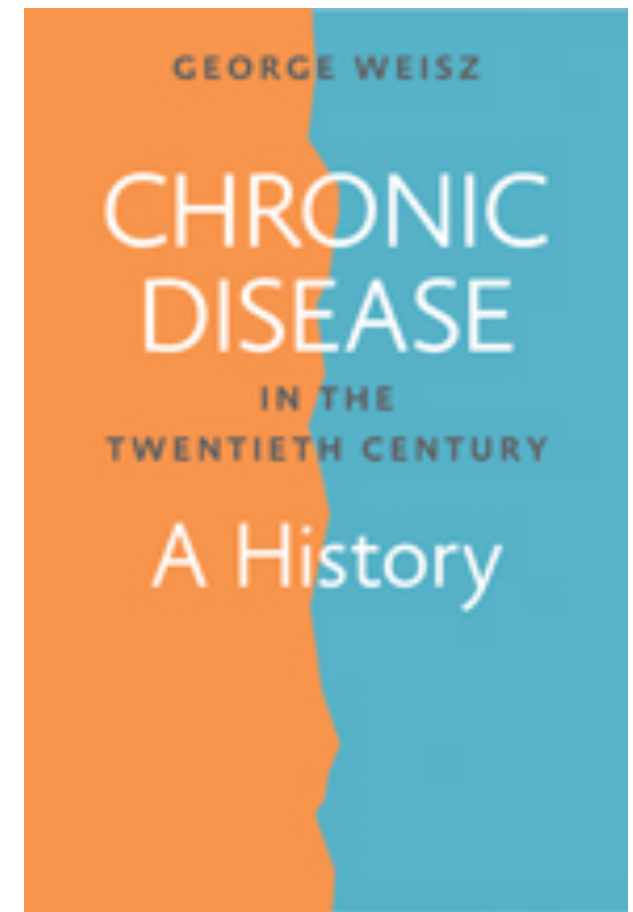


Social aspects of chronic illnesses

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Pr. Laurent Visier



Sources

HAUTE AUTORITÉ DE SANTÉ



SOCIOLOGY OF HEALTH & ILLNESS

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Chronic illness: a revisionist account

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LES MALADIES CHRONIQUES

VERS LA 3^e MÉDECINE



I.

Chronic Disease A History

« Until recently the concept of "chronic disease" had limited significance. Even lingering diseases like tuberculosis, a leading cause of mortality, did not inspire dedicated public health activities until the later decades of the nineteenth century, when it became understood as a treatable infectious disease.

The idea of chronic disease assumed critical importance in the twentieth century and how it acquired new meaning as one of the most serious problems facing national healthcare systems. »

George Weisz

Chronic disease : a long time reality

What happened ?

1. Medical discoveries
2. Ageing population
3. Epistemological change

Hypotheses

1. the concept of chronic disease emerged because medicine's ability to cure infectious disease led to changing patterns of disease
2. the notion of a chronic disease is a construct, not a “natural” category. The concept was constructed and has evolved to serve a variety of political and social purposes

*The lives of far too many people in the world
no longer only happening in high income countries
35 million will be as a result of chronic diseases
the major cause of death
obesity
type 2 diabetes
a very serious situation
the cost of inaction
unacceptable
opportunity to make significant progress*

II.

Chronic Diseases a Matter of Definitions

Chronic disease

//

Acute disease

WHO

"A health problem that requires
a support over a period of
several years or decades. "



WHO

1. The presence of an organic, psychologic, or cognitive cause
2. At least three months
3. Impact of the disease on daily life
 - functional limitation
 - dependence
 - need

Terminology

Long term (Affection de longue durée : ALD)

Non Communicable disease (NCDs)

Incurable disease

Disease... or risk factor?

Limits of the category

Haute Autorité de Santé (HAS)

Le terme « maladie chronique » est utilisé pour des maladies de caractéristiques très différentes, tant du point de vue des manifestations cliniques ou biologiques que de la rapidité de leur évolution ou de leur issue.

Certaines ne sont pas des maladies graves dans la mesure où elles modifient peu l'espérance de vie.

Par ailleurs, toutes les maladies chroniques ne sont pas incurables, et pour certaines d'entre elles, dans les premiers stades, n'entraînent que des contraintes légères.

Toutefois, dans pratiquement tous les cas, la maladie chronique entraîne des changements durables sur les dimensions psychologique, sociale et économique dans la vie d'une personne.

