

**Briefing Summary**  
**“Mid-Life and Older Women’s Health”**  
**September 13, 2018**

On September 13, 2018, the Women’s Congressional Policy Institute (WCPI) sponsored a briefing, “Mid-Life and Older Women’s Health,” in cooperation with Reps. Susan Brooks (R-IN) and Lois Frankel (D-FL), Co-Chairs of the Congressional Caucus for Women’s Issues (Women’s Caucus), and Reps. Mimi Walters (R-CA) and Brenda Lawrence (D-MI), Vice-Chairs of the Women’s Caucus. The briefing was underwritten by grants from Amgen and TherapeuticsMD. Cindy Hall, President of WCPI, thanked both companies for their support of WCPI over many years.

**Members of the Women’s Caucus**

Serving her third term representing the 22<sup>nd</sup> district of Florida, Rep. Lois Frankel serves on the Foreign Affairs and Transportation and Infrastructure Committees. Rep. Frankel stated that life is a journey and there are some challenges with aging. However, with aging also comes liberation, and gaining the knowledge of your health will make your journey a happier and healthier one.

Serving her second term representing the 12<sup>th</sup> district of Michigan, Rep. Debbie Dingell serves on the Energy and Commerce Committee and on its Health Subcommittee. When Rep. Dingell started her tenure at General Motors, the automobile company did not cover mammograms. She worked with Susan G. Komen and the Dr. Susan Love Research Foundation to learn more about breast cancer and support an increase in research funding. Additionally, Rep. Dingell started to learn about heart disease and how deadly it can be for women. She underscored the need to put women front and center on the health agenda of the country.

**Speakers**

**Nakela Cook, MD, MPH**

The first speaker was Nakela Cook, MD, MPH, Chief of Staff in the Immediate Office of the Director (IOD) of the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health (NIH). Dr. Cook provides institutional leadership to support the NHLBI Director, serves as his liaison to senior officials within and outside of the Institute and provides oversight to the support operations of the IOD.

Additionally, she provides institutional leadership to catalyze multi-disciplinary activities initiated by the NHLBI Director. As such, she provides leadership for the strategic direction of the women’s health research agenda at NHLBI and serves as a spokesperson related to the health of women for the Institute.

Dr. Cook stated that she would give attendees a particular perspective from NHLBI on cardiovascular health in women, which is so important to learn about as we age. Dr. Cook started her presentation discussing life expectancy, which has increased over the decades. On average, women live longer than men and make up a larger proportion of the older U.S. population. Health issues associated with older age can include heart disease, hypertension, heart failure, stroke, cognitive impairment, and dementia.

Heart disease is the leading cause of death for U.S. women. About one of every four female deaths is due to heart disease. Heart disease is one component of cardiovascular disease (CVD) and CVD increases as we get older. In the 80+ age group, CVD is more prevalent in women than men. Dr. Cook addressed

the key difference in CVD between women and men to understand how the biology between sexes are manifested. Key differences include:

- **Prevalence and Mortality:** Absolute numbers of individuals living with, and dying from, CVD in the U.S. are higher for women than men.
- **Known Differences:** Epidemiology and clinical presentation may differ between men and women.
- **Known Disparities:** Clinical outcomes among women have not improved at the same rate as men. Disparities exist in the application of evidence-based therapies.
- **Scientific Importance of Sex as a Biological Variable:** Sex-specific pathophysiology influences outcomes.

CVD is an umbrella term that includes coronary heart disease, stroke, heart failure, and hypertension. In the mid-80's, CVD mortality in women exceeded that of men. It wasn't until 2013 that the sex gap was eliminated. Dr. Cook pivoted to addressing the unique challenges of Acute Myocardial Infarction (AMI) in women, including symptom presentation of AMI appearing at an older age with recognized differences as compared to men and the co-morbidities that are present. The American Heart Association released a scientific statement on AMI in women highlighting that women are more likely to die 12 months post-AMI than men.

Another component of CVD is stroke, with hospitalizations and mortality rates that are higher than men. Each year approximately 55,000 more females than males have a stroke. Additionally, females have a higher lifetime risk of stroke than males. The last component of CVD is heart failure, which disproportionately affects older adults. Eighty percent of cases occur in individuals over 65 years of age.

Dr. Cook discussed hypertension (HTN) across the lifespan and the increasing prevalence with age and the multiple contributors to HTN. HTN occurs in more women than men—after 60 years, prevalence becomes higher in women than men and the gap continues to widen with age. Heart failure can be a complication of hypertension. HTN is the most potent driver of heart failure in women—beating out diabetes and obesity.

Intervention trials have been conducted through the Women's Health Initiative at NHLBI and have found that women with higher levels of physical activity and walking had reduced risks of developing heart failure in later life.

