

# Older Women's Health

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## Overview

- > No disclosures
- > Contexts of older women's lives
- > Chronic conditions  
(and a bit about hormones)
- > Clinical encounters
- > Lifestyle/health promotion



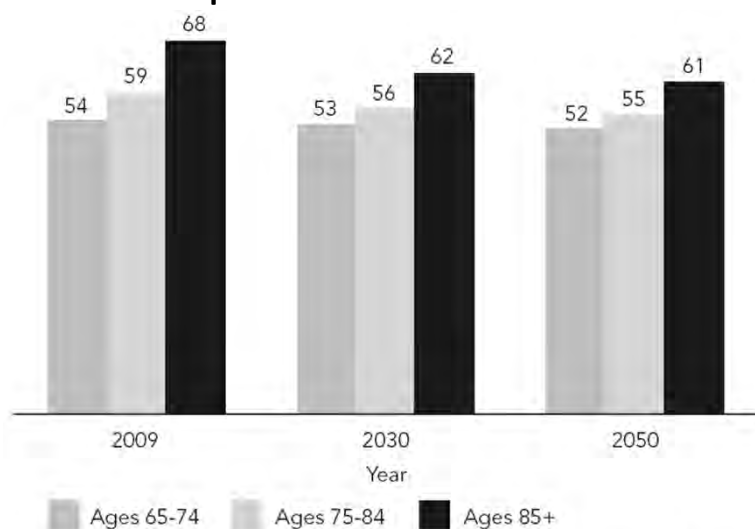
# Contexts



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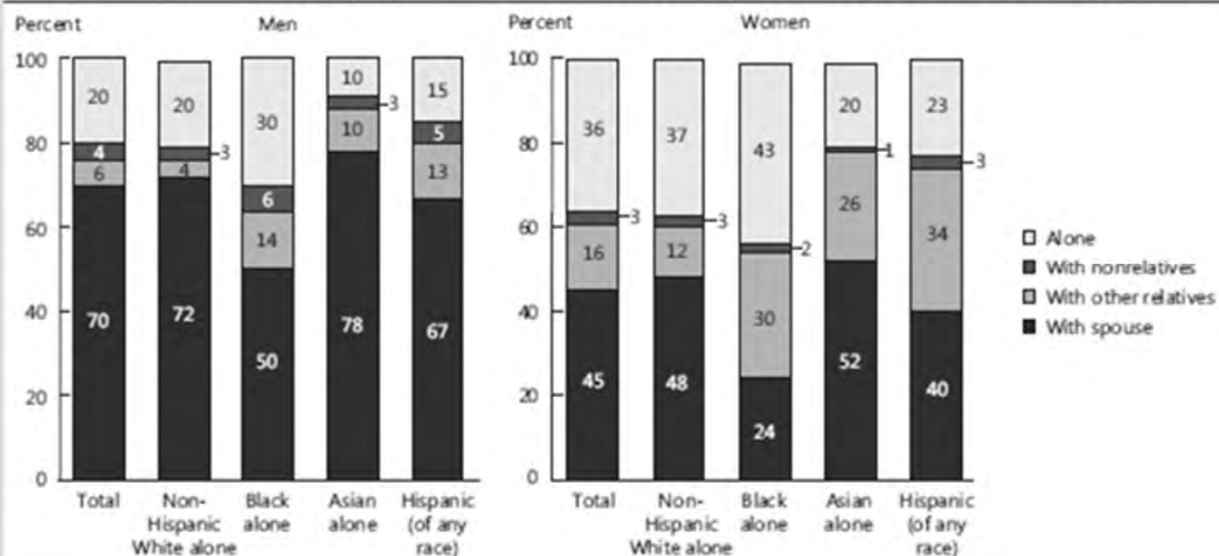


## Percentage of Females by Age Group in the United States



**Source:** PRB analysis of data from U.S. Census Bureau, 2009 Population Estimates, National Population Projections, 2008.

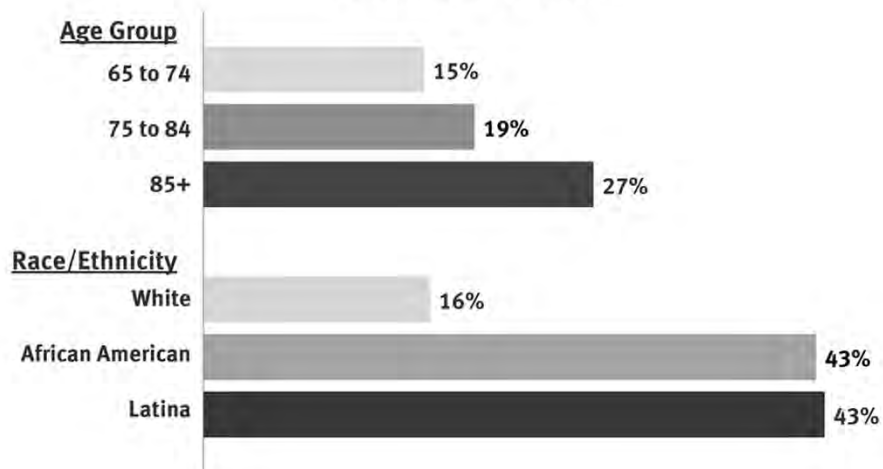
### Living arrangements of the population age 65 and over, by sex and race and Hispanic origin, 2015



Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2016: Key Indicators of Well-Being*; SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

## Many Older Women on Medicare are Impoverished

Percent of women ages 65 and older on Medicare with annual income below \$10,000:

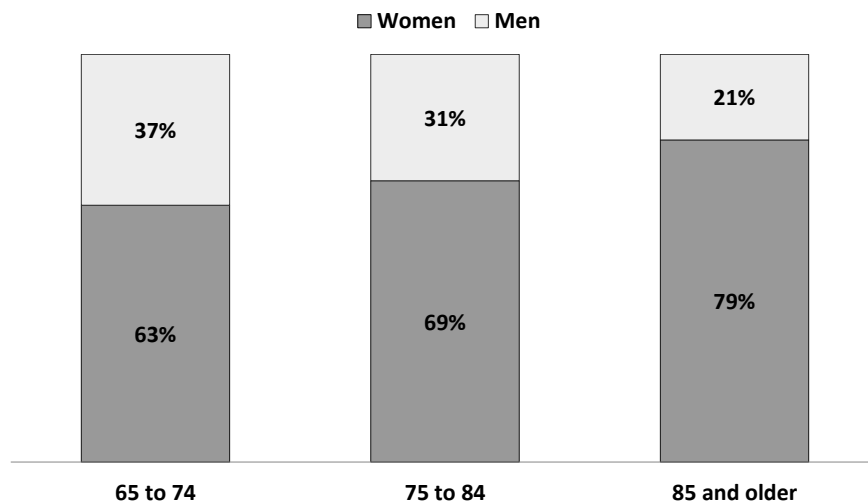


SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Access to Care file, 2006.



