

How WOMEN'S a turn for

From life-saving cancer treatments to game-changing women now live longer, healthier lives than ever. Here, experts explain the biggest changes of the



'Collaboration and new technologies are changing the landscape'

Dr Sarah Jarvis, *Good Housekeeping's* GP, has been a medic for 31 years. Here, she shares the most significant changes of the past century and what's making an impact now

I have spent nearly a third of the past century as a GP and it has been incredible to witness the progress in this time alone. Before I qualified as a doctor, there were no targets in general practice. Our work consisted largely of 'reactive care'; seeing people who were ill, diagnosing and treating. Today, perhaps half my workload consists of preventive work – advice and treatment to reduce the risk of heart attack, stroke and cancer or to minimise complications of long-term conditions.

The past few decades have seen an explosion in preventive treatments, which have slashed death and disability tolls for many conditions. This, I think, is one of the most exciting developments of modern healthcare – that we are increasingly focused on improving

health, rather than simply mitigating the impact when it all goes wrong.

General practice is almost unrecognisable from my early days. Back then, the only clinicians in my practice were GPs and two part-time nurses. As healthcare has advanced (and become more complicated), practice teams have grown, which has allowed for improved safety, higher-quality care and greater efficiency.

Back in 1922, the difference was even more marked. Then, we did have National Insurance but it only covered the poorest members of society, offering

sick pay as well as unemployment benefit. The NHS – offering free healthcare to all – wouldn't arrive until 26 years later. This meant that dying from

what we would now consider 'everyday' illnesses was a regular occurrence, especially if you were not wealthy.

Added to that, the UK was reeling after the First World War and the Spanish flu pandemic of 1918. The latter proved more deadly than the

war, killing between 50 and 100 million people worldwide. There was no vaccine or antiviral treatments. Nor was there a national public health service that could evaluate how lockdowns and

I'm proud to work in a healthcare system that values equality

HEALTH took the BETTER

contraceptives and increased understanding of mental health, before – with better support, knowledge and compassion. past 100 years and predict what is coming next



social distancing could reduce spread. All our lives have changed with the Covid-19 pandemic – but at least we have been able to fight back.

In the 1920s, the most common cause of death for men and women under 50 was infection, with cancer and nervous system conditions (including cerebral palsy, epilepsy and 'senile decay') taking over in older groups. Tuberculosis, pneumonia and illnesses such as polio, tetanus, whooping cough, measles and mumps were among the most common lethal infections. Later, in the 1950s, heart disease would dominate as a major cause of death, as our lives grew less active and smoking took its toll.

Thankfully, these illnesses are no longer the deadly tyrannies they once were. Alexander Fleming's discovery of penicillin in 1928 saved millions of lives, and antibiotics remain an effective and accessible treatment for infections today. And in the second half of the

20th century, illnesses such as polio and measles were all but eradicated with the introduction of immunisation.

There are threats to this progress. In 2019, the World Health Organisation (WHO) listed 'vaccine hesitancy' and antibiotic resistance as two of the biggest threats to global health. But countries are coming together to tackle these issues in a way unimaginable even just a generation ago. Ideas can now be shared at the touch of a button, allowing clinicians across the globe to collaborate as if they were all at the same patient's bedside.

There's no doubt that mistakes were made during the Covid-19 pandemic.

But some of the changes we were forced to implement at short notice could revolutionise care. The success of the mRNA (Pfizer-BioNTech and Moderna) vaccines is already being used to identify vaccines against HIV, malaria and even cancer. The 'repurposing' of drugs developed for one condition to treat another is likely to accelerate.

Importantly, the pandemic forced doctors to focus on why people from deprived areas and ethnic minorities were disproportionately affected. I have seen a real will to tackle inequalities and ensure this never happens again. While there is always progress to be made, I'm proud to work in a health service that focuses on equality.

In 1922, the average life expectancy for women was 54: now it is 81

LIVING FOR 100 YEARS

Estimates suggest there were only about 100 people aged 100 or over at the start of the First World War. But that has been increasing every year, and the most recent figures (from 2020) found there are 15,120 centenarians in the UK. This is only going to increase further – one prediction estimates that there will be at least half a million people aged over 100 by 2066.



