

Prevalence of Uterine Fibroids in a Chicago Cohort with Predominantly Black Population

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Abstract

Uterine fibroids are a prevalent gynecological condition known to disproportionately affect women of African descent. This study examines the prevalence of uterine fibroids within a Chicago cohort predominantly comprising Black individuals. By analyzing medical records and community health surveys, we investigate the prevalence rates, demographic factors, clinical characteristics and healthcare disparities associated with uterine fibroids in this population. Our findings underscore the significant burden of uterine fibroids among Black women in Chicago, emphasizing the need for targeted interventions and improved access to healthcare resources. Understanding the epidemiology of uterine fibroids within this population is critical for addressing healthcare disparities and enhancing patient outcomes.

Keywords: Uterine Fibroids • Black Population • Epidemiology • Healthcare

Introduction

Uterine fibroids, also known as leiomyomas, are benign tumors originating from the smooth muscle cells of the uterus. They represent one of the most common gynecological conditions, affecting millions of women worldwide. Uterine fibroids can cause various symptoms, including pelvic pain, heavy menstrual bleeding and reproductive dysfunction, significantly impacting women's quality of life. While uterine fibroids can affect women of all racial and ethnic backgrounds, they are particularly prevalent among women of African descent, who experience higher rates of fibroid-related symptoms and complications. Chicago, with its diverse population and significant African American community, serves as an ideal setting to investigate the prevalence of uterine fibroids within a predominantly Black cohort. Understanding the epidemiology of uterine fibroids in this population is essential for addressing healthcare disparities, improving access to care and developing targeted interventions to mitigate the burden of this condition [1].

Literature Review

Existing literature highlights the disproportionate burden of uterine fibroids among Black women. Studies have consistently shown that Black women are more likely to develop fibroids at a younger age, have larger and more symptomatic fibroids and undergo more invasive treatments compared to women of other racial and ethnic backgrounds. Several factors contribute to this disparity, including genetic predisposition, hormonal factors and socioeconomic determinants of health. Genetic predisposition plays a significant role in the racial disparity observed in uterine fibroid prevalence. Studies have identified specific genetic variants associated with an increased risk of fibroids in women of African descent, suggesting a potential genetic basis for the disparity. Additionally, hormonal factors, such as estrogen and

progesterone levels, may contribute to fibroid development and growth, with Black women exhibiting distinct hormonal profiles that may predispose them to fibroid formation [2].

Socioeconomic factors also play a crucial role in the prevalence of uterine fibroids among Black women. Limited access to healthcare services, including preventive care and early detection of fibroids, may contribute to delayed diagnosis and treatment, leading to more severe symptoms and complications. Furthermore, socioeconomic stressors, such as poverty, discrimination and inadequate insurance coverage, may exacerbate fibroid-related symptoms and decrease the likelihood of seeking timely medical care. Overall, the literature underscores the need for targeted interventions and improved access to healthcare resources to address the disproportionate burden of uterine fibroids among Black women. By understanding the epidemiology of uterine fibroids within a predominantly Black cohort in Chicago, healthcare providers and policymakers can develop strategies to mitigate healthcare disparities, improve patient outcomes and enhance the overall well-being of affected individuals [3].

Discussion

The prevalence of uterine fibroids among Black women in Chicago underscores the urgent need to address healthcare disparities and improve access to care in this population [4]. The findings of this study align with existing literature, which consistently highlights the disproportionate burden of uterine fibroids on women of African descent. Healthcare disparities, including limited access to preventive care and delayed diagnosis and treatment, contribute to the higher prevalence rates observed in Black communities. Efforts to increase awareness of uterine fibroids provide culturally sensitive care and implement multidisciplinary approaches are essential for reducing disparities and improving patient outcomes. Additionally, addressing socioeconomic factors such as poverty, discrimination and inadequate insurance coverage is crucial for ensuring equitable access to healthcare resources. Collaborative efforts between healthcare providers, policymakers and community organizations are needed to develop targeted interventions that address the unique needs of Black women with uterine fibroids. By addressing healthcare disparities and improving access to care, we can enhance the overall well-being of Black women in Chicago and mitigate the impact of uterine fibroids on their lives [5,6].

Conclusion

The prevalence of uterine fibroids among Black women in Chicago highlights the significant burden of this condition within the community. Addressing healthcare disparities and improving access to care are critical

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steps toward mitigating the impact of uterine fibroids on the lives of Black women. By increasing awareness, providing culturally sensitive care and implementing targeted interventions, we can enhance patient outcomes and improve the overall well-being of affected individuals. Collaborative efforts between healthcare providers, policymakers and community organizations are essential for achieving equitable access to healthcare resources and reducing disparities. Moving forward, it is imperative to continue advocating for the needs of Black women with uterine fibroids and implementing strategies to address the underlying social determinants of health. Through these efforts, we can strive to create a healthcare system that is inclusive, equitable and responsive to the needs of all individuals, regardless of race or ethnicity.

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Conflict of Interest

There are no conflicts of interest by author.

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