



Consultation Response

Women's Health Strategy

Date: 11/06/2021

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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.

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}.

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-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.

