 26.3	\$ 11.7	\$ 38.0			
Joint pain, effusion and other unspecified joint disorders (number in 1,000s)	406.3	617.9	1,024.2			
Mean LOS (days)	5.2	5.0	5.1			
Mean hospital charges (in 000s) [3]	\$ 41.16	\$ 36.26	\$ 38.55			
Total hospital charges (in billions)	\$ 16.7	\$ 22.4	\$ 39.5			
Spondylarthropathies (number in 1,000s)	239.6	299.4	539.0			
Mean LOS (days)	4.8	4.5	4.6			
Mean hospital charges (in 000s) [3]	\$ 58.33	\$ 50.49	\$ 53.98			
Total hospital charges (in billions)	\$ 14.0	\$ 15.1	\$ 29.1			
Fibromyalgia (number in 1,000s)	48.0	400.8	448.8			
Mean LOS (days)	5.1	4.5	4.6			
Mean hospital charges (in 000s) [3]	\$ 39.06	\$ 35.88	\$ 36.23			
Total hospital charges (in billions)	\$ 1.9	\$ 14.4	\$ 16.3			
Total AORC Diagnoses (number in 1,000s)	2,631.8	3,982.1	6,614.0			
Mean LOS (days)	5.2	4.9	5.0			
Mean hospital charges (in 000s) [3]	\$ 47.72	\$ 41.49	\$ 44.00			
Total hospital charges (in billions)	\$ 125.6	\$ 165.2	\$ 291.0			
Proportion Total Hospital Charges Attributed to AORC Hospital Stays						
	21%	25%	23%			

Table 9A.4.2: Hospital Discharges for Arthritis Conditions, by Sex, United States 2011**Inpatient Arthroplasty Procedures [2]**

	Total Procedures			% of Total Procedures		% of Total Procedures Performed All Discharges
	Male	Female	Total	Male	Female	
All Hip Replacement Procedures [4]	190,663	274,943	465,606	41%	59%	1.2%
Total Hip Replacement	135,018	170,756	305,774	44%	56%	0.8%
Partial Hip Replacement	30,487	74,975	105,462	29%	71%	0.3%
Revision Hip Replacement	21,521	29,004	50,525	43%	57%	0.1%
All Knee Replacement Procedures [5]	267,476	438,173	705,649	38%	62%	1.8%
Total Knee Replacement	241,892	401,840	643,732	38%	62%	1.7%
Revision Knee Replacement	25,878	36,682	62,560	41%	59%	0.2%
All Shoulder Replacement Procedures [6]	28,240	38,755	66,995	42%	58%	0.2%
All Other Joint Replacement Procedures [7]	8,973	10,380	19,353	46%	54%	< 0.1%
All Joint Replacement Procedures [8]	495,352	762,251	1,257,603	39%	61%	3.3%

* Estimates do not meet standards for reliability.

[1] Age-adjusted by direct method to US Census adult population estimate using 2000 U.S. Census estimates for the years 2010-2011, and 2010 U.S. Census estimates for 2012. Describes the relative population burden when comparing groups.

[2] **Source:** HCUP Nationwide Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP). 2011. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/nisoverview.jsp

[3] Average charges are based on individual record discharges. The fees included may vary from patient to patient, but generally include hospital room, supplies, medications, laboratory fees, and care staff, such as nurses. They generally do not include professional fees (doctors) and non-covered charges. In a small proportion of the discharge cases, professional fees (doctors) are not removed from total charges because the data source cannot provide the information. Emergency charges incurred prior to admission to the hospital may be included in total charges. Medicare requires a bundled bill for Medicare patients admitted to the hospital through the emergency department; other payers may or may not have similar requirements.

[4] Includes ICD-9-CM procedure codes for total, partial, revision, and hip repair procedures.

[5] Includes ICD-9-CM procedure codes for total, revision, and knee repair procedures.

[6] Includes ICD-9-CM procedure codes for primary and revision shoulder arthroplasty.

[7] Includes ICD-9-CM procedure codes spine, finger, wrist, hand, elbow, toe, foot, ankle, and lower extremity.

[8] Includes ICD-9-CM procedure codes for all above procedures and may include cases with multiple procedures.