

WHY THE GENDER AND HEALTH EQUITY COMMITTEE?

Flavia Franconi

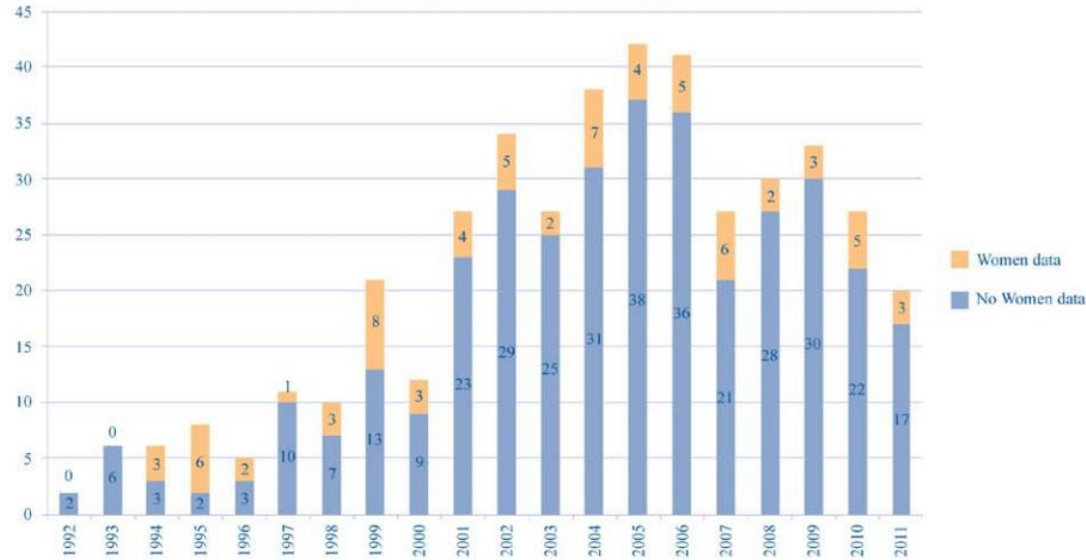
Laboratorio Nazionale Medicina e Farmacologia di Genere Del Consorzio
Interuniversitario Biostrutture e Biosistemi, Centro Universitario di
Studi sulla Medicina di Genere – Università di Ferrara

THE INVISIBLE WOMAN

Virginia BRUCE
John BARRYMORE
John HOWARD
Charlie RUGGLES
Oscar HOMOLKA

A UNIVERSAL PICTURE

Figure 13. Number of articles reporting data on women by year



Preclinical studies have been mainly performed in male animals (Beery A & Zucker I. Neurosci Biobehav Rev, 35, 565, 2011).

In vitro experiments, cells do not have a sex (Franconi F et al Int J Cardiol 179 (2015) 514–535)

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women are treated as 'small men'

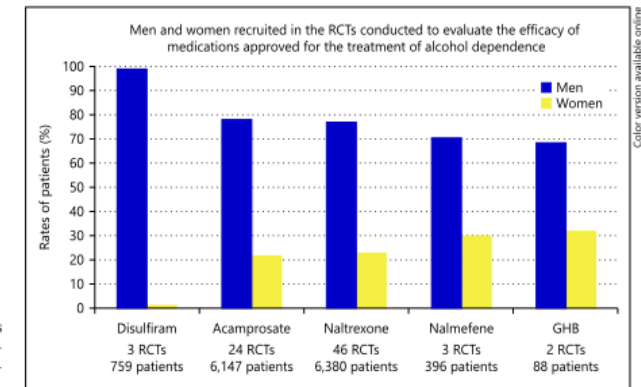
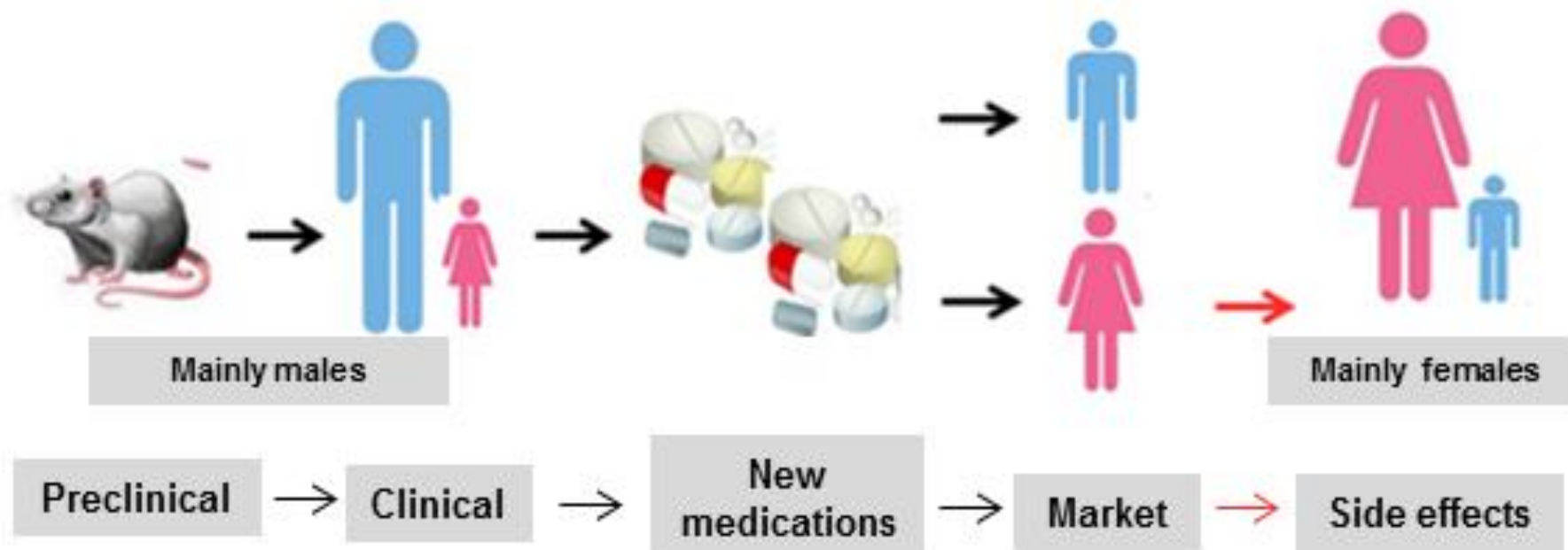


