

Health Fact Sheet

Chronic Conditions, 2016

Release date: September 27, 2017



Statistics
Canada

Statistique
Canada

Canada

How to obtain more information

For information about this product or the wide range of services and data available from Statistics Canada, visit our website, www.statcan.gc.ca.

You can also contact us by

email at STATCAN.infostats-infostats.STATCAN@canada.ca

telephone, from Monday to Friday, 8:30 a.m. to 4:30 p.m., at the following numbers:

- | | |
|---|----------------|
| • Statistical Information Service | 1-800-263-1136 |
| • National telecommunications device for the hearing impaired | 1-800-363-7629 |
| • Fax line | 1-514-283-9350 |

Depository Services Program

- | | |
|------------------|----------------|
| • Inquiries line | 1-800-635-7943 |
| • Fax line | 1-800-565-7757 |

Standards of service to the public

Statistics Canada is committed to serving its clients in a prompt, reliable and courteous manner. To this end, Statistics Canada has developed standards of service that its employees observe. To obtain a copy of these service standards, please contact Statistics Canada toll-free at 1-800-263-1136. The service standards are also published on www.statcan.gc.ca under “Contact us” > “Standards of service to the public.”

Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

Published by authority of the Minister responsible for Statistics Canada

© Minister of Industry, 2017

All rights reserved. Use of this publication is governed by the Statistics Canada [Open Licence Agreement](#).

An HTML version is also available.

Cette publication est aussi disponible en français.

Health Fact Sheets

Statistics Canada, Catalogue no.82-625-X

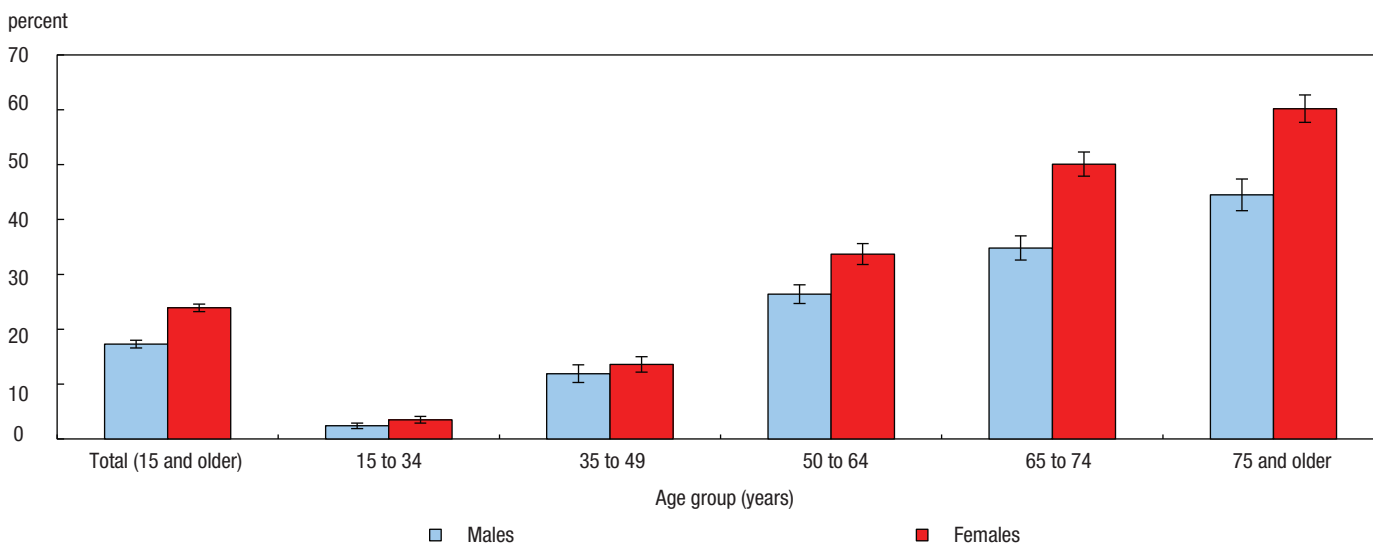
Chronic Conditions, 2016

Arthritis

In 2016, 20.6% of Canadians aged 15 and older (roughly 6.1 million people) reported that they had been diagnosed with arthritis by a health professional.^{1,2} This proportion remained consistent with 2015 (20.4%).³

In 2015 and 2016 females were more likely than males to report that they had arthritis. In 2016, the chronic condition was prevalent among 23.9% of females and 17.3% 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, household population aged 15 and older, Canada, 2016



Note: Population aged 15 and over who report that they have been diagnosed by a health professional as having arthritis, excluding fibromyalgia. 95% confidence intervals are denoted by vertical lines overlaid on the bars in this chart. They indicate the degree of variability in the estimates.

