Health Fact Sheets

Chronic Conditions, 2017



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Health Fact Sheets

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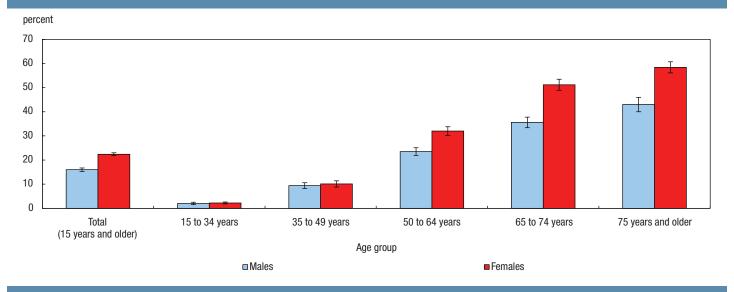
Chronic Conditions, 2017

Arthritis

In 2017, 19.3% of Canadians aged 15 and older (roughly 5.7 million people) reported that they had arthritis.¹² This proportion was lower than 2016 (20.6%).³

Females were more likely than males to report that they had arthritis. In 2017, the chronic condition was prevalent among 22.4% of females and 16.0% of males. Among both sexes, the percentage reporting arthritis increased with age, with the highest prevalence among those aged 75 and older (Chart 1).

Chart 1 Arthritis, by age group and sex, population aged 15 and older, Canada, 2017



Note: Population aged 15 and older who reported that they had been diagnosed by a health professional as having arthritis, excluding fibromyalgia.

Source: Canadian Community Health Survey, 2017.

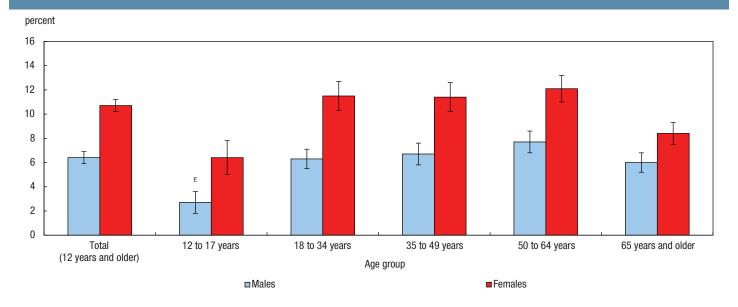
In 2017, life satisfaction was lower among those with arthritis. Of arthritis sufferers, 86.3% reported they were satisfied or very satisfied with life compared with 94.1% of those who did not have arthritis.

Mood disorders

In 2017, 8.6% of Canadians aged 12 and older (roughly 2.6 million people) reported that they had a mood disorder. Mood disorders include mental health conditions such as depression, bipolar disorder, mania or dysthymia but exclude anxiety disorders. This proportion remained consistent with 2016 (8.4%).

A lower percentage of males (6.4%) reported having a mood disorder compared to females (10.7%). Males and females aged 12 to 17 were least likely to report a mood disorder (4.5%). For those between the ages of 18 and 64, around 9% had a mood disorder (Chart 2).

Chart 2 Mood disorders, by age group and sex, population aged 12 and older, Canada, 2017



^E use with caution

Note: Population aged 12 and older who reported that they had been diagnosed by a health professional as having a mood disorder, such as depression, bipolar disorder, mania or dysthymia.

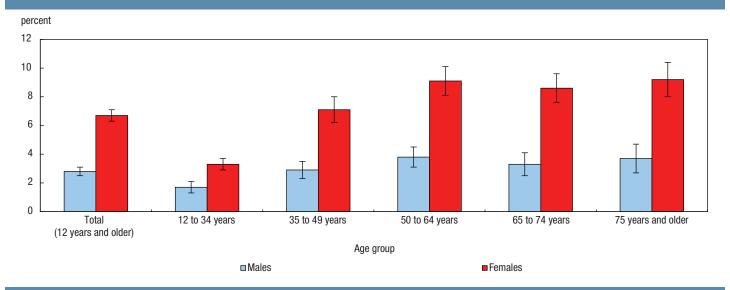
Source: Canadian Community Health Survey, 2017.

