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**Gender Medicine = geschlechtsspezifische Medizin**

- Gender Medicine = Paradigmenwechsel
- von einem androzentrischen naturwissenschaftlichen Wissenschaftsbegriff zur geschlechtsspezifischen Medizin.

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**Gender Medicine = geschlechtsspezifische Medizin**

- D.h., alle „Wahrheiten“ der Medizinforschung werden auf ihre Richtigkeit für beide Geschlechter geprüft und ihre Auswirkung auf vorhandene Geschlechtsunterschiede dargestellt.

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**androzentrischer  
naturwissenschaftlicher  
Wissenschaftsbegriff**

- Der Mann ist die **Norm**, von Zellkultur über Tierversuch bis zum männlichen Menschen.
- Alle Erkenntnisse werden 1:1 ungeprüft auf die Frau übertragen.
- **Frau** = Variante oder „kleiner Mann“
- Dieses Modell ist diskriminierend.
- Ist das ein Gesundheitsrisiko?

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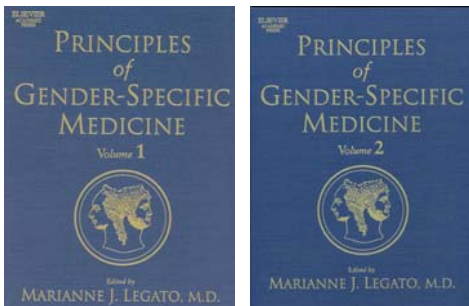
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**Principles of  
Gender Specific Medicine**



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**Principles of  
Gender-Specific Medicine**

- Gender and Development
- Central Nervous System
- Cardiology
- Pulmonology
- Gastroenterology
- Reproductive Biology
- Oncology
- Nutrition
- Drug Metabolism
- Infectious Disease
- Bone
- Immunology/Rheumatology
- Aging
- Future Areas to Expand



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**GENDER MEDICINE**

3<sup>rd</sup> INTERNATIONAL CONGRESS OF GENDER MEDICINE 2008 September 12<sup>th</sup> - 14<sup>th</sup>, Stockholm, Sweden

Program

3<sup>rd</sup> International Congress of Gender Medicine  
September 12 - 14, 2008

To register for the congress please go to the official website  
[www.ki.se/cfg](http://www.ki.se/cfg)

Conference Secretariat  
MCI  
[conference.seedes@mci-group.com](mailto:conference.seedes@mci-group.com)

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## Sex and Gender

- **Sex** = biologisches Geschlecht (Chromosomen, Hormone)
- **Gender** = soziales Geschlecht (Umwelt, Kultur, Ethnie)

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## SEX DIFFERENCES

X-Chromosom

Y-Chromosom

Y: 78 genes

X: ca 1500 genes

Y: 78 genes

X: ca 1500 genes

ANT3 \*  
EIF2S3\*, PDHA1  
GP91-PHOX

FOXP3

CD40L

22.3  
22.2  
22.1  
21  
11.4  
11.2  
11.3  
21  
22  
23  
25  
26  
27  
28

PAR1

11.3  
11.2  
12

PAR2

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## GENDER DIFFERENCES



Source: www.fotosearch.de

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## Gewicht



- **Body-Mass-Index (BMI) =**  
Gewicht (in kg)/Größe(in m)<sup>2</sup>
- Normalwert 18,5-25
- **KEIN Geschlechtsunterschied für Erwachsene**

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## Ernährungspyramide



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## Lifestyle CHANGES

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## Gewicht

Kategorie	BMI (kg/m <sup>2</sup> )	
Starkes Untergewicht	< 16	< 18,5 Untergewicht
Mäßiges Untergewicht	16-17	
Leichtes Untergewicht	17-18,5	
Normalgewicht	18,5-25	Normalgewicht
Präadipositas	25-30	> 25 Übergewicht
Adipositas Grad I	30-35	> 30 Adipositas
Adipositas Grad II	35-40	
Adipositas Grad III	> 40	

