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
Percentage of the working age contingent (15-64) in 2010:
- 67% (15-64 years)
- 33% (rest of population)

Percentage of 65+ population in 2010:
- 17% (65+)
- 83% (rest of population)

Projected percentage of the working age contingent (15-64) in 2060:
- 56% (15-64 years)
- 44% (rest of population)

Projected percentage of 65+ population in 2060:
- 30% (65+)
- 70% (rest of population)

Graph 2: Impact of the demographic change – 15-64 years and 65+ population (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

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

- Coronary heart death: 22%
- Stroke: 17%
- Other CVD: 15%
- Stomach cancer: 1%
- Colorectal cancer: 2%
- Lung cancer: 2%
- Breast cancer: 3%
- Other cancer: 9%
- Respiratory disease: 6%
- Injuries and poisoning: 5%
- All other causes: 18%
Cardiovascular Disease

- CVD is the leading cause of death among EU women.
  - On-set of CVD is 10 years later in women than in men.

- 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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