Currently, 17 million Americans have diabetes, and more than half of them are women. Diabetes can be especially challenging for women given the unique and profound effects that it can have on women and their families. Given that the number of women at risk of developing diabetes is expected to continue rising, it is critical that we develop a greater understanding of the many ways in which diabetes can affect women’s lives.

This Diabetes Spectrum From Research to Practice section shows the complexity of a chronic illness such as diabetes and the widespread effect that it can have on women’s lives. Coronary heart disease (CHD), biopsychosocial factors (e.g., puberty, eating disorders, peer pressure), racism, and the historical meaning of food in one’s culture can all affect women’s health and self-management practices. Intervening with women who have diagnosed diabetes and those who are at risk for the disease requires health care providers to take a multidisciplinary approach to address the multifaceted effects that diabetes can have on these women’s lives.

One area of interest that deserves greater attention is the risk for CHD among women with diabetes. Research shows that diabetes is a more powerful cause of CHD for women than for men. Heart disease is the number one killer of women in America and can contribute significantly to women with diabetes experiencing severe illness. With the increasing life span of women and the rapid increase in the prevalence of diabetes and CHD, such statistics are alarming, particularly because the number of women at risk for both diabetes and CHD is predicted to increase. The comorbidity of diabetes and CHD among women will place added demands on health care delivery system, communities, work sites, and other sectors of society.

Risk factors that may place women with diabetes at greater risk than men for CHD include high triglyceride levels, poor glycemic control, eating disorders, depression, high cholesterol, and high blood pressure. Women and their doctors need to be better informed about ways to prevent heart attacks and recurring heart attacks or death among those with CHD.

In this research section, Glory Koerbel, RN, MSN, CDE, and Mary Korytkowski, MD, discuss the prevalence of CHD in women with diabetes and review primary, secondary, and tertiary prevention strategies (p. 148). They also discuss hormone replacement therapy and CHD screening for women with diabetes.

In working with adolescents who have diabetes, health care providers must consider the biological, psychological, behavioral, and social factors that can influence adolescents’ self-management of diabetes. Adolescence is a life stage in which young people experience many changes, such as puberty, increased stress, and greater responsibility. Adolescents often experience a need to fit in and to be accepted by their peers. Diabetes can be exceptionally challenging for young people because self-management requires teenagers to alter their lifestyles and dietary practices, which may differ from those of their peers.

Eating disorders, health-compromising behaviors, and depression are all more predominant in adolescent girls with type 1 diabetes than in adolescent boys with the same disease. Adolescents with diabetes who experience disordered eating behaviors and other health-compromising behaviors
may experience psychological turmoil as they attempt to maintain control over diabetes. They may often feel out of control in many aspects of their lives and may see food as something that is dangerous. Compromising behaviors and disordered eating may be a way for adolescents to attempt to control one aspect of their lives. Here, Leonard Jack, Jr., PhD, MS, discusses body image concerns during adolescence, health-compromising behaviors, and biopsychosocial factors that can hinder or support adolescents’ efforts to maintain control of diabetes (p. 154).

Perceptions of food and cultural meanings attached to food are also concerns that should be addressed, especially for adult women with type 2 diabetes. Maintaining control of diabetes requires making healthy choices when preparing and consuming foods and carrying out other lifestyle changes. However, prescribing lifestyle change for patients with diabetes is challenging and complex because such change requires people to process the historical meaning of food in their culture and its traditions across generations.

For African-American women with type 2 diabetes, for example, modifying their diet may be difficult given the deeply rooted experiences and traditions surrounding food in the African-American culture. Deviating from the traditional food experiences in one’s family may be perceived negatively by family members and can result in conflict for people with diabetes.

In our next article, Leandris C. Liburd, MPH, takes an in-depth look at the factors that influence food choices for African-American women with type 2 diabetes (p. 160). Taking an anthropological approach, this article contributes to the diabetes literature by emphasizing the need to explore factors beyond the clinic that can affect the dietary decisions that people with diabetes may have to deal with.

Exploring the effect of environmental factors on diabetes self-management is also an important area for health care providers as they treat all people with diabetes. Stress, role demands, and interpersonal relationships can all influence health behaviors, beliefs, and adherence to medical treatment. Everyday stressors can also compromise the physical and psychological health of people with type 2 diabetes, and the coping mechanisms they choose can either be beneficial or harmful. For African-American women, passive responses to racism, for example, have been associated with high blood pressure, whereas active coping mechanisms, such as talking openly to others, were associated with low blood pressure. Racism has also been found to elevate levels of anxiety and depression among African-American adults.

In the final article of our section, Velma McBride Murry, PhD; Gene H. Brody, PhD; Angela R. Black, MS; Amanda S. Willert, PhD; Anita C. Brown, PhD; and I present a heuristic model that proposes that racism, family, and personal stressors can affect both diabetes care and maternal psychological functioning for African-American mothers with type 2 diabetes (p. 166). We also discuss protective factors that can benefit women in their self-regulation practices.

All four of the articles in this research section provide new insights into issues related to diabetes and women’s health that deserve greater attention. We have sought to increase knowledge about the various ways that diabetes can affect women’s health and about interventions that need to be considered for optimal diabetes care. The articles were written not only for diabetes health care professionals, but also for families, communities, and all sectors of society. We all have a role to play in improving the lives of women with diabetes and of those at risk of developing the disease.

References

5 Anderson NB: Reactivity to research on sociodemographic groups: its value to psychophysiology and health psychology. Health Psychol 12:3–5, 1993