Thanks to better treatments, UK death rates from cardiovascular disease dropped by 68% from 1980 to 2013

THE HEART OF PROGRESS

Early in my career, my doctor's bag always contained vials of injectable diuretic, for patients whose lungs filled with fluid due to heart failure. There was very little else I could offer them. Today, we have a host of preventive medicines, and pacing devices inserted into the heart can boost its pumping power, reducing symptoms and improving quality of life. Thanks to statins, anticoagulant drugs and modern procedures, between my entry to medical school in 1980 and 2013, UK death rates from cardiovascular disease have dropped by an extraordinary 68%.



DEVELOPMENTS IN DEMENTIA

With an average life expectancy of about 54 years for women and 48.4 years for men in 1922, dementia was rarely an issue because so few people survived into old age. Now, it's one of our country's biggest killers, and it was the leading cause of death for women in 2019. Research into dementia has been underfunded for years, but there are finally some fantastic new advances.

In 2019, researchers identified a blood test that was up to 94% accurate in identifying Alzheimer's long before symptoms begin. This could allow scientists to target new treatments at an earlier – even preventive – stage. And we are coming increasingly closer to a cure: in June 2021, US drug regulators approved aducanumab, a drug that targets the amyloid plaques and 'tangles' that build up in the brain of people with Alzheimer's. There is some controversy about its effectiveness, but it's the first drug to target the underlying disease process in Alzheimer's.

A CENTURY OF CANCER CARE

Until 1935, the public was unaware of the link between excess sun exposure and skin cancer – and even when I was a pale, freckled child in the 1960s, the highest SPF available was SPF14. Today, we understand the risks and factor 50 is on every pharmacy shelf. Without these advances, many times more than the 16,700 people diagnosed annually in the UK would have melanoma skin cancer.

Cancer immunotherapy (designed to prime the body's own immune system to kill off cancer cells) has been developed in the past decade to treat advanced melanoma, with some patients with a previous life

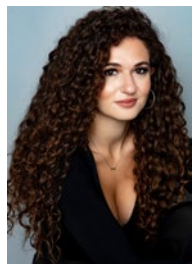
expectancy of months now surviving for years. Its use has also been expanded to treat bladder, bowel, brain, breast, cervical, kidney, lung and prostate cancers as well as leukaemia.

Breast cancer, which affects 1 in 7 UK women in their lifetime, has also seen dramatic advances in treatment. The proportion of women surviving for at

least 10 years after diagnosis – by which time the vast majority have beaten it permanently – has increased from 40% in the early 1970s to almost 80% today. Over the same period, five-year survival has jumped from just over 50% to almost 90%. We have so many scientific advancements from the past 100 years to be grateful for, including the arrival

of radiotherapy in 1937; in 1977, anti-oestrogen therapy (which can reduce the chance of recurrence by up to 50%), and huge advances in the past 20 years for identifying various different sub-types of breast cancer, allowing treatment to be tailored.





'Women's health means women's freedom'

From periods to family planning to the menopause, women's health has undergone seismic change, says *GH*'s health and wellbeing commissioning editor Arielle Tchiprout

One hundred years ago, we might have defined 'womanhood' by the workings of our bodies. From the first drop of blood at puberty, to pregnancy and raising children, through to the menopause, a woman's value was intrinsically linked to her female bodily functions; and, therefore, her ability to fulfil her role as a baby-making member of society.

Thankfully, we've moved on considerably since then. Now, womanhood is more about the unique qualities that make us who we are – our intellect, our empathy, our talents and abilities. And I believe we have the huge developments in women's health over the past century to thank for that. I am so proud that *Good Housekeeping* has been there to witness

these momentous changes and has, in some cases, helped drive them forward.

PROGRESS FOR PERIODS

When *GH* first appeared in 1922, women had to fashion their own sanitary products out of bandages and cloths. Unsurprisingly, the uncertainty of leaking blood was enough to keep many at home during their period. The

taboo surrounding menstruation was intense, and little was known about illnesses such as endometriosis. In 1931, the tampon was patented; perfectly timed for when women were starting to find their feet in the workplace.