Source: Canadian Community Health Survey, 2016.

*

In 2016, life satisfaction was lower amongst those with arthritis. Of arthritis sufferers in 2016, 85.5% reported they were satisfied or very satisfied with life compared with 94.1% of those who did not have arthritis.

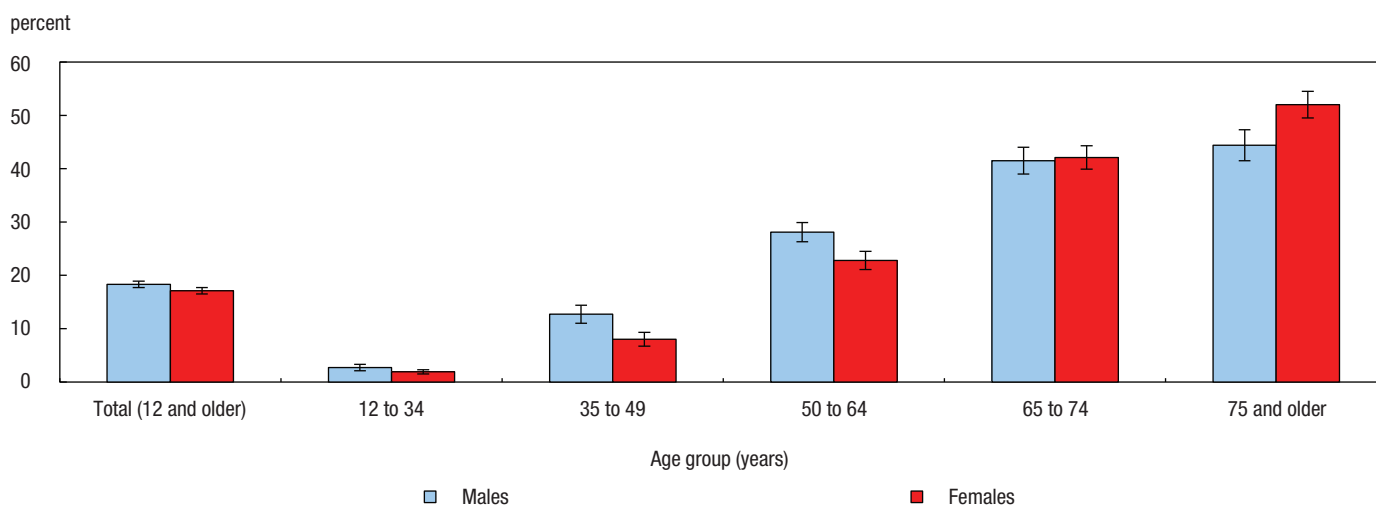
High blood pressure

In 2016, 17.7% of Canadians aged 12 and older (roughly 5.4 million people) reported that they had been diagnosed with high blood pressure.⁴ The proportion of males aged 12 and older who reported that they had been diagnosed with high blood pressure increased from 2015 (16.6%) to 2016 (18.3%). For females, there was no change between 2015 and 2016.

The percentage of males reporting high blood pressure increased with age until the 65 to 74 age group. There was no significant difference between males aged 65 to 74 and males aged 75 and older. The highest percentage of females reporting high blood pressure was among females aged 75 and older, with 52.0% of females within this age group reporting the condition.

The prevalence of high blood pressure was higher for males than females between the ages of 12 and 64, while after age 75 the reverse was true. Between the ages of 65 and 74, the proportion was similar for both sexes (Chart 2).

Chart 2 High blood pressure, by age group and sex, household population aged 12 and older, Canada, 2016



Note: Population aged 12 and over who report that they have been diagnosed by a health professional as having high blood pressure. 95% confidence intervals are denoted by vertical lines overlaid on the bars in this chart. They indicate the degree of variability in the estimates.

