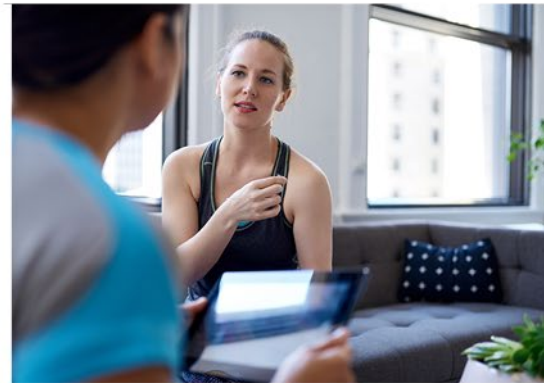


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Canadian
Chiropractic
Association

House of Commons Standing Committee on Health: Study on Women's Health



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T (416) 585-7902 TF 1(877) 222-9303
184 Front St. East, Suite 200 Toronto, ON M5A 4N3
Info@chiropractic.ca

CHIROPRACTIC.CA • CHIROPRACTIQUE.CA



Background

The Canadian Chiropractic Association (CCA) is the national association representing more than 9,000 licensed Doctors of Chiropractic across Canada. The CCA advocates on issues that impact the musculoskeletal health of Canadians. Chiropractors are one of Canada's experts in the assessment, diagnosis, and treatment of musculoskeletal (MSK) conditions, such as back pain, headaches, arm or neck strain and diseases of the muscle and joints, as well as the management of pain caused by these conditions.

Each year, **more than 11 million Canadians** suffer from musculoskeletal conditions and by 2031 this number is projected to **grow to an alarming 15 million**.¹ MSK conditions are having a devastating impact on the health, quality of life, and workforce participation of Canadians, as well as on Canada's economy.

Women's Health: MSK Conditions and Chronic Pain

According to the World Health Organization, MSK conditions are **the leading cause of disability** around the globe.² These chronic conditions have a considerable impact on the quality of life of individuals, families, communities, and healthcare systems.

Women consistently demonstrate more prevalent and severe clinical presentations of MSK conditions.³ Chronic pain is more common among Canadian women compared to men across all ages, with women aged 65 years and older consistently reporting the highest prevalence of chronic pain.⁴ In 2019, an estimated 7.63 million, or one in four Canadians aged 15 or older, were living with chronic pain.

Approximately 55% of Canadians aged 15 or older living with chronic pain are women.⁵ When Canadians suffering from chronic pain were asked how this condition affected them, those who stated that they were severely affected, moderately affected, and minimally affected, said they experience ongoing pain that has lasted at least three months. Women are found in each of the three groups at much higher rates than their male counterparts. Further, they are significantly overrepresented in the most extreme group, the severely affected, accounting for two-thirds (67%) of that population.⁶ MSK conditions and chronic pain have a significant impact on individuals and their everyday life. Three-in-ten Canadians who experience ongoing pain also find their day-to-day physical activities significantly affected: (29%) say that it significantly hampers their basic mobility – the ability to



walk comfortably – while a similar proportion say they are hindered to some degree.⁷ Over 1 in 5 women with activity limitations (21%) reported that they did not participate in most activities because it was too painful for them. Another 2 in 5 (38%) said that pain prevented them from performing some activities.⁸ Because of the prevalence and impact of MSK conditions and chronic pain have on Canadian women, the CCA recommends the following actions.

List of Recommendations:

- **Recommendation 1: For the government to ensure women have barrier free access to non-pharmacological treatments, like chiropractic care, to manage chronic pain and MSK conditions.**
- **Recommendation 2: For the government to provide support for specialized services for pain conditions experienced by women.**
- **Recommendation 3: For the government to invest in gender-based research to understand the factors that put women at greater risk of MSK conditions and chronic pain and to develop gender-related diagnostic and therapeutic guidelines.**

Contact

Director of Public Affairs | Directrice des Affaires Publiques

416-585-7902 X 220

184 Front St. East, Suite 200

Toronto, ON M5A 4N3

CHIROPRACTIC.CA | CHIROPRACTIQUE.CA

Recommendation 1: For the government to ensure women have barrier free access to non-pharmacological treatments, like chiropractic care, to manage chronic pain and MSK conditions.



As outlined, the burden of MSK conditions do not fall equally across the sexes nor across, socioeconomic status. The Canadian Pain Task Force (CPTF) found evidence that a patient's socioeconomic status can affect their treatments and health outcomes. In addition, pain experiences have been shown to be affected by factors such as their gender, ethnicity, social class, income, education, and the neighbourhood in which one resides.⁹ Data shows that low-income Canadians report greater prevalence of pain and discomfort from MSK conditions that limits their activities.¹⁰ The proportion of those dealing with chronic pain issues is considerably higher among Canadians with household incomes is under \$100,000 a year.¹¹ The prevalence of chronic pain was lower among women in higher income categories, and higher for those in lower income categories.¹² Many physicians may prescribe pain medications, like opioids. Opioids are covered under provincial healthcare programs, but non-pharmacological treatment, like chiropractic care, are not covered and/or have limited coverage unless they have private insurance.

