

Laura W. Bush

INSTITUTE *for* WOMEN'S HEALTH
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Y Does XX Make a Difference?

Interviewer: Good morning! We are delighted you could join us this morning

<Show Laura Bush Institute Video>

Our guest speaker today is Connie Tyne, executive director of the Laura W. Bush Institute for Women's Health. She makes her home in Dallas while supporting regional offices and programs in seven cities across Texas. As you could see in the video, the Institute invests in research, medical education, and community programs; and hosts one fundraising event a year in each city.

From 1998 to 2015, Connie served in several influential roles including, executive vice president of External affairs for the Cooper Institute, a non-profit aerobics research and education institute in Dallas. During her 18-year association that included the Cooper Clinic and Wellness Program, Connie directed many successful programs that improved the health of women, children, and men of all ages through good nutrition, regular exercise, behavior modification, as well as, healthy school environments and effective medical care.

Interviewer: Connie, how did you first hear about the Laura Bush Institute?

Connie: In 2012, I attended an event sponsored by the LWB Institute called "Y Does X Make a Difference?" the same title as my presentation today! It was my first encounter with Dr. Marjorie Jenkins, the founder of the Institute, and the concept of sex and gender differences in medicine.

Assigned **sex** is a label that you're given at birth based on medical factors, including your hormones, chromosomes (XX or XY), and genitals. ... When someone's sexual and reproductive anatomy doesn't seem to fit the typical definitions of female or male, they may be described as intersex. Gender is a social construct related to how a person perceives themselves and wants to be known by others.

I have learned that historically, medical research has been done on male cells, male animals, and male humans; then generalized to females. I had no idea the most common differentiation for women was in the realm of reproductive health.

<Slide 2: Bikini medicine>

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Bikini Medicine.

I know now that there are more than 1,000 metabolic, neurologic, and hormonal differences between men and women that make each unique. One size does not fit all. *Frankly, I was blown away!*

It was a real "Ah- Ha" Moment when I realized that awareness and understanding of sex and gender differences in medicine could save my life!

Interviewer: Speaking of saving our lives, why do you think medical research was historically focused on men?

Connie: For starters, there are many serious health conditions that are more common in men.

<Slide 3: Did you know men lead women>

Consider your own family tree and think about why your grandfather may have passed away at a younger age than your grandmother. Keep in mind that until the last decade, heart disease was considered a man's disease!

Women were expected to die from breast or ovarian cancer, have autoimmune diseases like Lupus and arthritis, and suffer from osteoporotic fractures that could prove fatal. We really had distinctly male and female diseases. But that is false.

Even though there are far less men with breast cancer or osteoporosis, both are quite deadly for men. It turns out, medical differences are across the board.

Interviewer: Do you have a few examples of medical conditions that have some distinct male and female difference? I know the incidence of diabetes is growing and most of us know someone dealing with it. With a strong family history, diabetes is something we should know more about.

Connie: Yes, Diabetes is a good example. While excess body weight often triggers insulin resistance, the common symptoms for men and women are the same: constant thirst, frequent urination, fatigue, dizziness, and weight loss. Let's look at some differences.

<Slide 4: Did you know about Diabetes?>

Connie will discuss

Interviewer: Body weight and BMI seem to play a role in many medical conditions. Could you give us a quick reference for understanding it?

Connie: Yes, I think that's a great idea. Most of us gain 2-3 pounds a year and don't even notice. That becomes a problem 10-20 years down the road when we are 30 pounds heavier than we meant to be. It really sneaks up on you!

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<Slide 5: BMI Chart>W
Connie will discuss

Interviewer: Thanks. That is really something to be aware of. Now, let's talk about cardiovascular disease. It was historically considered a man's disease but now we know more women die each year from heart disease than men! As the #1 killer of women, it is more dangerous than all the cancers combined. Can you help us understand?

Connie: I think I can help by explaining some of the differences between male and female heart disease and heart attack.

<Slide 6: Did you know about Cardiovascular Disease?>
Connie will discuss

Interviewer: Thanks very much. I'll keep an eye on the women I care about! We know that either of these medical conditions increase our chance for depression or mental health problems and women have far more depression than men. Are there any significant differences in the way men and women experience depression?

Connie: That's a great question and you will not be surprised when I share this information. In fact, I would guess we all know men who are not diagnosed or treated for the reasons I'll show you.

<Slide 7: Did you know about Depression?>
Connie will discuss

Interviewer: Ok, the depression is tricky! Some guys spend their lives escaping or distracting themselves. I guess seeing a change is the key. Here is my last question and it has to do with the pandemic we have been living with for many months. I have read that more men are dying from Covid-19 than women are. Is there a reason for that?

Connie: Yes, there is and some of the reasons will sound very familiar.

<Slide 8: Did you know about Influenza and Covid -19?>

Connie will discuss.

Interviewer: That brought us back full circle to BMI and testosterone. Our male and female hormones can be our best friends or our biggest challenge. The key is to understand what's going on and work to prevent diseases.

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This information has been really helpful and I think we have one more question for you. There are many drugs on the market for treating all these conditions. Are they generally safe for women and men?

Connie: That's a great question and I wish I had better news. Most drugs have been tested on men and women but the data has been aggregated instead of reported separately.

<Slide 9: Did you know about the differences in drugs?>

Connie will discuss.

<Slide 10: Ambien>

Connie will discuss.

It's very important to look up the latest info on any RX before you take it. Also, ask your doctor or pharmacist if there has been any report of differences in dosage, side effects, or usage guidelines for women. If the answer is NO, proceed with caution. Listen to your body and pay attention to how you feel. If you have a drowsy feeling, aching feeling, or anything else, call you doctor and consider lowering the dosage.

Interviewer: Is there some place for us to get more of this kind of information?

Connie: Yes! My hope is that some of you have had an "Ah-Ha" moment today and will want to continue to learn more and even share with others.

<Slide 11: Sex and Gender Specific Health>

For more of what we have talked about today, please use our resources at SexandGenderHealth.org. The video library has over 25 brief vignettes describing the differences between men and women covering a wide range of medical conditions including: Alcohol Use Disorder, Alzheimer's Disease, Asthma, CVD, COPD, Depression, Diabetes, Sleep, Melanoma, Osteoporosis, Pain, Parkinson's Disease, Opioid Use Disorder, Stroke, Trauma & Sex and gender research.

Our LauraBushInstitute.org will keep you current on our programs and events.

<Slide 12: LauraBushInstitute.org>

Connie: Please use our resources and if you want updates, join our FaceBook group where we share new videos and information as soon as it's available.

My goal today was to improve your life and lower your risk for medical problems in the future. Thanks so much for having me!

Interviewer: See you next month!