## Women Comprise the Majority of Older Adults on Medicaid

Distribution of Seniors with Medicaid, by Age and Sex, 2009

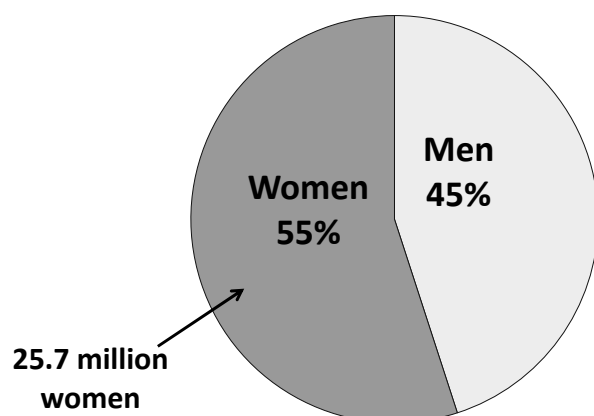


Women = 68% of the 6.1 million Medicaid beneficiaries 65 and older

SOURCE: Kaiser Commission on Medicaid and the Uninsured and Urban Institute analysis of 2009 MSIS data, 2012.



## Women Comprise the Majority of Medicare Enrollees

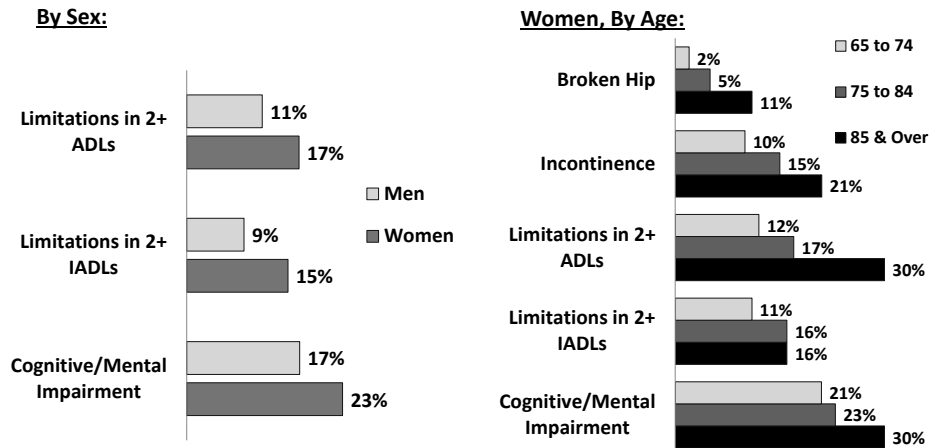


SOURCE: Medicare data from the 2010 CMS Data Compendium.



## Many older women have limitations that predispose them to needing long-term care

Among Medicare Beneficiaries Ages 65 and Older

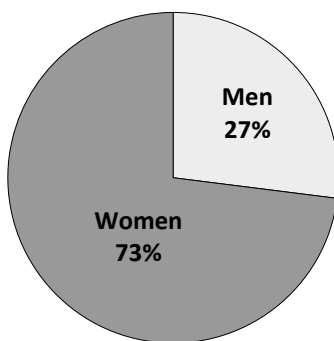


SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Access to Care file, 2006.



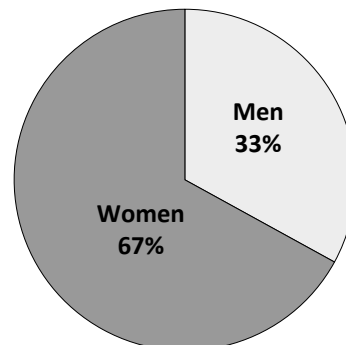
## Most recipients of long-term care services and supports are women

Nursing Home Residents



Total in 2008 =  
1.5 million

Home Health Users



Total in 2008 =  
2.5 million

SOURCE: Kaiser Family Foundation analysis of Medicare Current Beneficiary Survey; Kaiser Commission on Medicaid and the Uninsured estimates based on CMS National Health Accounts data, 2009.

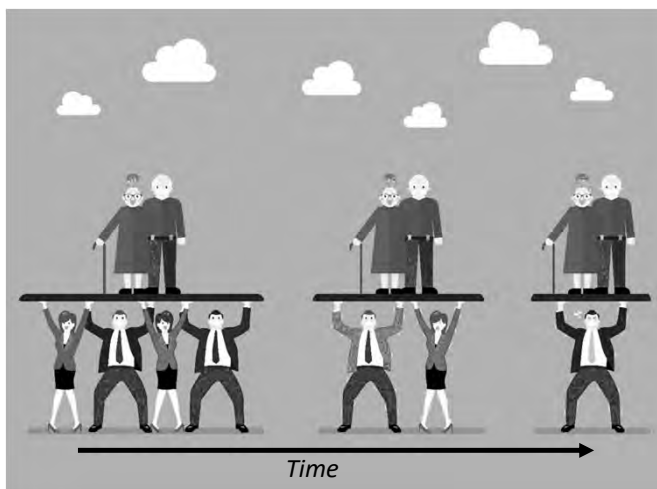


## Women's multiple roles and relationships

- > Spouse/Intimate Partner
- > Children
- > Siblings
- > Friends
- > Fictive Kin