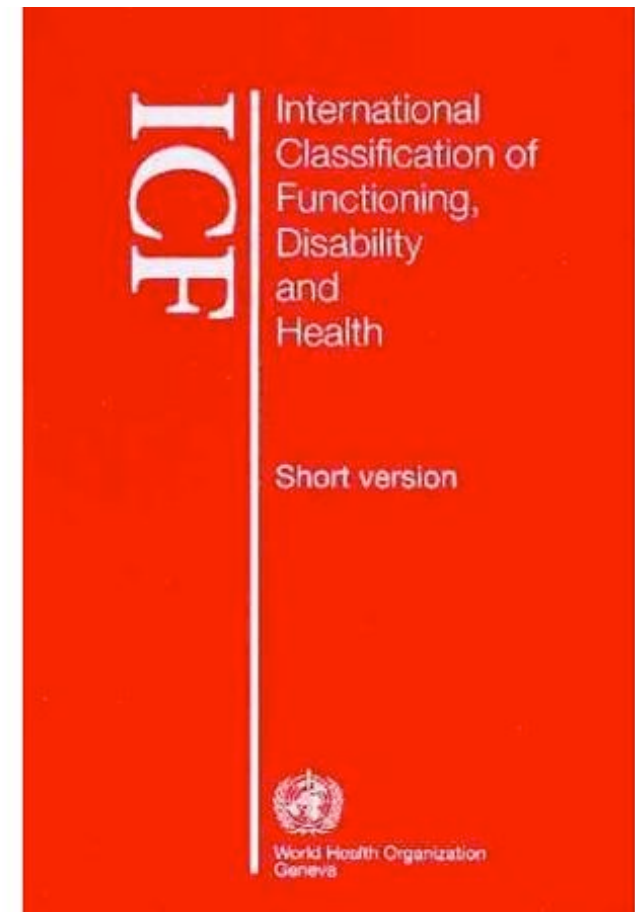
Classify

Two definitions

1. nosographic approach: chronic disease requires a diagnosis - clinical and para-clinical - from a list of diseases.
2. consequences of the disease on health status; characteristics of patients and their needs.

International Classification of Functioning, Disability and Health (ICF)

an approach focused on the
consequences of the disease
on daily life of the person



Disease // Illness

Chronic disease is defined on the basis of the biomedical disease classification

Chronic illness is the personal experience of living with the affliction that often accompanies chronic disease.

Complex interdependencies

III.

Epidemiology



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

- As of 2012, about half of all adults - 117 million people - had one or more chronic health conditions.
- One of four adults had two or more chronic health conditions.
- Seven of the top 10 causes of death in 2010 were chronic diseases.
- Two of these chronic diseases—heart disease and cancer—together accounted for nearly 48% of all deaths.
- Treating people with chronic diseases accounts for 86% of our nation's health care costs

In France

20 000 000 People living
with a chronic disease

1/3 of the population

30 million people receive
treatment periodically

Plan pour l'amélioration
de la qualité de vie
des personnes atteintes
de maladies chroniques
2007-2011

Rapport annuel du comité de suivi 2009

Juin 2010



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**LES MALADIES
CHRONIQUES**
VERS LA 3^e MÉDECINE



Epidemiology (France)

Diabetes: 3 million

Rare disease: 3 million

Chronic bronchitis: 3 million

Asthma: 4 million

Psychosis: 890 000

Alzheimer's Disease: 900 000

Rheumatoid arthritis: 300 000

Epilepsy: 500 000

Parkinson's disease: 100 000

Cancer: 700 000 (3 000 000)

