

Summary of the Capitol Hill Breakfast Briefing on Reaching Gender Equity in the 21st Century: A Renewed Focus on Women's Health

March 29, 2000

The FRIENDS of the National Institute of Nursing Research held its first of three breakfast briefings this year on March 29, 2000. The topic was Reaching Gender Equity in the 21st Century: A Renewed Focus on Women's Health. FRIENDS, an independent, non-profit organization, supports the NINR by promoting public awareness of the role of nursing research in advancing health care practice in the United States. Those attending the briefing included Members of Congress, Congressional staff, nurse researchers and administrators, and members of public and private organizations with a special interest in the topic.

The audience was welcomed by Faye Abdellah, EdD, ScD, RN, FAAN, Dean of the Graduate School of Nursing, Uniformed Services University of the Health Sciences, and President of FRIENDS. She thanked Rep. Louise Slaughter (D-NY) for sponsoring the breakfast and GlaxoWellcome, Inc., for participating as the corporate sponsor.

Dr. Rose Snipes, MD, who is the Director of International Clinical Development for Cardiovascular Risk Factors at GlaxoWellcome, Inc., provided brief remarks during which she emphasized the importance of enrolling women in clinical trials in order to understand gender differences in diseases and therapies.

Dr. Patricia A. Grady, PhD, RN, FAAN, Director of the NINR, indicated that historically, nursing research has focused on special populations that experience disparities in health. These include subgroups of women, as well as minority ethnic groups. In the interest of better health for both women and men, NINR-supported research continues to examine gender-based biological and behavioral differences between the two genders. Since on average women live longer than men, an important issue is the increase in chronic illness that stems from the expected increase in the older population. Not only will more women experience chronic illness themselves, but many will become caregivers of others who are ill, and sometimes these two situations occur at the same time. Among the issues being addressed by current research on chronic illness is the identification of female caregiver needs and ways to provide support to them and to their families in the face of competing time demands and the increased complexity of providing care.

In discussing other aspects of gender-based research, Dr. Grady highlighted the results of a recent study that identified gender differences in the effectiveness of a certain pain medication, with women receiving greater relief than men. This finding helped stimulate further research in this area, including how biological responses to pain and its treatment differ between women and men.

Representative Lois Capps (D-CA), is a public health nurse and a member of the Women's Caucus. She indicated that a nursing background is beneficial to her in her Congressional role. She believes that more healthcare specialists in Congress are desirable in order to promote needed changes in the quality of life and death in this country. These "healthcare" Representatives would also better understand the challenges faced by healthcare providers, patients and their families.

Dr. Barbara Hatcher, PhD, MPH, RN, Director of the Scientific and Professional Affairs at the American Public Health Association, and member of the board of FRIENDS, introduced the two speakers, who would address the research needs for two prevalent chronic conditions -- migraine headaches and irritable bowel syndrome.

RESEARCH NEEDS

Migraine Headache and Its Impact on the Health of Populations -- Bonnie Rogers, PhD, MPH, Director, Occupational Health Nursing Program, School of Public Health, University of North Carolina at Chapel Hill. Dr. Rogers is a grantee of GlaxoWellcome, Inc.

Dr. Rogers described migraine as a recurring headache that often begins in childhood or adolescence. Its characteristics include intense, throbbing headaches, often associated with nausea, vomiting, visual disturbances, and sensitivity to sound. This prevalent disorder affects 1 of every 10 people, and women experience this condition three times as often as men. The condition is more common than asthma, diabetes or congestive heart failure, and occurs more frequently in the most productive years -- from ages 25 to 55. About 64% of those with migraine report severe pain that, on average, lasts 13 hours, and more than 50% cope by going to bed. Indirect costs to employers of migraine-related illnesses in terms of missed work and decreased productivity are reported to be between \$13 billion and \$41 billion annually.

