

Consultation Response

Women's Health Strategy

Date: 11/06/2021

All rights reserved. Third parties may only reproduce this paper or parts of it for academic, educational or research purposes or where the prior consent of Age UK has been obtained for influencing or developing policy and practice.

Name: Charlotte Lynch

Email: Healthinfluencing@ageuk.org.uk

Age UK

Tavis House

1-6 Tavistock Square

London WC1H 9NA

T 0800 169 80 80 F 020 3033 1000

www.ageuk.org.uk

Age UK is a charitable company limited by guarantee and registered in England (registered charity number 1128267 and registered company number 6825798). The registered address is Tavis House

1-6 Tavistock Square, London WC1H 9NA.

Age UK is the country's largest charity dedicated to helping everyone make the most of later life. The Age UK network comprises of around 150 local Age UKs reaching most of England. Each year we provide Information and Advice to around 5 million people through web based and written materials and individual enquiries by telephone, letters, emails and face to face sessions. We work closely with Age Cymru, Age NI and Age Scotland. Local Age UKs are active in supporting and advising older people and their families in the care market.

Introduction.

Women in later life experience a range of health issues which are often poorly understood. Not only are they impacted by a lack of research and regard to women's health overall, but they also face additional inequalities caused by ageism in the health system. There is frequently a lack of information and awareness about health issues affecting older women, while women themselves report feeling shame or stigma when trying to access support for concerns such as sexual health and incontinence.

1. Under addressed health issues impacting women in later life.

Health issues impacting on older women are often poorly addressed, due to a lack of information and advice for women in later life; embarrassment in seeking out health services; and inadequate responses from health professionals. Ageist stereotypes also stand in the way of older women accessing the care that they need.

Sexual health

While sex has been shown to be an important quality of life indicator for older people, as we age we are at increased risk of experiencing sexual difficulties. For example, older people are more likely to be living with health conditions which can impact on their sex lives, such as COPD, diabetes, or cancer. They may also be prescribed medication for health conditions which can have side effects, including loss of sexual desire amongst women. The menopause can additionally impact on women's sexual health, causing vaginal dryness or painful sex.

Yet, despite these common issues, older people rarely speak to health professionals about their sexual health, with 69% of those in later life reporting that they have never sought advice for their sexual healthⁱ. Reasons for not seeking advice include embarrassment, presuming that their symptoms are a normal part of ageing, or fear of an ageist response from a health professional. Some women are also unaware of available treatments and presume that nothing can be doneⁱⁱ.

Worryingly, health professionals also do not initiate conversations about sexual health with older people, even when the patients they are seeing have health conditions which are known to impact on sexual healthⁱⁱⁱ. This is often because of presumptions that older people do not have sex, yet 31% of women over the age of 70 report being sexually active, with a third of these having sex at least twice a month^{iv}.

When older women do raise sexual health concerns they are often dismissed as being age-related, meaning they are not provided with the same level of support which would be offered to a younger person presenting with similar issues. They may also encounter perceptions that sexual health problems in later life are not legitimate concerns^v.

Lack of access to health services and advice around sexual health has worrying consequences for older women. Not only does it impact on their sex lives, but over recent years there has been a concerning increase in STIs amongst people in later life. Between 2014-2018 there was a 23% increase in diagnosis of STIs amongst women aged 65+^{vi}.

Continence

One in three women experience urinary incontinence, with the likelihood and severity of incontinence increasing with age^{vii}. Yet it is estimated that only one third of women living with urinary incontinence will consult a health professional. Reasons for this include that they are too embarrassed, they do not realise that treatment is available or do not think it would work, or they presume that incontinence is a natural part of ageing^{viii}.

Leaving urinary incontinence untreated has health implications. It is associated with an increased risk of falls, caused by people rushing to the bathroom, and depression. Many people living with urinary incontinence try to hide their condition which leads to them limiting what activities they take part in. This can in turn lead to a loss of self-confidence and social isolation^x.

Despite these health risks, there is evidence to show that older women are not being provided with the care they need in relation to incontinence. Health professionals do not consistently ask older women about incontinence, while women themselves are often reluctant to disclose their symptoms, resulting in incontinence being left untreated. Older people are also more likely to receive poor treatment for incontinence than younger adults, where the issue is seen as more important to resolve^x.

Nutrition and hydration

It is estimated that one in ten older people are malnourished or at risk of malnutrition^{xi}. There are many reasons why somebody may become malnourished in later life, including the development of long-term conditions which impact on appetite, lack of support with eating and drinking, or social factors, such as isolation and loneliness^{xii}.

While malnutrition is a significant and growing problem for older people public health messaging continues to focus on weight loss and alleviating obesity. Although malnutrition is an issue which impacts both older men and women, it can be more difficult for women, who will have faced messages about staying thin throughout their life. These messages contradict the advice for older people at risk of malnutrition, who are advised to eat regularly and seek to take on more calories.