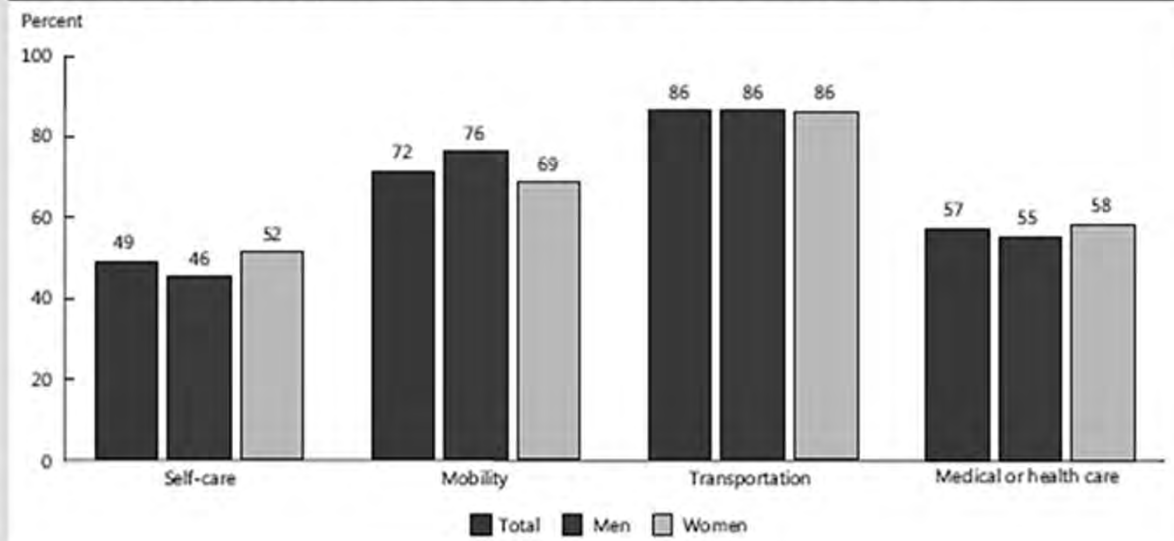
## Caregiving Roles Reflect Aging Trends



Shutterstock.com

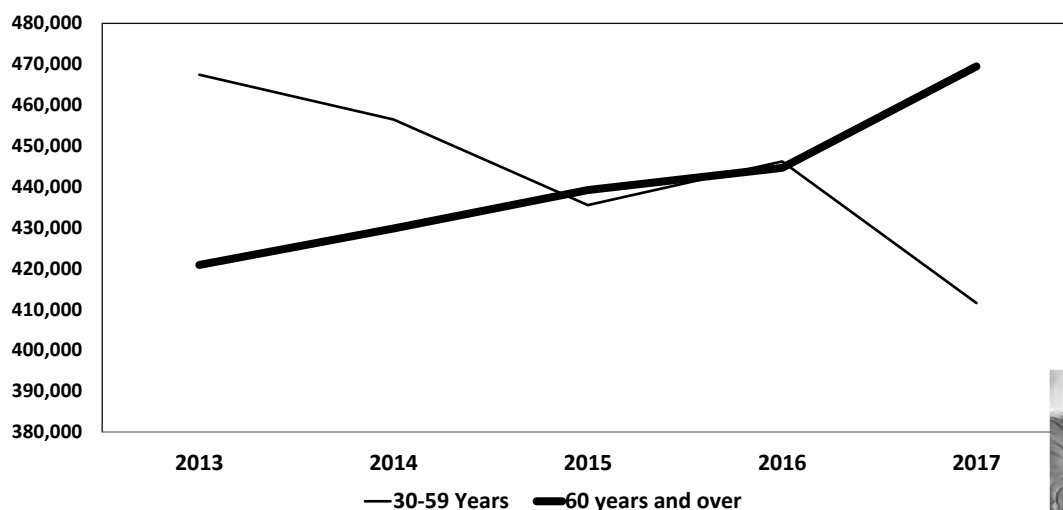
- Declining fertility rates are key to population aging
- Increased life expectancy
- Migration

**Percentage of caregivers providing assistance, by type of assistance and sex, 2011**



Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2016: Key Indicators of Well-Being*.  
SOURCE: National Study on Caregiving

**Number of Grandparents Responsible for Own Grandchildren Under 18 Years, Householder or Spouse with No Parent of Grandchildren Present**



Administration for Community Living: Grandfamilies Issue Briefing (July 11, 2019) based on U.S. Census Bureau American Community Survey for the years 2013 through 2017



# Caregiving Takes a Toll on Health

- > Many women find their health worsening
- > Can lead to health problems, including depression due to:
  - Stress
  - Physical strains of providing care
  - Lack of self-care, including not seeking health care



## Health Conditions / Concerns

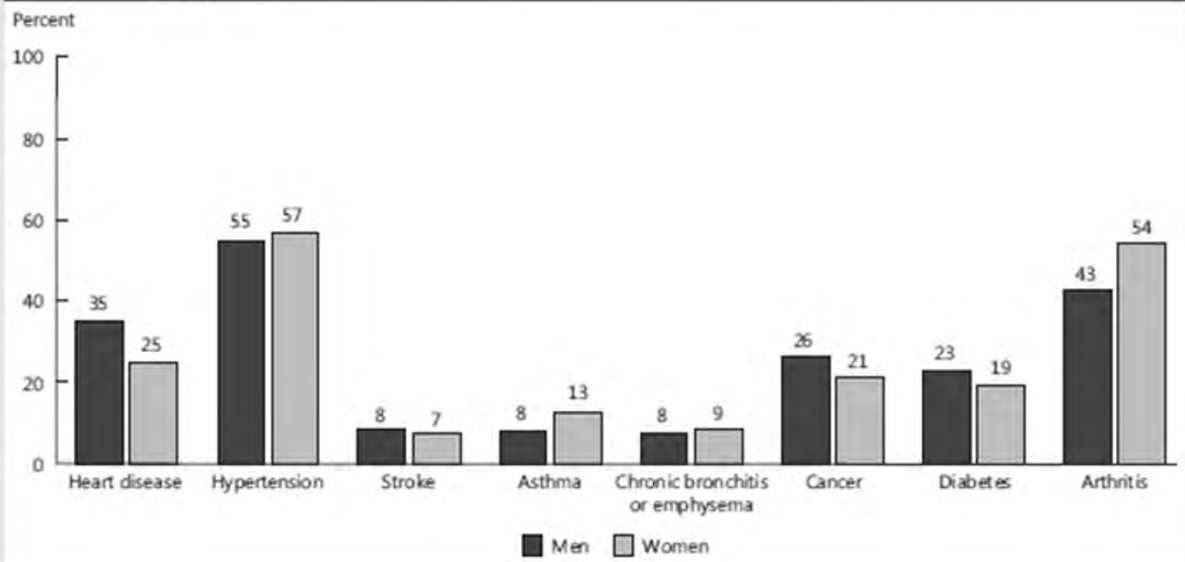
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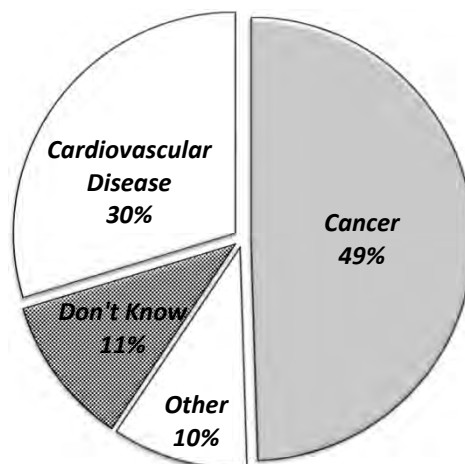