Chronic kidney disease: 2.5 million

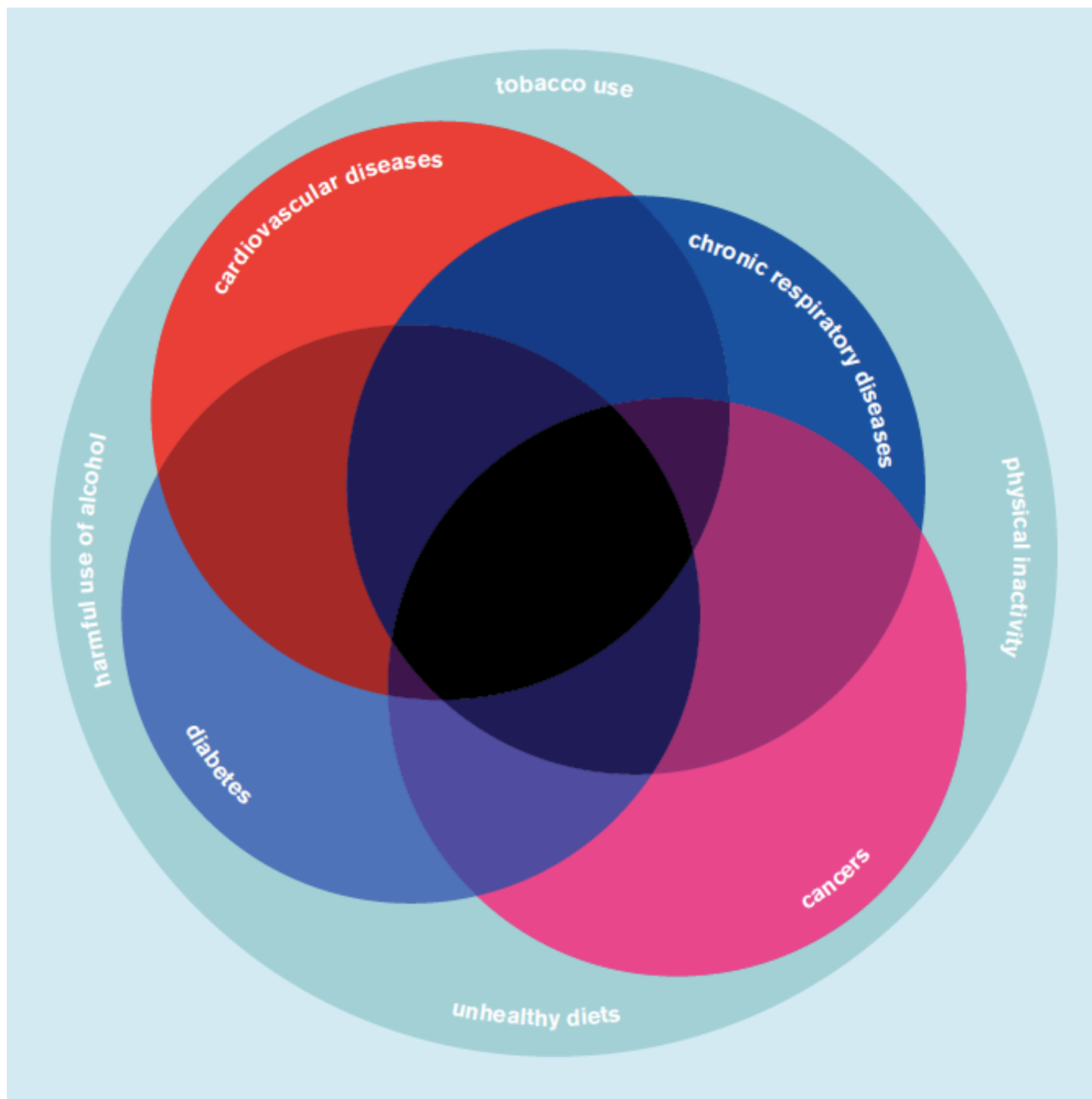
Multiple Sclerosis: 50 000

AIDS: 30,000

Crohn's disease and ulcerative colitis: 100 000

Common risks factors Behaviors

- Tobacco use and exposure to secondhand smoke□
- Obesity (high body mass index)
- Physical inactivity
- Excessive alcohol use□
- Diets low in fruits and vegetables
- Diets high in sodium and saturated fats



individual level //population level.

