

# MUSCULOSKELETAL HEALTH KEY STATISTICS

Ireland

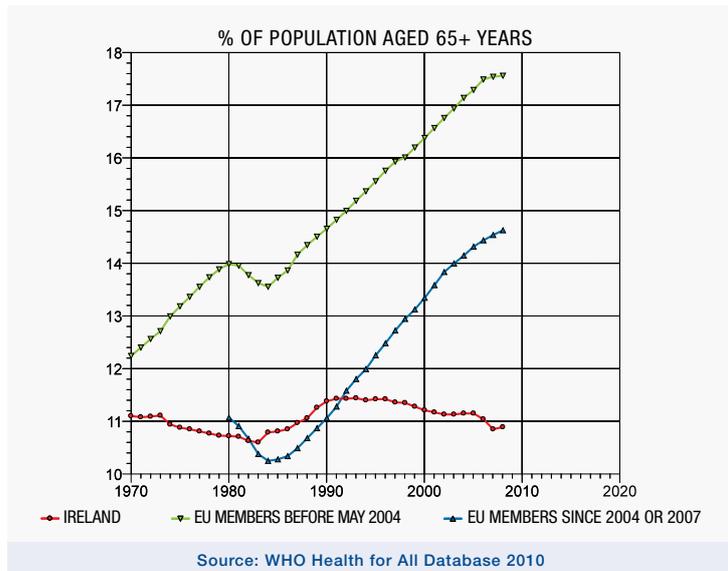


Aug 2011

## Demographic information

Population size: **4,515,000**

% of population over 65: **11.5**



## Societal and economic information

GDP (Per Capita in PPP): **\$42,143 (\$30,388)<sup>1</sup>**

Income / Wealth inequality (Gini coefficient): **28.8 (30.4)**

Unemployment levels (% of labour force): **12.2 (9.5)**

## Population health

Life expectancy at birth: **Male 77.0 Female 82.0 (M 74.5 F 81.1)**

Life expectancy at age 65: **Male 17.2 Female 20.4 (M 16.0 F 19.7)**

% of adults 20yrs+ obese: **Male 25.7 Female 23.3 (M 15.0 F 16.0)**

% of regular daily smokers age 15+yrs: **27 (26)**

% of those who rarely or never do any exercise: **15 (24)**

## Musculoskeletal health

Point prevalence of rheumatoid arthritis (RA): **0.49%**

Prevalence of self reported RA (diagnosed in past 12 months): **5.65%; Male 5.40% Female 5.80%**

Prevalence of self reported osteoarthritis (OA) (diagnosed in past 12 months): **5.08%; Male 3.10% Female 6.50%**

Prevalence of self reported low back pain (diagnosed in past 12 months): **12.63%; Male 11.8 % Female 13.2%**

% of workers reporting backache attributed to work: **14.5 (29.6)**

## • Driving musculoskeletal health for Europe

Age-standardized Disability Adjusted Life Years (DALYs) MSC per 100,000: **400 (473)**

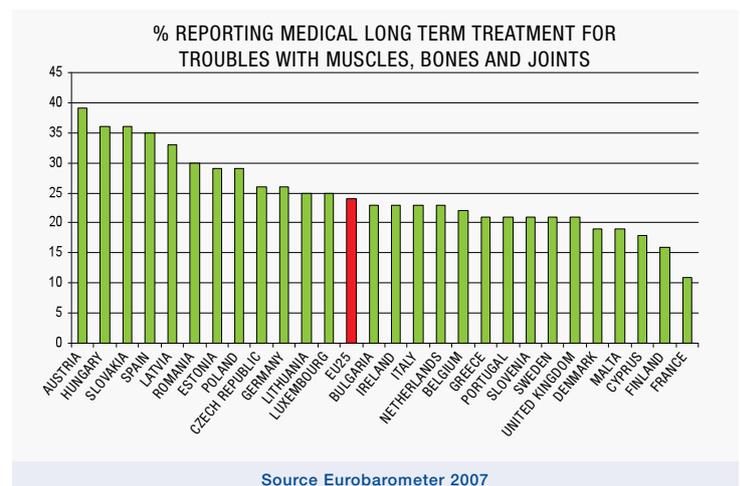
Age-standardized DALYs RA per 100,000: **84 (82)**

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

Potential years of life lost due to diseases of musculoskeletal system: **10 (Average 17 EUMS<sup>2</sup> 9)**

Deaths from diseases of musculoskeletal system per 100,000 population (standardised rates): **2.9 (Average 17 EUMS 2.6)**

Age adjusted mortality rates due to fall injuries per 100,000 among the elderly: **46.3 (51.6)**



## Health and social care system

- All residents are entitled to health care through the public health care system, which is managed by the Health Service Executive and funded by general taxation. Dependent on income, age, illness or disability people may pay a subsidised fee for certain health care received. The majority of patients on median incomes or above, are required to pay subsidised hospital charges.
- Those on low income, with certain long-term or severe illnesses are entitled to free hospital care, GP visits, dental, optical and aural services, prescription drugs and medical appliances. Those on slightly higher incomes are entitled to free GP visits. People over 70 years who are not entitled to the above receive an annual cash grant of Euro 400 up to a certain income.
- Approx. 68% of the population pay fees for certain health care services. Hospital charges (for inpatients) are a flat fee of Euro 100 per day up to a maximum of Euro 1000 in any twelve month period.