**Percentage of people age 65 and over who reported having selected chronic health conditions, by sex, 2013–2014**



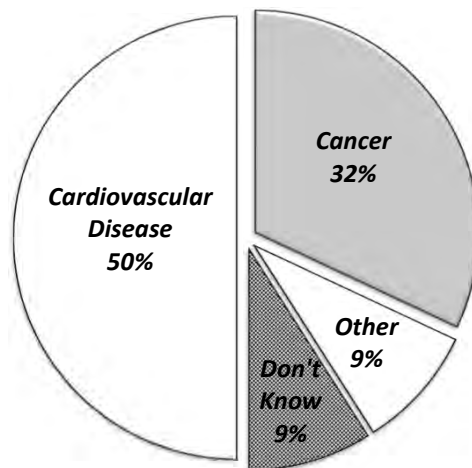
Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2016: Key Indicators of Well-Being*.  
 SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey

**Women's Perceptions of Leading Cause of Death, 1997**



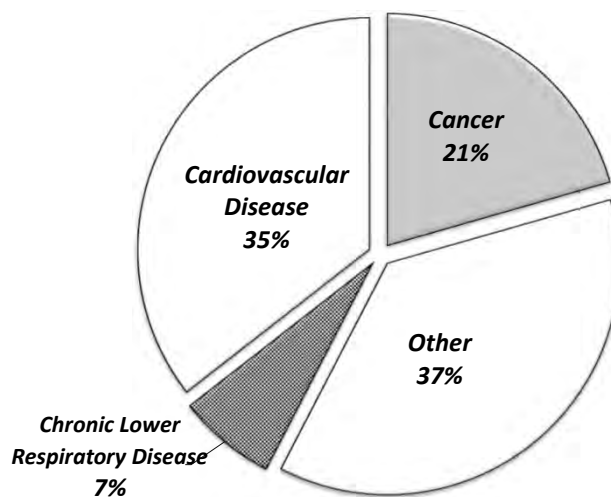
Adapted from Mosca L, et al. *Arch Fam Med*. 2000;9:506-15.

## Women's Perceptions of Leading Cause of Death, 2013



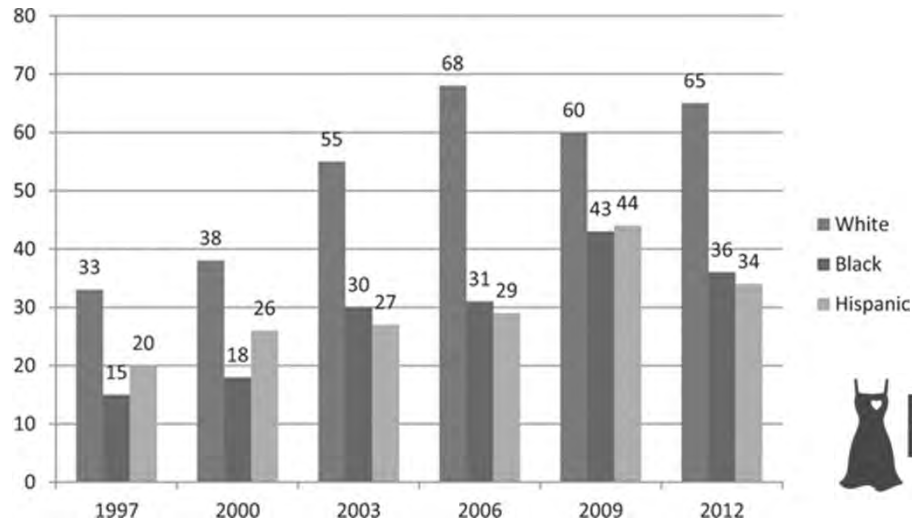
Adapted from Mosca L, et al. *Circulation*. 2013;127

## Causes of Death Among Women Age 65+



\*SOURCE: CDC/NCHS, National Vital Statistics System, Mortality, 2009

## Trends in awareness that heart disease is the leading cause of death in women



Mosca et al. Circulation. 2013;127:1254-1263

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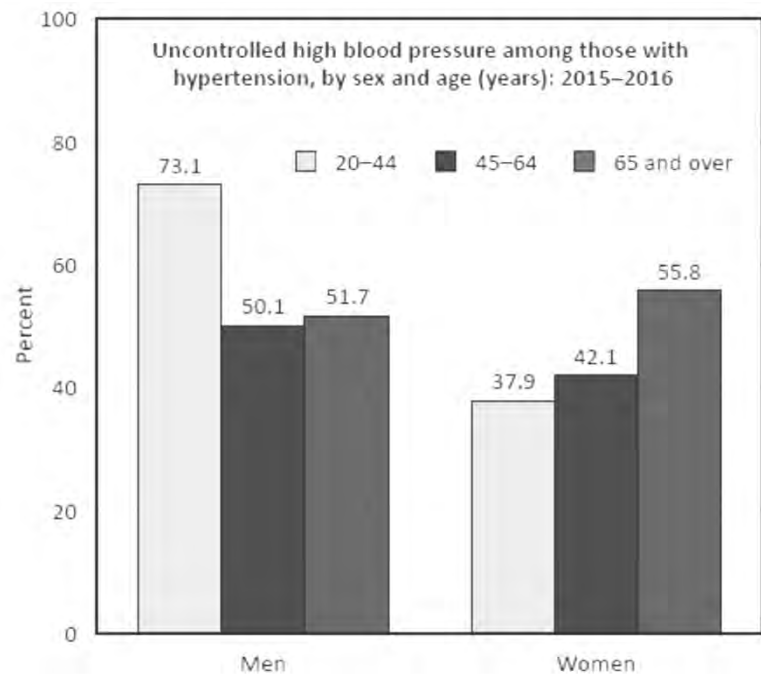


## Hypertension

- > 32-43% of women overall in the United States have hypertension
- > After age 55, women are more likely than men to develop high blood pressure
- > Death from coronary heart disease progresses increasingly and linearly as blood pressure increases
- > For every 20 mm Hg systolic or 10 mm Hg diastolic increase in blood pressure, risk of death from stroke, heart disease, or other vascular disease doubles



Source: 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guidelines, *J Am Coll Cardiol* 2018;71:e127-e248.