Source: Canadian Community Health Survey, 2016.

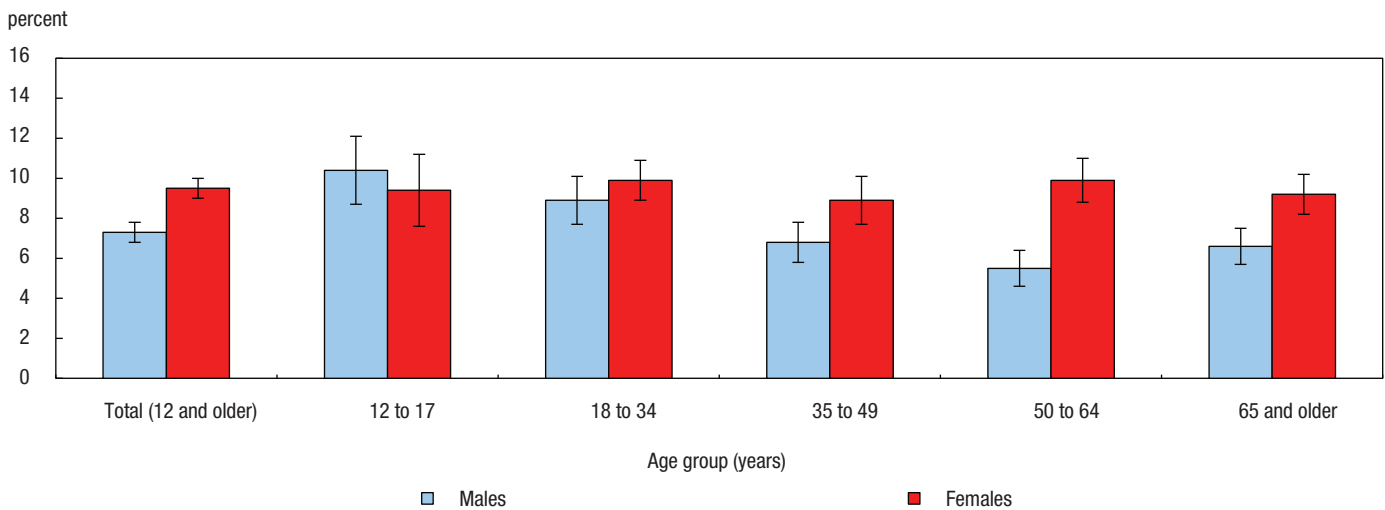
Obese⁵ Canadians aged 18 and over were almost three times as likely as those with a normal weight to have high blood pressure. Among adults within a normal weight range, 10.0% have high blood pressure, compared with 19.2% who were overweight and 29.8% who were obese.

Asthma

In 2016, 8.4% of Canadians aged 12 and older (roughly 2.6 million people) reported that they had been diagnosed with asthma by a health professional. The prevalence of Canadians aged 12 and older who reported that they had been diagnosed with asthma remained stable between 2015 and 2016.

Among the sexes, 9.5% of females and 7.3% of males reported that they had asthma. The prevalence of asthma was highest for males aged 12 to 17 and 18 to 34, while for females the prevalence was about the same across all age groups (Chart 3).

Chart 3 Asthma, by age group and sex, household population aged 12 and older, Canada, 2016



Note: Population aged 12 and over who report that they have been diagnosed by a health professional as having asthma. 95% confidence intervals are denoted by vertical lines overlaid on the bars in this chart. They indicate the degree of variability in the estimates.

Source: Canadian Community Health Survey, 2016.

