

MUSCULOSKELETAL HEALTH KEY STATISTICS

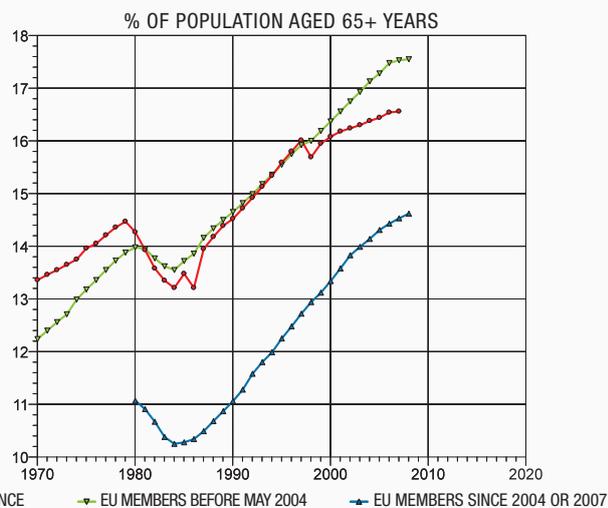
France

May 2011

Demographic information

Population size: **62,452,000**

% of population over 65: **16.5**



Source: WHO Health for All Database 2010

Societal and economic information

GDP (Per Capita US\$ PPP): **\$34,084 (\$30,388)**¹

Income / Wealth inequality (Gini coefficient): **29.8 (30.4)**

Unemployment levels (% of labour force): **9.1 (9.5)**

Population health

Life expectancy at birth: **Male 77.6 Female 84.3 (M 74.5, F 81.1)**

Life expectancy at age 65: **Male 18 Female 22.3 (M 16.0, F 19.7)**

% of adults 20yrs+ obese: **Male 16 Female 18 (M 15, F 16)**

% of regular daily smokers age 15yrs+ (2003): **25 (28)**

% of those who rarely or never do any exercise: **23 (24)**

Musculoskeletal health

Prevalence of self reported doctor diagnosed low back pain: **11.3%**

Prevalence of self reported doctor diagnosed neck pain: **6.2%**

Prevalence of self reported doctor diagnosed rheumatoid arthritis: **1.1%**

Prevalence of self reported doctor diagnosed osteoporosis: **1.9%**

Prevalence of osteoarthritis: **6.3%**

% of workers reporting backache attributed to work: **21.6% (29.6%)**

Age-standardized Disability Adjusted Life Years (DALYs) MSC per 100,000: **401 (473)**

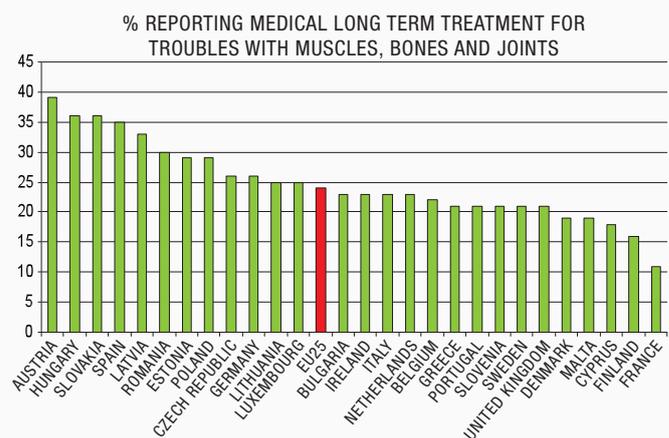
Age-standardized DALYs RA per 100,000: **82 (82)**

Age-standardized DALYs OA per 100,000: **198 (254)**

Potential years of life lost due to diseases of musculoskeletal system: **9 (Average 17 EUMS² 9)**

Deaths from diseases of musculoskeletal system per 100,000 population (standardised rates): **3 (Average 17 EUMS 2.6)**

Age adjusted mortality rates due to fall injuries per 100,000 among the elderly: **37.3 (51.6)**



Source Eurobarometer 2007

Health and social care system

- In France, the reimbursement of individual healthcare expenses involves a public portion, which is funded by the compulsory health insurance funds and a portion, which is covered by mutual benefit funds, welfare bodies and private insurance companies.
- In France, the public health insurance system funds around 75% of healthcare expenditure.
- Certain medical interventions, such as those relating to childbirth, to "long and costly" illnesses or accidents in the workplace, are reimbursed in full - the patient does not pay anything and the health insurance scheme refunds the healthcare professional. Patients also contribute to the funding of their healthcare through co-payments. The patient may cover all or part of the co-payment by taking out a top-up health insurance policy on an individual basis, or more usually through a work-related top-up healthcare policy.