SOURCE: NCHS, National Health and Nutrition Examination Survey (NHANES). [https://www.cdc.gov/nchs/hus/contents2018.htm#Figure\\_011](https://www.cdc.gov/nchs/hus/contents2018.htm#Figure_011)

## Coronary Heart Disease (CHD)

- > Leading cause of death in women overall
  - Half of all CHD deaths each year are in women
  - Prognosis of CHD may be worse for women than men
  - May delay obtaining diagnosis and treatment of symptoms of CHD
  - Women often under-prescribed discharge medications
- > Myocardial infarction (MI)
  - Female MI patients are generally 10 years older and have more co-morbidities/risk factors
  - Women present more often with angina than MI



# What Is a MI Really Like for Women?

- > More women with MI present *without* chest pain than men (42.0% vs 30.7%;  $p < .001$ )
  - Chest discomfort is most common MI symptom in both men and women
- > Symptoms may be vague and slowly intensify or come and go, as long as a month or more before the MI
- > Women are more likely than men to have additional non-specific symptoms:
  - Fatigue
  - Shortness of breath
  - Weakness
  - Sense of danger/doom



## Stroke

- > Strokes occur more in men than women but women more likely to die from them
- > Hypertension the leading risk for stroke
- > Death rate 79.8 percent higher for African-American than Caucasian women
- > Stroke -- leading cause of adult disability



# Diabetes



- > Affects 9.2% of all U.S. women  $\geq 18$  years
  - ~2.5% have undiagnosed diabetes
  - Risk for ketoacidosis - greater for women than men
- > Affects >African American, Latina, American Indian, Asian American, Pacific Islander women (10.3-13.4%) than white women (7.3%)
- > 3 to 7 times the risk of CHD and MI as women without diabetes;  
2 to 4 times the risk of stroke
  - Risk for CHD in younger women is similar to men
  - Women with diabetes are more likely to die from MI or have recurrent MI
- > Women with a history of gestational diabetes also have greater chance of developing type 2 diabetes later in life



National Center for Chronic Disease Prevention and Health Promotion, CDC, 2017

# Cancer

- > Top three cancer diagnoses in women: breast, lung, colorectal
- > A woman's chance of being diagnosed with breast cancer is:
  - from age 50 to age 59 .....1 in 42
  - from age 60 to age 69 .....1 in 28
  - From age 70 and older ..... 1 in 14
  - Ever .....1 in 8
- > Lung cancer will kill over 63,220 American women this year -- more than breast and ovarian cancer combined
  - Leading cause of cancer death in women (women had less decline in mortality since 1990 than men)
  - Risk markedly increased with smoking (or passive smoking) or asbestos exposure
- > Colorectal cancer strikes women nearly as often as men: 69,650 new diagnoses in women (or 8%) are estimated for 2020 (78,300 in men or 9%).

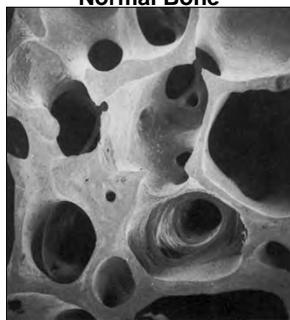


American Cancer Society, 2020 Facts and Figures

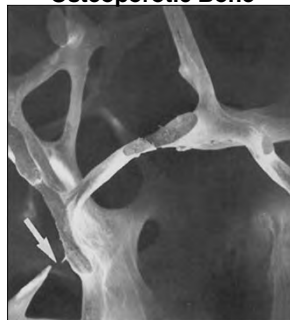
# Osteoporosis

- > Affects an estimated 10.2 million people in the U.S.
  - 8.2 million are women
  - Additional 27.3 million women (16.1 million men) had low bone mass
  - Nearly half of women 50+ will have an osteoporosis-related fracture in their lifetime

Normal Bone



Osteoporotic Bone



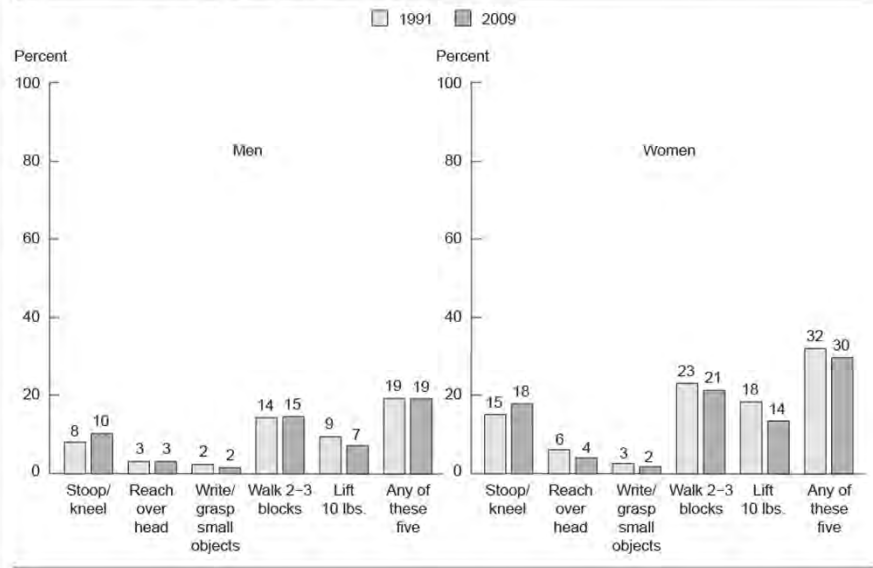
Physician's Guide to Prevention and Treatment of Osteoporosis. National Osteoporosis Foundation, 1998. Data from Wright et al., 2014

