

WOMEN IN EUROPE TOWARDS HEALTHY AGEING

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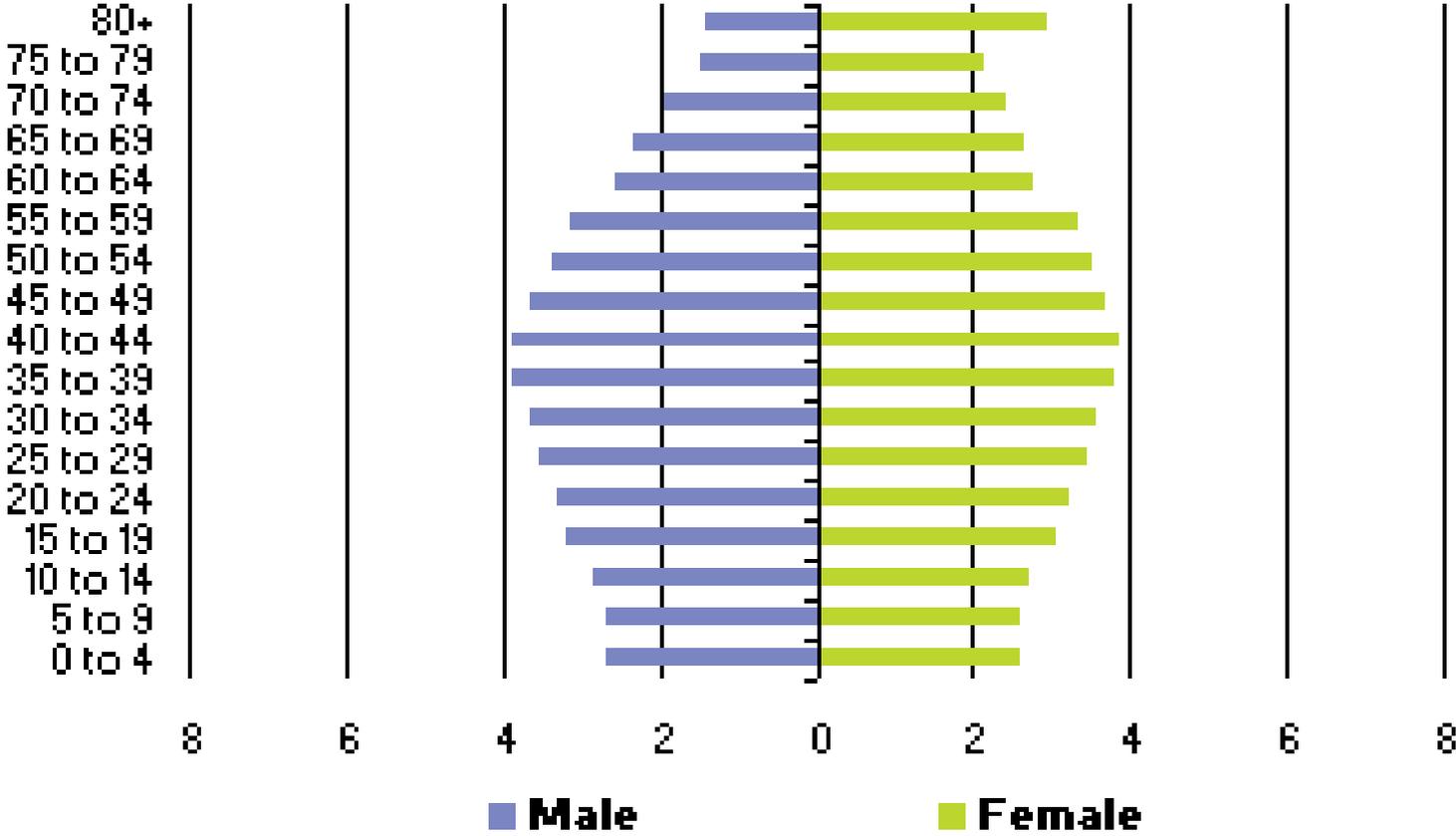


