

# Understanding chronic conditions in BC

**C**hronic diseases are leading causes of disability and death. They have a major impact on individual well-being and result in significant costs to the health care system.<sup>1</sup> In BC, the number of people living with chronic disease is increasing. Among adults in the 2022/23 fiscal year, 67% of females and 60% of males had at least one record of a common chronic condition in their lifetime, up from 59% and 47%, respectively, in 2002/03.<sup>2</sup> The prevalence of multimorbidity—having two or more chronic diseases—is also on the rise, affecting over one-quarter of adults and over half of seniors.

Understanding the local burden of chronic conditions informs planning, policy, and program development, as well as disease prevention and management. The Chronic Disease Dashboard<sup>2</sup> is a publicly available interactive data tool with visualizations of changes over time in patterns of chronic conditions. Estimates of incidence (new cases) and prevalence (the total number of people living with a condition) are sourced from the BC Chronic Disease Registries, which are derived from records of physician visits, hospital admissions, and prescription drug dispensations for 25 common chronic conditions, excluding cancer (see the BC Cancer Statistics Online Dashboard<sup>3</sup>). Population rates are updated annually and are available by age group, sex, and geographic health region. Information on gender is not available. For chronic disease indicators pertaining to First Nations and Métis Peoples in BC, see other reports.<sup>4,5</sup>

People living with chronic conditions were disproportionately impacted by the

pandemic, including disruptions to screening and health care, social isolation, and, in some cases, heightened risk of COVID-19 morbidity and death.<sup>6,7</sup> In 2020/21, new cases in BC based on health care encounter records temporarily decreased for many chronic conditions but have since returned to prepandemic levels. Mental health was an exception to this trend, with visits continuing to increase and peaking in 2021/22, especially among younger females. While the pandemic uniquely impacted youth in terms of mental health outcomes,<sup>8</sup> the pre-existing growing trend prior to the pandemic suggests that additional factors are at play. Among adults aged 35–64 years, mood and/or anxiety disorders are currently the most common condition in the BC Chronic Disease Registries, with approximately 1 in 2 females and 1 in 3 males having a record for a related health care encounter in their lifetime. For older age groups, other conditions, such as hypertension, are more prevalent. Approximately 6 in 10 individuals aged 65 to 79 years and 9 in 10 individuals aged 80 years and older have a history of hypertension, underscoring the importance of early screening and prevention.

Chronic diseases pose significant burdens, and in the context of an aging population, they will likely become even greater. The Chronic Disease Dashboard provides useful situational awareness and contextual information that can inform priorities and strategies for chronic disease prevention, management, and care at the practice, regional, and provincial levels. Protective factors such as physical activity, sleep, healthy diet, and social connection can prevent or delay the onset of many chronic conditions, reduce their impact on quality of life, or help reverse them. Prioritizing policies, programs, and services that focus on chronic disease prevention and management plays

a pivotal role in helping communities maximize their health and wellness and address this slower, but no less significant, growing epidemic. ■

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## Notes

The BC Chronic Disease Registries are produced by the Office of the Provincial Health Officer. The Chronic Disease Dashboard is produced by the BC Observatory for Population and Public Health and is housed on the BCCDC website.

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*This article is the opinion of the BC Centre for Disease Control and has not been peer reviewed by the BCMJ Editorial Board.*

risk of heat-related illness is the highest. During these periods, workers should be instructed to take more breaks and implement precautions to a greater degree than normal as they slowly acclimatize to hotter weather. Some measures to prevent heat stress include staying hydrated, taking frequent breaks in a cooler environment, wearing loose-fitting and light-colored clothing made of cotton or silk, and learning to recognize and act on early signs and symptoms of heat stress.

Providers may also inform workers that their employers have a responsibility to protect them from heat exposure. Employers should be training workers on signs and symptoms of heat stress; providing cool potable water; regularly monitoring thermal conditions; allowing frequent breaks; adjusting work scheduling, workload, or duties to reduce the risk of heat stress to workers; and removing workers from the hot environment if they show signs or report symptoms of heat stress (see more examples at [www.worksafebc.com](http://www.worksafebc.com)).

[.com/en/health-safety/hazards-exposures/heat-stress](https://www.worksafebc.com/en/health-safety/hazards-exposures/heat-stress)). If you're concerned that a worker is subjected to unsafe work, you can inform them that they have a right to refuse unsafe work and may contact the Prevention Information Line at WorkSafeBC, either online at <https://prevruw.online.worksafebc.com> or by phone at 604 276-3100 (Lower Mainland) or 1 888 621-7233 (toll-free).

**Heat-related illness early recognition and action**

Providers should educate patients on the stages of heat-related illness so they can recognize signs and symptoms early and take action to prevent progression. See the **Box** for four common heat-related syndromes and the corresponding measures to take. ■

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**Suggested reading**

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