

## ACCELERATE ACTION TO CLOSE THE GENDER GAP IN HEALTHCARE

DR PEARLMAN SHINES LIGHTS ON THE
GENDER GAP IN HEALTH CARE AND
BIOMEDICAL RESEARCH TO OPTIMIZE HEALTH AND AGING FOR WOMEN

PALM BEACH, FL, UNITED STATES, March 6, 2025 /EINPresswire.com/ -- The United Nations has

"

WOMEN ARE NOT MINI-MEN. FEMALE-FOCUSED SOLUTIONS WILL BE REQUIRED TO CLOSE THE GENDER GAP IN HEALTHCARE AND MAXIMIZE FEMALE LONGEVITY"

Dr. Jennifer Pearlman

declared the theme for this year's International Women's Day as "Accelerate Action" calling for swift action to achieve gender equality. This message rings the alarm on the slow progress being made toward this goal as at the current rate it will take until 2158 or approximately five generations to reach gender parity.

The healthcare gender gap looms large. While women on average enjoy a longer life with an additional 7 years of life expectancy when compared to men, they disproportionately spend their last decade with disease, disability and dementia, accounting for over 75% of all

cases. The female <u>longevity</u> advantage is lost due to the time women spend in poor physical and cognitive health. This means that female lifespan advantages are not currently matched by a longer healthspan.

The concept of Femspan coined by Dr. Pearlman aims to apply a female centric approach to healthy aging and disease management to ensure that women are maximally able to benefit with healthy aging from their female longevity advantage.

To this end, change is needed across the biomedical sphere from research to disease diagnosis, treatment and prevention. Identifying and addressing the unique disease risk factors that exist for women especially those related to hormonal events, pregnancy complications and <a href="mailto:menopause">menopause</a> will play an important role in solving the gender gap in healthcare outcomes.

Beyond the healthcare gender gap, Dr. Pearlman calls for accelerating action to close the healthcare innovation gap that currently leaves women and female health priorities as underrepresented in early-stage research. "Women", she states, "are not mini-men," and the practice of systematically excluding women and even female animal subjects from early stage

research results in gender biases that too often manifest downstream as healthcare disparities for women.

When it comes to aging research and the development of "geroprotective" therapies few have been studied in females. The concept of delaying or even preventing menopause remains obscure despite clear evidence suggesting that the later a woman's natural menopause the longer she will live. Women who reach menopause after the age of 53 years compared to those that experience early menopause before the age of 45 yearswill live on average 7 years longer. With the substantial health consequences of early menopause it would be advantageous to identify women at risk of premature reproductive aging and provide ovarian rescue therapy to



PEARLMAN AIMS TO ACCELERATE ACTION TO CLOSE THE GENDER GAP IN HEALTHCARE

defer menopause. Notably, over the past 150 years there has been a doubling of life expectancy. However reproductive life expectancy has not changed. Human females are one of only two species to outlive their menopause (the other being toothed whales) giving rise to the grandmother theory of menopause which posits that grandmothering became so evolutionarily valuable to the species that human women developed metabolic adaptations to allow them to live beyond the natural cessation of their reproductive life.

The metabolic adaption allowing for this is the ability for peripheral adipose tissue to take over where the ovaries left off after menopause. For postmenopausal women, the production of estrogen from androgens in fat tissues provides much of the systemic effects that ovarian estrogen once yielded prior to the cessation of ovulation. But the metabolic and body composition changes that occur after menopause comes with a health expense for women who assume increased risko f chronic diseases of aging including heart disease, diabetes, stroke, dementia and osteoporosis.

Menopause remains a costly enterprise both in terms of these health consequences but also the financial impact. A woman will age 3-fold faster in the decade surrounding her menopause than any other. The vast majority of Western Women experience disruptive symptoms of menopause including hot flashes, night sweats, sleep and mood disturbance, brain fog, aches pains, sexual dysfunction, vaginal dryness and bladder infections. More than half of menopausal women with symptoms report being debilitated by their symptoms and experience a loss of productivity.

The financial burden of menopause is thought to cost the Canadian economy over \$3.5 billion annually due to lost productivity, lost income, and missed work. In Canada, it is estimated that over 540,000 workdays are lost annually to menopausal symptoms. At a global level, the estimated financial cost of the gender health gap if not resolved will cost the global economy over \$1 trillion by 2040.

Solving the gender healthcare gap and optimizing female longevity are actionable goals. We can harness the expansive science of epigenetics to identify the approximately 70% of our genome that shows sex-specific expression and confers gender-based susceptibilities in disease risk, metabolism and aging. Developing strategies to delay and possibly defer menopause promises to preserve fertility, extend reproductive lifespan and confer a longer healthspan for women. Lifestyle factors and environmental exposures affect the health of women differently than men. Heart disease is a case in point. The traditional risks, such as high cholesterol and blood pressure, are more specific to men. Diabetes, metabolic syndrome, smoking, hormonal status and stress, increase risk to a greater extent in women than in men. Accounting for the differentiated expression of the genome between the sexes will be necessary to the development of gender specific preventative health strategies.

The lights are on at last in the arena of women's health. The revelation of gender gaps and healthcare disparities are paving the way for female focused solutions. As menopause is now having its moment, and misconceptions and long held dogma are replaced by a deeper understanding of gender-based biology we are enabling a women's health renaissance that can unlock FemSpan.

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