



## Women's Health issues

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### Abstract:-

Multiple health issues affect women through out the life course differently from men, or do not affect men at all. Although attention to women's health is important in all stages in life, health among middle-aged and elderly women has not received sufficient attention by scientists and policy-makers. Related to the menopausal transition and the experiences accumulated until that age, many diseases occur or further develop in middle-aged and elderly women. To improve women's quality of life and guarantee a long lasting and active role for middle-aged and elderly women in society, prevention of chronic diseases and disability is a key aspect. In this manuscript we give an overview of the major health issues for peri- and post-menopausal women, we summarize risk factors and interventions to improve menopausal health. Based on the available scientific literature and the global burden of disease endeavor, we have selected and herein describe the following top 11 key health issues, selected in terms of burden exerted in women's mortality, morbidity, disability and quality of life: cardiovascular disease, musculoskeletal disorders, cancer, cognitive decline and dementia, chronic obstructive pulmonary disease, diabetes mellitus, metabolic syndrome, depression, vasomotor symptoms, sleep disturbances and migraine.

Key words: , Diseases, Health, menopausal

### 1. Cardiovascular disease

number one cause of mortality and morbidity CVD is the leading cause of mortality and morbidity among women in developed countries and is a major cause of disability. About 54% of all deaths and 39% of all disability among women over 70 are caused by CVD. Corresponding percentages are 31% and 18% for women aged 50–69 . However, there is still a paucity of information about CVD in women. This is probably because the disease rarely occurs in women younger than 50 years, while CVD incidence and mortality begin to increase in men in their forties. Women presumably lose their apparent female advantage regarding CVD after menopause. The prevalence of CVD and risk factors such as hypertension and CHD, increases rapidly at the onset of menopause and continues to increase through the postmenopausal period . The increased risk of CVD among menopausal women appears to be associated with loss of ovarian function, accompanied by loss of estrogen and alterations in progesterone secretion ; and with the substantial metabolic changes occurring during menopause that emerge with estrogen deficiency(of which the accumulation of excess abdominal fat during menopause plays an important role) and also with deleterious changes in nutrition and lifestyle factors that accumulate during this period of time. Conventional CVD risk factors include smoking, poor diet, decrease in physical activity, alcohol, metabolic factors including high blood pressure, dyslipidemia (high cholesterol and low high-density lipoprotein – HDL – cholesterol), and sleep disturbances . Hormone replacement therapy (HRT) – although might be beneficial in early post menopause – has been suggested as a potential risk factor for CVD in

menopausal women. CVD may also result from genetic factors including single-gene mutations, gene–gene or gene–environment interactions (REF Cardiogram)

## **2. Musculoskeletal disorders**

The burden increases with age Musculoskeletal disorders are highly prevalent among older adults . 9.5%of disability among women over 70%and 17%among women aged 50–69 is caused by musculoskeletal disorders. Periand postmenopausal women frequently suffer osteoporosis, sarcopenia and osteoarthritis. Osteoporosis, characterized by a reduction of bone mineral density (BMD) and micro-architectural deterioration of bone tissue, resulting in high risk of fractures, is becoming increasingly prevalent with the aging of the world’s population . BMD decreases with age showing a steeper decline at menopause. Consequently, osteoporotic fracture risk is higher in older women than in older men . Deleterious changes in lifestyle factors, loss of ovarian function and changes in the estrogen level are associated with a significant increase in the prevalence of osteoporosis . Besides hormonal factors, risk factors such as cigarette smoking, low physical activity, low intake of calcium and vitamin D, inadequate sun exposure, and race are associated with osteoporotic fractures. Although HRT had a positive effect on fracture prevention (especially in combination with calcium and vitamin D supplementation), adverse effects might outweigh possible benefits. Clinical management should, therefore, focus on other modifiable risk factors, such as adequate sun exposure and maintenance of adequate dietary calcium and vitamin D intake. Vitamin D and calcium supplementation seem to be beneficial in older postmenopausal women, though caution is warranted because of possible formation of renal stones . Phyto-estrogens seem to have no effect on bone health.