<sup>1</sup> Figures in bracket are EU average unless otherwise stated

<sup>2</sup> EUMS - European Member States

Specialist assessments and diagnostic assessments are provided for free. If a person cannot afford to pay hospital charges, the HSE will provide the services free of charge. Prescription drugs and medical appliances are available to all for free or at a reduced cost. Under the Drugs Payment Scheme every household pays a maximum of Euro 120 per calendar month for up to a maximum of one month's supply of prescribed drugs, medicines and medical appliances. Patients must have a referral from their GP to attend an Irish hospital except in an emergency.

- Jobseeker's Benefit is a weekly payment from the Department of Social Protection (DSP) to people who are out of work and are covered by social insurance. It is paid for a maximum of 12 months to people who have at least 260 paid contributions and for a maximum of 9 months to people who have less than 260 paid contributions.
- Disability allowance is a long term means tested benefit made to people aged 16 or over and under the age of 66. To qualify for this allowance the disability must be expected to last at least a year. The allowance is subject to medical suitability. The weekly rate of pay is Euro 197.80. Disablement Benefit is a payment for insured people who have lost physical or mental abilities as the result of an accident at work or directly on the way to work, or as the result of an occupational disease. Rates depend on level of disablement. Invalidity pension is a long-term payment made to insured people who are permanently incapable of work due to illness or disability. Invalidity Pension is payable for as long as the person is unable to work. At the age of 65, the personal rate of payment increases to the same rate as State Pension and at age 66 recipients are transferred to the State Pension.

### Expenditure

Total national expenditure on health (% of GDP): **8.7 (8.4)**  
 Public expenditure on health (% of total health expenditure): **76.9 (73.5)**  
 Public social expenditure (%GDP): **16.7 (Average 15 EUMS 20.5)**  
 Expenditure on in-patient Care per capita, US\$ PPP: **307 (Average 19 EUMS 928)**  
 Expenditure on pharmaceuticals per capita, US\$ PPP: **656 (Average 21 EUMS 463)**

### Provision of health services for MSC

**What conditions are predominantly managed in primary care?**

*OA, Regional musculoskeletal (MSK) pain, osteoporosis (OP), gout*

**What conditions are predominantly managed by rheumatologists?**

*Inflammatory arthritis, Connective tissue disease, vasculitis, juvenile arthritis, complex multi-joint OA, difficult crystal disease, severe OP*

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

*OA, regional MSK pain. Are recruiting 24 MSK advanced physiotherapy practice posts who will see patients ordinarily referred to orthopaedics or rheumatology with OA/regional MSK pain. They will assess, triage, refer on to orthopaedics/rheumatology if necessary, arrange physio treatment and discharge back to GP.*

**Are physiotherapists independent practitioners?**

*There are independent physio practitioners but the MSK physio posts will allow close working relationship between the physio and*

*the relevant orthopaedic/rheumatology doctor*

**Is there access to occupational therapists?**

*Limited in number but there are OTs in the community and more specialist posts in orthopaedic and rheumatology departments*

**Are there specialist nurses and what is their role?**

*Approx 15 Rheumatology CNS posts. Roles varied and are being defined more clearly.*

**Can patients be admitted for medical treatment of their musculoskeletal conditions?**

*Yes, with difficulty and usually through A&E. There are approx. 66 protected Rheumatology Rehabilitation beds.*

**Can patients be admitted for rehabilitation of their musculoskeletal condition or can intensive rehab be provided as an outpatient?**

*Both.*

### Health care for musculoskeletal conditions

No. of practising Rheumatology physicians per 100,000: **0.5**

No. of Trauma and Orthopaedic surgeons per 100,000: **3.0**

No. of Rehabilitation specialist (with specialist certificate) per 100,000: **No data available**

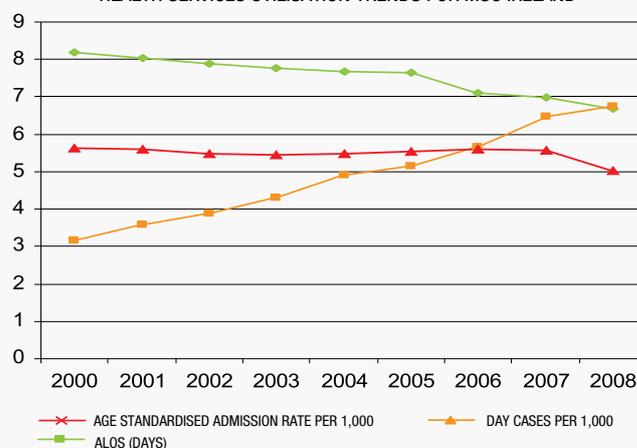
No. of practising Occupational therapists per 100,000: **22.1**

No. of practising Physiotherapists per 100,000: **47.1**

Hip replacement procedures per 100,000 population (in-patient 2007): **130.7 (Average 16 EUMS 174.7)**

Knee replacement procedures per 100,000 population (in-patient 2005): **44.2 (Average 13 EUMS 265.5)**

HEALTH SERVICES UTILISATION TRENDS FOR MSC IRELAND



Source: WHO European Hospital Morbidity data

### Patient groups

Please see EUMUSC website (below) for details of Irish patient organisations .

### Sources

For information on data sources and details of measures please go to the EUMUSC website: [www.eumusc.net](http://www.eumusc.net)

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### Disclaimer

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