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## Body Mass Index

**Verteilung des Body Mass Index (BMI) nach Alter und Geschlecht im Vergleich der Jahre 1999 und 2006/07**

Geschlecht, Alter	Untergewicht		Normalgewicht		Übergewicht		Adipositas	
	BMI < 18,5		BMI 18,5 - < 25		BMI 25 - < 30		BMI 30 und mehr	
	1999	2006/07	1999	2006/07	1999	2006/07	1999	2006/07
in %								
<b>Männer</b>								
<b>Insgesamt</b>	<b>0,9</b>	<b>0,6</b>	<b>35,6</b>	<b>41,6</b>	<b>54,4</b>	<b>44,9</b>	<b>9,1</b>	<b>12,0</b>
20 bis 29 Jahre	1,5	0,7	52,2	69,5	42,4	24,0	3,9	5,7
30 bis 44 Jahre	0,7	0,5	38,5	44,6	53,4	44,0	7,4	10,8
45 bis 59 Jahre	0,6	0,4	26,6	30,2	59,9	52,2	12,9	17,2
60 bis 74 Jahre	0,7	0,5	25,7	28,1	60,1	52,9	13,5	18,6
75 Jahre und älter	1,8	2,4	35,4	37,9	56,1	51,5	6,7	8,1
<b>Frauen</b>								
<b>Insgesamt</b>	<b>3,3</b>	<b>2,9</b>	<b>66,1</b>	<b>53,0</b>	<b>21,5</b>	<b>29,9</b>	<b>9,1</b>	<b>13,4</b>
20 bis 29 Jahre	6,7	7,6	80,8	72,5	9,1	14,1	3,4	5,8
30 bis 44 Jahre	3,7	3,1	78,2	64,0	15,8	23,4	6,3	9,4
45 bis 59 Jahre	1,7	1,7	59,5	48,5	26,9	33,3	11,9	16,5
60 bis 74 Jahre	1,5	1,0	50,9	36,8	32,0	41,3	15,6	20,9
75 Jahre und älter	3,8	1,6	61,2	42,7	26,9	40,7	8,2	15,0

Q: STATISTIK AUSTRIA, Gesundheitsbefragung 2006/07, Mikrozensus-Sonderprogramm "Fragen zur Gesundheit" 1999. Erstellt am: 21

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**Table 66-1**  
Estimated Prevalence of Eating Disorders by Gender

Disorder	Males	Females
Anorexia Nervosa	0-0.2%	0.4-1.0%
Bulimia Nervosa	0-0.2%	1.1-6.0%
Binge Eating Disorder	0-5.3%	1.5-4.6%
Disordered Eating ("Dieting")	≤28%	≤47%
Obesity	≤20.2%	≤19.4%

Legato, M.J. (Ed.) (2004): Principles of Gender Specific Medicine. Vol.2, p.716.

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**Eating Disorders**




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**WHO: Adipositas**

als vermeidbares  
Hauptgesundheitsrisiko für das 21.  
Jahrhundert deklariert  
(RAUCHEN 20. Jahrhundert)

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### The Magnitude of the Problem

The 2005 Youth Risk Behavior Survey showed:

- 32% of adolescent girls believed they were overweight
- 61% were attempting to lose weight
- In the last 30 days, 6% had tried vomiting and had taken laxatives to help control their weight
- Other studies have shown that by the age of 18, more than 50% of normal weight women consider themselves to be overweight

Eaton EK et al. Youth risk behavior surveillance—United States, 2005. MMWR Surveill Summ 2006; 55:1.

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### Incidence Rates Per 100,000

Time Period	Rates
• 1930-1960	0.1-0.4
• 1960-1970	1.6
• 1970-1980	5.0
• 1980-1990	5.1

1930-1960 data from hospital records only; remaining data from outpatient mental health records

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84 MMWR June 9, 2006

**Table 60. Percentage of high school students who were at risk for becoming<sup>1</sup> or were overweight,<sup>2</sup> by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 2005**

Category	At risk for becoming overweight				Overweight			
	Female % (95% CI)	Male % (95% CI)	Total % (95% CI)	Total % (95% CI)	Female % (95% CI)	Male % (95% CI)	Total % (95% CI)	Total % (95% CI)
Race/Ethnicity								
White <sup>3</sup>	23.0	12.7	14.8	14.8	14.2	10.2	11.9	11.9
Black <sup>4</sup>	22.0	0.0	10.7	2.8	28.8	1.8	10.1	10.3
Hispanic <sup>5</sup>	16.8	3.1	16.0	2.0	19.7	1.8	10.1	21.0
Grade								
10	15.9	1.8	16.0	2.0	17.1	1.8	10.4	21.1
11	15.4	2.4	14.2	2.4	16.8	1.8	10.0	18.0
12	15.7	2.0	15.8	2.0	16.8	1.7	9.4	17.2
13	15.6	2.0	14.1	2.2	16.8	1.8	8.7	15.0
Total	18.9	4.4	18.8	3.2	19.2	3.0	10.0	11.1

<sup>1</sup> Students who were ≥85th percentile for BMI according to body mass index, by age and sex, based on reference data.

