

Women's Health and Healthy Ageing

Marieke van der Waal^{1,*}

¹Leyden Academy on Vitality and Ageing, Leiden, The Netherlands

*Corresponding author: Marieke van der Waal, Leyden Academy on Vitality and Ageing, Leiden, The Netherlands. E-mail: waal@leydenacademy.nl

Received 2016 October 10; Accepted 2016 October 10.

Keywords: Women's Health, Healthy Ageing

There are many reasons for focusing on the importance of women's health and healthy ageing. Recently in the Netherlands, much attention has been given to gender sensitivity as a roadmap to improve women's health and healthy ageing.

For a long period of time, gender disparities have been addressed by medical doctors and scientists. For example, women are historically under-represented in clinical trials. Dodd et al. found that a great number of participants in clinical trials for cardiovascular diseases (CVDs) were young males below 40 years old (1). For this reason, their advice was to be cautious in interpreting the data extracted from clinical trials and guidelines since they can give insufficient and wrong direction for diagnosis, treatment and medication (1). Another example of gender disparities is about the identification of different symptoms and clinical manifestations of women compared to men. In the beginning of the 21st century cardiologists started to recognize some specific symptoms and clinical manifestations of CVDs in women (2). For this reason, in 2006 the European society of cardiology (ESC) made a plea for immediate action and synergic activities in women related research, clinical trials, recommendations for education, improvement of risk stratification and setting new guidelines for diagnosis and treatment of women with CVDs (2). Not only CVDs but also diseases such as Migraine and Rheumatoid Arthritis have gender specific symptoms and clinical manifestations (3, 4). While we gain more knowledge on gender disparities, the misperception on morbidity and mortality and lack of awareness still persist. The WHO fact-sheet 2013 on women's health addresses that CVD's are undesirably still seen as a "male" issue, despite the fact that it is the number one killer of women worldwide (5). Due to lack of knowledge on gender disparities, prevention, aetiology, diagnostics and treatment of women diseases are not as effective as they are supposed to be. Perhaps less attention has been paid to the differences between men and women because women live longer than men and worldwide life expectancy is still increasing. For example in 2014, life expectancy of women at birth was 73.6 years compared

to 54.4 years in 1960 (6).

Luckily, worldwide more attention is being paid to gender sensitivity and disparity. A new initiative in the Netherlands has been launched which is worth sharing. In 2012, ZonMw, medical research council that also advises the minister of health, wrote a document entitled "women are different". This resulted in a current inauguration of a subsidiary program for "gender and health" in order to focus on women's health and diseases. The minister of health dedicated 12 million Euro's to support scientific research, education and implementation of programmes related to this issue. Charities are asked to finance grants for this subject as well (7). Also the European union has set up a gender medicine (EUGenMed) project that developed a roadmap to how to stimulate gender specific research, guidelines and education programmes in Europe (7). Another program called European curriculum in gender medicine (EU-GIM) is organized to stimulate universities to implement gender specific issues in the courses for medical doctors and nurses (7). Above mentioned women initiatives are crucial for improving women's health and healthy ageing.

References

1. Dodd KS, Saczynski JS, Zhao Y, Goldberg RJ, Gurwitz JH. Exclusion of older adults and women from recent trials of acute coronary syndromes. *J Am Geriatr Soc.* 2011;59(3):506-11. doi: 10.1111/j.1532-5415.2010.03305.x.
2. Stramba-Badiale M, Fox KM, Priori SG, Collins P, Daly C, Graham I, et al. Cardiovascular diseases in women: a statement from the policy conference of the European Society of Cardiology. *Eur Heart J.* 2006;27(8):994-1005. doi: 10.1093/eurheartj/ehi819. [PubMed: 16522654].
3. Peterlin BL, Gupta S, Ward TN, Macgregor A. Sex matters: evaluating sex and gender in migraine and headache research. *Headache.* 2011;51(6):839-42. doi: 10.1111/j.1526-4610.2011.01900.x. [PubMed: 21631471].
4. van Vollenhoven RF. Sex differences in rheumatoid arthritis: more than meets the eye. *BMC Med.* 2009;7:12. doi: 10.1186/1741-7015-7-12. [PubMed: 19331649].
5. WHO. Factsheet number 334 on women's health 2013. [cited update September]. Available from: <http://www.who.int/mediacentre/factsheets/fs334/en/>.
6. Worldbank D. Life expectancy at birth females 2014. Available from: <http://data.worldbank.org/indicator/SP.DYN.LE00.FE.IN>.

7. ZonMw Program Gender and Health (in Dutch) 2016. [cited June].
Available from: http://www.zonmw.nl/uploads/tx_vipublicaties/

[Programmatekst_Gender_en_Gezondheid.pdf](#).