Dr. Cook shifted gears and presented on the heart-brain connection and showed how CVD complications can contribute to cognitive decline. One randomized trial, SPRINT, compared standard systolic blood pressure targets to intensive systolic blood pressure targets. Findings demonstrated that intensive management as compared to standard reduced the rate of incident mild cognitive impairment and smaller increases in cerebral white matter lesions on the MRI (one of the signs of dementia). Further, vascular dementia and Alzheimer's disease share some underlying disease mechanisms. The underlying genetic factors—specifically the APOE gene—raise the risk of dementia more strongly in women versus men.

Dr. Cook noted that women's health priorities span every objective of the NHLBI strategic vision, including:

- Transgenerational studies

- Disease mechanisms and presentations
- Sex differences studies
- Precision medicine—risk prediction and treatment
- Biomarkers of disease
- Clinical trial science, sex-specific analyses
- Genome-phenome activities
- Multidisciplinary/team science

Dr. Cook concluded her presentation stating that sex is the highest order of precision medicine. If we could leverage deep characterization, genomics, and data science, it has the potential to have transformative impact on the health of women.

### **JoAnn V. Pinkerton, MD, FACOG, NCMP**

The next speaker was JoAnn V. Pinkerton, MD, FACOG, NCMP, Professor of Obstetrics and Gynecology and Division Director of Midlife Health Center at University of Virginia Health System in Charlottesville, Virginia. She is past President of The North American Menopause Society (NAMS), and currently serves as the Executive Director of NAMS. Dr. Pinkerton is a NAMS Certified Menopause Practitioner (NCMP), a long-time fellow of the American College of Obstetricians and Gynecologists, and Past President of the South Atlantic Association of Obstetrics and Gynecology.

Additionally, Dr. Pinkerton is Associate Editor for the NAMS journal, *Menopause*, and Section Director for menopause for the *Journal of Women's Health*. Her research and clinical care focuses on menopausal women and treatment of hot flashes with hormone and non-hormone therapies.

Dr. Pinkerton acknowledged the importance of sex differences in health, but also stated the importance of recognizing racial and socio-economic disparities in health. Some examples include:

- More maternal deaths and premature infants among African Americans
- More deaths in diabetes and hypertension among African Americans
- Americans who have not graduated from high school have a death rate that is 2-3 times higher than those who graduate from college

Dr. Pinkerton presented an overview of other pressing health conditions affecting women and the aging population in the U.S. including:

**Sexually Transmitted Infections:** There is an increased rate of sexually transmitted infections (STIs) in the U.S. For older adults, the STI rates have seen a 20 percent increase in 2015-2016. With an aging population, we need to adjust our screenings accordingly.

**Diabetes:** Diabetes is a huge issue for African American and Hispanic populations, as it ranks within the top ten causes of death.

**Breast Cancer:** Breast cancer is the second leading cause of death in women in the U.S. One in eight women will be diagnosed with breast cancer in their lifetime. The advancements in detection, specifically digital breast tomosynthesis, have decreased false alarms by 15 percent, decreased unnecessary biopsies, and produce clearer images of dense breast tissue.

**Osteoporosis:** Osteoporosis is more common than breast cancer. Ten million Americans have osteoporosis and 80 percent are women. One in two women over age 50 will break a bone due to osteoporosis. The incidence of hip fractures in older women in the U.S. is rising after more than a decade of decline, according to a large new study of Medicare recipients. Risk factors include, but are not limited to, early menopause, steroid use, gastric bypass and eating disorders.

**Depressive Disorders:** Depression affects 18 percent of women and can occur throughout the life span. Higher risk for depression and anxiety include individuals that:

- Have postpartum depression
- Use oral contraceptives
- Experience infertility and pregnancy loss
- Experience perimenopausal and menopausal hormone changes

**Suicide:** Elderly adults are at the highest risk of suicide. Suicide attempts are attributable to childhood adverse experiences. Women are three times as likely as men to attempt suicide over the lifespan. Trauma-informed care is a critical piece that needs to be available for individuals.

**Substance Abuse:** Women face unique issues with substance abuse and describe unique reasons for using drugs that include:

- Addressing weight control
- Fighting exhaustion
- Coping with pain
- Self-treating for mental health problems

**Menopause:** Dr. Pinkerton's passion is menopause, and she sees many patients who experience several hot flashes per day, night sweats, fatigue, decreased concentration, urinary urgency, vaginal dryness, and decreased sexual satisfaction. The average age of menopause is 52 for women, but can span from 45-55.

There are FDA-approved indications for hormone therapy (HT) and HT is the most effective treatment for hot flashes, night sweats, and sleep. The primary use of HT is for the relief of menopausal symptoms and the prevention of bone loss and fracture in postmenopausal women. The rise of compounded HT is of particular concern as these therapies are not FDA-approved or FDA monitored. The risks are unknown, but concerns have been raised about an increased risk of cancer. Local vaginal therapies are available for genitourinary syndrome of menopause.

Dr. Pinkerton concluded her presentation by noting that The North American Menopause Society (NAMS) is a great resource for menopause information, including help with finding a menopause practitioner on the website.

The briefing webcast can be viewed by clicking [here](#).