• Driving musculoskeletal health for Europe

¹ Figures in bracket are EU average unless otherwise stated

² EUMS - European Member States

- Individuals have the right to choose their general practitioner, or to approach a specialist directly, and to choose the healthcare institution or medical service that best meets their requirements and preferences, both in the public and private sectors. Except for certain medical specialisations, patients are encouraged to consult their attending doctor first before going to see a specialist. The patient is free to go directly to the specialist, but his health insurance provider will then reimburse him at a lower rate than the usual rate.
- Work related accidents and illnesses are covered by the welfare system in the form of daily compensation payments. If they have a doctor certified medical leave of absence, the person receives a benefit, paid by the primary health insurance fund (CPAM), from the fourth day of the prescribed leave period. The additional payment is paid by the company or the welfare organisation that the insured person belongs to (10 unpaid days). The benefit guarantees 90% of an individual's daily remuneration. The amount paid is reassessed according to the length of the absence, to the number of dependent children and the nature of the disease. In the event of long-term illness, the payments may be made for a period of three years.
- Following an illness or an accident outside work, an insured person who is under 60 may receive an invalidity pension in order to compensate for physical and mental disabilities at work. There are a number of categories, depending on the level of handicap, and the amount of compensation varies between €260 and €2,500 per month.

Expenditure

Total national expenditure on health (% of GDP): **8.9 (8.4)**

Public expenditure on health (% of total health expenditure): **77.8 (73.5)**

Public social expenditure (%GDP): **29.2 (Average 15 EUMS 20.5)**

Expenditure on in-patient care per capita, US\$ PPP: **1377 (Average 19 EUMS 928)**

Expenditure on pharmaceuticals per capita, US\$ PPP: **607 (Average 21 EUMS 463)**

Provision of health services for MSC

What conditions are predominantly managed in primary care?

Regional musculoskeletal pain, back pain, soft tissue rheumatism, osteoarthritis

What conditions are predominantly managed by rheumatologists?

Connective tissue diseases, osteoarthritis, rheumatoid arthritis, lumbar and sciatica.

What conditions are predominantly managed by orthopaedics (non-operative)?

Strains, back pain, osteoarthritis

Are rheumatology services provided in the context of an integrated multiprofessional, multidisciplinary team?

Yes. The typical members of the team are rheumatology specialists, occupational therapists, physiotherapists, nurses and social workers.

Are physiotherapists independent practitioners?

79% of physiotherapists are independent practitioners

Health care for Musculoskeletal conditions

Rheumatology specialists (with specialist certificate) per 1000 inhabitants: **0.038**

2010 2,470 practising rheumatology specialists

Orthopaedic specialists (with specialist certificate) per 1000 inhabitants: **0.04**

2010 2,623 practising orthopaedic specialists

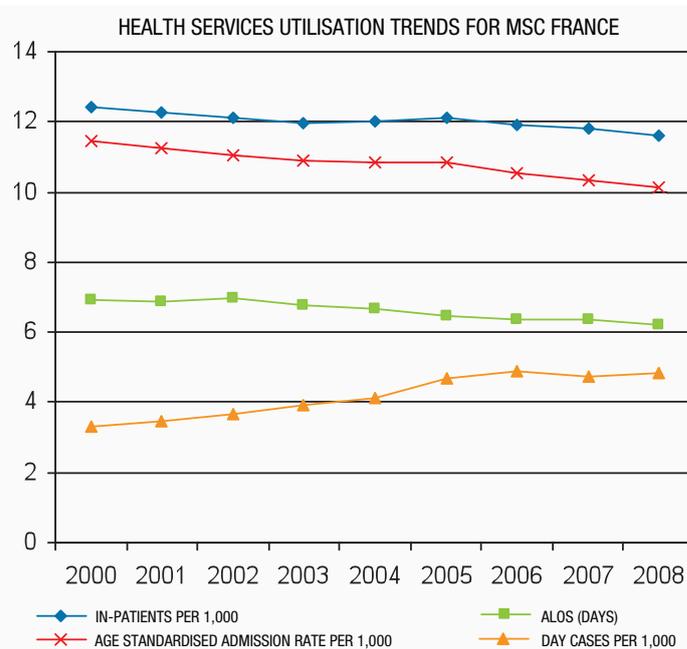
Rehabilitation specialists (with specialist certificate) per 1000 inhabitants: **0.027**

2010 1,779 practising rehabilitation specialists

No. of practising Occupational therapists: **6,951**

Hip replacement procedures per 100,000 population (in-patient 2007): **225.3 (Average 16 EUMS 174.7)**

Knee replacement procedures per 100,000 population (in-patient 2005): **113.2 (Average 13 EUMS 265.5)**



Patient groups

Please see EUMSC website (below) for details of French patient organisations.

Sources

For information on data sources and details of measures please go to the EUMUSC website: www.eumusc.net

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Disclaimer

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