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# Sex Inequity and Medicine Side Effects

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Women are more likely to suffer from medicine side effects than men.[1] Moreover, there is a growing body of scientific evidence that many medicines are metabolized differently by men and women. Despite this, medical research groups still do not disclose how each sex is affected differently by medicine side effects. The practice of not publishing the sex specificity of medicine side effects must change to ensure women's health. I depend on this change; as a woman, a feminist, and a scientist, my personal stake in sex equity and my knowledge of the current inequity in medical research drives me to write this piece. I encourage all women to be knowledgeable about the side effects of the medicines they take. I also encourage women and allies to pressure the decision-making bodies of medical research to publish the sex specificity of medicine side effects.

By saying that medical researchers should publish the sex specificity of medicine side effects, I mean that the respective percentages of men and women who experience medicine side effects should be openly disclosed and addressed. Transparency includes publishing this data in scientific articles and in side effect pamphlets that are given out in conjunction with medicines or printed on medicine bottle labels. Providing this information to women is necessary for them to make informed decisions about their health. Decision-making bodies such as the National Institutes of Health (NIH) and its Office of Research on Women's Health (ORWH) can make this change happen.

The NIH is a major funding body of medical research in the United States. Because it is responsible for funding, it has weight in determining policy; people who do not obey the NIH will not have the funding to complete their research. The ORWH is an office within the NIH that advises the NIH director and the NIH general body about women's issues. It is almost entirely composed of women, so its members have first-hand knowledge of the gender disparities within the scientific community. The ORWH has successfully passed a mandate that clinical trials funded by the NIH must include women, and it has strongly encouraged people conducting animal trials to include female animals. The NIH, with pressure from the ORWH, has been and will continue to be a major force for correcting sex inequity in medical research.

The problems from not disclosing the sex specificity of medicine side effects are not just theoretical; many problems have already occurred. A 2001 study by the Government Accountability Office, an agency that investigates federal spending, found that 8 out of the 10 medicines withdrawn from the market in recent years posed greater health risks for women than for men. Similarly, a 2014 study found that daily low-dose Aspirin, taken to prevent heart attacks, poses a unique risk to women. Daily low-dose Aspirin has a common side effect of internal bleeding for women, which is extremely damaging and outweighs the benefit of heart attack prevention.

Furthemore, problems with the sleep-aid Ambien caused a critical and ground-breaking change in how the medical industry addressed medicine side effects. Women were getting into car crashes because they were unknowingly taking doses of Ambien that were too high for them (the doses were generally correct and safe for men). Lindsey Schweigert, a 31-year old defense contractor, nearly lost her life from sleep-driving while on Ambien. She took the recommended dose of Ambien as she went to bed, but

[1]For the purposes of this essay, the terms male/man and female/woman will refer to biologically male and biologically female sex, respectively.

she woke up in a police car instead of her bed. She had been in a car accident and was charged with a DUI. Out of pure luck, nobody was seriously injured from the accident. Lindsey's case is one of many equally disturbing cases that could have been prevented if the women who consumed of Ambien knew their heightened risk of side effects (and how to protect themselves, such as locking or hiding their car keys).

The effect of Ambien on driving, especially Ambien's effect on women, was only studied after many reports of car crashes where the driver had taken Ambien. The study revealed that women who took the recommended dose of Ambien late at night performed poorly on a driving simulation task early in the next morning, due to drowsiness. In response to this finding, the Food and Drug Administration (FDA) made an unprecedented move and created separate recommended doses for men and women. The situation with Ambien was a wake up call showing that women's lives depend on transparency about the sex specificity of medicine side effects. To achieve transparency, the NIH needs to mandate that medical researchers publish the sex specificity of medicine side effects. The ORWH and similar groups can pressure the NIH to make such a mandate.

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These problems happened because of the medical industry's past neglect of women's health. It was only a little more than 20 years ago, in 1993, that it became legally required for women to be included in clinical trials. Before the 1990s, it was legal for medicines to be developed and sold to the general population without being tested on women. Even now, when women are included in clinical trials, there is no guarantee of an equal amount of men and women in the trials. Because clinical trials often include more men than women, the dosages that medical researchers determine often work for men but cause problems for women.

I fully admit self-interest in writing about this topic. As a woman, my health is directly affected by the NIH's past and present policies. I even took sleep medication (and drove the next morning!) for years. I have complex medical issues that require many medications, and those medications can only improve my quality of life if I know the correct dosages to use and have an understanding of the potential side effects. Additionally, as a feminist I find it essential to bring the lack of sex equity in medical research to light and to spark debate about it. Sex inequity in medical research is one of many issues related to sexism, especially in the sciences, that are not typically included in feminist dialogue yet greatly affect women's quality of life.

So, what can be done to ensure that the sex specificities of medicine side effects are published? The ORWH is a group that can affect change in this area. Through their connections with the NIH director and the NIH general body, they can persuade the NIH to adopt a policy where they will only fund medical researchers who intend to publish the sex specificity of the side effects in their results. As I already mentioned, medical researchers have an incentive to follow NIH mandates because they get their funding through the NIH. For the ORWH to know that this is something the American people want, women and their allies must let the ORWH and the NIH know that they want this change. This can be in the form of emails or phone calls, whatever people have the means to do.

Until that happens, there are protective measures women can take in regard to medicine side effects. Women can pay close attention to the potential side effects of the medicines they are taking, and closely monitor whether or not those side effects are occurring. If they are occurring, women can research how to cope with those side effects. This research can involve going online to see how other people are dealing with the side effects, and it can also involve asking a doctor. It is unfortunate that women can not do more to protect themselves at this time, which is why we need change in this area.