

## **Women and Osteoporosis - A case of gender-blindness?**

Much is written about Europe's ageing population, but action is all too often missing - especially in forestalling the increasing chronic disease burden threatening the quality of life of older people and healthcare budgets. Why does this matter to the European Institute of Women's Health? Women make up the largest part of the older population and there are currently three women for every two men between the ages of 65 and 79, with over twice as many women over the age of 80.

So are women the lucky winners, outliving men on average by 6 years, in the longevity game? Yes, if it were not for the fact that those extra years - so the statistics tell us - are often marked by chronic illness, disability and loss of independence. Take the example of osteoporosis - a disease causing much pain and disability and heavy economic cost to society. As life expectancy continues to rise, so will osteoporosis with its resulting fractures. Women take the brunt of it. Despite advances in the knowledge of how to prevent and treat this disabling disease, Europe has been dragging its feet for decades. And this despite a Commission report recommending action for prevention. Only 6 of 27 EU member states have made osteoporosis a national healthcare priority. Could the reason for this be gender-blindness, failure of current therapies to appropriately address patients' needs or even worse, discrimination in our healthcare systems?"

At a certain age, around menopause, women become "invisible" and with it diseases which they may harbour such as osteoporosis remain hidden to them and - so it would seem - their doctors, often with disastrous yet avoidable consequences. Once the disease has progressed and becomes apparent through loss of height and painful spinal fractures, it is obvious but more difficult and expensive to treat.

### **Osteoporosis strikes women harder than men**

Why? Bone loss in women is more accelerated in the first years of menopause. By the time a woman reaches 80 she may have lost about 40 % of bone mass, weakening hip, vertebra and wrist joints. Rarely displaying any symptoms, osteoporosis results in fragile bones that may easily fracture with no warning. A simple fall around the house can result in fracturing a hip, needing hospitalisation. Nine in ten hip fractures occur in 80% of older women. Hip fractures are costly to treat, often causing disability. Within the first year after a hip fracture, an estimated 20 - 24% of patients aged 65 and older die as a result of complications.

Many women become prisoners of their own bodies and homes or, unable to live independently, residents of long-term care institutions.

Heart disease and cancer are diseases nearly everyone understands and fears, but somehow osteoporosis which develops silently is not on our radar screen, although a woman's risk of hip fracture, three times more than men, is equal to her combined risk of developing breast, cervical and ovarian cancer.

Fourteen years ago, the European Institute of Women's Health highlighted in its report "*Women in Europe - towards healthy ageing*" the need to tackle osteoporosis more effectively through a lifespan approach by investing in prevention at an early age and making screening and treatment

available in a timely fashion. Changes in life style and new safe, more efficacious and convenient therapies can help mid-life and older women to avoid fractures, stop bone loss and even strengthen bones to a certain degree.

### **Why does Osteoporosis still remain largely undertreated and what can we do?**

One of the greatest risks for women is lack of awareness of their own health problems and failure to seek timely help. However, if general practitioners are not sufficiently aware of osteoporosis, it is hardly surprising women take its danger lightly - at a cost to their mobility and independence in later years. Another reason is that although it is possible to detect this silent disease earlier through effective bone mineral density testing, in practice the test is often not made available to women, not reimbursed, or only reimbursed after a first fracture.

This is why organisations such as ours get involved in raising awareness about the human and economic costs of this disabling disease and about ways to prevent or lessen its impact. Girls must be encouraged to adopt healthier life styles such as: stop smoking, drink alcohol in moderation, and instead exercise regularly and eat a healthy diet to strengthen bone health. Throughout the lifespan bone health should be acknowledged as an important health condition. And therefore women, particularly around menopausal age, should seek and obtain assessment of their bone density and if necessary receive the best available treatment that meets their individual needs.

Today's 60 year old woman wants to stay active and involved in society; she may have another 25 years of fulfilling life ahead of her. Most certainly she wants to keep her physical mobility and avoid - what older people fear most - becoming a burden to her family or society.

Preventing osteoporosis and the resulting devastating fractures that rob older women of their quality of life and independence is of great urgency and an imperative in our ageing society. Here is a chronic disease that can be tackled through a life-span approach by investing early on in prevention, screening and use of innovative treatments. There is no time for complacency or gender-blindness.

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