

Gender and Diabetes

Vanessa Moore

Senior Researcher

European Institute of Women's Health



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Why Women's Health?



“The health of women has a direct bearing on the health of the future generation, their families, and communities, and ultimately, the health of societies.”

NIH Office of Research on Women's Health, 2010

http://orwh.od.nih.gov/ORWH_Strategic-Plan_Vol_1_508.pdf

About the EIWH



- The European Institute of Women's Health 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.

About the EIWH



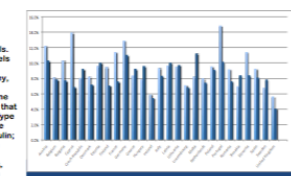
Aim of EIWH is to influence policy:

- Evidence based reports
- Policy Briefs
- Roundtables and seminars.

WOMEN AND DIABETES IN THE EU

Gender and Chronic Disease Policy Briefings January 2016

Diabetes: The Basics
Diabetes is a complex metabolic disease characterised by elevated blood glucose (sugar) levels. The increased glucose levels cause serious damage, especially to the eye, kidney, nerves, heart and blood vessels. Insulin is a hormone produced by the pancreas that regulates blood glucose. Type 1 diabetes occurs when the pancreas produces no insulin; its cause and preventative measures are largely unknown. Type 2 diabetes, which is the most common form, occurs when the body does not produce enough insulin and the insulin that is produced does not work properly. It often results from excessive body weight and lack of exercise. Gestational Diabetes Mellitus (GDM) occurs in women during pregnancy.³



Diabetes: Why Gender Matters

Worldwide diabetes is increasing rapidly and in some countries it is reaching epidemic proportions. For women it is the 9th leading cause of death in high-income countries and is becoming one of the most common non-communicable diseases globally.⁴ Prevalence of diabetes is increasing in every country across Europe each year. Women of ethnic minority groups appear to have an increased risk of developing diabetes. For both men and women, the proportion of people with diabetes increases with age. For younger women, diabetes can be a hard burden to carry. Fluctuations in hormone levels occur through the menstrual cycle and these fluctuations can affect blood sugar control. When estrogen levels are naturally high, the body may be resistant to its own insulin or injected insulin. Many women find their blood sugar tends to be high 3-5 days before, during or after their periods.⁵ During pregnancy Diabetes can cause difficulties for both mother and the unborn child. Women with diabetes should prepare for their pregnancy and stay in close contact with their doctor throughout the pregnancy. Their blood sugar levels will have to be monitored much more frequently, and it is very important that medication use is discussed with the treating doctor and advice carefully followed (see the next page).

Increasing rates of obesity, smoking and sedentary lifestyles in women are putting them at risk of type 2 diabetes. This is compounded by women's greater longevity. The above chart of the prevalence of diabetes illustrates a large variation across EU Member States in the rate of diabetes among men and women. In some Member States, like the Czech Republic, Greece, Hungary, Malta, Slovakia and Sweden, more women have diabetes than men. In other Member States, the gap in diabetes prevalence between men and women is narrowing.

Diabetes and Cardiovascular Disease - the strong interconnection

Diabetes and CVD are strongly interconnected. Diabetes is now regarded as the biggest risk factor for heart disease. People with diabetes are at a greater risk of developing CVD such as heart attack and stroke, if the disease is left undiagnosed or poorly controlled.⁶ Diabetic women have a greater risk of heart disease and at a younger age compared with non-diabetic women.⁷ Although pre-menopausal women without diabetes have a lower risk of heart disease than men, it appears that the protective benefits of female hormones is lost in women with diabetes, regardless of age. Death from heart disease associated with type 2 diabetes is about 50 per cent greater in women than it is in men.⁸ Recognising that diabetes and CVD are closely interconnected, cardiologists of the European Society of Cardiology and diabetologists of the European Association for the Study of Diabetes, joined forces to develop evidence-based guidelines to improve the quality and management in diagnosis and care of both CVD and diabetes.⁹

WOMEN AND CARDIOVASCULAR DISEASE IN THE EU

Gender and Chronic Disease Policy Briefings February 2016

Cardiovascular Diseases: The Basics

Traditionally regarded as a male disease, cardiovascular disease (CVD) is the number one killer of women worldwide. It also is a major cause of serious illness and disability, costly to healthcare systems and destroying women's quality of life. In the EU, CVD remains the top cause of death for women in each of the twenty-seven EU countries. Only during the last decades has awareness been rising how CVD affects women differently from men, alerting women to their risk. Death from CVD accounted for 43% in women and 36% in men in the EU, see Chart 1.¹

