



Women With Heart Disease And Diabetes Less Likely To Receive Proper Care

Women with heart disease and diabetes are less likely to receive several types of routine outpatient medical care than men who have similar health problems, according to a RAND Corporation study.

While previous research has shown that women less frequently receive expensive medical care such as angioplasty for heart disease, few studies have evaluated gender disparities in managed care settings.

All the patients in the RAND Health study had either private insurance or were enrolled in Medicare managed care plans, had been diagnosed with heart disease and/or diabetes, and had visited health providers to receive care.

Chloe Bird, the study's lead author and a sociologist at RAND said that, "sound that the routine medical care received by women for their heart disease and diabetes was not as good as the care received by men," said, a nonprofit research organization. "These are low-cost treatments that can forestall serious health problems in the future -- and women with diabetes and heart disease are not receiving them as often as men with similar problems."

Researchers studied more than 50,000 men and women and examined 11 different screening tests, treatments or measurements of health status shown to be important to all people diagnosed with heart disease or diabetes.

Among people enrolled in commercial health plans, women were significantly less likely than men to receive the care evaluated in six of the 11 measures, while women enrolled in the Medicare plans were less likely to receive the care evaluated in four of the 11 measures.

The largest disparity found by researchers was that women were less likely to lower their cholesterol to recommended levels after suffering a heart attack or other acute cardiac event, or if they had diabetes.

For example, women with diabetes were 19 percent less likely than men to have their cholesterol within recommended ranges if they were enrolled in Medicare and 16 percent less likely than men to have cholesterol with recommended ranges if enrolled in commercial health plans.

Other types of care women received less often than men included being prescribed ACE inhibitor drugs for chronic heart failure and receiving prescriptions for beta blocker drugs following a heart attack.

The disparities were found among women even though they generally see a doctor or other health care provider more often than men. The disparities also remained after researchers accounted for socioeconomic factors that may influence care.

"These were all insured people. They all had access to medical care and they were all diagnosed with these diseases," Bird said. "The disparities cannot be explained by a lack of patient reporting or not recognizing the symptoms of a disease."

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FACT:

More than 1.6 million people with diabetes don't have health insurance: This comes from the Centers for Disease Control and Prevention. Almost 4.5 million — nearly one-quarter of all patients diagnosed with the disease — are poor or close to it, but fewer than two million are covered by Medicaid. The situation adds to an already bleak picture of an American epidemic. The number of people with diabetes grows by eight percent each year. Under the current system, their future won't even include test strips, medication, or nutrition counseling, let alone continuous glucose monitors or inhaled insulin. Health care providers and advocates interviewed for this story said that only a health care policy that increases access to health insurance and emphasizes education and prevention can turn the tide. *CDC*

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