

IFA 16th Global Conference on Ageing:  
Challenge-Transformation-Change

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## **Presidential Symposium on Older Women**

Prioritizing Bone Health to Foster  
Healthy Ageing for Older Women

White paper

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## Background

Population ageing is a global phenomenon which significantly impacts the health and well-being of older persons. As of 2015, older adults account for 12% of the global population, and by 2050, this proportion is expected to double <sup>(1)</sup>. Older people experience a unique set of circumstances that impact their health, well-being, and their ability to participate in society. With increasing age, physiological changes may lead to hearing loss, vision impairment and cognitive decline or increase the risk of frailty and falls, which subsequently increases the likelihood of entering a long-term care facility <sup>(1)</sup>. On average, older women make up a significant portion of the ageing population and live longer than men <sup>(2)</sup>. In the Asia-Pacific region, women, on average, live 5 years longer than men; however, they face a disproportionately greater number of social and health inequities <sup>(3)</sup>. Older women are often neglected by policies, health systems and society as a whole. The intersection of sexism and ageism creates significant challenges for the individual, the community and, more broadly, society and the economy.

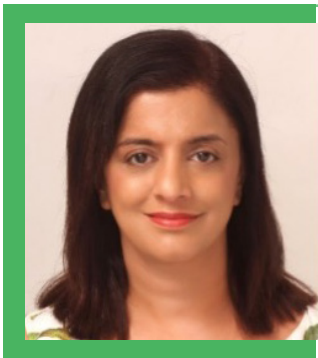
Poor bone health largely contributes to the burden of diseases such as fragility fractures and osteoporosis. The impact of poor bone health among older persons presents a significant burden on individuals, health systems and social and economic systems. As ageing is a risk factor for developing osteoporosis and other bone health-related conditions, there is a need for greater prioritization of preventing and managing bone health later in life <sup>(4)</sup>. As a result of gendered ageism within social and health systems, older women face disproportionate challenges with maintaining bone health <sup>(4)</sup>.

### Presidential Symposium on Older Women

In response to these challenges, the International Federation on Ageing (IFA) hosted the Presidential Symposium on Older Women at the IFA's 16th Global Conference in collaboration with Amgen as a prime member of IFA. The Symposium aimed to bring together experts across various disciplines to translate public health evidence and good practices into actions to improve policies and initiatives supporting older women's health. The conference was set against the backdrop of global population ageing and important international agendas that align and intersect with the United Nations (UN) Decade of Healthy Ageing. The IFA's 16th Global Conference boldly focused on themes not often prioritized and actioned in policy dialogue, which includes older women. Building on this conference theme, the session sought to present challenges specific to the Asia-Pacific region and consolidate strategies to enhance bone health and quality of life for older women, focusing on the prevention, management, and treatment of frailty and osteoporosis.

Moderated by Ms. Katrina Bouzanis, Director of Policy and Advocacy of the IFA, the discussion brought key themes and recommendations forward to call to action to prioritize bone health among older women particularly in the Asia-Pacific region.

## Expert Speakers



**Professor Reshma Merchant** is an Associate Professor and Head of Geriatric Medicine at the National University Health System in Singapore. She is also a committee member of the WHO Global Network on Long-term Care. Her presentation called for a greater focus on addressing gendered ageism to support bone health and healthy ageing more broadly among older women.



**Dr. Unnop Jaisamrarn** is Chief of the Family Planning and Reproductive Health Unit in the Department of Obstetrics and Gynecology, Faculty of Medicine at Chulalongkorn University in Bangkok, Thailand, Associate Dean for International Affairs of Faculty of Medicine and Secretary General of The Royal Thai College of Obstetricians & Gynecologists. He is the Vice-President of the Thai Menopause Society and the President of the Thai Osteoporosis Foundation. Dr. Jaisamrarn is also the Secretary of Forum for WHO Multicenter Research in Reproductive Health and the Secretary General of WHO Collaborating Centre for Research in Human Reproduction.

His presentation focused on the burden of osteoporosis and hip fractures in Asian women and initiatives to support treatment and prevention.