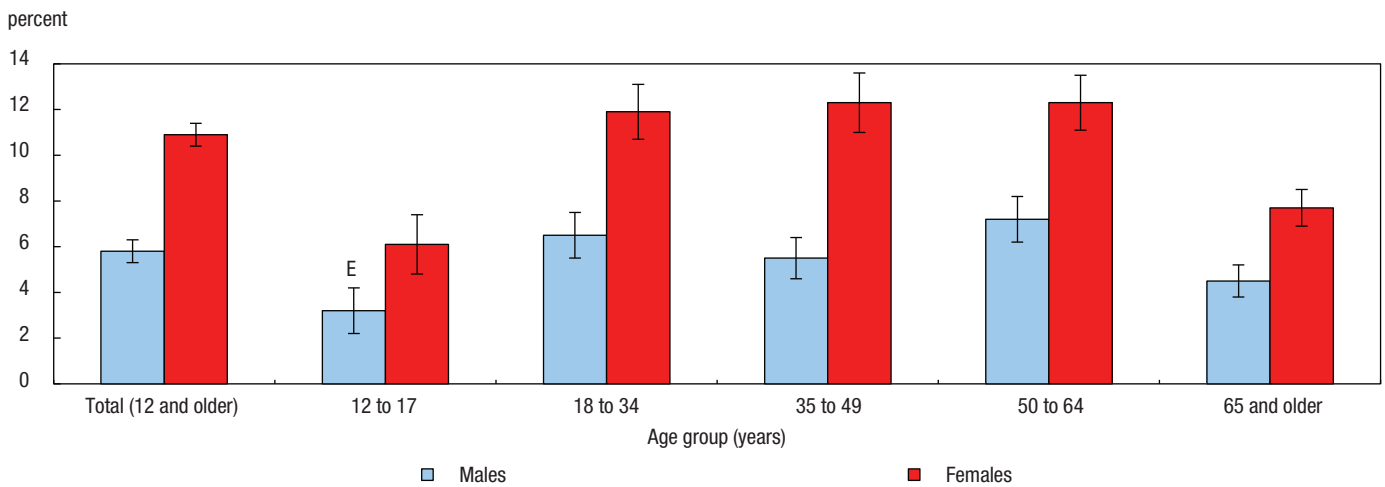
Of Canadians aged 12 and older living with asthma, 47.9% reported that they had asthma symptoms or an asthma attack in the previous 12 months. The proportion who have had an asthma attack was higher for females (53.8%) than for males (40.0%).

Mood disorders

In 2016, 8.4% of Canadians aged 12 and older (roughly 2.6 million people) reported that they had been diagnosed with a mood disorder by a health professional. The proportion of females aged 12 and older who reported that they had been diagnosed with a mood disorder increased from 2015 (9.9%) to 2016 (10.9%). For males, there was no change between 2015 and 2016.

In 2016, a lower percentage of males (5.8%) reported having a mood disorder compared to females (10.9%). Males and females aged 12 to 17 were least likely to report a mood disorder. (Chart 4).

Chart 4 Mood disorders, by age group and sex, household population aged 12 and older, Canada, 2016



^E use with caution (these data have a coefficient of variation between 15.1% and 35.0%)

Note: Population aged 12 and over who reported that they have been diagnosed by a health professional as having a mood disorder, such as depression, bipolar disorder, mania or dysthymia. 95% confidence intervals are denoted by vertical lines overlaid on the bars in this chart. They indicate the degree of variability in the estimates.

Source: Canadian Community Health Survey, 2016.

Among Canadians with a mood disorder, 46.9% said their ability to handle unexpected and difficult problems was fair or poor. Comparatively, of those without a mood disorder, only 16.1% said their ability was fair or poor.

About Chronic Conditions

The Canadian Community Health survey includes questions on multiple chronic health conditions including arthritis, asthma, high blood pressure and mood disorders. 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

Asthma is a chronic inflammatory disorder of the airways that causes coughing, shortness of breath, chest tightness and wheezing. Quality of life can be affected not only by asthma attacks, but also by absences from work and limitations in other activities.⁷

High blood pressure, also known as hypertension, increases the risk of stroke, heart attack and kidney failure. It can narrow and block arteries, as well as strain and weaken the body's organs.⁸

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 and diabetes.⁹

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 2016 does not represent the entire population of the territories. Only half of the communities in the territories were visited in 2015, and the other half in 2016 so analyses based on the territories is only available for two year cycles of the CCHS (e.g. 2015-2016).
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. The high blood pressure data are based on a question in the CCHS that asked if respondents had been diagnosed with high blood pressure by a health professional.
5. The classification as obese is based on respondent-reported height and weight, adjusted by correction factors to control for known bias, and Health Canada guidelines on body mass index (BMI). An obese individual is an adult aged 18 or older, not pregnant, with a BMI greater or equal to 30. The BMI range from 25 to less than 30 represents overweight individuals, and the range from 18.5 to less than 25 represents normal weight individuals.
6. In *The Arthritis Society*. <http://www.arthritis.ca> (accessed January 11, 2017).