Mental health

It is estimated that 28% of women aged 65 and over are living with a common mental health condition, such as anxiety and depression^{xiii}. Prevalence may be higher amongst older women, who are more likely to be caring for a loved one or to have experienced a bereavement. However, access to mental health services for older women is poor, with people aged 65 and over representing only 6.2% of referrals to talking therapies^{xiv}, and they often encounter ageist attitudes when attempting to access services. This includes presumptions from health professionals that poor mental health is inevitable in later life or that older people will not benefit from talking therapies. This could not be further from the truth with 65% of older people accessing talking therapies showing a positive recovery, compared to 51% of adults aged 18-64^{xv}.

2. Ensuring the health and care system understands and is responsive to women's health and care needs across the life course.

Restricted access to healthcare

The health system does not always respond to women's health across their life course and older women can face restricted access to screening programmes, advice, and treatment on the basis of their age. A key example of this is in relation to breast cancer where women in later life are not consistently offered the same treatment options.

Breast cancer is a significant issue for older women. Over half of deaths from breast cancer are amongst women over 70 and incident rates are highest amongst people aged 90 and over in the UK^{xvi}. Older women are also more likely to be diagnosed at a later stage of cancer, which can impact on their chances of survival. Amongst people over 80, 23% of breast cancer diagnoses occur at a later stage, compared to 15% amongst those aged 60-79 and 16% of those aged 15-59^{xvii}.

There is evidence that women over the age of 70 are not always offered the most clinically effective treatment for breast cancer, with these women less likely to undergo surgery, radiotherapy, and chemotherapy than younger women^{xviii}. They are also less likely to be offered breast reconstruction surgery, or even offered the opportunity to discuss breast reconstruction, despite experiencing the same concerns regarding body image as younger women^{xix}.

Age discrimination appears to also exist in relation to research, with older women being less likely to be invited to take part in clinical trials. Only 21% of patients over the age of 75 report that they have been asked about taking part in research, while 37% of people aged 51 to 67 report that they have^{xx}. This in turn means that there is limited evidence about what treatments work for older people.

Information for older women about the risks and symptoms of breast cancer needs to be improved. Older women are rarely aware that age is the second biggest risk factor for breast cancer after being female, with one in five women over the age of 70 reporting that they never touch, feel, or look at their breasts. They are also less likely to be aware of symptoms of breast cancer, beyond looking for lumps^{xxi}.

It is essential that age inequality within the healthcare system is alleviated and that older women have fair access to the diagnosis, treatment, and information which they need to live healthy lives. Research, evidence and data around the needs and experiences of women across the life course must also be improved.

Older women living with multiple long-term conditions and frailty.

While women living in England have a higher average life expectancy than men, they also spend more of their life living in poor health. The average life expectancy for a woman in England is 83.4 years, yet 19.9 years will be spent in 'not good health'^{xxii}. Women can expect to spend 25.2% of their lives living in poor health or with a disability, while for men it is 20.7%

of their lives. There is also significant variation across the country, with women who are living in the most deprived areas likely to spend 34% of their lives living in poor health^{xxiii}.

The healthcare system often fails to meet the needs of women who are growing older in poor health and living with multiple long-term conditions and/or frailty. Healthcare professionals continue to look at conditions in isolation, meaning that older women are required to attend multiple different appointments for their health, and that their care is often uncoordinated. The lack of joined-up care means that older women must consistently repeat their medical histories, while professionals focusing on different health issues may also provide conflicting advice which can be confusing and distressing.

Older women's health needs are dismissed or overlooked.

There is concerning evidence to suggest that older women's health needs are taken less seriously than the needs of men. A report by the Royal College of Obstetricians and Gynaecologists has identified that some older women put off accessing healthcare for women's related issues as they are not taken seriously or are dismissed by GPs, particularly male doctors^{xxiv}. Women who report being in pain to health professionals also say that their symptoms are not taken seriously or properly investigated. Lack of understanding about women's health can additionally result in misdiagnosis and treatment. For example, women have a 50% higher chance of misdiagnosis following a heart attack compared to men^{xxv}.

3. Understanding and responding to the impacts of COVID-19 on women's health

Older people, and particularly older women, have been disproportionately impacted by the Covid-19 pandemic. The pandemic has reduced older people's opportunities to be physically active, as well as limiting their access to healthcare and treatment. As a result, older people have told us they are living in more pain, have lost independence, and have a reduced ability to do the things they used to enjoy. Unsurprisingly the pandemic has also taken its toll on older people's mental health, with older people reporting increased levels of anxiety, low mood, and depression.

While these are issues which have impacted both men and women, Age UK representative polling of people aged 60+ has found that:

- 43% of older women report having less energy than they did before the pandemic, compared to 31% of men.
- 41% of women reporting feeling more anxious than they did before the pandemic, compared to 31% of men.
- 47% of women report being less motivated to do the things they used to enjoy, compared to 37% of men.
- 28% of women are in more pain than they were before the pandemic, compared to 21% of men.

As we move out of the pandemic, it is essential that older women access the health and care services which they need to restore lost fitness and improve their health.

