HEALTH, MORBIDITY, AND MORTALITY WORKING GROUP **European Association of Population Studies**

Gender Inequalities in the medicalization of mental health among the elderly population in Europe

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Background

A series of studies in Spain point out the existence of gender inequalities in the medicalization of mental health, which increase as the population ages. In the European context, there is a knowledge gap regarding gender inequalities in the medicalization of mental health, especially in the older population.

Objective

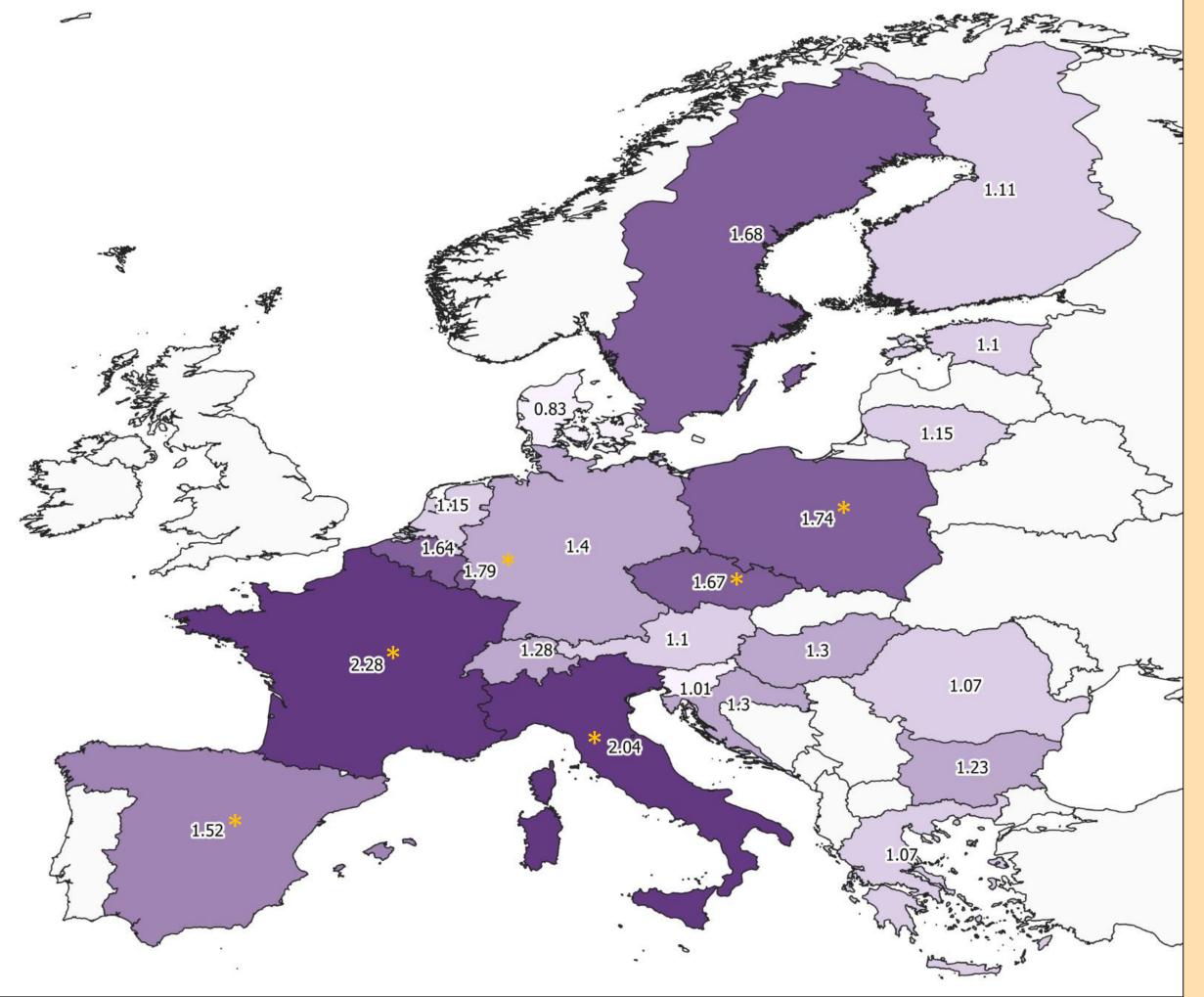
To analyze gender inequalities in the medicalization of mental health in the population aged 65 and over in different European countries,