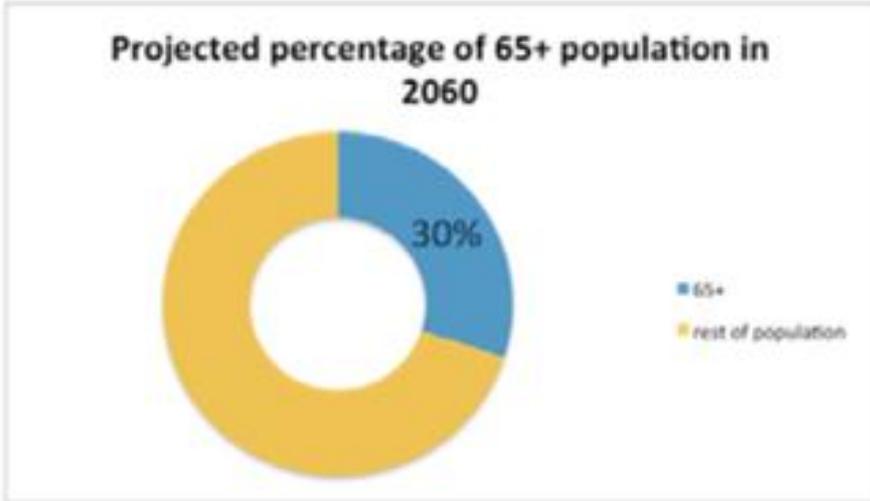
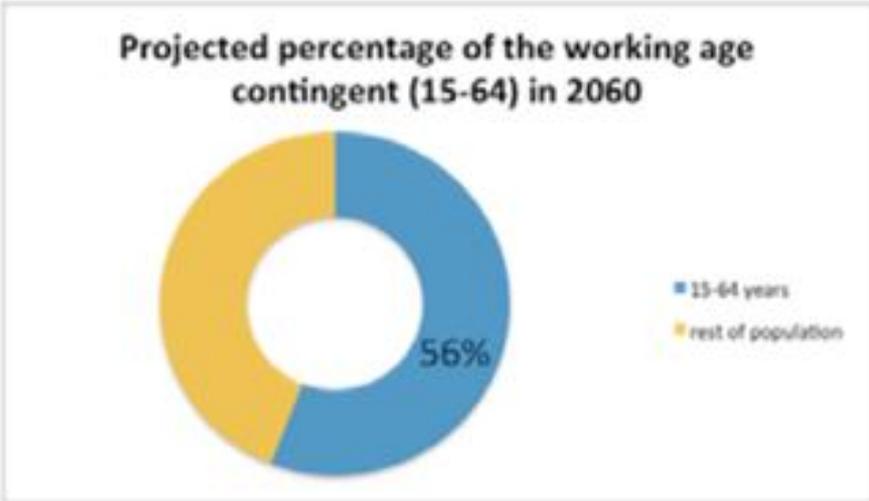
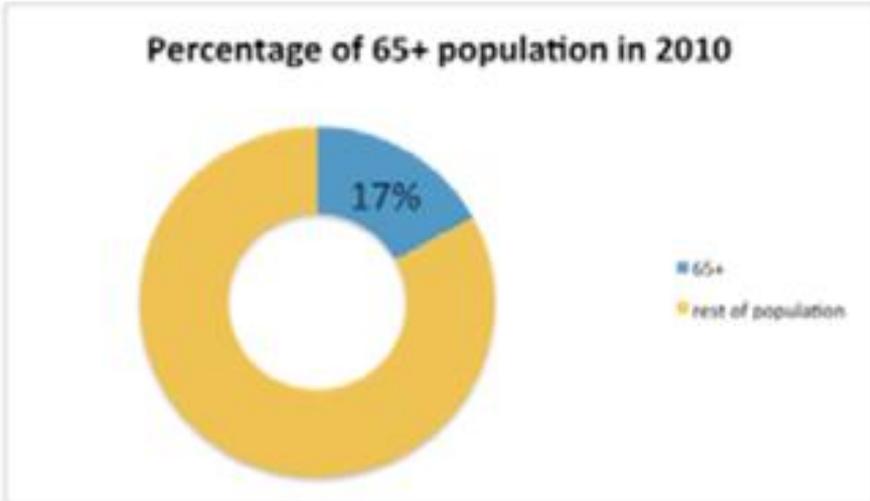
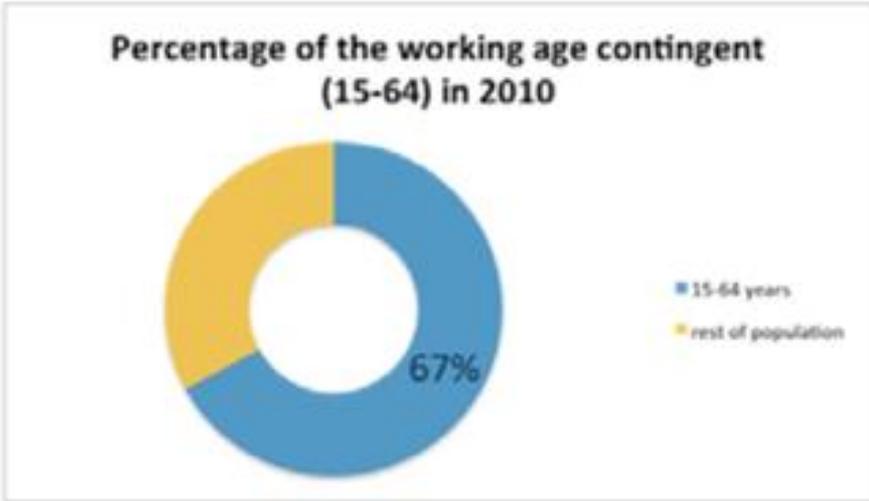
About the EIWH



