Social aspects of chronic illnesses

12 / 09 / 2023

Pr. Laurent Visier





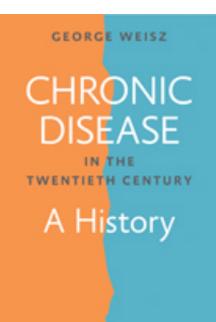
Sources





HAUTE AUTORITÉ DE SANTÉ







SOCIOLOGY OF HEALTH & ILLNESS

Sociology of Health & Illness Vol. 36 No. 1 2014 ISSN 0141-9889, pp. 15–27 doi: 10.1111/1467-9566.12037

Chronic illness: a revisionist account David Armstrong

Department of Primary Care & Public Health Sciences, King's College London, London

PR ANDRÉ GRIMALDI, YVANIE CAILLÉ FRÉDÉRIC PIERRU, DIDIER TABUTEAU





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

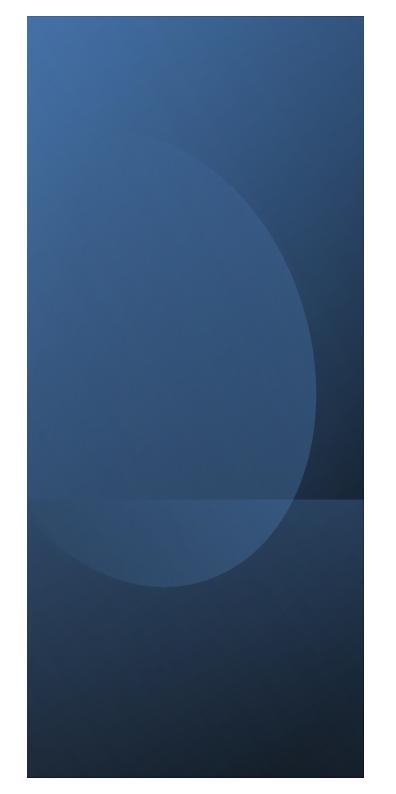
Chronic disease: a long time reality

What happened?

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

Hypotheses

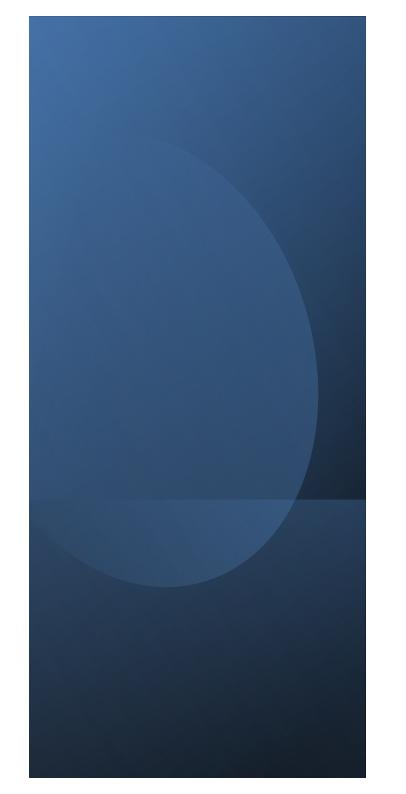
- 1. the concept of chronic disease emerged because the ability of medicine to cure infectious disease led to changing patterns of disease
- 2. the notion of a chronic disease is a construct, not a "natural" category. The concept was constructed and has evolved to serve a variety of political and social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

LEE Jong-wook Director-General, World Health Organization 2005

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 disease (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.



Two definitions

- 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.

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

International Classification of Functioning, Disability and Health (ICF)



International
Classification of
Functioning,
Disability
and
Health

Short version



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

- 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



20 000 000 People living with a chronic disease 1/3 of the population 30 million people receive treatment periodically