7. Chen, Y., H. Johansen, S. Thillaiampalam, and C. Sambell. 2005, "Asthma". *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 16, no. 2. <http://www.statcan.gc.ca/studies-etudes/82-003/archive/2005/7790-eng.pdf> (accessed January 11, 2017)
8. Heart and Stroke Foundation. <http://www.heartandstroke.ca/> (accessed January 11, 2017).
9. Gilmour, H. and B. P. Scott. 2007. "Depression and work impairment". *Health Reports*. Statistics Canada Catalogue no. 82-003 Vol. 18 no. 1. <http://www.statcan.gc.ca/pub/82-003-x/2006001/article/9566-eng.htm> (accessed January 11, 2017)

References

- Chen, Y., H. Johansen, S. Thillaiampalam, and C. Sambell. 2005, "Asthma". *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 16, no. 2. <http://www.statcan.gc.ca/pub/82-003-x/2004002/article/7790-eng.pdf> (accessed January 11, 2017)
- Gilmour, H. and B. P. Scott. 2007. "Depression and work impairment". *Health Reports*. Statistics Canada Catalogue no. 82-003 Vol. 18 no. 1. <http://www.statcan.gc.ca/pub/82-003-x/2006001/article/9566-eng.htm> (accessed January 11, 2017)
- Heart and Stroke Foundation. <http://www.heartandstroke.ca> (accessed January 11, 2017).
- Johansen, H. 1999. "Living with heart disease—the working—age population". *Health Reports*. Statistics Canada, Catalogue no. 82-003. Vol. 10, no. 4. <http://www.statcan.gc.ca/pub/82-003-x/1998004/article/4508-eng.pdf> (accessed January 11, 2017)
- Johansen, H., M. Nargundkar, C. Nair, G. Taylor, and S. ElSaadany. 1997. "At risk of first or recurring heart disease". *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 9, no. 4. <http://www.statcan.gc.ca/pub/82-003-x/1997004/article/3683-eng.pdf> (accessed January 11, 2017)
- Orpana, H., L. Lemyre, and R. Gravel. 2009. "Income and psychological distress: The role of the social environment". *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 20, no. 1. <http://www.statcan.gc.ca/pub/82-003-x/2009001/article/10772-eng.htm> (accessed January 11, 2017)
- Shields, M. 2006. "Stress and depression in the employed population". *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 17 no. 4. <http://www.statcan.gc.ca/pub/82-003-x/2005004/article/9495-eng.pdf> (accessed January 11, 2017)
- The Arthritis Society. <http://www.arthritis.ca> (accessed January 11, 2017).
- Wilkins, K. 1999. "Hormone replacement therapy and incident arthritis". *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 11, no. 2. <http://www.statcan.gc.ca/pub/82-003-x/1999002/article/4735-eng.pdf> (Accessed January 11, 2017)
- Wilkins, K. 2004. "Bipolar I disorder, social support and work". *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 15. <http://www.statcan.gc.ca/pub/82-003-s/2004000/pdf/7443-eng.pdf> (accessed January 11, 2017)
- Wilkins, K. 2004. "Incident arthritis in relation to excess weight". *Health Reports*. Statistics Canada Catalogue no. 82-003. Vol. 15, no. 1. <http://www.statcan.gc.ca/pub/82-003-x/2003001/article/6764-eng.pdf> (accessed January 11, 2017)

Wilkins, K., N.R.C. Campbell, and M.R. Joffres. 2010. "Blood pressure in Canadian adults". *Health Reports*. Statistics Canada Catalogue no. 82-003 Vol. 21, no. 1. <http://www.statcan.gc.ca/pub/82-003-x/2010001/article/11118-eng.htm> (accessed January 11, 2017)

Data

Additional data from the Canadian Community Health Survey are available from CANSIM table 105-0508 <http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1050508>.

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; STATCAN.infostats-infostats.STATCAN@canada.ca).