- The European Institute of Women's Health (EIWH) is a health NGO launched in 1996
- The EIWH aims to ensure a gender-sensitive approach to health policy, prevention, treatment, care and research in order to reduce health inequalities and improve quality.
- **Organisation:**
 - Extensive multi-national, multi-disciplinary network of patient groups, health NGOs, researchers, gender experts, politicians, and medical professionals
 - Expert Advisory Board

Europe's Population 2030





Graph 2: Impact of the demographic change – 15-64 years⁽⁴⁾ and 65+ population⁽⁵⁾ (2010-2060)

* eHealth Task Force Report – Redesigning health in Europe for 2020

Women in Europe

- Europe has the highest proportion of older women in the world: 2/3 of population over 65 years old are women
 - 80+ age group is mostly female and increasing
- EU life expectancy: 82 for women, 76 for men
 - The difference in healthy life expectancy is 18 months
- EU 2020 strategy calls for increasing healthy life expectancy by 2 years
 - Need for adding LIFE into YEARS

* Sundseth, Hildrun, 2010, *Women and osteoporosis*.

Healthy Ageing in Women

- Women's health is determined not only by the **biological** (sex related health), but also by the **socio-economic and cultural determinants** (gender related health)
- Older women encounter two types inequality: one based on **gender** and one based on **age**
- The gender pay gap is larger in older age
- Women accounts for most of the informal, unpaid carers in the family, most in older ages

Women at work



- Feminisation of the labour market
 - changes in family structure and lifestyle
 - approaching men's health conditions
- Traditional inequalities: type of jobs (growing needs in care services -*female tasks*), type of contracts, career opportunities (little control over work)
 - lower salaries, higher risks of stress, violence, depression
 - higher part-time employment rate
 - immunity risks
- General issues affecting women at work
 - sleeping disorders
 - low physical exercising (time schedule changes)
 - eating disorders
 - Policy issues: domestic work risks



Depression in women
harmful to your health

Gender impact in health at early life stages



- Reproductive health and responsible sexual life patterns (culture)
- Quality family planning and well informed birth decisions
 - Availability of resources, information access
 - Education and ICT literacy
 - Raising abortion rates (60% of pregnant young in Cat, 2007)
- Raising tobacco use among women (men's life style identification) / early starters

