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There is increasing prevalence of people with long term conditions within the UK population (Department of Health, 2012). Long term conditions are chronic diseases which cannot be cured however can be managed by medication and other treatments (The Kings Fund, 2017). Treatments given to patients' for long term conditions seem to be more effective when their focus is on promoting overall wellbeing and functional independence, instead of solely focusing on treating medical symptoms (The Kings Fund, 2013). Therefore, this essay will discuss the impact of living with a long term condition. The chosen condition for this essay is Arthritis as approximately ten million people in the UK have this condition (NHS, 2016). Specific reference will be given to the most common form of Arthritis, Osteoarthritis (NHS, 2016). The physical, social and psychological impact of Arthritis will be discussed. Furthermore, the essay will explore further complications of this condition. The initial impact of Osteoarthritis on an affected joint is the degeneration of the cartilage lining. As joint cartilage allows bones to glide over each other, degenerated cartilage causes the joint to have difficulty in performing its usual movements (NHS, 2016). Also, as the cartilage of the affected joint gradually thins out, the tendons and ligaments of the joint have to work harder to create movement which results in joint inflammation and the formation of Osteophytes. This eventually results in the bones of the affected joint rubbing against each other (NIH, 2016); hence patients of Osteoarthritis often report pain as a major issue. However, the intensity of pain experienced by patients' varies and it is influenced by a variety of factors including medical conditions, age, psychosocial factors and physical changes, including which joint is affected by the condition (Arthritis Foundation, 2016 and Backman, 2006). This is reflected in the pain experience shared by patients' of Knee Osteoarthritis who often report pain as intermittent weight bearing pain which later changes into a more persistent pain (Neogi, 2013). Knee Osteoarthritis can severely impact the physical ability of patients. This includes difficulty in walking and climbing stairs (Motiwala et al, 2016). As physical activity maintains the mobility of the joint, limited movement or maintaining the same position for prolonged periods of time can cause joint stiffness (Kalunian, 2014 and NIAMS, 2016). Joint stiffness can cause the individual to take longer to perform their daily living activities, such as getting out of their bed in the morning. It can be difficult for an Osteoarthritis patient to manage the conflicting demands of staying mobile whilst experiencing pain. The impact of limited movement significantly affects all the dimensions of Health-Related Quality of Life, including a possible impact on the emotional and mental health of the patient. Hence, improvements in emotional and mental health were recognised in patients' who had undergone a successful total knee arthroplasty operation and were no longer faced by the barriers of Knee Osteoarthritis (Fernandez-Cuadros, 2016). Similarly, limited movement can influence the individual's involvement in society such as not being able to physically attend or perform leisure and social activities (Vaughan, 2016). Limitations may include events which are important to their happiness and wellbeing such as participating in religious programmes (Aghdam et al, 2013). This can influence the individual's self-esteem and self-image (Sheehy et al, 2006) and possibly cause the individual to experience negative emotional states of depression and anxiety (Murphy et al, 2012). Despite a lack of research having been conducted on the psycho-social consequences of Osteoarthritis, it seems like ageing adults may be at higher risk of developing depression and they may also be more likely to experience a higher intensity of pain in comparison to those who are not depressed (DziechciaA et al, 2013). A patient suffering from co-morbidities such as chronic depression and a form of arthritis is more likely to have worse health outcomes than their counterparts who suffer from only one condition (Maragaretten et al, 2011). If the chronic depression of the individual is diagnosed, they are also likely to be subject to more interventions such as anti-depressants as well as pain management medication. This puts the individual at increased risk of adverse effects of medication (EUMUSC, 2013). Employed individuals with Osteoarthritis need to ensure that their abilities balance the external environmental factors of their workplace. This will more likely allow the individual to work and manage their symptoms in comparison to an unfavourable situation which may cause an individual's symptoms to further deteriorate (Hubertsson, 2015). Most individuals with Osteoarthritis continue to suffer with pain throughout their life and over time their function decreases (Saulescu, 2016). This can result in them being unable to work due to very poor mobility. Hence, unemployment can cause financial distress and complications for the individual. Also, they may require support and care from others. Often, care is provided informally by relations and a formal care plan is usually not in place (Barker et al, 2016). Despite, this care being beneficial to the individual with Osteoarthritis, it can negatively create stress and impact upon the lives of carers. Current research still has not successfully identified why the pain experienced by Osteoarthritis patients is extensively varied (University of Manchester, 2014). Therefore, the impact of living with Osteoarthritis can differ incredibly amongst sufferers. This is reflected in a study which analysed pain experienced by depressed and non-depressed women with fibromyalgia and/or Osteoarthritis. The study suggested that depression did not change the pain experienced, however depressed women recovered only when they experienced positive moods in comparison to their counterparts who recovered in both positive and negative moods (Davis et al, 2014). Hence, exploring the impact of Osteoarthritis on the psychological wellbeing of a patient can be extremely important in managing the condition. This can

