



Collaborative white paper  
developed by Leger Healthcare  
& Arthritis Society Canada

# **Arthritis:** The Silent Drain on Canada's Economy

1

---

From Arthritis  
Society Canada

## 1. From Arthritis Society Canada

As Canada debates tariffs, trade wars, and the pressures of a slowing global economy, a deeper and more entrenched crisis is already here. Arthritis affects 6 million Canadians<sup>1</sup>, costing billions in lost productivity and healthcare expenses—undermining our workforce and competitiveness far longer than tariffs will.

*“Arthritis is the leading cause of disability in Canada<sup>1</sup>, costing our country an estimated \$33 billion<sup>2</sup> each year in healthcare expenses and lost productivity. Unlike tariffs, this burden doesn't appear in headlines or political debates. It grinds away daily, quietly reshaping the workforce and the economy. Relative to its scale, arthritis is neglected. Even within healthcare, other chronic conditions, like cancer, heart disease and diabetes, attract more attention, more funding, and more urgency. The result is fewer resources, less research, and workplaces unprepared for the number one cause of disability.”*

— **Trish Barbato**, President & CEO, Arthritis Society Canada

To explore this gap in awareness and urgency, Arthritis Society Canada partnered with Leger Healthcare. Ahead of World Arthritis Day on October 12, we set out to understand public perceptions of the burden of arthritis and to capture the lived experiences of people with the condition. **Using Leger's national LEO Panel, we surveyed 1,624 Canadians over the age of 18 between September 5 and September 8, 2025. The results reveal a striking gap between perception and reality.**

# 2

---

The toll of chronic  
disease

## 2. The toll of chronic disease

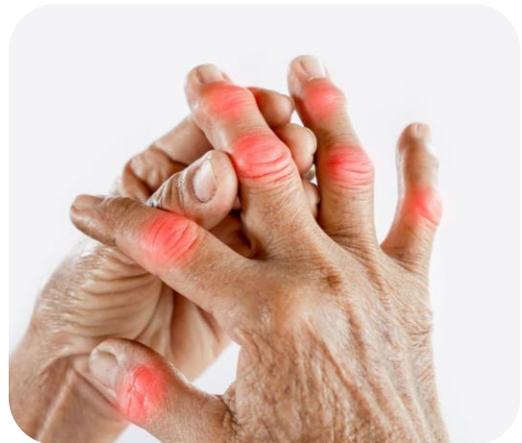
In Canada, arthritis is more common than diabetes, heart disease, cancer, stroke and dementia combined.<sup>1</sup> To provide context for respondents’ perceptions, we asked whether they had ever been diagnosed with a chronic condition by a doctor. This reflects lifetime diagnosis, not current prevalence. Nearly 60% of the 1,624 respondents reported being diagnosed with a chronic illness in their lifetime.

**Table 1:** Have you ever been diagnosed by a doctor with any of the following chronic conditions?

|                         | TOTAL | AGE   |       |     |
|-------------------------|-------|-------|-------|-----|
|                         |       | 18-34 | 35-54 | 55+ |
| <b>Anxiety</b>          | 22%   | 26%   | 27%   | 14% |
| <b>Depression</b>       | 17%   | 17%   | 21%   | 14% |
| <b>Hypertension</b>     | 16%   | 3%    | 12%   | 27% |
| <b>Arthritis</b>        | 15%   | 4%    | 10%   | 27% |
| <b>Asthma</b>           | 11%   | 11%   | 13%   | 10% |
| <b>Diabetes</b>         | 10%   | 3%    | 7%    | 16% |
| <b>Cancer</b>           | 8%    | 2%    | 5%    | 14% |
| <b>Heart conditions</b> | 5%    | 1%    | 1%    | 10% |
| <b>Other</b>            | 15%   | 9%    | 13%   | 20% |
| <b>None</b>             | 41%   | 57%   | 43%   | 29% |

Fifteen percent of respondents, or 245 individuals, were diagnosed with arthritis. There are over 100 types of arthritis, including *osteoarthritis*, a degenerative joint disease that leads to the breakdown of joint cartilage and the underlying bone, and *rheumatoid* arthritis, an autoimmune disease that attacks the protective lining of the joints. Because prevalence increases with age, it's a common misconception that arthritis is a disease that only affects older adults. The reality is that **half of Canadians with arthritis are under the age of 65** (47% in our sample).

In line with expectations, 62% of respondents with arthritis were diagnosed with osteoarthritis, compared to 20% with rheumatoid arthritis. The diagnosis of other forms of arthritis, such as gout, psoriatic arthritis, and ankylosing spondylitis, was much smaller; some respondents had more than one type of arthritis. Nearly one in 10 respondents didn't know what type of arthritis they had. This was especially true among men (18% didn't know) and those under the age of 35 (22% didn't know).



