



Creating the 'dis-ease' of high cholesterol: A sociology of diagnosis reception analysis



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ABSTRACT

Using a sociology of diagnosis approach, this paper discusses the implication of high cholesterol being promoted as a disease rather than a risk factor for cardiovascular diseases. Drawing on data collected during the spring/summer of 2012 from 49 in-depth interviews with women over the age of forty concerned with high cholesterol in Ontario, Canada, I explore participants' understanding of the issue of high cholesterol as a disease. More specifically, I examine where blame and responsibility for high cholesterol are placed and if they vary by women's class background. My findings reveal that all the participants believed in and internalized the diagnosis of high cholesterol. However, the disease is blamed on 'lifestyle choices', and individual responsibilities, while women's awareness of the social determinants of health varies by class. I argue the sense of urgency surrounding high cholesterol is worrisome and the sole focus on lifestyle choice as both the cause and solution to high cholesterol is problematic for three reasons: it assumes that individual responsibility is adequate; it minimizes the socioeconomic constraints women face on a daily basis; and it reinforces the idea that individuals can be blamed for their health problems.

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Introduction

Using the framework of sociology of diagnosis (Jutel, 2009, 2011) this paper discusses the implication of high cholesterol being promoted to women as a disease in and of itself, rather than a risk factor for various cardiovascular diseases (CVD), such as heart disease. Drawing on data from 49 in-depth interviews with women over the age of forty concerned with high cholesterol, I explore participants' understanding of the issue of high cholesterol as a disease and examine: (a) how high cholesterol is understood as a disease; (b) how blame and responsibility for high cholesterol are attributed to women's 'poor lifestyle choices', as the chief cause of high cholesterol; and (c) how women's answers vary by class background. By elevating HC to a disease state, individualized solutions to HC are increasingly focused on personal responsibility and this is problematic for several reasons. Namely, that it assumes individual responsibility is adequate; it minimizes the socioeconomic constraints women face; and it reinforces the idea that women can be blamed for their own health problems.

Although cholesterol is a natural bodily occurrence, high cholesterol is continually redefined according to new and lower thresholds (Schwartz & Woloshin, 1999). However, new

technologies, products and services have emerged to detect these (ab)normalities before they have manifested as symptoms, thus encouraging the assumption that high cholesterol is a disease needing immediate attention. High cholesterol (HC) is in fact a risk factor among many others for heart disease (Health Canada, 2010). Other risk factors beyond the individual-level focus include the social, economic, environmental and cultural factors that impact chronic diseases (PHAC, 2013). However, the cholesterol landscape is currently dominated by the idea that HC is a disease and a health problem for women in particular. This ubiquity of this message can be linked to three key influences: functional food advertisements (specifically Becel® pro.activ® margarine); health promotion literature via the Heart and Stroke Foundation; and cholesterol-lowering medication (e.g. Lipitor), otherwise known as statins. Since 2010, this trifecta of HC promotion has bombarded women with messages that encourage self-scrutinization and an individualized focus as both cause and solution for this new disease.

In the sections that follow I will briefly explain this trifecta of HC promotion in order to situate the present study of women's understanding of HC as a disease, as well as their understanding of where responsibility for HC is best located. I present the progression of HC as a disease via a brief account of functional foods, the Heart and Stroke Foundation literature, and the emergence of statin drugs. I then introduce the sociology of diagnosis and then discuss how HC relates to social class, by briefly describing key points in the

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social determinants of health (SDOH) literature as they relate to HC. Having presented this background, I discuss how my research participants understand HC, how they view the responsibility for the disease and how their awareness of the SDOH varies by class background.

The changing cholesterol landscape: a brief account

In this study, I employ the sociology of diagnosis framework to examine how HC is magnified as an urgent health crisis for women and I identify three key stakeholders involved in keeping this message prominent. In particular, this next section highlights the role of functional foods, the Heart and Stroke Foundation of Canada and Becel[®] margarine, and the role of cholesterol-lowering medications.

Functional foods

The emergence of functional foods is a significant development and can be traced to the materialization of HC as a disease. Functional foods extend the health benefits of a food beyond the basic nutritional content. For instance, whole grain oats or soluble fiber-enriched cereals and Omega-3 eggs to lower cholesterol, or Probiotics in yogurt to improve bacterial culture and boost the immune system. According to Health Canada (1998: 1), a functional food is "...similar to a conventional food, but demonstrates physiological benefits and/or reduces the risk of chronic diseases." Functional foods have exploded in popularity, with the global market for these products expected to exceed US\$130 billion by 2015 (Invest in Statistics Canada, 2012). Canada is a major destination for functional food product development, and 40% of all foreign direct investments are related to functional and natural health products. In fact Kellogg's Mini Wheat breakfast cereals have invested \$43 million into functional food development in Canada (Invest in Statistics Canada, 2012).

