

## P25

### THE AGING IN THE WORK RELATED DIAGNOSIS OF THE OSTEOARTHRITIS

*F. Massoni<sup>1</sup>, M. Barucca<sup>1</sup>, C. D'Annibale<sup>1</sup>, M. P. Tacconi<sup>1</sup>, B. Pimpinella<sup>1</sup>, A. Zaccheo<sup>1</sup>, S. Ricci<sup>2</sup>*

<sup>1</sup>INAIL, Italy

<sup>2</sup>University "Sapienza" of Rome, Italy

Osteoarthritis (OA) is a pathology with a multifactorial etiology and it is not possible to exclude an etiopathogenetic role of work (postures, etc.). When this role becomes prevalent with respect to that of other risk factors, we can speak of an occupational disease. The most important non-professional factor is aging.

The aim of this review is to analyze the literature about the association of osteoarthritis and aging to find useful elements for an occupational diagnosis of osteoarthritis.

Databases such as pubmed, scopus and web of science were used, keywords such as "age-related" or "aging" and "osteoarthritis" or "arthritis" or "musculoskeletal system" in Title/Abstract.

The prevalence of OA increases with age such that 30-50% of adults over the age of 65 have the condition. The prevalence reaches up to 80% in people over the age of 65 in high-income countries.

In the case of the knee, the prevalence increases with advancing age up to 61.1% in those aged  $\geq 60$  years. In a study of 480 adults over the age of 65 who reported chronic knee pain, approximately 50% had radiographic evidence of knee OA. Radiographic involvement of distal interphalangeal hand pain was present in more than half of men older than 65 years and more than half of women older than 55 years.

Aging must be taken into consideration in the differential diagnosis of OA in the event of an application for an occupational disease and the precocity of onset is a useful, even if not sufficient, criterion for a positive judgement.

#### References:

- Lawrence RC, Felson DT, Helmick CG, et al. Estimates of the prevalence of arthritis and other rheumatic conditions in the United States: Part II. *Arthritis Rheum.* 2008;58(1):26–35
- Fernandes L, et al. EULAR Recommendations for the Non-Pharmacological Core Management of Hip and Knee Osteoarthritis. *Ann Rheum Dis.* 2013. In: Arthritis Foundation. *Arthritis by the numbers*, 2019;v3;4100.17.10445
- Ho-Pham LT, Lai TQ, Mai LD, Doan MC, Pham HN, Nguyen TV. Prevalence of radiographic osteoarthritis of the knee and its relationship to self-reported pain. *PLoS One.* 2014;9(4):e94563.
- Miller ME, Rejeski WJ, Messier SP, et al. Modifiers of change in physical functioning in older adults with knee pain: the Observational Arthritis Study in Seniors (OASIS). *Arthritis Rheum.* 2001;45(4):331–339
- van Saase JL, van Romunde LK, Cats A, et al. Epidemiology of osteoarthritis: Zoetermeer survey. Comparison of radiological osteoarthritis in a Dutch population with that in 10 other populations. *Ann Rheum Dis.* 1989;48:271–280