**Ms. Pattaraporn Vimonwatvetee** is a General Manager of Amgen in Thailand. She is a successful sales and marketing executive with 20 years managerial experience in both specialties and general therapeutics and in both ethical and drugstore channels. She discussed the importance of a multidisciplinary and multistakeholder approach to improving osteoporosis diagnosis, treatment, and prevention among older adults in the Asia Pacific region.

## Key theme 1: Burden of bone disease

### Social Burden

Poor bone health among older women may also be due to a lack of health literacy and awareness of bone disease prevention, management, and treatment. Societal misconceptions and insufficient knowledge around osteoporosis and fragility fractures contribute to the increasing burden of poor bone health among older adults, furthering the need for health education at the primary provider level <sup>(4,5)</sup>. Poor bone health among older women imposes devastating impacts on individual health and across generations. In Asia-Pacific countries, older women are often primary caregivers within their families and communities, therefore, fragility, fractures and other conditions that impact functional capacity can significantly burden families and caregivers <sup>(6)</sup>.

### Economic Burden

The cost of treating hip fractures alone is 19% of the GDP per capita in the Asia-Pacific. Considering the preventability and treatability of poor bone health, the economic burden can be minimized if greater priority is allocated to managing bone health among older adults <sup>(6)</sup>. High-income countries are also experiencing staggering direct and indirect costs associated with osteoporotic fractures such as hospitalizations and loss of productivity.

### Healthcare systems burden

Barriers to maintaining sufficient bone health among older adults can be attributed to non-adherence to recommended lifestyle changes, treatment plans and regular screening <sup>(4,5)</sup>. About 10% of hospitalizations are due to non-adherence to treatment plans. Osteoporosis specifically has amongst the highest non-adherence costs in contrast to other chronic conditions <sup>(4,5)</sup>. This not only presents a unique strain on healthcare systems around the world but also on other services such as rehabilitation programmes and long-term care facilities. Ultimately, healthcare systems bear the majority of the financial pressure associated with osteoporosis <sup>(4)</sup>.

## Key theme 2: Prioritizing healthy ageing among older women

Healthy ageing can be defined as the process of maintaining and developing the functional ability that enables well-being in older. Functional ability is the potential for one's intrinsic capacity to interact with one's environment. Health conditions related to poor bone health, such as osteoporosis, fragility, obesity, and sarcopenia, can lead to a decline in intrinsic capacity and may result in disability <sup>(7)</sup>. Older women, in particular, are less likely to be diagnosed appropriately or receive preventative care, which can increase their fracture risk and overall quality of life <sup>(8)</sup>.

The UN Decade of Healthy Ageing can be leveraged to advance primary and secondary care across the life course, integrating pharmacological and non-pharmacological approaches to bone health, and bringing together health professionals, policymakers, and civil society to improve bone health among older women <sup>(4)</sup>.

### **Key theme 3: Impact of gendered ageism**

Dr. Reshma Merchant shed light on the severity of gendered ageism and its disproportionate impact on the health and well-being of older women. Ageism is one of the most important social determinants of health and impacts how society acts and feels towards ageing <sup>(1)</sup>. Gendered ageism toward women results in unequal access to fair pay, education, opportunities for leadership, and social and health services, placing them at a greater risk for social exclusion and poor health outcomes <sup>(9)</sup>. Robust advocacy efforts are needed to address these gender gaps. Since women have longer lifespans, often live alone, and make up a large proportion of long-term care populations, the unique healthcare needs of women need to be met to reduce the higher levels of health burdens due to comorbidities, osteoporosis, fractures and fragility <sup>(10,11)</sup>.

To advocate for health disparities among older women, there is a need for sufficient clinical data and research on older women. The presence of gendered ageism in research has led to an underrepresentation and underreporting of studies on medical conditions that primarily impact older women. Only recently older women were required to be included in clinical trials. Gaps in current data and research perpetuate gendered ageism in health care systems and interfere with the healthy ageing of older women <sup>(12)</sup>. To meet the priorities of the UN Decade of Healthy Ageing, ageism, with attention to gendered ageism, must be recognized as a social determinant of health.