# 3

---

Perceptions of  
the leading cause  
of disability

### 3. Perceptions of the leading cause of disability

Three in five respondents know someone living with arthritis, yet it was not perceived as a leading cause of disability. Mental health conditions, cardiovascular disease, and cancer consistently ranked at the top, with arthritis appearing in 7<sup>th</sup> place overall. **Only 4% of respondents accurately identified arthritis as the leading cause of disability** (see Table 2).

Perceptions shifted, however, depending on respondents’ personal experience. **Those living with arthritis ranked it as the 3<sup>rd</sup> leading cause of disability.** Among respondents without arthritis, injuries and diabetes were ahead of arthritis as leading causes of disability.

There does not appear to be a correlation between diagnosis rates and perceptions of disability, aside from mental health conditions being ranked first. There does seem to be a correlation between the leading causes of death in Canada, which are cancer, heart disease, and accidents, according to Statistics Canada.

**Table 2:** What do you believe is the leading cause of disability in Canada (select one)

|                                     | Rank | Total | HAVE ARTHRITIS |     |
|-------------------------------------|------|-------|----------------|-----|
|                                     |      |       | Yes            | No  |
| <b>Mental health conditions</b>     | 1    | 25%   | 24%            | 25% |
| <b>Cardiovascular disease</b>       | 2    | 16%   | 20%            | 16% |
| <b>Cancer</b>                       | 3    | 16%   | 10%            | 17% |
| <b>Injuries / accidents</b>         | 4    | 13%   | 10%            | 13% |
| <b>Diabetes</b>                     | 5    | 8%    | 6%             | 8%  |
| <b>Neurological conditions*</b>     | 6    | 7%    | 6%             | 7%  |
| <b>Arthritis / joint conditions</b> | 7    | 4%    | 14%            | 3%  |
| <b>Respiratory conditions**</b>     | 8    | 3%    | 6%             | 2%  |
| <b>I’m not sure</b>                 |      | 8%    | 4%             | 9%  |

\*eg, MS, Parkinson’s

\*\*eg, Asthma, COPD

# 4

---

Perceptions  
of seriousness  
and impact

## 4. Perceptions of seriousness and impact

**Ninety-five percent of all respondents said arthritis is at least “somewhat serious”** (Table 3), **and 84% agreed it can affect a person’s ability to work** (Chart 1). Among respondents with arthritis, 40% rated it “very serious,” versus only 30% of those without the condition (Table 3). The invisibility and unpredictability of arthritis likely explain, at least in part, why 70% of respondents without the condition rated it only “somewhat serious” or “not serious”.

**The fact that so many Canadians consider arthritis less serious may explain why its role as a leading cause of disability is vastly underestimated.**

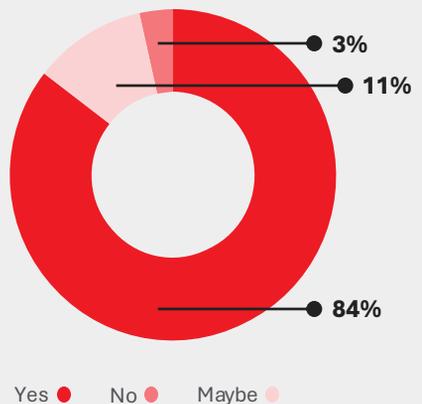
Diana Gazdar, 51, from Toronto, Ontario, would agree. An executive at a healthcare products supplier, she was diagnosed with rheumatoid arthritis after suffering unexplained pain during her first pregnancy almost two decades ago. The pain became so unbearable after the birth of her first child that she couldn’t lift her daughter to feed her. While she is open about her condition with colleagues and customers, she knows that they are seeing her on her best days and they can’t really understand the excruciating pain she is feeling during a flare-up. What they do know is that the pain makes it impossible for her to leave her office to attend meetings or, on her worst days, leave the house.

Now on the Board of Directors at Arthritis Society Canada, she would like to help build more awareness and empathy for those who “look fine” but are suffering in silence. She would like employers, researchers, media, and governments to understand that arthritis is so much more disabling than they realize and worthy of attention.