1. Epidemiology and surveillance
2. Environmental approaches
3. Health care system interventions
4. Community programs

Changing behavior

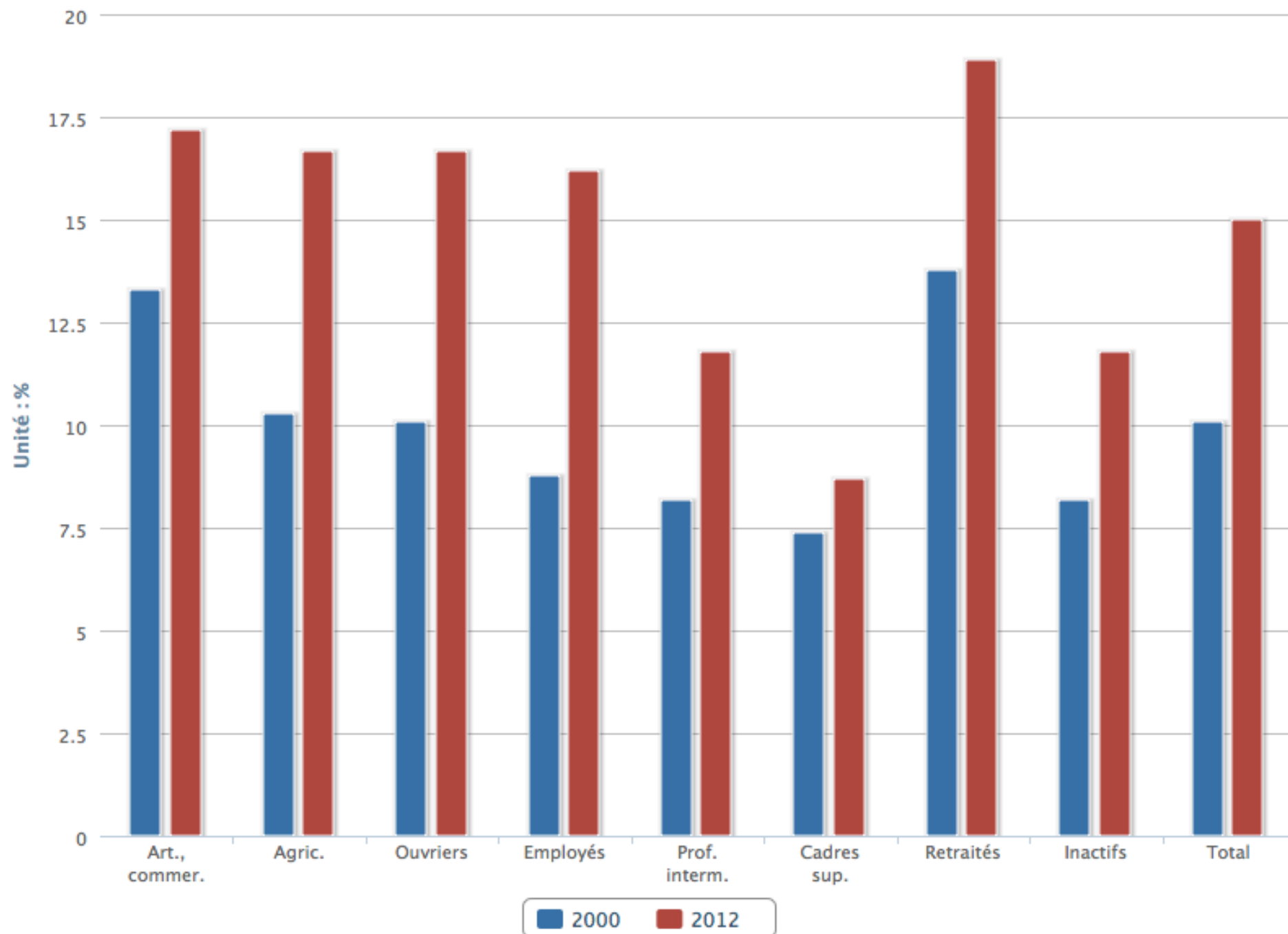
- Eating
- Smoking
- Physical activity
- Drinking

IV.

Social Inequalities of Health

Part de la population adulte obèse

Selon la catégorie sociale



Source : Enquête Obépi-Roche - Données 2012 - © Observatoire des inégalités

Taux de fumeurs par catégorie sociale

Unité : %

| | Hommes 1980 | Hommes 2003 | Femmes 1980 | Femmes 2003 |
|---|----------------|----------------|----------------|----------------|
| Agriculteurs | 33,5 | 19,5 | 2,6 | 5,0 |
| Artisans, commerçants, chefs d'entreprise | 44,8 | 32,9 | 14,9 | 22,9 |
| Cadres | 45,2 | 23,8 | 27,9 | 20,9 |
| Professions intermédiaires | 47,0 | 38,2 | 25,7 | 27,8 |
| Employés | 52,3 | 41,9 | 23,6 | 30,7 |
| Ouvriers | 55,5 | 48,5 | 18,9 | 30,5 |
| Retraités | 34,6 | 12,9 | 3,7 | 4,8 |
| Autres inactifs | ND | 32,8 | ND | 18,8 |
| Ensemble | 46,9 | 31,8 | 16,7 | 21,7 |

Source : Insee

Social Inequalities of Health

- The chronic disease increases inequalities
- Social exclusion
- Living and working conditions
- Economic conditions
- Education level

social inequalities in health

Chronic disease and illness occur in complex interdependencies and continue across the lifespan.

They are greatly influenced by socioeconomic status, education, employment, and environment.

Thus, unless the underlying determinants of health, well-being, and the community context are addressed through a continuum of health promotion and empowerment from wellness to disease and illness care, the least advantaged will experience widening disparities in outcomes