Fig. 1. Rates of male and female patients recruited in randomised, placebo-controlled trials conducted to evaluate the efficacy of AD medications.



The drug think

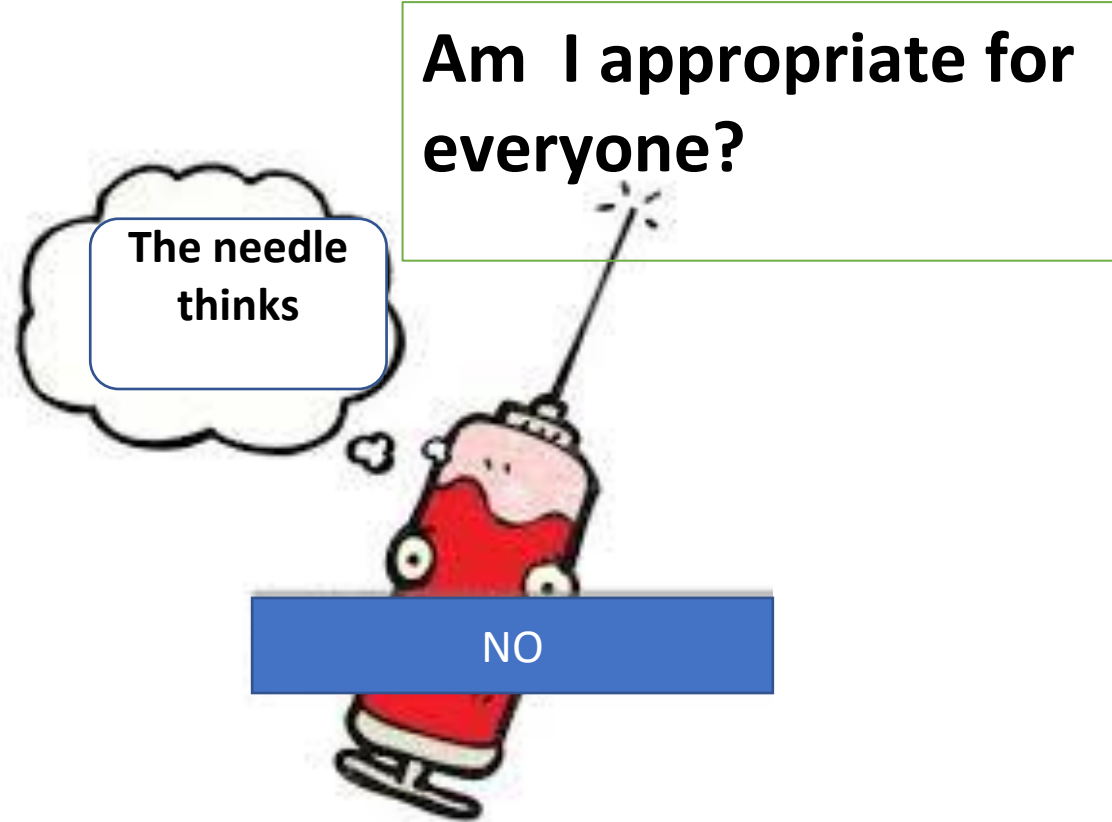
Are we appropriate for everyone?



NO



alamy stock photo



The depth of gluteal fat varies between men and women but the length of the injection needle does not vary. In women, the rate of success of IM injections is lower than in men (Soliman et al., 2018).

Grazie

Gracias



Danke

Thanks

ありがとうございました

Спасибо

Conclusion

Medicine's gender revolution is mandatory to reach equity

to make this revolution it is necessary:

- a) *The underrepresentation of women meaning that the “normality of women” is still unknown thus it is **necessary that single governments fund strategic plans** to bridge this gap. **These studies should be multidisciplinary and intersectorial.***
- b) *The knowledge of “normality” are necessary to have drugs and medical devices that are more appropriate for all persons. In order to promote sex and based research it is necessary to adopt measures as happened in Europe for pediatric drugs namely **a system of obligations and incentives for the companies***