**Table 3:** How serious do you believe arthritis is as a health condition?

|                         | HAVE ARTHRITIS |     |     |
|-------------------------|----------------|-----|-----|
|                         | All            | Yes | No  |
| <b>Very serious</b>     | 32%            | 40% | 30% |
| <b>Somewhat serious</b> | 63%            | 57% | 64% |
| <b>Not serious</b>      | 5%             | 3%  | 6%  |

**Chart 1:** Do you believe arthritis can affect a person’s ability to work?



# 5

---

Actual impact  
at work

## 5. Actual impact at work

When asked whether arthritis had interfered with their ability to work—through sick days, reduced hours or even changing careers—just over half of all respondents with arthritis said it already had or they expected it would. The numbers were even more alarming among the subset of those with arthritis still active in the workforce.

Of the 245 respondents with arthritis in our sample, 56 were working for someone else, either full-time or part-time (“workforce”). Other respondents were either students, self-employed, unemployed, doing unpaid work, or retired. While the contributions of the latter are valuable, they were left out of our definition of the workforce given the nature of the questions associated with the impact of arthritis at work.

**Among those with arthritis in the workforce, 85% indicated arthritis either has limited their ability to perform their jobs or they anticipate it will** (Table 4). This is a productivity drag few are talking about. And given that the disease is chronic, its impacts are too.

**Table 4:** Has your arthritis ever affected your ability to perform your workplace duties\*?

|                                      | All Respondents with Arthritis | Respondents with Arthritis in Workforce |
|--------------------------------------|--------------------------------|---|
| <b>Yes</b>                           | 38%                            | 54%                                     |
| <b>No, but I anticipate it will</b>  | 14%                            | 31%                                     |
| <b>No, and I don't think it will</b> | 17%                            | 15%                                     |
| <b>Not applicable (N/A)</b>          | 31%                            | -                                       |
| <b>Total</b>                         | 100%                           | 100%                                    |

\*eg, sick days, reduced hours, altering work and/or leaving chosen field

Take the example of Jessica Taylor, a 27-year-old operating room nurse from London, Ontario who has suffered from severe pain from osteoarthritis in her ankle after a failed surgical procedure when she was a teenager. When she has a flare-up, her employer accommodates her so she can be off her feet, but she would much rather be where she is needed most: in the operating room and tending to her patients. Given the shortage of nurses in Canada [14](#), we need people like Jessica to be operating at full capacity.

Jessica is fortunate. Working in healthcare, she was comfortable telling her boss about her arthritis-related needs, and the hospital where she works has provided accommodations when necessary.

In our survey, 50% of respondents in the workforce living with arthritis were comfortable discussing their arthritis-related needs with their employer (Table 5). When asked how supportive their employer is of their arthritis-related needs, only 12% indicated “very supportive”.

**Twenty-four percent of those with arthritis in the workforce reported receiving accommodations, and only 1 in 5 reported leveraging benefits** (Table 5). It is not surprising then, that 65% of those with arthritis believed employers in Canada are not providing enough support for employees.

Arthritis directly undermines workforce participation, yet many workers face inadequate support and accommodations. Productivity losses are compounded by stigma and silence, with some people more comfortable leaving the workforce than asking for help.

**Table 5:** Experience in the workplace for respondents with arthritis in the workforce (n=56)

|   | Yes | No   | N/A |
|---|-----|------|-----|
| <b>Are you comfortable discussing your arthritis related needs with your employer or manager?</b> | 50% | 42%  | 8%  |
| <b>Has your employer provided accommodations to help with your arthritis-related needs?</b>       | 24% | 70%  | 6%  |
| <b>Have you accessed any workplace benefits for arthritis-related needs?</b>                      | 18% | 67%* | 15% |
| <b>In your opinion, do employers provide enough support for employees with arthritis?</b>         | 20% | 65%  | 15% |

\*37% said “No – but I anticipate I will” and 30% said “No – and I don’t anticipate I will”

# 6

---

The **economic**  
**burden** of arthritis  
vs. tariffs

## 6. The **economic burden** of arthritis vs. tariffs

The economic burden of arthritis is prolonged and recurring. It has flown under the radar for decades, quietly costing Canadians in healthcare expenditures and lost productivity.

By contrast, tariffs have dealt a sharp, painful, episodic hit. It is not surprising, then, that Canadians ranked tariffs as one of the biggest issues facing the country today, as reported in Leger's [September 2025 Economic Confidence report](#).

According to the latest Economic and Fiscal Monitor report from the Office of the Parliamentary Budget Officer published on June 19, 2025, **the government is predicting a deficit of \$46 billion**, or 1.5% of GDP<sup>iv</sup>. This is consistent with the Bank of Canada's estimate of the impact of tariffs on Canada's economy (also estimated at 1.5% of GDP)<sup>v</sup>.