Since then, the stigma surrounding periods has been breaking down, albeit slowly. It was just recently, in 2017, that we saw the first advert (from Bodyform) portraying red 'blood' rather than blue

liquid. Now, there's a wealth of innovative products aimed at making menstruation easier: comfortable and absorbent period pants and even high-tech devices with small electrical pulses that claim to ease pain, drug-free. We've (hopefully) grown up with less shame about menstruation than our mothers, and our granddaughters will have even less than we had.

GROUNDBREAKING BIRTH CONTROL

Although the first Marie Stopes clinic opened in 1921, offering advice about birth control, this was only available to married women and options were limited and unreliable (such as scary-looking pessaries, and rubber contraceptive 'sponges').

That all changed in 1961, with the contraceptive pill. Using a combination of oestrogen and progesterone, it offered women the freedom to choose when to have children, resulting in greater opportunities outside the home.

In 1974, women could get a prescription regardless of marital status, and the pill turned out to help treat a range of issues, including painful periods.

That said, questions about the safety of the pill have been raised since its conception, and, in 1964, *GH* published an article about the side-effects, including increased chance of developing blood clots. The risks, although tiny, are real, and many women opt for non-hormonal methods of contraception including the copper intrauterine device (invented in 1967).

What was once a symbol of freedom is now sometimes seen as an unfair expectation placed squarely on women's shoulders, and there has been increasing pressure for a male contraceptive pill.

BIRTH AND BABIES

A century ago, death during childbirth was commonplace. The rate was between four and five women per 1,000 births until 1935, most of which were caused by infections like sepsis, and pre-eclampsia.

Antibiotics and many advances in management of pregnancy and labour have helped this drop significantly since then. Between 2016 and 2018, 547 women died during or up to a year after pregnancy, of the 2.2m UK women who gave birth.

Meanwhile, in the 1920s, there was a fear of infertility and women who couldn't have children were heavily stigmatised. We now have miraculous fertility treatments. In 1978, the world's first IVF baby, Louise Brown, was born in Manchester, and now around 2% of babies born in the UK annually are a result of IVF.

ACCESS TO ABORTION

In 1922, if a woman became pregnant outside of marriage, or without the finances to support another child, she might have to seek a dangerous illegal abortion. These accounted for 15% of

maternal deaths between 1923 and 1933. At this time, abortions were legal in very specific circumstances, but, even then, many doctors refused to perform them.

In 1966, *GH* published an investigation into the devastating impact of such abortions and argued that the law should be changed to allow women freedom of choice. The next year, the Abortion Act was passed, which allowed more women, for a wider range of reasons, access to abortion on the NHS. Though still controversial 55 years later, thankfully abortion is safer than ever.

MENOPAUSE MOVES ON

At the start of the 1900s, women with menopausal symptoms were often written off as having 'hysteria'. But in the late 1920s, the development of

endocrinology led to the isolation of oestrogen, and hormonal prescriptions were soon developed for the treatment of menopausal symptoms. HRT first became available in 1965, allowing women to replace the oestrogen they were losing. The tide turned against HRT in the 1990s when a report linked it to an increased risk of certain cancers. But, with further advancements, the National Institute for Health and Care Excellence (NICE) now recommends HRT as an effective treatment.

Although menopause has remained an unspoken topic for decades, it is now coming out of the dark. Stores such as Cult Beauty have whole departments dedicated to menopause products, and last year, a menopause taskforce was created. Considering today's woman can expect to live to 81 years old, the menopause can no longer be seen as the beginning of the end – but rather, as the start of a bright new chapter.



THE FUTURE IS FEMALE

We have some catching up to do – for decades, women's health has not been prioritised in the scientific community. Women have often been excluded from clinical trials because of the belief that our menstrual cycles could interfere with the data. This has led to a medical bias we will likely be unravelling for decades. We still have blind spots when it comes to common women's illnesses – for example, 1 in 10 women worldwide have endometriosis, yet it's funded at 5% of the rate of diabetes.

That said, more and more women are speaking up about issues like periods and the menopause, and the narrative is shifting. We don't have to be ashamed or trapped by our biology; instead, we can have pride in all the incredible things our bodies are capable of. Importantly, we now have choices – and many more of them. If the past century is anything to go by, I think we'll see an even more direct correlation between advancements in women's health and our continued liberation. After all, good health is a privilege, and it's one all women deserve.



