Editorial

Gender Differences in Access and Use of Health Care Services

It is commonly accepted that arthritis is a condition that affects more women than men. Overall population surveys estimate that almost twice as many women as men report the disease[1,2]. Despite this difference in prevalence rates, very little is known about gender differences in the course or outcomes of the condition[3]. As well, in studies that suggest women do experience a more severe form of the disease, the results are often attributed to gender differences in symptom perception[4].

An important consequence of arthritis is the need for health care. However, relatively little attention has been paid to whether there is differential access to, or use of, health care for arthritis between men and women. The expectation is that there should be a preponderance of women utilizing health care services, and indeed that appears to be the case[5]. The underlying question remains whether women are treated in the health care system in proportion to their need. Some indications seem to be emerging that this is not always the case.

A study from the Netherlands in this issue of *The Journal* suggests that there may be delays in referring women with early rheumatoid arthritis (RA) to an early arthritis clinic[6]. This delay appears at the stage of the referral by a primary care physician for a specialist rheumatology assessment, rather than at first consultation with a primary care physician. Potential delays in referral by a primary care physician for RA have previously been documented, although not specifically in the context of gender differences[7]. The Dutch study shows a statistically significant difference of 35 days between men and women for referral by a general practitioner. While this delay is relatively small, it represents time with untreated pain and discomfort, and may lead to longer term consequences related to postponing the initiation of effective treatment.

This paper adds to a growing body of knowledge that there may be systematic differences in access to specialist health care by men and women with arthritis. Women appear to have less access to specialist procedures such as joint replacement surgery[8-10]. Similar differences have been found in studies of other invasive surgical procedures such as coronary revascularization[11]. Not only do women seem to have less access to services, but they appear to be at more severe stages of their disease when they do eventually undergo specialist procedures[8,9]. These differences in the rates of utilization of joint replacement surgery between men and women remain even following adjustment for demographic and clinical characteristics of the disease. These may relate to both gender differences in preferences for these procedures[9,10] and to differences in health care delivery, particularly at the level of interaction between the primary care provider and the patient in the process of referral to orthopedic surgery[9].

However, looking at differential access to health care by gender is not a totally straightforward issue. Not only do women have intrinsically different patterns of visits to doctors related to their reproductive functions[12], there are also systematic differences in the composition of the populations of men and women with arthritis. For example, arthritis and arthritis related disability generally occur more frequently in people with low socioeconomic status[13]. Women, especially older women, in whom arthritis is most prevalent, are also more likely than men to fall into a low socioeconomic category. This raises the question, to what extent any differences in utilization of health care between men and women might directly (e.g., financial barriers) or indirectly (e.g., attitudes and behaviors) be attributable to the differences in the socioeconomic compositions of the groups.

Studies in the United States and Europe have emphasized the importance of early referral and treatment for arthritis. More frequent visits to rheumatologists are associated with greater improvements in pain and functional ability[14-16]. Since early diagnosis of arthritis is both possible and reliable, unnecessary delays in referral are likely to lead to increased pain and disability, which may ultimately lead to the need for more severe treatments (e.g., disease modifying

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antirheumatic drugs or surgery). It appears that women with arthritis tend to lag behind their male counterparts in health service utilization at many stages of their disease, beginning with the delays in referral to a specialist (as outlined in the Netherlands study[6]), and up to the point where invasive surgical procedures may be required for advanced arthritis. Eliminating even the small difference in referral time which this study found would be an important first step in improving the access to health care for all those who require it. This study points to the need for further attention both in practice and in research to systematic differences that appear to exist between the sexes in access to and use of health care services, and to determining ways to eliminate such disparities.

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