The impact of arthritis is the opposite: it's structural, chronic, and compounding. Costing an estimated **\$33-billion annually today**<sup>iii</sup>, **it is expected to skyrocket as the number of people with arthritis grows from 6 million to 9 million by 2045**<sup>i</sup>. It erodes productivity and incomes every year, regardless of what Canada's trade partners are doing. With the right investments in research, workplace accommodations, and access to treatments, we can reduce disability, boost productivity, and strengthen families, communities, and the economy.



# 7

---

Moving forward

## 7. Moving forward

Canadians have shown an incredible willingness to cooperate for the greater good of the country in the face of threats from outside Canada's borders. Arthritis Society Canada can only imagine the impact of such a concerted effort spent on the threats to productivity from within. The data are clear: 85% of those in the workforce with arthritis expect the condition to affect their ability to work, if it hasn't already. Only 24% are receiving accommodations, and 65% say employer support is insufficient.

The government has an opportunity to increase funding for workplace accommodations programs and research to better diagnose, treat and prevent arthritis. Employers can educate their workforce on arthritis, ensure benefit plans are current for arthritis medication and supports and review improvements in accommodations. As the leading cause of disability, helping employees stay productive is good business. Finally, the media can help the public become both more compassionate towards people living with arthritis and more aware of the economic benefits of addressing the disease's burden.



# 8

---

8.1 Methodology

8.2 About Leger Healthcare

8.3 About Arthritis

## 8.1 Methodology

This web survey was conducted from September 5 to 8, 2025, with 1,624 Canadians aged 18 or older, randomly recruited from LEO's online panel. A margin of error cannot be associated with a non-probability sample in a panel survey. For comparison purposes, a probability sample of this size yields a margin of error no greater than  $\pm 2.50\%$  (19 times out of 20). With a sample of this size, the results can be considered accurate within this range. The margin of error varies for subgroups of the population: smaller sample sizes produce wider confidence intervals.

## 8.2 About Leger Healthcare

Leger Healthcare is the dedicated health division of Leger—the largest Canadian-owned market research and analytics firm. With offices across Canada and the U.S., our senior researchers bring therapeutic expertise and hands-on knowledge of every stage of the research cycle. Backed by two of the country's largest proprietary healthcare panels—LEO (500,000+ patients) and LEO Medical (35,000 healthcare professionals)—we design, execute, and analyze end-to-end studies that capture real-world perspectives from both patients and clinicians. The result is actionable insights that help organizations make smarter decisions, accelerate innovation, and improve outcomes. Learn more at [leger360.com/healthcare](https://leger360.com/healthcare).



## 8.3 About Arthritis Society Canada

Arthritis Society Canada represents the six million people in Canada living with arthritis today, and the millions more who are impacted or at risk. Fueled by the trust and support of our donors and volunteers, Arthritis Society Canada is fighting arthritis with research, advocacy, innovation, information and support. We are Canada's largest charitable funder of cutting-edge arthritis research. We will not give up our efforts until everyone is free from the agony of arthritis. Arthritis Society Canada is accredited under Imagine Canada's Standards Program. For more information, visit [arthritis.ca](https://arthritis.ca).



<sup>1</sup> Elizabeth M Badley, Jessica M Wilfong, Anthony V Perruccio for the Arthritis Community Research and Epidemiology Unit (ACREU). The Status of Arthritis in Canada: National Report. Prepared for Arthritis Society Canada (October 2023). Available upon request by contacting [mission@arthritis.ca](mailto:mission@arthritis.ca).

<sup>2</sup> Anthony V Perruccio, Melissa Cavallo, Calvin Yip, Jessica M Wilfong, Elizabeth M Badley for the Arthritis Community Research and Epidemiology Unit (ACREU). *Special Report: The Burden of Arthritis-Associated Disability in Canada*. Prepared for Arthritis Society Canada (February 2025). Available upon request by contacting [mission@arthritis.ca](mailto:mission@arthritis.ca).

<sup>3</sup> Arthritis Alliance of Canada. *The Impact of Arthritis in Canada: Today and Over the Next 30 Years*. 2011

<sup>4</sup> Registered Nurses' Association of Ontario. (2024, July 25). *CIHI data reveals critical nursing shortage in Ontario*. <https://mao.ca/news/media-releases/cihi-data-reveals-critical-nursing-shortage-in-ontario>

<sup>5</sup> Office of the Parliamentary Budget Officer. (2025, June 19). *Economic and fiscal monitor – June 2025*. <https://www.pbo-dph.ca/en/publications/RP-25-26-004-S--economic-fiscal-monitor-june-2025--revue-economique-financiere-juin-2025>

<sup>6</sup> Bank of Canada. (2025, July 30). *Monetary Policy Report—July 2025*. <https://www.bankofcanada.ca/wp-content/uploads/2025/07/mpr-2025-07-30.pdf>