Opioids are most often prescribed for the management of both acute and chronic pain, which in many cases originates from a MSK issue. In fact, low back pain is one of the primary causes for over-use of prescribed opioids.¹³ One thing we can be certain of is the first exposure to opioids, whether for an acute or chronic condition, creates a risk. Improving access to evidence based, non-pharmacological pain management treatments can reduce the heavy reliance on opioids in treating pain. In fact, the CPTF's final report, *An Action Plan for Pain in Canada*, found that the lack of access to non-opioid options to treat pain is one of the factors contributing to the opioid crisis in Canada. Due to the impact and influence of socioeconomic conditions on access to care, the CPTF recommended that access to evidence-informed pain treatments be expanded under provincial healthcare coverage and for governments to work with private insurers to incentivize coverage.¹⁴ The evidence and clinical practice guidelines support the use of conservative pain management as first line interventions for many musculoskeletal conditions.

A study published last year found that in noncancer spinal pain patients, there was a 52% reduction in the prescription of opioids if they received chiropractic care, and if they received it within the first 30 days of the start of their condition, the reduction in prescription opioids increased to 71%.¹⁵ As one of Canada's largest primary contact healthcare professions and as specialists in non-pharmacological pain management, chiropractors are well-positioned to support efforts aimed at reducing opioid overprescribing.

Recommendation 2: For the government to provide support for specialized services for pain conditions experienced by women.



Certain pain conditions are more prevalent in women than in men. For example, fibromyalgia, a condition characterized by chronic widespread pain, is significantly more prevalent in women than men (80-90% of diagnosed cases are women).¹⁶ Other conditions that disproportionately affect women include irritable bowel syndrome, rheumatoid arthritis, osteoarthritis, temporomandibular joint disorder, chronic pelvic pain and migraine headaches.¹⁷ Conditions that are more prevalent in women and where pain is the primary or only symptom, often do not easily fit into the biomedical model of health care (e.g., fibromyalgia, myalgic encephalomyelitis/chronic fatigue syndrome). As a result, policy makers must ensure that specialized services for pain conditions that are primarily experienced by women are both available and accessible.

As MSK experts, chiropractors are well-positioned to support inclusive care for women of all ages and stages of life and have the training and expertise to manage and treat these conditions that are more prevalent to them.

Recommendation 3: For the government to invest in gender-based research to understand the factors that put women at greater risk for developing chronic pain and MSK conditions.

From research to treatment options, women are overlooked and underserved because healthcare has traditionally not considered the impact of sex and gender differences. Even though evidence shows that women are more likely to experience an MSK condition or chronic pain, there is a lack of research to understand exactly why women are at a higher risk of these conditions.

The Chronic Pain Task Force (CPTF) found some empirical research suggesting that women are less likely to receive diagnoses or pain related interventions than men when presenting with similar clinical symptoms. The CPTF's report found biopsychosocial differences between men and women which may contribute to this gender bias, including pain intensity/sensitivity, reaction to pain medication, impact of certain pain management strategies, pain beliefs, certain health care resources, sex hormones, endogenous opioid function, genetic factors, pain coping, and gender roles.¹⁸ Research is needed into the pathophysiological basis for gender differences for acute pain and chronic pain, including the factors that put women at higher risk for developing chronic pain.



This important investment in women's health research can contribute to the development of gender-related diagnostic and therapeutic guidelines for healthcare professionals to appropriately manage pain for women. It is the CCA's recommendation for the government to invest in gender-based research to understand why women are at greater risk and develop gender-related evidence based diagnostic and therapeutic guidelines. Canada's chiropractors are committed to ensuring that the most appropriate and cost-effective patient care is delivered by the best qualified health professional based on objective outcomes, patient satisfaction measures, and evidence-based treatments. The CCA believes that funding in gender-based research will enhance care and ensure appropriate care for women.

Conclusion

Chiropractors are committed to playing an active role in ensuring that Canadian women have access to evidence-based care. To facilitate this the CCA urges the Government of Canada to implement these recommendations for women to have access to non-pharmacological care, like chiropractic care, to treat MSK conditions, chronic pain, and other specific pain conditions experienced by women. In addition, the CCA recommends that the government invest in research to better understand why women are in a greater risk of experiencing pain and MSK conditions.

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