<sup>2</sup> Students who were ≥95th percentile for body mass index, by age and sex, on the basis of reference data.

<sup>3</sup> Non-Hispanic white.

<sup>4</sup> Non-Hispanic black.

<sup>5</sup> Non-Hispanic Hispanic.

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MMWR  
MORBIDITY AND MORTALITY WEEKLY REPORT  
Vol. 54, No. 23  
June 9, 2005

56 MMWR June 9, 2005

TABLE 62. Percentage of high school students who described themselves as slightly or very overweight and who were trying to lose weight, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 2005

Category	Described themselves as overweight			Were trying to lose weight		
	Female % (95% CI)	Male % (95% CI)	Total % (95% CI)	Female % (95% CI)	Male % (95% CI)	Total % (95% CI)
Race/Ethnicity						
White*	27.7 2.1	24.7 1.9	26.2 1.8	22.5 1.9	22.0 2.1	22.3 2.0
Black†	26.5 3.0	17.8 2.7	22.2 2.1	22.7 2.4	18.4 2.9	20.9 2.3
Hispanic†	43.4 3.4	32.0 3.4	37.1 3.0	41.1 2.4	36.0 2.9	38.2 2.6
Grade						
9	34.2 3.1	34.2 3.0	34.2 3.4	40.1 3.0	34.0 3.0	38.0 3.4
10	28.2 2.4	28.0 2.2	28.1 2.3	28.5 2.2	28.2 2.2	28.4 2.1
11	25.1 2.1	26.0 2.0	25.6 1.9	21.7 2.0	26.1 2.0	24.2 1.9
12	17.8 2.0	23.8 2.0	20.7 1.7	18.4 2.0	25.7 2.0	22.4 1.9
Total	28.1 1.7	25.1 1.9	26.1 1.7	21.7 1.7	25.0 1.8	23.6 1.7

\*Non-Hispanic white.  
†Non-Hispanic.

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### Ergebnisse



- 234 (79.9%) berichteten 3 x wöchentlich für mind. 20 min Sport zu betreiben
- 274 (90.1%) berichteten sich gesund zu ernähren



www.mayoclinic.com

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### Obesity Grading and Types

Central Obesity      Peripheral Obesity

Abbildung S. Kaser AIM

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# Gewicht

## Geschlechtsunterschiede



Subjektiver Umgang mit Gewicht  
 Untergewicht  
 Übergewicht  
 Essstörungen  
 maximaler Unterschied  
 ebenso Gewichtsreduktionsversuche  
 Anwendung von medikamentösen und chirurgischen  
 Therapien  
 Unzufriedenheit mit eigenem Gewicht

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Größe	Model- gewicht	BMI
1,50 m	34 kg	15
1,55 m	37 kg	15
1,60 m	39 kg	15
1,65 m	41 kg	15
1,70 m	43 kg	15
1,75 m	45 kg	15
1,80 m	47 kg	15



Quelle: <http://not-just-thin-i-will-be-happy.dhapa.de/topmodel-masse-s093973.html>

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# Gewichtsverlust

DD I



- Essstörungen
- Psychiatrische Erkrankungen:  
Depression
- Suchterkrankungen: Drogen
- Diät, Bewegung
- Unterernährung: Hunger, Alter

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# Gewichtsverlust

DD II



- **Medikamente:** NSA, Laxantien
- **Magen-Darm-Erkrankungen**
- **Chronische Erkrankungen:** Herz, Niere
- **Endokrinologische Erkrankungen:** DM, Hypertyreose
- **Karzinome**

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werden im Rahmen des Vortrags präsentiert

## FALLBEISPIELE

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