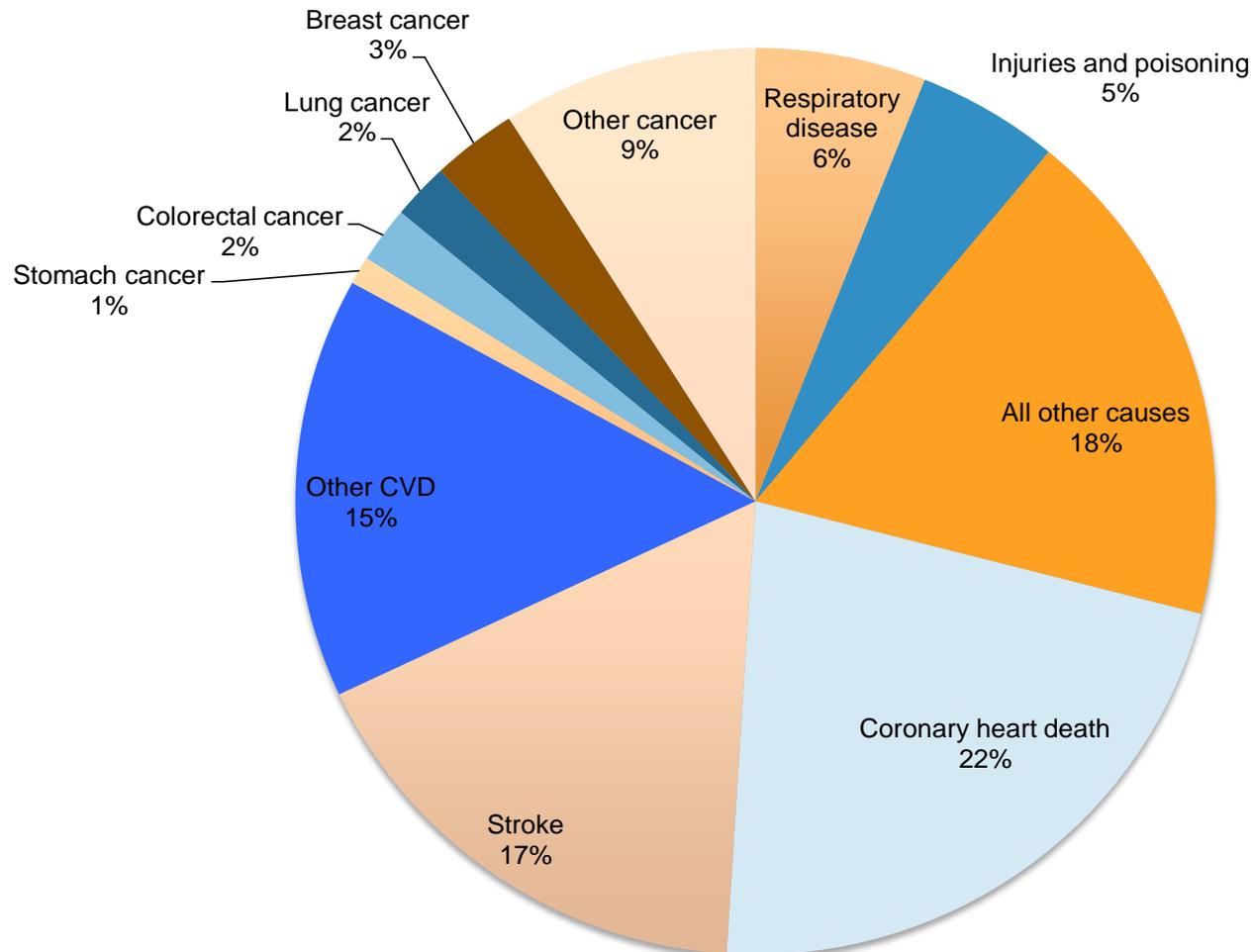
Chronic Disease



- Chronic disease is the top cause of illness and death in the EU.
- With ageing populations and changes in lifestyle, chronic disease will increasingly affect the EU and its citizens.
- Gender impacts on susceptibility, prevention, diagnosis and treatment of chronic disease.
- Healthcare systems must better respond to the different gender needs.