Research has shown that mood disorders frequently co-occur with other mental illnesses, such as anxiety disorders.⁴ In 2017, of those who reported being diagnosed with a mood disorder, 50.0% also reported being diagnosed with an anxiety disorder.

Bowel disorders

In 2017, 4.8% of Canadians aged 12 and older (roughly 1.5 million people) reported that they had a bowel disorder. A lower percentage of males (2.8%) reported having a bowel disorder compared to females (6.7%). Bowel disorders were least prevalent among Canadians aged 12 to 34 (2.5%), compared to other age groups (around 6%, Chart 3).

Chart 3 Bowel disorders, by age group and sex, population aged 12 and older, Canada, 2017



Note: Population aged 12 and older who reported that they had been diagnosed by a health professional as having a bowel disorder.

Source: Canadian Community Health Survey, 2017.

Life satisfaction was lower for those with a bowel disorder. In 2017, 84.5% of those with a bowel disorder reported being satisfied or very satisfied with life compared with 93.3% of those without the condition.

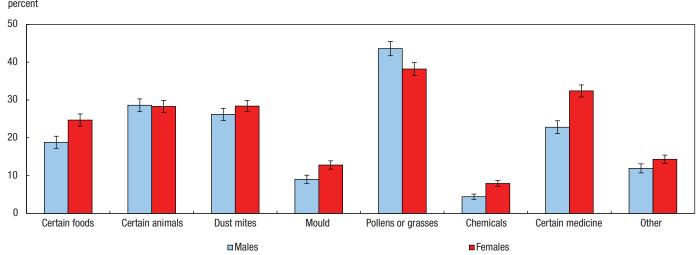
Allergies

In 2017, 27.3% of Canadians aged 12 and older (roughly 8.4 million people) reported having allergies that had been diagnosed as a result of allergy tests. Overall, females (28.9%) were more likely to report having allergies than males (25.6%). The percentage of females reporting allergies was lowest among those aged 12 to 17, while for males, the percentage was lowest among those aged 65 and older.

Canadians most commonly reported being allergic to pollens or grasses (40.7%), followed by certain animals (28.5%), dust mites (27.3%) and certain medications (28.0%, Chart 4). Among allergy sufferers, roughly 3.6 million people (42.8%) reported being allergic to multiple allergens.

Chart 4 Allergies, by type and sex, population aged 12 and older, Canada, 2017

percent



Notes: Population aged 12 and older who reported that they had been diagnosed by a health professional as having allergies. Respondents could have reported more than one type of allergy, so estimates are not exclusive within the population (they can add to more than 100%).

Source: Canadian Community Health Survey, 2017.

A history of allergies is a known risk factor for developing asthma.⁵ Among those diagnosed with allergies, 63.0% also reported having asthma.

About Chronic Conditions

The Canadian Community Health Survey includes questions on multiple chronic health conditions including arthritis, mood disorders, bowel disorders and allergies. Respondents are asked about conditions that are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.

- Arthritis describes many conditions that affect joints, the tissue surrounding joints, and other connective tissue. The most common types are osteoarthritis and rheumatoid arthritis. The resulting pain, stiffness, swelling and/or deformity of the joints can substantially reduce quality of life.⁶
- **Mood disorders**, such as depression, bipolar disorder, mania or dysthymia, can greatly affect the lives of those who have them. The impact of depression on job performance has been estimated to be greater than that of chronic conditions such as arthritis, hypertension, back problems or diabetes.⁷
- Bowel disorders describes many conditions that cause inflammation or dysregulation of the gastrointestinal (GI) tract. It includes inflammatory bowel disease (Crohn's disease and ulcerative colitis), irritable bowel syndrome and bowel incontinence. As a result of the symptoms produced by these disorders, quality of life is often reduced.⁸
- Allergies involve an abnormal or hypersensitive reaction of the immune system when it encounters certain substances (e.g. certain foods, certain animals, dust mites, etc.). The variety of symptoms produced can have an impact on quality of life and in the case of anaphylaxis can be life threatening. Most require long term management and are closely linked to asthma.⁹

