

Geriatric Medicine/Expert

One important challenge for the health care system is "healthy ageing". Although women live longer on average, they spend as many years in good health as men (see also: life expectancy). This means that during the years that women live longer, they often suffer from chronic diseases and report a low disease-related quality of life with significant functional limitations. An enormous proportion of the health budget is spent on chronic diseases in older women. In later adulthood, men and women differ not only in the type of their diseases but also in the number of health restrictions. Women are significantly more likely to suffer from co-morbidity (simultaneous occurrence of several diseases).^[1] However, even if women and men suffer from the same number of health restrictions, the symptoms that women describe appear to be more severe. There may indeed be an underlying cause for this, and/or other factors (for example, gender) may influence perceptions of health and disease.^[2] There is little research evidence on this to date.

There is evidence of a higher proportion of women with somatic illnesses in the over-75 age group. Among other things, this can be explained by higher life expectancy among women. If we look at the prevalence figures for chronic diseases in this age group (≥ 75 years), 41 percent of men and 53 percent of women are chronically ill. The older a person is, the more likely he or she is to report one or more chronic conditions. Disorders resulting in the death of women on average more frequently than in men, are psychiatric and behavioral disorders (especially dementia), diseases of the skin and subcutaneous tissue (e.g. decubitus) and diseases of the muscles and joints (osteoporosis, osteoarthritis and arthritis).^[3] The post-menopausal estrogen deficit is the most common cause of health problems in women, such as loss of bone density, cardiovascular disease (including hemorrhages of the brain), cognitive disorders, Alzheimer's dementia, depression and incontinence.^[4] Since the entire female body system is fundamentally different from that of men, women- and male-specific ageing processes could be presumed. For instance, female ovarian function is not limited to reproductive capacity, but plays a key role in the overall state of health and well-being throughout life, from embryonic development to death.^[5]

While some 50 years ago, the focus of medical studies was primarily on infectious diseases, the focus of research in recent decades has shifted away from acute diseases and towards diseases of chronic nature. Due to considerable progress in basic medical care, the importance of infectious diseases in terms of their high mortality rate has decreased enormously. Simultaneously with this development, the prevalence of chronic diseases is increasingly rising due to changes in global age demographics and thus the demand for long-term treatment methods with multifactorial therapy approaches.^[6] Dementia in particular is a growing problem of the older generation. Various study results show a similar prevalence rate for men and women in this regard. Nevertheless, hereditary factors seem to play a major role, especially in dementia in men, whereas in women the estrogen level is an important factor. Men with dementia have a shorter life span and a higher mortality rate than women. Poverty is a key risk factor for health problems, especially among older women. Women receive lower pensions. In particular, women with a migration background often do not receive a company pension and are not fully entitled to a state pension. They are then dependent on social welfare. This often- overlooked financial problem is exacerbated by the fact that more and more migrants suffer from dementia and are dependent on continuous support.^[7]

Literature

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