'We all experience mental health, and we all struggle'

Awareness of and treatment for mental health issues has improved vastly over the past century. But, says counselling psychologist and broadcast journalist Dr Sian Williams, we still have a way to go



In the 1920s, it was bedlam for all those suffering from mental ill health, or who were depressed, grieving, or anxious. Bethlehem Hospital, where the name 'bedlam' comes from, was one of more than a hundred 'lunatic asylums' across England and Wales housing the 'mentally deficient'. Thousands were forcibly detained there; most didn't come out. One woman who did was Rachel Godde-Smith. Rachel was 48 and became severely depressed after her GP husband died of a drugs overdose (it's thought he was addicted to morphine, not uncommon among doctors at the time). Her sister signed committal papers for her to be forcibly detained and she fought for 12 years to be released. In 1922, Rachel published *Experiences Of An Asylum Patient*, in which she described being in a room with 10 others, listening to the wails and shouts of 'frenzied women' who were beaten violently or taken to baths and 'ducked under'.

Her book would raise questions in parliament about how to treat those with mental health issues. Asylums became 'mental hospitals', a 'lunatic' was 'a person of unsound mind', but the stigma remained for decades. I remember kids at my school in the 1970s teasing one another that they'd be sent to the 'loony bin'. Now, having spent years with those struggling with mental health issues as a counselling psychologist, I'm horrified at the type of language we used, borne out of ignorance and, probably, fear. It's clear that society didn't listen, understand or know how best to help. Instead, it marginalised, humiliated and excluded.

It's normal to have 'human frailty', and expect treatment

CHANGING MINDS

Throughout the 1920s, asylums also housed around 12,000 serving and former servicemen with 'war neurosis'. One journalist described them as 'mouthing like madmen, figures of dreadful terror, speechless and uncontrollable'. We now know that this is

post-traumatic stress disorder (PTSD). Meanwhile, women who were struggling with mental ill health could be written off as having 'hysteria', a word from the Greek meaning 'womb'. Sigmund Freud, the father of

psychoanalysis, believed it resulted from 'penis envy' and the psychological scars of sexual trauma or repression.

As controversial as Freud's views were, he was a pioneer of talking therapy, at a time where treatment for mental health could be blunt and barbaric. One popular 'cure' for schizophrenia, depression and bipolar disorder was the prefrontal lobotomy, where holes were drilled into the skull. Patients who had the procedure were often left immature, lethargic and prone to rage. Electroshock therapy (ECT), zapping currents into the brain, was another way of trying to regulate behaviour and personality.

The misuse and side-effects of these treatments meant they fell out of fashion in the 1950s and the trend for medication took over. In the newly formed NHS, almost half of all beds were taken up by those with mental

illness and there were pills for everything; such as lithium for psychosis and benzodiazepines to treat anxiety and insomnia. In 1963, diazepam came on to the market in the form of Valium, a multipurpose drug quickly billed as 'Mother's Little Helper'. Many women became dependent on it, and it would go on to become one of the most prescribed drugs of all time.

Around this time, the stigma and silence around mental health was gradually breaking down. In 1954, Jack Archer, the pub landlord in *The Archers*, was admitted to a psychiatric hospital when he spiralled into depression. In

1962, *One Flew Over The Cuckoo's Nest* highlighted the risk of

lobotomies. Attitudes were slowly evolving, publicly, politically and professionally. The 1959 Mental Health Act had replaced 'unsound mind' and 'mental defectiveness' with 'mental disorder' and, although the focus was still on controlling symptoms rather than

trying to understand why someone was struggling, this was being challenged. From Anna Freud, the daughter of Sigmund, who set up a London clinic for traumatised children in 1941, which is still going, to Aaron Beck, who founded

Introduced in 1963, Valium was billed as 'Mother's Little Helper', and became one of the most prescribed drugs of all time

Cognitive Behavioural Therapy (CBT) in the late 1960s to reframe difficult thinking and behaviour, these therapists and thinkers profoundly influenced modern-day helpers, including myself. Those with mental health issues are not weak, or wrong, or deficient; they are us and we are them, all trying our best to make sense of things.