Functional foods have emerged as a panacea for a variety of health conditions, in particular, high cholesterol and heart disease. Not only are functional foods being used as vehicles for wellness, but they are being touted as contributing to the prevention of chronic diseases, while blurring the lines between 'choices' and 'abilities' for health maintenance. The rise of high cholesterol as a pseudo-disease (i.e. the social creation of a 'disease'), can be seen in the plethora of functional food products advertised with cholesterol-lowering properties, such as oatmeal and snack bars, to fruit juices and margarine and the co-rise of health promotion campaigns such as the Heart and Stroke Foundation of Canada.

Heart and Stroke Foundation and Becel[®] margarine

Although cancer is consistently the top killer of most Canadian women (Statistics Canada, 2012), health promotion literature via the Heart and Stroke Foundation of Canada (HSF) (which is a non-profit organization dedicated to consumer education about heart and stroke prevention), and Becel[®] margarine (specifically their pro.activ[®] margarine campaign) promotes the idea that heart disease is women's top concern. Becel[®] specifically focuses on high cholesterol as the key risk factor for all women, regardless of their age, income level, or living circumstances. Becel[®] is the founding sponsor of the Heart and Stroke Foundation's "The Heart Truth" campaign, and their "Ride for Heart" annual fundraiser, and endorses the idea that heart disease is an imminent danger for women in their award winning pro.activ[®] margarine campaign:

Heart disease and stroke are the leading cause of death for women in Canada – but most don't know it.

The good news is that cardiovascular disease is often preventable. Women can reduce their risk by as much as 80 percent by making lifestyle changes

(Becel[®], 2011a: 1).

Becel[®] squarely focuses its attention upon women:

Like many women, you may be so busy taking care of others that you don't always look after yourself. Yet enjoying a long and healthy life is the best gift you can give to those you love.

In 2011, the HSF faced a public relations problem as Canadian perceptions surrounding the danger of heart disease was dwindling. Believing that apathy had set in with Canadians, alongside fears that the HSF was losing relevancy and brand recognition (i.e. donation dollars), the Toronto ad agency Lowe Roche was hired to accomplish 3 goals: increase awareness of the HSF, ensure the heart disease message was perceived as important, and lastly, to ensure the HSF cause was deemed urgent (Cassies, 2013). To accomplish this the "Make Death Wait" campaign was launched with television, magazine, radio and newspaper ads, alongside an intense digital media focus and multiple brand partnerships.

This particular campaign was ferociously debated in blogs and the media. In the ad a woman is seen wearing a bathing suit looking over her shoulder while the voice of a man personifying death hovers over and states "you have no idea that I'm coming after you...heart disease and stroke is a woman's #1 killer" (Cassies, 2013). This campaign pushed viewers to the new website "www.makehealthlast.ca" where they could take a "Heart and Stroke Risk Assessment" – while also making a donation. This test gives women a personalized risk profile and tips for heart healthy living based on answers about family health history, healthy eating, exercise and stress habits. In the end, the "Make Death Wait" campaign was a success and increased HSF awareness by 87% and donations by 20%, – with donations reaching over \$2 million and more than 113,000 Canadians took the risk assessment (Cassies, 2013). Both the "Heart Truth" and the "Make Death Wait" campaigns were so successful that they each garnered an advertising award from Cassies. At the same time, Becel[®] joined forces with participating pharmacies across Canada for the "Healthy Heart Check Test" where Canadians could visit a pharmacy or mall to get their cholesterol and blood pressure checked, and a registered dietitian was on hand to provide "heart healthy lifestyle tips". Since 2009, more than 34,000 Canadians participated in this campaign for high cholesterol prevention (Becel[®], 2011b).

Statin drugs

The idea of high cholesterol as a disease was also propelled into disease-status through the popularity of cholesterol-lowering medications, also known as statins. These are the most widely prescribed drugs in the world. In Canada, 30.3 million prescriptions were written in 2010 (Montreal Gazette, 2011); and women account for half of the prescriptions for statins, with Lipitor being the top selling pharmaceutical drug in the country (Rosenberg & Allard, 2007). At the same time Canadian health agencies such as Health Canada, the Public Health Agency of Canada, and the HSF released guidelines on heart disease prevention and Table 1 displays these agency recommendations on risk factors for heart disease. As this table suggests, it is the modifiable risk factors of behavior and lifestyle changes that is most widely promoted and disseminated through the public health discourse.

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