PR ANDRÉ GRIMALDI, YVANIE CAILLÉ FRÉDÉRIC PIERRU, DIDIER TABUTEAU





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



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

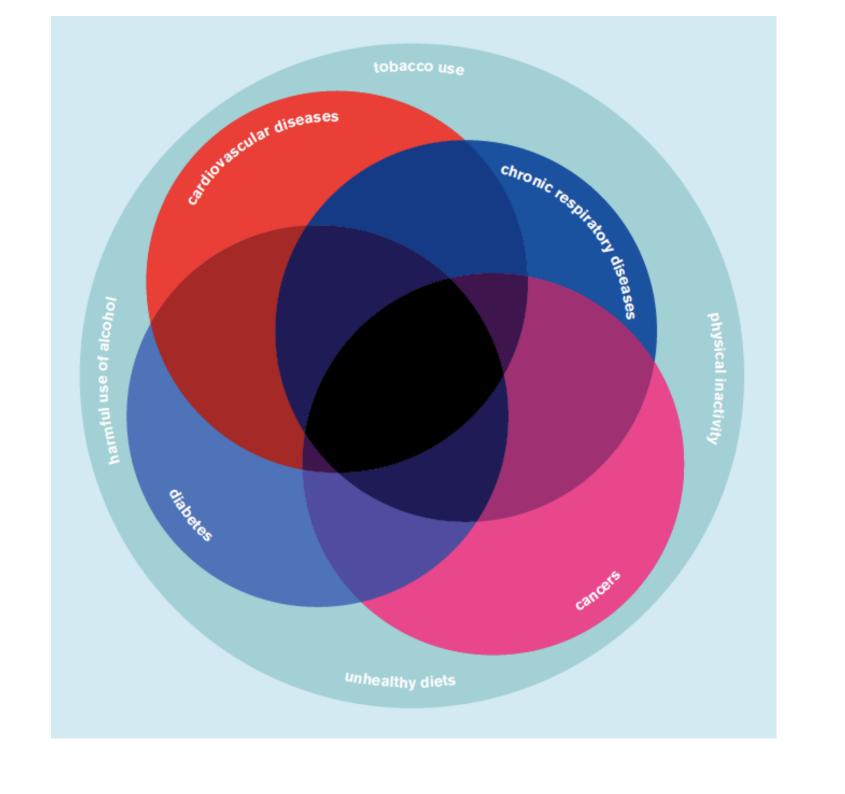
Multiple Sclerosis: 50 000

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

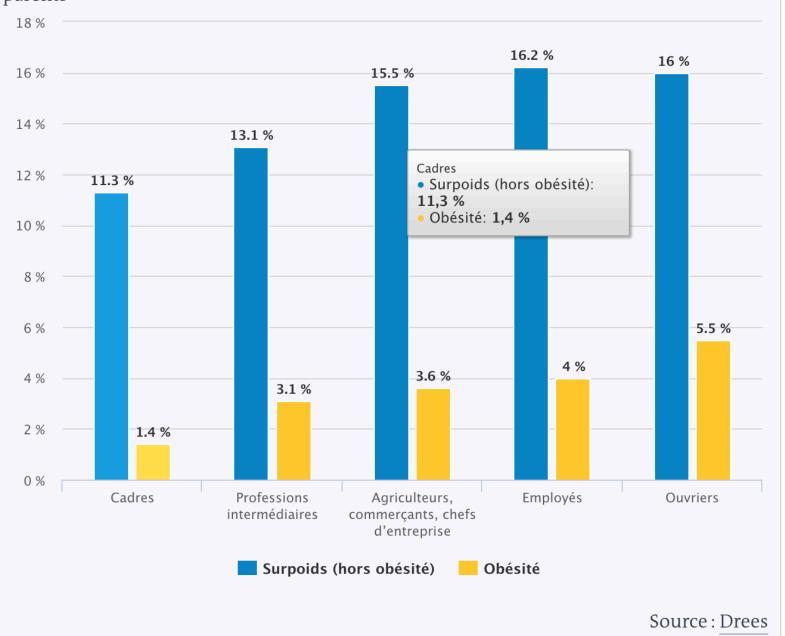
Changing behavior

- Eating
- Smoking
- Physical activity
- Drinking

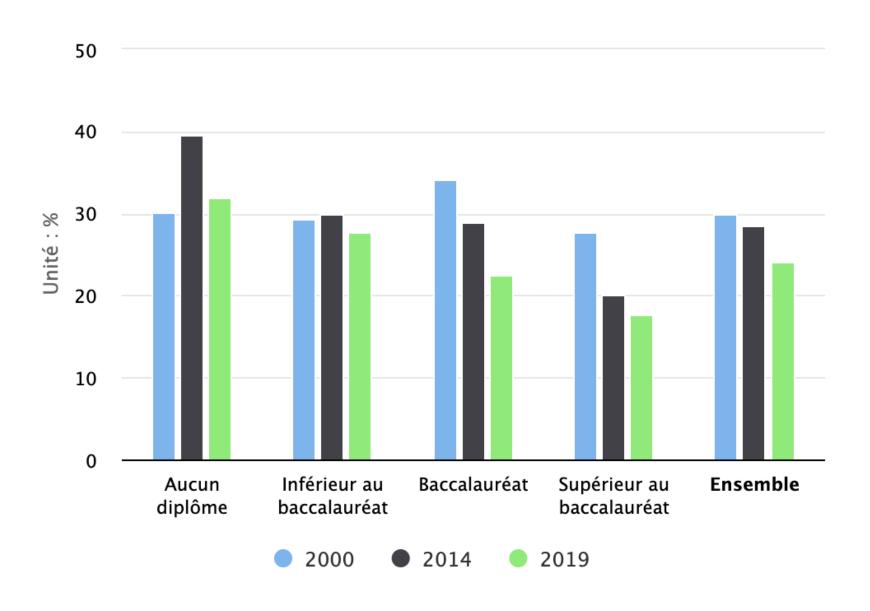
IV. Social Inequalities of Health

▶ L'obésité et le surpoids touchent beaucoup plus les enfants d'ouvriers que les enfants de cadres

Surcharge pondérale des élèves de CM2 en 2014-2015 selon le groupe professionnel des parents



Taux de fumeurs quotidiens selon le diplôme



Social Inequalities of Health

The chronic disease increases inequalities

- Social exclusion
- Living and working conditions
- Economic conditions
- Education level
- Environmental conditions

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