UNDERSTANDING AND COMPASSION

After years of training, I'm now, finally, Dr Williams, and, like the mental health field itself, I'm still developing, learning and questioning. It's hard to contemplate the fact that, 100 years ago, I might have been diagnosing 'shell shock' and prescribing lobotomies. Yet, a century from now, what will psychologists be saying about the way we treat patients? Perhaps they'll criticise how we still lay the 'problem' squarely with the individual, rather than looking at the systems that exacerbate depression, powerlessness and anxiety, such as poverty and poor housing. Or they'll wonder why people often aren't able to get the help they need quickly.

Four years ago, I worked with the Duke and Duchess of Cambridge and Prince Harry on their Heads Together campaign. Whether it was Prince Harry talking about the grief of losing his mother, Stephen Fry describing his experiences of bipolar disorder, or Adele speaking about postnatal depression, these discussions are making an impact.

But there is still much to achieve. A century ago, Rachel wanted to clear her name of the 'undeserved stain of lunacy' and be seen as 'perfectly right and normal', which, of course, she was. It's normal to have what she called 'human frailty', and right to expect treatment if things get too much. But waiting lists for psychological treatment can be huge and mental health does not yet have parity with physical health in either funding or focus. I hope that a century from now it's accepted that we all have mental health and we can all struggle. We will have stopped locating the 'problem' with the individual and think more about how society has contributed and how it can support, not stigmatise. There will be more money, more helpers, more compassion. That will be a real legacy for women like Rachel.

ADDITIONAL REPORTING: MINI SMITH. PHOTOGRAPHY: GETTY; DAN KENNEDY; TREVOR LEIGHTON; CHANNEL 5

A BRIEF HISTORY OF NUTRITION AND EXERCISE

by GH's nutrition expert and former athlete Anita Bean

THE 1920s

- The ideal body type was slender, which led many women to extreme dieting measures: laxatives, diet pills and starvation diets. The Hay diet advocated eating carbohydrate and protein separately to lose weight.
- Tennis and golf were taking off as recreational activities, but only for the upper classes.

- The first vitamin (thiamine) was identified in 1926.

THE 1930s & 1940s

- Workout classes became a big craze in the 1930s when cosmetics gurus Elizabeth Arden and Helena Rubinstein opened studios.
- In 1941, the first recommended dietary allowances for energy and selected nutrients were issued.

THE 1950s & 1960s

- Yoga and other fitness classes soared in popularity, and women were able to swap the dresses they had previously trained in for leggings and leotards.
- In 1963, Weight Watchers was launched by American entrepreneur Jean Nidetch – and the diet plan is still going strong today.

THE 1970s & 1980s

- The 1970s were a big decade for women's fitness – jogging became popular and the sports bra was invented in 1977.
- SlimFast hit supermarket shelves in 1977, becoming the first popular meal replacement regime.
- In 1982, actress Jane Fonda launched her first exercise video and aerobics kicked off. *Jane Fonda's Workout* sold 17m copies worldwide.
- We were all consuming the

cabbage soup diet. The name says it all: you eat nothing but cabbage soup for 7-10 days. (The long-term weight-loss benefits were later refuted).

- The 1984 *Diet and Cardiovascular Disease* COMA report advised a reduction in fat, saturated fat, sugar and salt – advice that remains important today.

THE 1990s, 2000s AND 2010s

- Artificial sweeteners and low-fat food became huge in the 1990s, as did the high-fibre F-plan diet.
- Body-conditioning workouts and step classes were big in the 2000s.
- Flat stomachs and the elusive 'high gap' became idolised, leading many to hit the Pilates machine and the elliptical trainer.
- Low-carb diets such as detoxing, Atkins and juicing went mainstream.
- In the 2010s, the 5:2 diet took off, thanks to Dr Michael Mosley and Mimi Spencer's *The Fast Diet* and the BBC's *Eat, Fast And Live Longer*.
- In 2018, the Government introduced the sugar tax on drinks.

NOW & THE FUTURE

- The pandemic caused a boom in home workouts in 2020.
- The narrative around weight loss shifted. Now, getting fit is less about how it makes us look and more about the health benefits and improving our wellbeing.
- In the future, we're likely to be eating less meat and dairy.
- Personalised diet plans based on your genetic makeup will take off, with firms offering home DNA and microbiome test kits. □

