the primary cause of end stage renal disease (ESRD), and the prevalence of ESRD among people with diabetes increased 162% from 1990 to 2002. ESRD incidence is higher in men than in women and in Blacks than in Whites (Burrows, Wang, Geiss, Venkat Narayan, & Engelgau, 2005).

Diabetes also increases the risk of lower extremity disease, often leading to amputation. Between 1999 and 2000, for example, 30% of U.S. adults with diabetes developed lower extremity disease, compared to 18% of those without diabetes (NCHS, 2005a). Similarly, based on 2002 data, people with diabetes were nearly twice as likely as those without to have glaucoma or some other type of vision impairment, and one and a half times more likely to report cataracts (Saaddine et al., 2004). Diabetes has also been linked to increased risk for preterm birth and cesarean section in women of all racial and ethnic groups and for low birth weight in Asians, Hispanics, and Whites, but not for Blacks (Rosenberg, Garbers, Lipkind, & Chiasson, 2005).

Other examples of secondary conditions include pain, sleep disturbances, fatigue, weight gain or loss, respiratory infections, and falls or injuries. When the nurse identifies the presence of secondary conditions, he or she will refer the client for appropriate medical therapy. In one study, as many as 86% of clients with disabilities had at least one secondary condition resulting from their disability (Kinne, Patrick, & Doyle, 2004). Community health nurses can advocate for effective care for health problems to prevent the development of these and other secondary conditions.

Tips for assessing the influence of biophysical factors on chronic health problems in the population are included in the focused assessment questions provided below.

Psychological Considerations
The major psychological factor contributing to chronic health problems is stress. Stress can result in carelessness and contribute to accidents that lead to chronic disability. Similarly, stress has been implicated as a contributing factor in the development of cancer and cardiovascular disease. Stress may also lead to poor compliance with control measures in persons with diabetes, resulting in diabetic complications. Depression and anxiety have also been associated with the onset of cardiovascular disease and with coronary heart disease survival. Conversely, myocardial infarction increases one’s risk for major depressive disorder. According to the National Heart Foundation of Australia (Bunker et al., 2003), there is compelling evidence that depression, social isolation, and poor-quality social support have a causal influence on coronary heart disease.

Psychological distress has also been found to play a part in exacerbation of symptoms among people who have asthma. For example, after the World Trade Center attacks in 2001, 27% of people with asthma in lower Manhattan reported a worsening of symptoms. In part, symptom increases resulted from increased smoke and debris in the air, but were also more common among those who reported greater psychological distress as a result of the attacks (Fagan, Galea, Ahern, Bonner, & Vlahov, 2002). Asthma was also linked in one study to suicide ideation and suicide attempts among adults. These findings were not explained by either the incidence of major depression or asthma treatment, although previous studies have shown an association between asthma and major depression (Goodwin & Eaton, 2005).

Some chronic conditions have also been found to have effects on mental and emotional function. Alzheimer’s disease comes most easily to mind, but traumatic brain injury may also contribute to personality changes and increased aggressiveness. Similarly, insufficient blood circulation to the brain in congestive heart failure has been suggested as an explanation for mental effects such as memory deficit, diminished learning ability, poor executive function, and decreased psychomotor speed (Bennett, Suave, & Sahw, 2005).

Psychological effects of chronic and debilitating conditions also occur in response to perceived loss. In one study, people with epilepsy were more than twice as likely as those without to report mentally unhealthy days, and those taking medication for epilepsy were nearly three times more likely to experience mental health effects (Ferguson et al., 2005). Epilepsy has also been associated with low self-esteem, perceptions of stigma, and feelings of shame, fear, and worry (Pedroso de Souza & Barioni Salgado, 2006).

Diabetes, hypertension, and asthma have also been associated with increased incidence of serious psychological distress. In one study in New York City, for example, more than 10% of people with diabetes reported serious psychological effects (McVeigh, Mostashari, & Thorpe, 2004). Chronic illness has also been found to contribute to loneliness, both among those affected and their spouses (Kara & Mirici, 2004). Psychological resources available to clients in the form