Methods

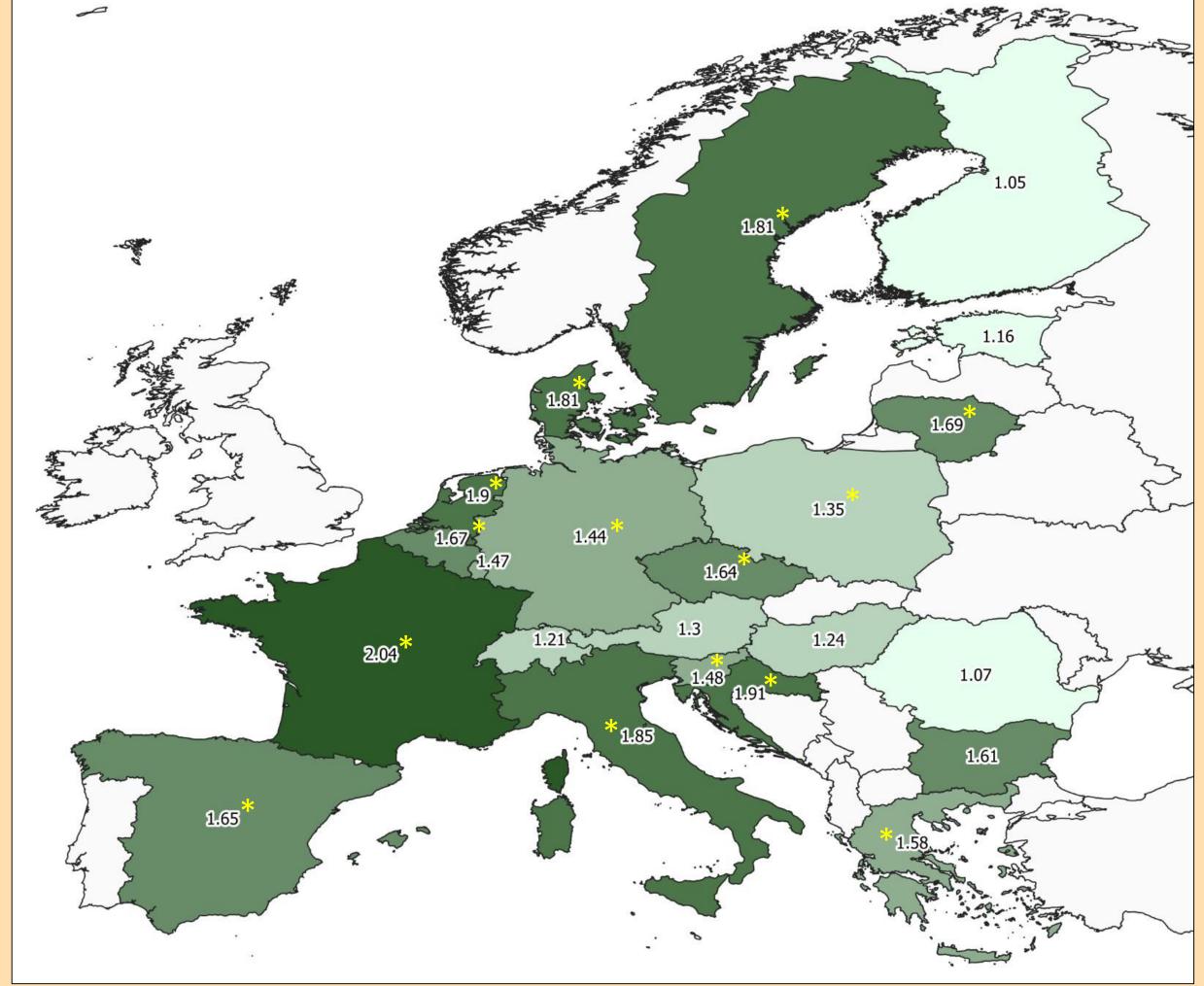
- Sample: 2018 Survey of Health, Ageing and Retirement in Europe (SHARE) \rightarrow subsample: population aged > 65 years old (n=32,669)
- Outcome variables: Diagnosis of affective or emotional disorders and use of medications for anxiety or depression.
- Adjustments variables: Age, mental health status, number of primary care medical consultations educational attainment
 - \rightarrow Diagnosis of affective or emotional disorders (In the analysis of psychotropic prescribing)
- Analyses: crude prevalences (%) by sex + prevalence ratios (PRs) using robust Poisson models (with men as the reference group) for each of the countries included.

Results

Map 1. Prevalence ratio (PR) (IC 95%) of medical diagnosis of affective or emotional disorders according to different adjustments^a (reference category: men). Different countries, 2019-2020 (SHARE, wave 8).



Map 2. Prevalence ratio (PR) (IC 95%) of consumption of psychotropic drugs according to different adjustmentsa (reference category: men). Different countries, 2019-2020 (SHARE, wave 8).



The adjusted models indicated significant gender inequality in diagnosis in 27% of the analyzed countries, with the largest inequalities found in France (PR=2.28 [1.51-3.45]) and Italy (PR=2.04 [1.12-3.73]).

Gender inequalities in psychotropic drug use were observed in the majority of countries (64%) and were even more marked than for the diagnosis of affective or emotional disorders. the largest inequalities were observed in France

(PR=2.04 [1.54–2.71]), Croatia (PR=1.91 [1.38–2.64]) and the Netherlands (RP=1.90 [1.28–2.83]).

Conclusions

The results consistently point to the existence of gender inequalities in the medicalization of mental health internationally. However, the mechanisms behind these inequalities are unknown. Future research should focus on exploring the effect that different contextual and individual factors may have in explaining these results.