While the causes of migraine are not known, pain is produced by release of a chemical that initiates an inflammatory response and swelling in the brain. Genetic factors are also suspected. There are many triggers associated with migraine attacks, including certain foods, environmental and workplace factors, stress, and hormonal influences. Migraines can be managed by both pharmacologic (prophylactic, acute or symptomatic) treatments and nonpharmacologic (environmental, biofeedback, education) therapies.

Most people with migraines, however, have not been evaluated by a health care provider. Lack of an accurate diagnosis is common and perpetuates the trend of poor headache management that leads to disability, with many people simply suffering through the migraine episode. Healthcare providers also lack knowledge of treatment options, including prescription drugs developed specifically for migraine. This can have significant consequences for millions of people, particularly women, whose quality of life and productivity are compromised.

The Effect of Irritable Bowel Syndrome on Women, and New Hope for Disease Management -- Margaret Heitkemper, PhD, RN, FAAN, Professor, Department of Biobehavioral Nursing and Health Systems, University of Washington. She is also Director of the NINR-funded Center for Women's Health Research at the University.

Dr. Heitkemper described irritable bowel syndrome (IBS) as characterized by abdominal pain and changes in bowel patterns. Like migraines, IBS is more common than such disorders as diabetes and asthma, can begin in childhood and last throughout life, and affects women two to three times as often as men. About 20% of the U.S. population experience IBS. Direct medical care of this condition is estimated to cost \$8 billion per year, which does not include costs of lost school and work productivity. Women are twice as likely to seek healthcare services for IBS than men. And the rates of gall bladder operations, hysterectomies, and appendectomies are at least twice as high among women with IBS. Dr. Heitkemper also indicated what IBS is not. It is not psychosomatic, fatal, cancer, or Crohn's Disease, an inflammatory bowel disease.

While IBS is not life threatening, its impact on quality of life, ability to function, and productivity is substantial. Dr. Heitkemper called for more research on this common condition, stating that more must be known about the etiology and risk factors of IBS and how to manage the condition. Currently, the cause is unknown, although IBS has falsely been considered by some to be psychosomatic. More recent clinical studies indicate a physiological basis for IBS symptoms. For example, increased bowel sensitivity often occurs in those with IBS, causing considerable pain and discomfort. Studies are focusing on understanding the causes of this sensitivity, as well as chemical mediators that may be involved.

Dr. Heitkemper explained that therapeutic treatments are limited because of the array of symptoms of IBS. Drug therapy has focused on managing pain and diarrhea, but a more holistic approach is warranted. She then described her research that involves a randomized, controlled trial of a behavioral intervention to reduce IBS symptoms, improve coping skills, reduce use of the health care system, and improve women's ability to function. Findings are expected to produce useful information about non-drug therapies to be used alone or with drug therapies.

CHALLENGES

Gender inequity issues that have included pay, career advancement, and financial institution lending, are being recognized as extending to health and quality of life, particularly as they pertain to chronic illnesses. Conditions such as migraine and irritable bowel syndrome that mainly affect women may not be life threatening. But they are nonetheless debilitating and have the capacity to alter lifestyles in ways similar to other chronic and eventually fatal diseases. A greater research focus is needed for life-altering, nonfatal conditions, such as those highlighted at the breakfast, that mainly affect women at all stages of their development.

FOR PEOPLE WITH MIGRAINE HEADACHES:

- Migraine headache must be recognized as a legitimate, disabling, biological disease
- Research must be funded to address the causes and effective treatments for migraines
- Effective dialogue must be encouraged between practitioner and patient
- Preventable pain and disability must be reduced by ensuring access to treatment.

FOR PEOPLE WITH IRRITABLE BOWEL SYNDROME:

- Research must be conducted to determine what occurs at the cellular level to cause IBS. The role of both the central nervous system and the organs of the gastrointestinal tract must also be considered
- Better strategies must be devised to help patients cope with the condition
- Pain and disability must be reduced through development of better treatments
- Misinformation about IBS must be dispelled, and understanding and support for the patient must be increased.