encourage the individual to form truer attitudes towards their functional capability and gain a better understanding of the disease (Purdy et al, 2014). Osteoarthritis patients' may choose to access psychological therapies such as talking therapies to support them with managing depression (NHS, 2015 and Arthritis Research UK, 2016). Symptoms of anxiety and sleep disturbances have also been reported by patients' (Harris et al, 2012 and Busija et al, 2013). Sleep disturbances have been associated with pain and depression amongst patients with knee Osteoarthritis (Parmelee, 2015). Patients experiencing high levels of pain are more likely to have sleep disturbances, hence putting them at higher risk of developing depression. Long term sleep deprivation can also impact the bodily immunity an individual has, hence putting them at higher risk of developing infections (Ibarra-Coronado et al, 2015). Furthermore, recent research suggests that sleep deprivation can trigger immune system abnormalities, hence possibly causing autoimmune disease (Sangle et al, 2015). Therefore, the impact of Osteoarthritis can lead to further complications on the health and wellbeing of the individual.

Possible complications of Osteoarthritis include developing Gout (Arthritis Research UK, 2016). Gout can be an extremely painful disease due to the sudden pain attacks the individual experiences (NHS, 2015). The management of Gout includes lifestyle changes i.e dietary changes to prevent further attacks from the condition. Hence, an individual suffering from Osteoarthritis and Gout has the difficulty of managing their pain as well as making specific lifestyle changes.

Maintaining a healthy weight is important for the management of both conditions and beneficial to the overall health and wellbeing of the patient. Arthritis generally seems to be more prevalent in individuals with limited physical activity or who are obese (Furner et al, 2011). Hence, overweight patients with Osteoarthritis need to lose weight to reduce the stress on weight-bearing joints to promote mobility and reduce the risk of developing further health problems (NIAMS, 2016). However, maintaining a healthy weight can be extremely difficult for an individual who is suffering from pain, depression, anxiety and sleep disturbances as their physical limitations and emotional state may act as a barrier. Osteoarthritis is also a leading cause of disability worldwide. Patients of Osteoarthritis are at an increased risk of mortality due to the risk of developing comorbidities (EUMUSC, 2013).

To summarise, the impact of living with Osteoarthritis varies amongst sufferers. Due to Osteoarthritis being a progressive disease all individuals suffer from the degeneration of the cartilage lining, which can cause physical changes such as the rubbing of bones and osteophytes. The impacts of these physical changes are joint inflammation and stiffness, which predominantly determine the severity of pain experienced by the individual and their ability to function. Individuals often face limitations in the daily living activities they can perform. The pain experienced by individuals varies and it is dependent on a variety of factors including age.

However, further research is needed on why some individuals experience greater pain than others. Osteoarthritis can also have psycho-social impact on the individual; sleep disturbances, depression and anxiety. Sleep disturbances can negatively impact the immune system making the individual more vulnerable to developing infections. There is a strong association between depression and arthritis; hence individuals suffering from both are more likely have worse health outcomes. Osteoarthritis can also be the cause of further complications such as Gout.

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Discuss the impact of living with a long term condition