# Osteoarthritis

- > Present in 50%–90% of older adults
- > The major cause of knee, hip, and back pain in older adults
- > Can develop in any joint that has suffered injury or other types of arthritis
- > The hallmark is cartilage degeneration
  - Fibrillation and ulceration begins superficially
  - Eventually extends into deeper layers



**Percentage of Medicare enrollees age 65 and over who are unable to perform certain physical functions, by sex, 1991 and 2009**



Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2016: Key Indicators of Well-Being*;  
SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

## Falls

- > 10-15% of falls result in fracture
- > Risk for falls
  - Age
  - Female gender
  - History of falls
  - Cognitive impairment
  - Lower extremity weakness
  - Balance problems
  - Psychotropic meds
  - Arthritis
  - History of stroke
  - Orthostatic hypotension



Bone Health and Osteoporosis: A Report of the Surgeon General



# Assessment for Falls

- > Ask all older adults about falls in past year
- > Single fall: check for balance or gait disturbance
- > Recurrent falls or gait or balance disturbance
  - Obtain relevant medical history, physical exam, cognitive and functional assessment
  - Determine multifactorial falls risk



# Preventing Falls

- > Exercise
- > Vitamin D supplementation
  - Cause of muscle weakness
  - 800-1000 IU daily reduces risk of falling by 19%
- > *Deprescribe* psychotropic medications
- > Home hazard assessment

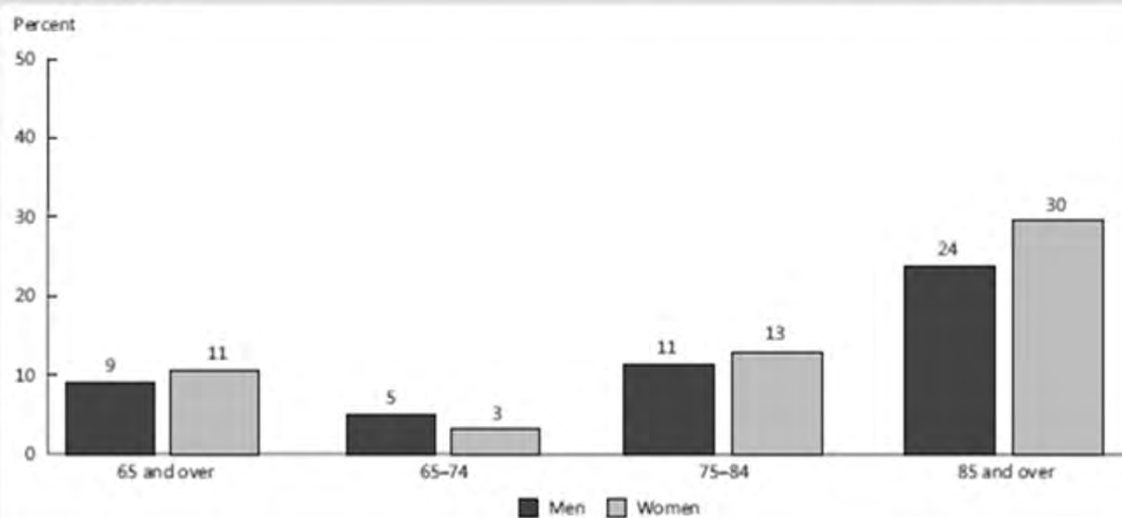


# Cognitive Impairment

- > Mild cognitive impairment similar in women and men (not normal aging)
- > Increased cases of Alzheimer's in women compared to men, mainly because women live longer (lifetime risk at age 65 estimated to be nearly 1 in 5; risk increases dramatically with age)



**Percentage of the non-nursing home population age 65 and over with dementia, by age group and sex, 2011**



Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2016: Key Indicators of Well-Being*. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office. August 2016 . SOURCE: National Health and Aging Trends Study

## Prevalence of Urinary Incontinence in Women

- > 30-40% of young and middle adult women
- > 30-50% of older adult women (more common in older women than men)
- > Rates higher in institutions, e.g. 50%
- > Rates 60-70% in long term care
- > Associated with functional and quality of life concerns, falls, social isolation



## Effects of Incontinence on Quality of Life

- > Emotional functioning
- > Physical functioning
- > Social functioning
- > Intimacy/sexuality
- > Burden to family
- > Occupational effects
- > Health effects, e.g. skin breakdown, falls
- > Economic



## Sexuality: Age-associated Changes

- > Factors involved in sexual response in older women:
  - Menopausal changes
  - Cultural expectations
  - Relationship problems (absence of partner)
  - Previous sexual experiences
  - Chronic illnesses
  - Depression
- > Sexuality remains important for older women



## Dyspareunia/Decreased Libido in Older Women

- > Due to organic or psychological factors, or a combination of the two
- > Most common organic cause of dyspareunia: atrophic vaginitis due to estrogen deficiency
- > Topical estrogen therapy had been treatment of choice





## WHI HT Trials: Summary of Results for Primary/Global Endpoints by Study Phase

Major Endpoints	Intervention		Post-Intervention		Overall Combined	
	CEE+MPA	CEE	CEE+MPA	CEE	CEE+MPA	CEE
CHD	0	0	0	0	0	0
Breast cancer	↑	↓?	↑	0	↑	↓
Stroke	↑	↑	0	0	↑?	↑?
PE	↑	0	0	0	↑	0
Colorectal cancer	↓	0	0	0	↓?	0
Endometrial cancer	0	NA	↓	NA	↓	NA
Hip fracture	↓	↓	0	0	↓	0
All-cause mortality	0	0	0	0	0	0
Global index	↑	0	0	0	↑	0

Manson, Chlebowski, Stefanick et al. *JAMA* 2013;310:1353-68



## Menopausal Hormone Therapy (WHI findings)

- > Use for chronic disease prevention not supported
  - Not the fountain of youth (should not be started or continued to prevent CHD)
  - Increased risk of stroke, venous thrombosis, gallstones, urinary incontinence
- > Reasonable option for short-term management of moderate to severe menopausal symptoms in younger women
  - Caution in older women, including those with vasomotor symptoms, because of high risk of CHD/other outcomes