References

- Chen, Y., H. Johansen, S. Thillaiampalam, and C. Sambell. 2005. <u>Asthma</u>. *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 16, no. 2. (accessed July 4, 2018).
- Crohn's and Colitis Foundation of Canada. 2012. <u>The Impact of Inflammatory Bowel Disease in Canada</u>. Final report and recommendations. (accessed July 12, 2018).
- Gilmour, H. and B. P. Scott. 2007. <u>Depression and work impairment</u>. *Health Reports*. Statistics Canada Catalogue no. 82-003 Vol. 18 no. 1. (accessed July 4, 2018).
- Orpana, H., L. Lemyre, and R. Gravel. 2009. <u>Income and psychological distress: The role of the social environment</u>. *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 20, no. 1. (accessed July 4, 2018).
- Pawankar R., GW. Canonica, ST. Holgate, RF. Lockey, and M. Blaiss. 2013. <u>The WAO White Book on Allergy (Update)</u>. World Allergy Organization. (accessed July 12, 2018).
- Pearson, C., T. Janz and J. Ali. 2013. Mental and substance use disorders in Canada. *Health at a Glance*. Statistics Canada Catalogue no. 82-624-X. (accessed July 12, 2018).
- Shields, M. 2006. Stress and depression in the employed population. *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 17 no. 4. (accessed July 4, 2018).
- The Arthritis Society. http://www.arthritis.ca (accessed July 4, 2018).
- Wilkins, K. 1999. Hormone replacement therapy and incident arthritis. *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 11, no. 2. (accessed July 4, 2018).

Wilkins, K. 2004. <u>Bipolar I disorder, social support and work</u>. *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 15. (accessed July 4, 2018).

Wilkins, K. 2004. <u>Incident arthritis in relation to excess weight</u>. *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 15, no. 1. (accessed July 4, 2018).

Data

Additional data from the Canadian Community Health Survey are available from table <u>13-10-0096-01</u>.

Notes

- 1. The arthritis data are based on a question in the Canadian Community Health Survey (CCHS) that asked respondents aged 15 and over if they had arthritis (for example osteoarthritis, rheumatoid arthritis, gout or any other type, excluding fibromyalgia).
- 2. Estimates in this article referring to the national average or Canada rate exclude the territories. This is because the coverage of CCHS in 2017 does not represent the entire population of the territories. Only half of the communities in the territories were visited in 2017, and the other half in 2018 so analyses based on the territories are only available for two year cycles of the CCHS (e.g. 2017-2018).
- 3. In this article when two estimates are said to be different this indicates that the difference was statistically significant at a 95% confidence level (p-value less than 5%).
- 4. Pearson, C., T. Janz and J. Ali. 2013. Mental and substance use disorders in Canada. *Health at a Glance*. Statistics Canada Catalogue no. 82-624-X. (accessed July 12, 2018).
- 5. Global Initiative for Asthma. 2018. <u>Global Strategy for Asthma Management and Prevention</u>. (accessed July 16, 2018).
- 6. The Arthritis Society. http://www.arthritis.ca (accessed July 4, 2018).
- 7. Gilmour, H. and B. P. Scott. 2007. <u>Depression and work impairment</u>. *Health Reports*. Statistics Canada Catalogue no. 82-003 Vol. 18 no. 1. (accessed July 4, 2018).
- 8. Crohn's and Colitis Foundation of Canada. 2012. <u>The Impact of Inflammatory Bowel Disease in Canada.</u> Final report and recommendations. (accessed July 12, 2018).
- 9. Pawankar R., GW. Canonica, ST. Holgate, RF. Lockey, and M. Blaiss. 2013. <u>The WAO White Book on Allergy (Update)</u>. World Allergy Organization. (accessed July 12, 2018).

For more information on the Canadian Community Health Survey, please contact Statistics Canada's Statistical Information Service (toll-free 1-800-263-1136; 613-951-8116; <u>STATCAN@canada.ca</u>).