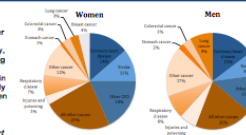


Chart 1: Causes of death in women and men, EU-27, latest available year*

WHO defines cardiovascular diseases as a group of disorders of the heart and blood vessels that includes:

- Coronary heart disease (CHD): disease of the blood vessels supplying the heart muscle;
- Cerebrovascular disease: disease of the blood vessels supplying the brain;
- Peripheral arterial disease: disease of blood vessels supplying the arms and legs;
- Rheumatic heart disease: damage to the heart muscle and heart valves from rheumatic fever, caused by streptococcal bacteria;
- Congenital heart disease: malformations of heart structure existing at birth; and
- Deep vein thrombosis and pulmonary embolism: blood clots in the leg veins, which can dislodge and move to the heart and lungs.

Heart attack and stroke are acute events, mainly caused by a blockage that prevents blood from flowing to the heart or brain.²

Both can be life-threatening and may require immediate emergency treatment and hospitalisation. Time is of essence and influences survival chances. Coronary heart disease (CHD) is the most common cause of death in the EU, responsible for more than 81,000 deaths annually; 14% of women and 16% of men die from CHD. Women are much more likely to die within a year of having had a heart attack.

Stroke is the second most common cause of death in women and affects more women than men. Although CVD has declined over the last 40 years, this decline has been smaller for women. Instead, new cases for women are rising and due to their greater longevity, the CVD burden can be said to have shifted gradually onto women.

CVD: Why Gender and Age Matters

The risk of CVD in women is still underestimated by society, including women themselves and the medical community. The reason for this is that CVD has been considered a male disease. Women are protected by their hormones against CVD during their fertile years, but lose this protection once they enter menopause. Women are getting CVD about 10 years later than men. Interlinked are other risk factors such as a rise in hypertension, which increases in women over the age of 45, as does total cholesterol level. Obesity, another major CVD risk factor, more prevalent in men under the age of 45, is increasing with advancing years in women.³ Thus, while younger women have a lower prevalence of CVD compared to men, this gap narrows and even reverses in older women.⁴ Across the EU, there are wide disparities in CVD.

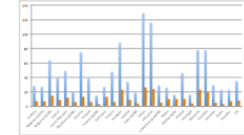


Chart 2: Age standardised death rates per 100,000 from CVD, adults aged under 65, 2008 at most recent available year, EU-27**

About the EIW



- DG SANCO
 - Clinical Trials Regulation
- DG Research & Innovation
 - FP6 expert advisory group
- Member of European Medicines Agency Patient and Consumer Working Group
- European Parliament
 - Roundtables, HPV cervical cancer prevention and vaccines
- EuroMedicat
- CanCom (1996)
- Engender
- EPAAC (European Partnership Action Against Cancer – JA)
- CHRODIS-JA
- ASSETS.

WWW.CHRODIS.EU



Gender perspectives in health care



- Due to biological differences and varied gender roles, men and women have different health needs
- Healthcare equity should be based on achieving the same outcomes
- Women experience specific barriers to accessing healthcare
- Analysing the quality of health care is difficult due to varied health care systems, demographic composition, and cultural differences.

Gender perspectives in health care



Unequal experiences in earlier life in access to education, employment and healthcare as well as those based on gender and cultural background can have a critical bearing on the health status of women throughout their life (EU Committee on the Environment, Public Health and Food Safety 2011).