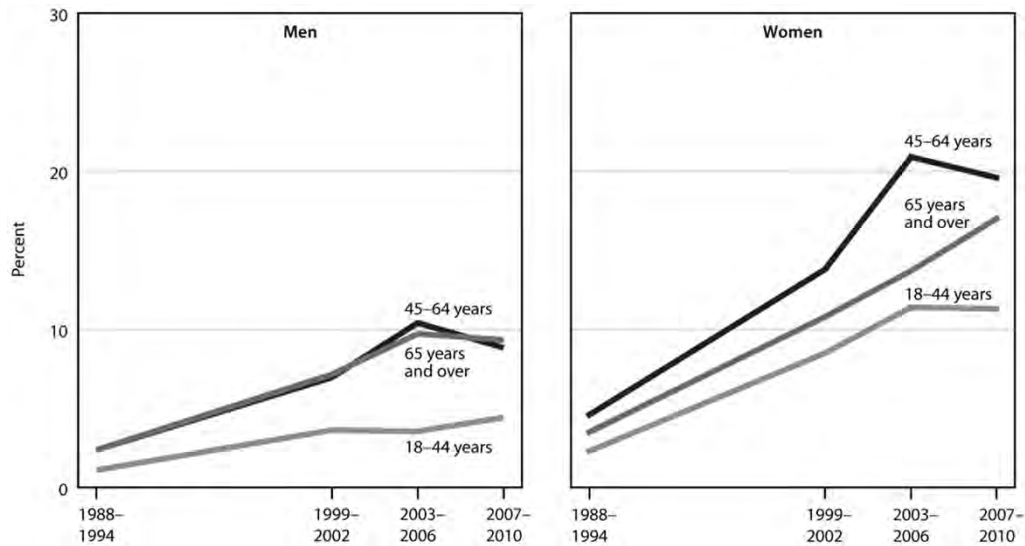


## Depression

- > Women more likely than men to report depressive symptoms
- > New-onset depression less common, frequently accompanied by other health conditions
- > May be accompanied by anxiety
- > Monitor for cardinal signs and symptoms of depression (low mood, interest, energy)

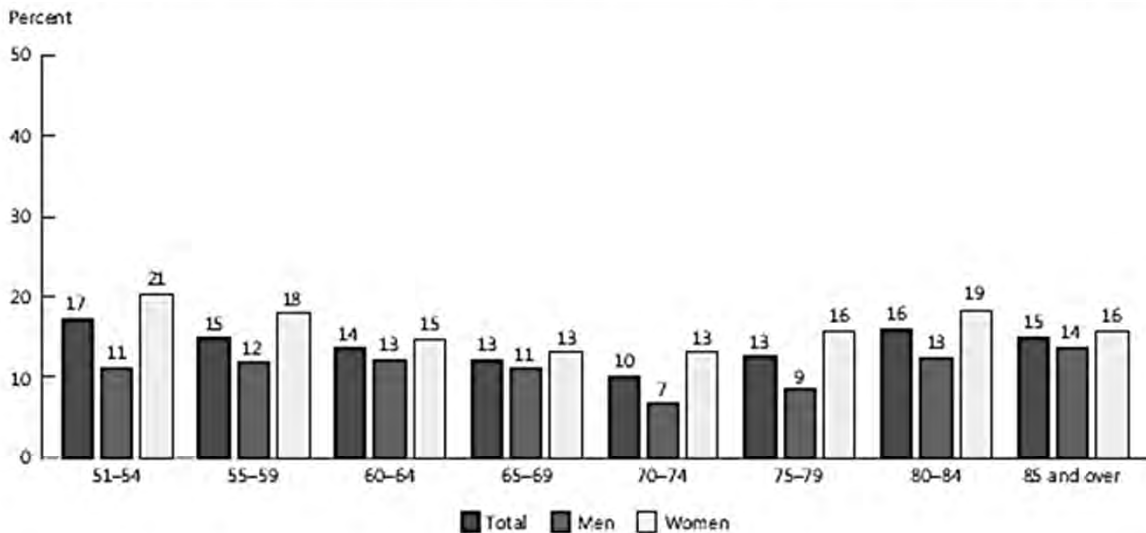


## Prescription antidepressant use



NOTE: The 1988-1994 estimates for men are considered unreliable because the estimates have relative standard errors of 20%-30%.  
SOURCE: CDC/NCHS, Health, United States, 2013, Figure 25. Data from the National Health and Nutrition Examination Survey.

## Percentage of people age 51 and over with clinically relevant depressive symptoms, by age group and sex, 2014



Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2016: Key Indicators of Well-Being*;  
SOURCE: Health and Retirement Study.

# Clinical Encounters

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## Clinical Encounters

- > Assess for common health conditions, including those under-reported
- > Promote screening and vaccination
- > Promote healthy lifestyle
- > Maintain continuity; build on strengths





## Assessing for under-reported health conditions

- > Provide comfortable atmosphere
- > Frame careful questions about specific conditions
  - Urinary incontinence
  - Falls
  - Sexuality changes
- > Review medications
- > Perform examination



## Screening in Women Age 65+

Alcohol use (unhealthy use)	Screen 18+, interval uncertain
Blood pressure	Every 1-2 yrs, based on risk
Bone mineral density	Age 60 or 65, depending on risk (repeat?)
Breast cancer screening (mammogram)	Every 2 yrs through age 74
Cognition	Annual wellness visit (USPSTF says insufficient evidence)
Colorectal cancer screening	1-2 year FOBT/FIT; 3-10 year flex sig/colonoscopy thru age 75
Cholesterol (lipids)	Screen age 40-75, thereafter intervals uncertain
Diabetes screening	Screen age 40-70, if overweight (USPSTF)
Eye exam	Every 1-2 yrs (USPSTF says insufficient evidence)
Dental/oral exam	Every year (USPSTF says insufficient evidence)
Depression	Initial screen, then depending on symptom report
Hearing	Initial Annual Wellness Visit (USPSTF says insufficient evidence)
HIV test	Age 65, then depending on risk
Lung cancer	Annually age 55-80, depending on smoking history
Pap test	Every 3-5 years, depending on risk, prior Pap, or HPV testing

## Vaccinations/Immunizations

- > Influenza each year
- > Pneumonia once at age 65 or older
- > Herpes zoster (shingles) at age 60 or older
- > Tetanus-diphtheria booster every 10 years