The Chronic Disease Burden

Deaths by cause, women in Europe, latest available year



Cardiovascular Disease



- CVD is the leading cause of death among EU women.
 - On-set of CVD is 10 years later in women than in me.
- Women experience heart disease differently, which can delay diagnosis and impact treatment effectiveness.
- More than 1/3 of women aged 55-64 and more than 1/2 over age 75 with heart disease are disabled.
- Smoking carries a higher cardiovascular risk for women than men, increasing the heart attack risk by over 50%.

Cancer



- **Breast cancer** is the most common cancer in European women.
 - Incidence (29%) is rising and death rate (17%) falling across the EU.
 - High awareness of breast cancer - but not in older women
- **Colorectal cancer** is the second most common cause of cancer in the EU.
 - Colorectal cancer rates are strongly correlated with age.
 - Women less aware that they are at risk of this cancer

Lung Cancer



- Lung cancer used to be considered rare in women.
- The death from lung cancer has overtaken that of breast cancer in Poland, the UK and Ireland.
- The gender gap in smoking rates is narrowing: in 14/26 EU countries, girls out-smoke boys.
- Passive smoking risk on lung cancer is higher in women than in men
- 1/5 women who develop lung cancer never smoke.

Osteoporosis

- Osteoporosis is the silent epidemic in the EU.
- Osteoporosis rarely displays symptoms.
- Osteoporosis is more common in women than men and the burden of care disproportionately affects women.
- 9/10 hip fractures occur in 80% of older women.
- Within the first year after a hip fracture, about 20-24% of patients ages 65+ die from complications.
- Hip fractures are costly to treat, often causing disability, annually, costing the EU over €36 billion in medical costs.

Depression



- The rate of depression among women is twice that of men.
 - Women are more vulnerable to depression due to a mix of physical illness, psychosocial factors, and in some cases, genetic susceptibility.
- Suicide rates are twice as high in the elderly compared to younger adults.
- Depression has a significant impact on quality of life and is responsible for much impairment and disability.

Alzheimer's Disease



- Over 7 million people in the EU have dementia; Alzheimer's Disease is the most common form in the EU.
 - Rates are higher in people over age 65 and in women.
- Alzheimer's Disease is the top cause of dependency in Europe, often impacting family, especially women, who serve as carers.
 - 19 million people are affected by Alzheimer's Disease.
- Alzheimer's Disease costs about €21 000 per patient per year, about 56% of which goes towards informal care.

Clinical Trials



- It is integral that women are included in clinical trials:
 - Women take more medicines than men.
 - Women have more ADR even when adjusted.
 - 2/3 of those over 65 years and most over 80 are female.
- The statistically significant under-representation of women in clinical trials needs to be corrected.
 - In February 2011, the EMA published its geriatric medicines strategy, which is a step in the right direction.
 - Gender needs to be a critical dimensions in the revision of the Clinical Trials Directive (CTD).

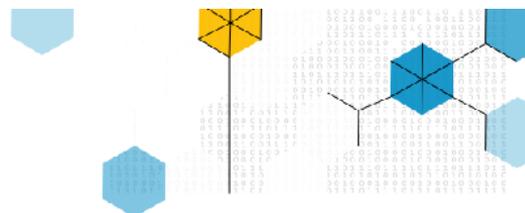
Steps for Action



- Promote health policies that enable older women to maintain quality of life and remain independent.
- Support cooperative, transnational research on the diseases of older women.
- Educate healthcare professionals on the needs of older women.
- Design educational programmes that encourage active and healthy ageing in women.

eHealth Task Force Report – Redesigning health in Europe for 2020

eHealth in 2020 – 5 levers for change



Lever for change #1:
My data, my decisions



Lever for change #2:
Liberate the data



Lever for change #3:
Connect up everything



Lever for change #4:
Revolutionise health



Lever for change #5:
Include everyone

Divisa

“A l'atzar agraeixo tres dons: haver nascut dona, de classe baixa i nació oprimida. I el tèrbol atzur de ser tres voltes rebel.”

Maria Mercè Marçal
(Catalunya, 1952 – 1998)

MOTTO

I am grateful to fate for three gifts: to have been born a woman, from the working class and an oppressed nation. And the turbid azure of being three times a rebel.

(Translation by Sam Abrams)

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