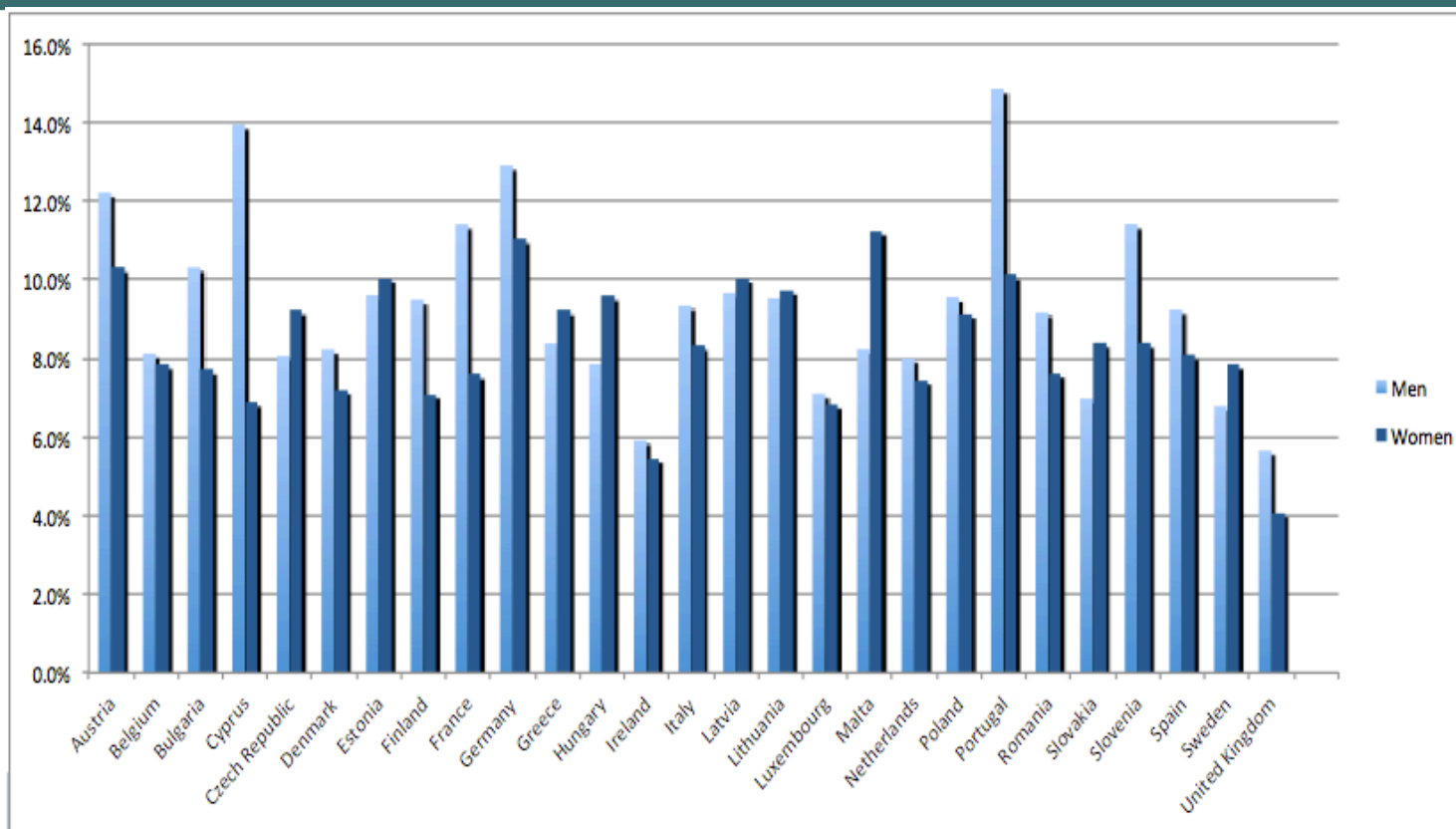


Women and Diabetes: Concerns



- Diabetes is the ninth-leading cause of death for women in high-income countries
- Female longevity makes women more likely to get diabetes
- In 2010, more women than men had diabetes in nine of the EU-27 countries, and the gap between men and women in the other countries are rapidly narrowing.

Women and Diabetes



Prevalence of diabetes in women and in men, 2010, EU-27^{1,2}

CHRODIS WP7 Objectives



- Identifying people at high risk of diabetes
- Early diagnosis
- Secondary prevention
- Comprehensive multifactorial care
- National Diabetes Strategies.



Gender and Diabetes: the Evidence



- Chronic Disease
- Cardiovascular disease
- Osteoporosis
- Cancer
- Mental Health.



Life course approach



- Children
- Gestational Diabetes
- Older women
- Multimorbidity – chronic diseases
- Ireland – insulin pump eligibility for all children aged 5 and younger; assessing national guidelines for gestational diabetes.

**D for
Diabetes**



Recommendations



- Gender mainstreamed in National Diabetes Plans
- Health Promotion and diabetes prevention -women as managers of Family Health
- Life course perspectives in diabetes care
- Pregnancy opportunity for education and diabetes awareness.

The Joint Action on Chronic Diseases and promoting healthy ageing across the life cycle (JA-CHRODIS)*

*** THIS PRESENTATION ARISES FROM THE JOINT ACTION ON CHRONIC DISEASES AND PROMOTING HEALTHY AGEING ACROSS THE LIFE CYCLE (JA-CHRODIS) WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, IN THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013)**