## Health Promotion and Lifestyle

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## Reduce Risk by Controlling Risk Factors



## Health Promotion in Older Women

Much of the physical decline older women experience is modifiable through:

- Smoking cessation
- Improved nutrition and maintaining normal body weight
- Physical activity
- Regular check-ups

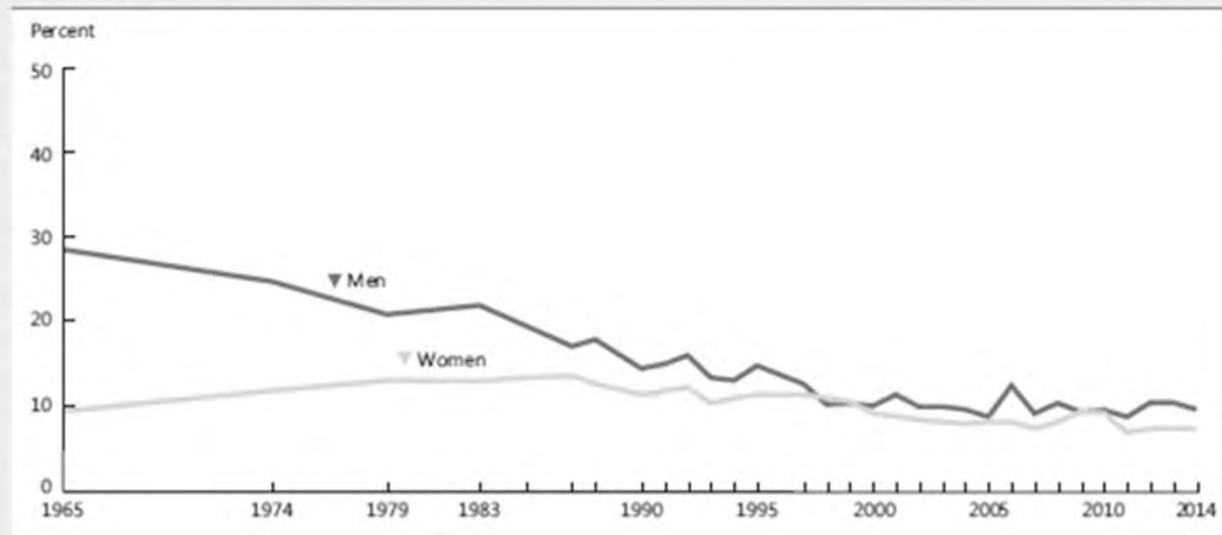


# Healthy Lifestyle Counseling

- *Smoking cessation*—every visit
- *Nutrition* – obtain weight at each visit and height annually to calculate BMI
- *Physical activity*— at least annually
- *Alcohol misuse*—initially, then if symptomatic
- *Sexually transmitted infections*—routinely
- *Screenings and vaccinations*



**Percentage of people age 65 and over who are current cigarette smokers, by sex, selected years, 1965–2014**



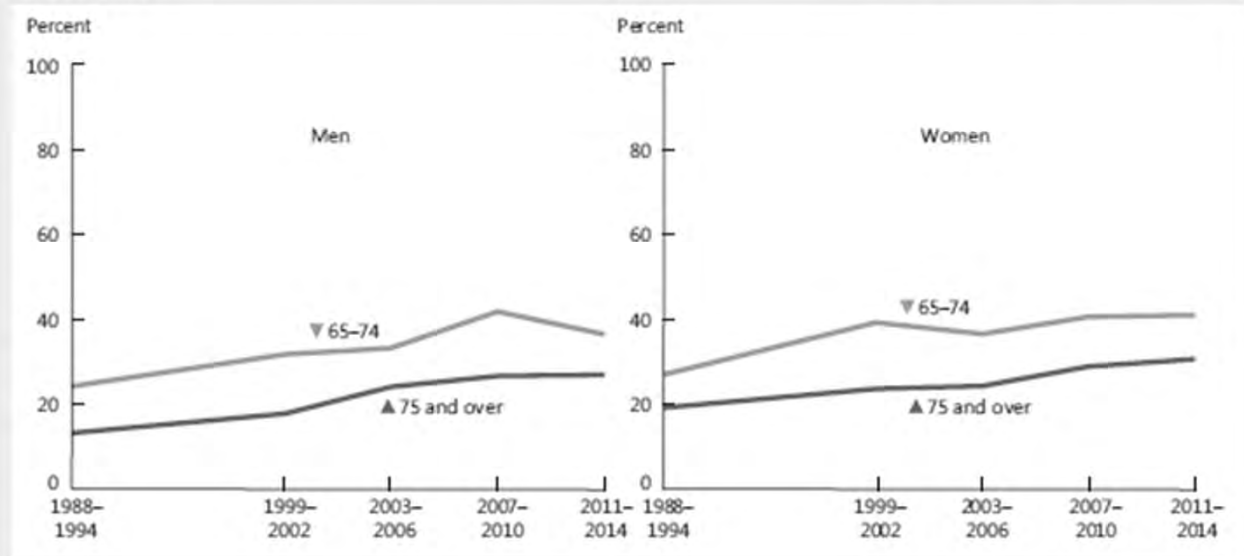
Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2016: Key Indicators of Well-Being*;  
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

# Eating Healthy Food



Eat a balanced diet of whole grains, lots of fruit and vegetables, and lean protein (*eat a rainbow*)

**Percentage of people age 65 and over with obesity, by sex and age group, selected years, 1988–2014**



Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2016: Key Indicators of Well-Being*; SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

# Physical Activity in Daily Life

- > At home:
  - Housework
  - Gardening
  - Walking pets
- > Leisure
  - Plan outings and vacations with physical activity (e.g., swimming)
  - Join a recreational club
  - Rent a rowboat, canoe, or paddleboat at a lake
- > Away from home:
  - Take stairs
  - Walk instead of calling
  - Park in back of parking lot
- > Recommend
  - 150 min/wk moderate aerobic activity *or* 75 min/wk vigorous aerobic activity PLUS muscle-strengthening 3+ times/wk



# Healthy Aging Also Includes ....

- > Maintaining continuity (identity, relationships, environment)
- > Realistic expectations
- > Staying open to exploring new choices
- > Finding opportunities for personal growth
- > Finding meaning in life