- ⁱ Age UK (2013), 'Shhhh... sex doesn't stop in your 60s'. Available at: <https://www.ageuk.org.uk/latest-press/archive/shhhhsex-doesnt-stop-in-your-60s/>
- ⁱⁱ Hinchliff, S., Tetley, J., Lee, D., Nazroo, J. (2018) Older adults' experiences of sexual difficulties: qualitative findings from the English Longitudinal Study of Ageing. *The Journal of Sex Research*. 55:2, p.152-163.
- ⁱⁱⁱ Hinchliff, S., Lewis, R., Wellings, K., Datta, J., Mitchell, K. (2021) Pathways to help-seeking for sexual difficulties in older adults: qualitative findings from the third National Survey of Sexual Attitudes and Lifestyles. *Age and Ageing*. 50, 546-553.
- ^{iv} Lee, DM., Nazroo, J., O'Connor, D., Blake, M., Pendleton. (2016) Sexual health and wellbeing among older men and women in England: findings from the English Longitudinal Study of Ageing. *Archives of sexual behaviour*. 45:1, p.133-144.
- ^v Ibid
- ^{vi} Age UK (2019), 'As STIs in older people continue to rise Age UK calls to end the stigma about sex and intimacy in later life'. Available at: <https://www.ageuk.org.uk/latest-press/articles/2019/october/as-stis-in-older-people-continue-to-rise-age-uk-calls-to-end-the-stigma-about-sex-and-intimacy-in-later-life/>
- ^{vii} National Institute of Health and Care Excellence (2015), 'Urinary incontinence in women: quality standard.' Available at: <https://www.nice.org.uk/guidance/qs77/resources/urinary-incontinence-in-women-pdf-2098853147077>
- ^{viii} Fu, Y., Andrea Nelson, E., McGowan, L. (2019) Multifaceted self-management interventions for older women with urinary incontinence: a systematic review and narrative synthesis. *BMJ Open*. Available at: <https://bmjopen.bmj.com/content/bmjopen/9/8/e028626.full.pdf>
- ^{ix} Pizzol, D., Demurtas, J., Celotto, S., Maggi, S., Smith, L., Angiolelli, G., Trott, M., Yang, L., Veronese, N. (2020) Urinary incontinence and quality of life: a systematic review and meta-analysis. *Ageing Clinical and Experimental Research*. 33, 25-35. Available at: <https://link.springer.com/article/10.1007/s40520-020-01712-y>
- ^x Royal College of Physicians (2012), 'National audit of continence care'. Available at: <https://www.rcplondon.ac.uk/projects/outputs/national-audit-continence-care-nacc>
- ^{xi} Malnutrition Taskforce, 'State of the nation: older people and malnutrition in the UK today'. Available at: <https://www.malnutritiontaskforce.org.uk/sites/default/files/2019-09/State%20of%20the%20Nation.pdf>
- ^{xii} Ibid
- ^{xiii} Royal College of Psychiatrists (2018), 'Suffering in silence: age inequality in older people's mental health care'. Available at: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr221.pdf?sfvrsn=bef8f65d_2
- ^{xiv} NHS Digital (2020), 'Psychological Therapies: reports on the use of IAPT services'. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-report-on-the-use-of-iapt-services>
- ^{xv} Ibid
- ^{xvi} Macmillan Cancer Support, 'Breast cancer in older women'. Available at: <https://www.macmillan.org.uk/documents/aboutus/research/keystats/breastcancerinolderwomen.pdf>
- ^{xvii} National Cancer Registration and Analysis Service. Routes to diagnosis of cancer by stage 2012-2013 workbook. London: NCRAS; 2016
- ^{xviii} Royal College of Surgeons of England (2018), 'Older women must have access to the most effective breast cancer treatments, surgeon warns'. Available at: <https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/older-women-breast-cancer-treatments/>
- ^{xix} International Longevity Centre (2019), 'Ageism in breast cancer'. Available at: <https://ilcuk.org.uk/wp-content/uploads/2019/04/Ageism-in-breast-cancer-2.pdf>
- ^{xx} NHS England Cancer Patient Experience Survey, Methodology and Data Tables Supplement, Quality Health Department of Health September 2014 <http://www.qualityhealth.co.uk/resources/surveys/national-cancer-experiencesurvey/2014-national-cancerpatient-experience-survey/2014-national-cancerpatient-experience-survey-nationalreports/686-2014-national-cancer-patientexperience-survey-methodology-and-data-tables/file>
- ^{xxi} International Longevity Centre, 'Ageism in breast cancer'.
- ^{xxii} King's Fund (2021), 'What is happening to life expectancy in England?' Available at: <https://www.kingsfund.org.uk/publications/whats-happening-life-expectancy-england>

^{xxiii} Institute of Health Equity (2020), 'Health Equity in England: The Marmot Review 10 Years on' Available at: <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf>

^{xxiv} Royal College of Obstetricians and Gynaecologists (2015), 'The health information needs of older women in the UK'. <https://www.rcog.org.uk/globalassets/documents/patients/womens-network/health-information-needs-of-older-women-final-report.pdf>

^{xxv} British Heart Foundation, 'Misdiagnosis of heart attacks in women.' Available at: <https://www.bhf.org.uk/information-support/heart-matters-magazine/medical/women/misdiagnosis-of-heart-attacks-in-women>