### **Key theme 4: Interventions to prioritize bone health**

To prevent and treat osteoporosis and fractures among vulnerable age groups, some Asia-Pacific countries use interventions such as FRAX, a Fracture Risk Assessment Tool, which uses inputs such as age, gender and weight to assess fracture risk. Additional upstream interventions discussed alluded to training for health care providers, such as an advanced training course on osteoporosis, a bone densitometry course, and annual scientific meetings. Physicians also recommend several pharmacological medications to prevent and treat osteoporosis and improve overall bone health. Non-pharmacological strategies to prevent and treat osteoporosis include calcium supplements, vitamin D intake, and regular physical exercise <sup>(13,14)</sup>. A common theme emphasized among expert attendees was a multidisciplinary approach to preventing and treating bone health-related conditions. Considering there is no clinical specialty dedicated primarily to bone health, a holistic approach to prioritizing bone health is required from not only clinical professionals but also public health and social services experts who prioritize the health and well-being of patients across the life course <sup>(4)</sup>.

## Policy recommendations

### Increasing patient education on bone disease interventions

Advocacy and patient awareness were overarching recommendations made throughout the session. Experts called on policymakers and health authorities to place greater focus on osteoporosis prevention, management, and treatment. Patient education efforts should be robust and focus on preventative strategies such as promoting healthy lifestyle choices to maintain bone health in older age and supplements and medications to improve bone health. Increased awareness of bone health diseases can facilitate patient engagement and improve adherence to expert recommendations and overall health outcomes for older adults.

### Advancing research to combat gendered ageism

To meet the priorities of the UN Decade of Healthy Ageing, ageism must be recognized as a determinant of health to allow for robust investment in initiatives that respond to gendered ageism. Advancing research to understand the burden of gendered ageism is necessary to dismantle gender disparities that impact the health and well-being of older women. Clinical research should include more older women in studies to strengthen and address gaps in healthcare associated with maintaining bone health and strengthening healthy ageing for older women.

### “One Fall, Hurts All”

Dr. Pattaraporn Vimomwatvetee emphasized the “One Fall, Hurts All” notion, which speaks to the severity of fragility fractures can have on not only individuals but also health care systems, economies, and caregivers. The “One Fall, Hurts All” initiative was recommended to advance campaigns to educate patients, healthcare providers and caregivers on osteoporosis diagnosis, prevention, and treatment. All stakeholders play an essential role in the prevention and early detection of osteoporosis; therefore, the adoption of this campaign can significantly reduce the burden of fragility fractures by educating and empowering key stakeholders on strategies to deliver appropriate care and improve health outcomes for older adults.

### Multistakeholder approach to improved bone health among older women

Experts recommended enhancing coordinated care between hospitals, primary care services and home care to sustain a multidisciplinary response to improving bone health, particularly among older women. Health care providers such as endocrinologists, gynecologists, rehabilitation medicine specialists and orthopedic surgeons should work collaboratively to increase education, research, and awareness of conditions such as osteoporosis to support ageing populations. The [UN Decade of Healthy Ageing](#) recommends the [Integrated Care for Older People \(ICOPE\)](#) framework to ensure

early disease detection and improve intrinsic capacity and functional ability with ageing. To respond to the needs of ageing populations, Japan has recently adopted a strategy called [Fracture Liaison Services \(FLS\)](#), which leverages a multidisciplinary approach to improve rehabilitation and prevention of secondary fractures by providing covered visits to facilities that specialize in holistic care. This is just one example of how multistakeholder and multidisciplinary approaches can be used to improve bone health in older adults.

## Conclusion

Fragility fractures, osteoporosis and other bone diseases remain a pressing public health challenge across the Asia-Pacific region. This significantly impacts society, health care systems, economies and the health and independence of older adults. Unfortunately, older women are at greater risk and burden for fragility fractures and osteoporosis (4). The IFA's Presidential Symposium on Older Women brought together leaders in ageing, bone health, and public health to synthesize good practices and recommendations to support the healthy ageing of older women. The proposed strategies and compiled evidence bring attention to challenges specific to the Asia-Pacific region to enhance the health of older women by promoting bone health, preventing fragility, and identifying appropriate treatment for osteoporosis.

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