

# Women's Experience of Chronic Diseases

A wide range of chronic conditions can affect a woman across her lifespan. Although women may live longer than men, they experience earlier morbidity and utilize health services at higher rates than men. National Health Interview Survey (NHIS) data reveal that as women progress from adolescence through the childbearing years to menopause, the incidence and prevalence of chronic conditions rise.<sup>1</sup> Asthma, diabetes, hypertension, and thyroid disorders are among the most frequent chronic conditions which limit activity in women of childbearing age.

## Common Chronic Conditions in Women < 65 years<sup>1</sup>

Chronic Condition	Incidence per 1,000 (%)	Limitation of Activity*(%)	Hospitalizations per year*
Asthma	48.0	22.2	21.7
Hypertension	47.4	11.7	8.3
Diabetes	13.4	35.7	27.0
Thyroid Disorders (excluding goiter)	15.3	6.9	12.8

\*Among women with the condition.

The burden of chronic diseases falls disproportionately on two overlapping subpopulations of women: poor women and minority women. In a study of low-income African-American women of childbearing age, more than 25 percent of women reported a chronic illness (i.e. diabetes, hypertension, asthma, or any other condition requiring routine therapy with medication).<sup>2</sup>

## Racial Comparison<sup>3</sup>

Chronic Disease	Rates per 1,000 women	
	African-American	Caucasian
Asthma	56.3	48.4
Hypertension	52.4	30.1
Diabetes	8.8	7.6

Women in general use a variety of providers to meet their health care needs. Over one-third of U.S. adult women use both an obstetrician-gynecologist and another primary care physician for their regular health care needs,<sup>4</sup> highlighting the need for coordinated care. Although a higher percentage of women rely on a single provider, such as a family practitioner, internist, or obstetrician-gynecologist for regular care,<sup>4</sup> women with chronic conditions are likely to see specialists for services in addition to their regular care.

## Number of selected chronic conditions per 1,000 women, United States, 1994<sup>5</sup>

Chronic Condition	< 45 years	45 to 64 years
Asthma	57.1	32.3
Hypertension	31.9	220.0
Diabetes	7.3	63.3
Thyroid disorders (including goiter)	2.4	7.8

## Predictors of Chronic Disease

For each of the chronic diseases represented, a unique set of predictors for disease can be identified. However, each factor can contribute to multiple chronic diseases:

- nutrition—both the components (food groups) and total calories can have a large impact on risk for several chronic conditions;<sup>6-8</sup>
- smoking—a well-documented, significant contributor to poor health;<sup>9,10</sup>
- physical activity—low levels may influence the risk for obesity and compromise heart and lung function, all of which may predispose a woman to diabetes mellitus and hypertension;<sup>11-17</sup>
- stress—may influence the health of those women who are already experiencing some form of chronic diseases.<sup>18</sup>

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## Consequences

In 1994, 10 percent of women ages 15-44 reported at least some limitation of activity due to chronic conditions.<sup>1</sup> These limitations, as well as the demands entailed by effective self-management of a chronic disease, may have profound consequences on family functioning and on the quality of women's lives.

Recent trends indicate more women are postponing childbearing into their late 30's and 40's. The increase in the prevalence of chronic diseases in older age both highlights and heightens the importance of addressing chronic diseases throughout a woman's lifespan, but especially during pregnancy.

Chronic diseases have the potential to adversely affect pregnancy outcomes due to complications of untreated disease or even to treatment itself.<sup>19</sup> Furthermore, unlike an acute exposure, a chronic disease can affect a woman from the time of conception until the time of delivery.<sup>20</sup> Pregnancy may also affect the chronic condition, although adverse effects are not consistently observed. The stage of pregnancy may play a role with differing effects and differing levels of adherence to medical regimens at different points in the pregnancy.

## Interventions

Health education and awareness initiatives can be used to prevent the onset of chronic diseases and minimize their negative sequelae. Providers have the opportunity to screen and teach their patients about appropriate health behaviors in addition to prescribing appropriate disease management regimens. Provider-patient encounters, whether for well-woman care, preconception care, prenatal care or acute or other types of health care visits, represent "teachable moments" that providers can capture to improve the health of their patients.

Screening for chronic conditions must be part of the package of routine prenatal care services. Chronic diseases are often asymptomatic, and many women, particularly poor and minority women, have had little contact with the health care system prior to pregnancy.

## Issues for Policy, Practice and Research\*

- Women's multiple roles and limited time for self-care present a challenge for promoting protective health behaviors and the practice of complex therapeutic regimens.
- Well-woman care and family planning represent prime opportunities to institute routine screening for chronic conditions.
- Women often see a variety of providers for different health care needs. Health care providers must assume an active role in coordinating care received by multiple providers. Effective coordination of medical care is a key issue for all women, but particularly for women with chronic disease.
- Women may become more health conscious during pregnancy and may therefore be more receptive to health education messages regarding self-care for chronic diseases. Prenatal care may also be an important bridge to a relationship with another health care professional who can provide ongoing care for the woman's chronic condition after pregnancy. Women who experience adverse pregnancy outcomes may be at particularly high risk of experiencing problems related to a chronic condition and should be targeted for follow-up.<sup>21</sup>
- Effective regionalization of perinatal care is critical for women with chronic medical conditions and must include ongoing risk assessment to facilitate referral to the appropriate level of services. Economic and other disincentives to refer mothers to specialty care must be addressed.
- Current strategies aimed at improving pregnancy outcomes in this population may need to be broadened to include an emphasis on preconceptional health.

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\* Given the formative nature of our research on this topic, this material does not reflect an exhaustive list of potential issues of concern. Rather, the material below reflects selected preliminary ideas generated to stimulate dialogue and further study. In addition, certain issues may have been intentionally omitted from this section in favor of their incorporation in other materials prepared as part of a broader initiative to review the state of the field of perinatal and women's health.

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- Little is known about gender differences in the effects of therapeutic regimens for chronic diseases. More research is also needed on treatment issues specific to women, such as changes in efficacy at various points in the menstrual cycle.
- Further research is needed on chronic diseases as predictors of pregnancy outcomes, including how other factors (e.g., health behaviors or acute complications of pregnancy) may modify the effect of chronic diseases.
- Most studies of the effects of chronic conditions on pregnancy focus on women under the care of physicians with specialty training in a particular chronic disease or in high-risk obstetrics. Future research studies should be generalizable to women receiving standard medical care, whose pregnancy outcomes may bear little resemblance to those of women under specialty care.

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Copies of this and the additional Issue Summaries listed below can be accessed by contacting: National Maternal and Child Health Clearinghouse at 703/356-1964.

- 1 The Social Context of Women's Health**
- 2 Women's Reproductive Health and Their Overall Well-being**
- 3 Women's Experience of Chronic Disease**
- 4 Depression in Women**
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