## **3. Cancer in middle-aged and elderly women**

Cancer is one of the leading causes of death and disability worldwide . Of all deaths, 41% among women aged 50–69% and 16% among women 70+ are attributed to cancer. Cancers of lung, breast, colorectal, ovaries, pancreas and cervix are the most prevalent types among middle-aged and elderly women. General behavioral and lifestyle risk factors for cancer include high BMI, low fruit and vegetable intake, lack of physical activity, smoking and alcohol. Evidence regarding the influence of multivitamin supplementation on cancer has not been convincing . Healthy diet, physical activity and reduction of smoking and alcohol are important preventive interventions. Lung cancer accounts for 7% of deaths among women aged 50–69% and 2.2% in 70+ women. It accounts for 3.6% disability in women aged 50–69% and 1.9% in 70+ women. Lung cancer is primarily caused by tobacco smoking and therefore eliminating smoking is the important preventive measure. Breast cancer accounts for 7.8% of deaths in women aged 50–69% and 1.9% in 70+ women. Statistically, one woman in eight will develop invasive breast cancer at some time in her life. The chance of death from breast cancer is one in thirty-six in the United States . Established risk factors include HRT , obesity, family history, and age. Diet seems to be associated with breast cancer risk, especially at post-menopause . Colorectal cancer accounts for 4.5% of total deaths in women 50–69 years and for 2.6% in 70+ women. Risk factors include genetics, obesity, lifestyle (physical inactivity and smoking) and dietary factors (high intake of fat, red meat and alcohol)

## **4. Chronic respiratory disease**

2.9% of deaths and 1.0% of disability among women aged 50–69 is caused by COPD. Corresponding percentages are 3.7% and 5.7% in women 70+. COPD is a progressive lung disease defined by persistently poor airflow as a result of breakdown of lung tissue (known as emphysema) and dysfunction of the small airways. COPD is primarily caused by (tobacco) smoke. Genetics, occupational exposure to smoke and pollution from indoor fires may also contribute to COPD. Smoking cessation may

decrease the risk of death from COPD by 18%. Diet, especially increased intake of vitamin C and E, appears to be an important modifiable factor in disease development

## 5. Diabetes

Diabetes is one of the most common chronic diseases worldwide and due to deterioration of lifestyle and the aging population, its prevalence is increasing. Diabetes accounts for 2.4% of deaths and 3.4% of disability in women aged 50–69 and for 2.2% of deaths and 3.1% disability in women 70+. Postmenopausal women are at higher risk of type 2 DM compared to their premenopausal counterparts. This increased risk is influenced by the development of metabolic risk factors during menopause emerging from hormonal changes. An important metabolic risk factor for DM is the change in body composition and abdominal fat. Estrogen levels before menopause might mask a genetic predisposition for metabolic risk factors associated with DM, such as insulin resistance with small, dense low-density lipoprotein (LDL) and elevated PAI-1. Diabetic women have a 2.5-times increased risk of CVD and a 2.2-times increased risk of mortality once CVD has developed compared with non-diabetic women at a similar age. Estrogen therapy might influence metabolic factors, such as body composition and consequently decreases the incidence of diabetes.

## 6. Depressive disorders

Depression is a highly debilitating and prevalent condition among middle-age and elderly women. Symptoms of depression are often present in individuals with dementia, often preceding cognitive decline. Depression is more common in women. Depressive disorders, including anxiety, unipolar and bipolar depressive disorder, account for 2.3% of disability in women 70+ and 6.3% in women 50–69 years. Menopause, especially in women with a history of mood disorders raises the risk of depression and anxiety. Symptoms are worst in the perimenopausal period, partly due to hormonal changes during this period. Psychosocial and cognitive changes during menopause might contribute to menopausal mood disorders. Symptoms of depression and anxiety have been associated with hot flashes: perhaps through hormonal changes or sleeping disturbances as the underlying mechanism. Although estrogen is expected to improve and stabilize mood during menopause, partly by improving vasomotor symptoms, research shows no effect of HRT on depression. Exercise, cognitive behavioral therapy, and non-hormonal medication seem effective treatment solutions for menopausal depression and anxiety.

## 7. Multimorbidity and frailty

Nearly 60% of elderly women suffer from multiple disorders; hypertension, osteoarthritis, diabetes and osteoporosis being among the most prevalent. Health issues in women are thus likely to coexist, elevating risk of death, disability, poor quality of life, and adverse drug events. Multimorbidity and age, furthermore, predict frailty, a common geriatric syndrome that embodies an elevated risk of decline in health and function among older adults. Frailty prevalence is particularly high in individuals over 75 years.

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