

# Why young women with multiple sclerosis face health disparities

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While recent therapies have the potential to stall or delay the progression of multiple sclerosis, a new study shows that young Black and Hispanic women fare worse than young white women.

Minority women were more likely to have more advanced disease and faced greater challenges in pregnancy, the researchers reported in their study, published in the journal [Neurology](#).

Researchers tracked medical records at nine MS centers throughout the country for 294 women whose pregnancies resulted in [live births](#). Approximately half of the patients were white, just over one-quarter were Black and the remainder were Hispanic.

The researchers found that close to 95% of the participants had relapsing-onset MS, the most common type of the disease in which flare-ups alternate with periods of recovery. In MS, which affects predominantly women, the immune system attacks myelin, the protective covering of nerve fibers, disrupting nerve impulses. MS symptoms include bowel and bladder problems, pain, and difficulties with vision and walking.

"We found that Black and Hispanic women faced socioeconomic disadvantages that were likely to have an adverse effect on their health," said senior author Riley Bove, M.D., of the UCSF Department of Neurology and the Weill Institute for Neurosciences. "At the time of conception, they were more likely to live in under-resourced neighborhoods, to be unemployed and less likely to have private health insurance."

Black and Hispanic women were ages 31 and 30, respectively, at the time of conception—younger than the [white women](#), who were 34. The [minority women](#) had an Expanded Disability Status Scale (EDSS) ranking of 1.5, corresponding to symptoms in more than one functional system. White women had an average EDSS ranking of 1, the equivalent of symptoms in one functional system such as vision, bowel and bladder, or balance and coordination.

## **Higher inflammation levels may signal MS**

## progression

Minority women also had higher levels of inflammation both before and after pregnancy, an indication that they were more susceptible to myelin loss, and injury to the underlying axon, part of the nerve cell, representing [disease progression](#). However, no significant racial differences were identified in MS care, including the type of treatment prescribed and how the disease was managed before and after pregnancy, said Bove.

"Drug companies' financial assistance programs for low-income patients may enable them to access more effective therapies," said Bove. But there was no data on other factors that may influence outcome, "such as racism among clinicians, severity of accompanying [medical conditions](#) and access to experts, like lactation consultants," she said.

The researchers found that minority women were slightly less likely to receive a 14-week ultrasound, Black women were more than twice as likely to undergo emergency C-section as Hispanic women and minority women were more likely to give birth to lower-birthweight babies. All three groups had similar rates of breastfeeding, which is protective against MS relapse, but white mothers breastfed for 6 months, versus 4.5 months for the [minority](#) mothers.

"What we are seeing is that underrepresented women with MS start their pregnancies with higher disability and fewer health care resources," said Bove. "Our findings highlight the importance of considering race-ethnicity and disability in women with MS. They also suggest that socioeconomic opportunity, rather than MS-related care, may lay the foundation for disparities in MS outcomes."

**More information:** Anne Marie Radzik et al, *Neurology* (2024).  
[www.neurology.org/doi/10.1212/WNL.0000000000208100](http://www.neurology.org/doi/10.1212/WNL.0000000000208100)

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