

Big little differences from A to Z: 10 things to know about gender medicine

Gender medicine is still a fairly young discipline – it was only in the 1990s that research in this field gained momentum. Today, people understand that men and women are different. Here are 10 interesting facts we've put together for you.

Anti-depressants

Anti-depressants lead to sexual dysfunction more often in men. This is because these drugs affect serotonin, norepinephrine and dopamine, which play a role in male erections.¹

Medication

Two thirds of all people dependent on medication in Germany are women. Compared with men, they take 5.4 times more migraine medication, 1.9 to 2.9 times more neuroleptics and anti-depressants, and 1.6 times more sleeping pills.²

Acetylsalicylic acid (ASA)

ASA can reduce the risk of heart attacks by about 32% in men, but not in women. The risk of bleeding, on the other hand, is the same for both sexes.³

Diabetes

In cases of pre-diabetes, elevated fasting blood glucose levels are more common in men, while impaired glucose tolerance is more common in women. This suggests that there may be different causes of type 2 diabetes in both sexes.⁴

Heart

Heart disease is still considered to be a more prominent issue in men's health. However, figures from the Federal Statistical Office show that women and men succumb to a heart attack or die of a cardiovascular disease in roughly equal numbers. In men, CHD morbidity and mortality are significantly increased compared with pre-menopausal women. After menopause, however, the rates start to converge. This has to do with, among other things, the loss of the stabilising effect of oestrogen on atherosclerotic plaques.⁵ However, women who smoke have a three times greater risk of fatal or non-fatal myocardial infarction compared with men.⁶

Bones

Women over the age of 50 are almost four times as likely as men in this age group to report medically diagnosed osteoporosis.⁷

About 40 % of women suffer a bone fracture during their lifetime compared with about 13 % of men. In addition to having lower bone mass, women have lower muscle mass and, on average, 30 % less muscle strength than men.⁶

Opioids

Women need about 50 % lower morphine concentrations than men to achieve a comparable degree of analgesia. Women also respond better to kappa opioids, e. g. pentazocine, than men.⁸

Prevention

Approximately 20 % of women participate in behavioural prevention measures, but only 11 % of men do.⁹

Psychology

Depression is diagnosed much more frequently in women than in men. Medically diagnosed depression was reported by 9.7 % of women and 6.3 % of men in the GEDA study.¹⁰

The lifetime risk of schizophrenia is the same for women and men (1 %), but, on average, women develop the disease 4 to 5 years later than men. A group of female sex hormones – oestrogen – could be responsible for this delay.¹¹

Teeth

Men are more likely to have periodontitis and leukoplakia. On the other hand, women tend to have more TMJ disorders, more tooth decay and are more likely to lose their teeth.¹²

Sources

- ¹ Kautzky-Willer A, Tschachler E. Gesundheit: eine Frage des Geschlechts (Health: A Question of Gender). Vienna, 2012
- ² http://www.aerztezeitung.de/politik_gesellschaft/versorgungsforschung/article/870171/gendermedizin-frauen-haeufiger-arzneimittelabhaengig.html [accessed on 12 Dec. 2022]
- ³ Berger JS, Roncaglioni MC, Avanzini F, et al. Aspirin for the primary prevention of cardiovascular events in women and men: a sex-specific meta-analysis of randomized controlled trials. JAMA. 2006; 295(3):306-13.
- ⁴ Giancarlo Tonolo. Sex-Gender Awareness in Diabetes, Diabetology, 2021, 2, 117–122. <https://www.mdpi.com/2673-4540/2/2/10/html> [accessed on 14 Feb. 2022]
- ⁵ <https://www.aerztezeitung.de/Medizin/Viele-Frauen-unter-schaetzen-ihr-Herzinfarkt-Risiko-229086.html> [accessed on 12 Jan. 2022]
- ⁶ Anita Rieder, Brigitte Lohff. Gender Medizin: Geschlechtsspezifische Aspekte für die klinische Praxis (Gender medicine: Gender-specific aspects for clinical practice), Springer-Verlag 2013
- ⁷ Federal Health Monitoring. Chronic illnesses: Osteoporosis. GEDA 2010
- ⁸ Pinn VW. Sex and gender factors in medical studies: implications for health and clinical practice. JAMA. 2003; 289 397 12-400
- ⁹ Robert Koch Institute Zahlen und Trends aus der Gesundheitsberichterstattung des Bundes (Figures and trends from the Federal Health Reporting System). GBE compact; 5/2012.
- ¹⁰ Julia Thom, Ronny Kuhnert, Sabine Born, Ulfert Hapke 12-month prevalence of self-reported physician-diagnosed depression in Germany, Journal of Health Monitoring 2017 2(3)
- ¹¹ <https://www.spektrum.de/news/psychische-erkrankungen-treffen-maenner-anders-als-frauen/1415506> [accessed on 12 Jan. 2022]
- ¹² <https://www.aerztezeitung.de/Medizin/Der-kleine-Unterschied-ist-groesser-als-gedacht-226976.html> [accessed on 12 Jan. 2022]