

Increased attention to women's health research has yielded gains on some important conditions, but progress lags on othe

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A concerted effort to boost research on women's health over the last two decades has lessened the burden of disease and reduced deaths among women due to cardiovascular disease, breast cancer, and cervical cancer, says a new report from the Institute of Medicine. The effort has yielded less but still significant progress in reducing the effects of depression, HIV/AIDS, and osteoporosis on women, added the committee that wrote the report.

However, several [health](#) issues important to women have seen little progress, including [unintended pregnancy](#), [autoimmune diseases](#), alcohol and [drug addiction](#), lung cancer, and dementia. Overall, fewer gains have been made on chronic and debilitating conditions that cause significant suffering but have lower death rates, pointing to the need for researchers to give quality of life similar consideration as mortality for research attention. Moreover, barriers such as socio-economic and cultural influences still limit the potential reach and impact of research developments, especially among disadvantaged women.

The gains that have been made reflect the effects of requirements for researchers to include women in studies, an influx of resources from public and private stakeholders, and multifaceted research approaches that tackled the conditions from several fronts for a fuller understanding of each condition, the committee concluded.

"There is good news and bad news on the state of women's health research," said committee chair Nancy E. Adler, professor of medical psychology and director of the Center for Health and Community, University of California, San Francisco. "Significant boosts in research on women's health issues have yielded measurable progress in reducing the toll of several serious disorders. Unfortunately, less progress has been made on conditions that are not major killers but still profoundly affect women's quality of life. These issues require similar attention and resources if we are to see better prevention and treatment in more areas. And across all areas, researchers need to take into account the effects of both biologically determined sex differences and socially determined gender differences as a routine part of conducting research."

Historically, researchers recruited women to clinical studies less often than men in part because of ethical concerns about potential fetal exposure to experimental substances; the flux of hormones in women's bodies, which could complicate studies; and the assumption that results of studies on men could be extrapolated to women. However, trial results were not necessarily applicable or consistently applied to women, as demonstrated by the unequal use of stents, beta blockers, and cholesterol-lowering drugs to treat heart disease in women. Moreover, the symptoms and courses of diseases in males do not always correspond to what happens in females. Inadequate research focus on women's health issues was first comprehensively documented in 1985, which led to a transformation in government and public support of women's health research and in related policies and regulations.

Requirements for researchers to enroll women in clinical trials have enabled many advances. Yet the full benefit of increased participation by women has not been realized because researchers do not routinely analyze and report results separately for women and men, the committee observed. This limits the breadth and depth of clinical information that could facilitate more effective interventions and treatments for women.

Journal editors should adopt a guideline that all papers reporting outcomes of clinical trials must present data on men and women separately unless a trial focuses on a sex-specific condition such as prostate cancer, the report says. In addition, the U.S. Food and Drug Administration should enforce companies' compliance with requirements to provide sex-specific data on the efficacy and safety of new drugs and devices and should take this information into account when it considers approval, dosing, and labeling of products.

Although the dramatic increase in women's health research has generated an abundance of new information of interest to women, the course of scientific study sometimes yields conflicting findings and opposing recommendations that can cause confusion among the public. The committee recommended that the U.S. Department of Health and Human Services appoint a task force to develop strategies to communicate and market health messages about research results to women. The task force should include experts on mass media and marketing.

The sheer number of health conditions relevant to women and volume of information available on many of them precluded analysis of all conditions in the report. Lack of discussion should not suggest that the committee considered a specific condition unimportant. By necessity, the committee focused on those that are specific to or more common or serious in women or that have distinct causes, manifestations, outcomes, or treatments in [women](#). And it selected conditions that could provide broadly applicable conclusions.

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