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Editorial

Gender Differences and Age-Related Morbidity and Mortality Indicate the Urgent Necessity for Higher Attention to Women's Health in Life-Course Mode

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ISOAD: International Society on Aging and Disease; LA-DOHaD: Latin-American Chapter of International Society for Developmental Origins of Health and Disease; PhD: Philosophy Doctor; RS: Rio Grande do Sul

Twenty years ago, in 2005 we have published our first article evaluating age-related dynamics and gender differences of morbidity and mortality for disorders related to metabolic syndrome (or its consequences): systemic arterial hypertension, diabetes mellitus and acute myocardial infarction [1]. This article has initiated a series of our publications on epidemiological índices, at first in Southern region of Brazil and thereafter in Argentina, Chile and some European countries. These our works have confirmed in particular that according to female fraction of morbidity, women have higher predisposition to affective disorders and cholecystitis in brazilian states of Southern region, especially in middle-age categories (30-50 y) [2].

On the other hand, in parallel studies we have shown also higher consumption by women of some psychoneurotropic drugs like antidepressants and benzodiazepines in North-Western region of the state of RS, thus corroborating partially to our data on morbidity (see discussion in [3]).

In addition, we have demostrated that in several populations there exists a progressive increase in female fraction of morbidity and mortality for disorders related to metabolic syndrome with the onset of menopause at the age of approximately 50 y [4,5]. We have interpreted these data as indication of accelerated aging for post-menopausal women.

However, just recently we have shown that female fraction of morbidity for Fe-deficient and other anemias in Southern region of Brazil is higher during the age categories of 10-49 y, roughly coinciding with fertile period in women [6]. It means that in accord with morbidity caused by anemias, our previous suggestion about accelerated aging in post-menopausal period is not valid, but on the other hand, these data confirm our earlier conclusion about the absence of unique general scheme of aging [2].

Moreover, these our last data demonstrate clearly the urgent necessity for higher attention to women's health, especially as referred to diagnostics, treatment and prevention of anemias, since literature data clearly show that natural predisposition to anemias in pregnancy can be aggravated by malnutrition, psychosocial stress of low socio-economic position, environmental conditions, such as high altitude and sometimes, by accompanying diseases like malaria in at least several less favoured populations, thus creating higher risk for low birthweight in offspring, the well-known pathogenic mechanism of posterior cardiometabolic diseases in the paradigm of DOHaD [3].

We invite other researchers to contribute in discussion of the topics described in this Edtorial, since they are important not only for women's health, but also for the health and well-being of future human generations.

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