

Table 9: Crude provincial prevalence estimates for arthritis algorithms, 2001/02 -2005/06

# Years	Algorithm	Arthritis (%)	RA (%)	OA (%)
1	1 1+ P	18.8	0.7	5.3
	2 2+ P	9.4	0.5	2.4
	3 1+ H or 2+ P	9.5	0.5	2.5
	4 1+ H or 2+ P or (1 P & 2+ Rx)	11.8	0.5	3.6
2	5 1+ P	29.2	1.0	8.6
	6 2+ P	16.7	0.6	4.5
	7 1+ H or 2+ P	16.9	0.7	4.6
	8 1+ H or 2+ P or (1 P & 2+ Rx)	20.4	0.7	6.5
3	9 1+ P	36.7	1.2	11.0
	10 2+ P	22.5	0.8	6.0
	11 1+ H or 2+ P	22.7	0.8	6.2
	12 1+ H or 2+ P or (1 P & 2+ Rx)	27.2	0.8	8.6
5	13 1+ P	47.6	1.6	14.5
	14 2+ P	31.8	1.0	8.3
	15 1+ H or 2+ P	32.0	1.0	8.6
	16 1+ H or 2+ P or (1 P & 2+ Rx)	37.7	1.1	11.9

Notes:

- * # Years = number of years of administrative data to which the case ascertainment algorithm was applied. For example, 1+P in one year identifies individuals as disease cases if they had one or more physician billing claims with the relevant diagnosis code(s) in a one-year period. The algorithm 1+H or 2+P in one year identifies individuals as disease cases if they had one or more hospitalization or two or more physician claims with the relevant diagnosis code(s) in a one-year period.
- * 1-year estimates are for 2005/06, 2-year estimates are for 2004/05 - 2005/06, 3-year estimates are for 2003/04 - 2005/06, 5-year estimates are for 2001/02 - 2005/06.
- * RA = Rheumatoid Arthritis; OA= Osteoarthritis; H = Hospital separation; P = Physician billing claim; Rx = Prescription drug record.

Source: Lix L, Yogendran M, Mann J. *Defining and Validating Chronic Diseases: An Administrative Data Approach. An Update with ICD-10-CA*. Winnipeg, MB: Manitoba Centre for Health Policy, November 2008.