



***Dr Taulant Muka is a medical doctor and Epidemiologist, working as Pharmaceutical Medicine Physician at Novo Nordisk in Copenhagen, Denmark.***

In 2016, Dr Muka, after two research internships in the University of Harvard and Cambridge, finished his PhD in the Department of Epidemiology in Erasmus MC, the Netherlands. His PhD was on women's health, examining the role of menopause, sex-hormones and estrogen-like compounds in cardiometabolic risk in women. After his PhD, he continued working in Erasmus MC leading the Diabetes Group in the Department of Epidemiology, supervising more than 12 master and PhD students. During this period, he looked at women specific risk factors for diabetes, and the role of epigenetics. While in Rotterdam, he also carried affiliations with the Netherlands Institute for Health Sciences (NIHES) where he coordinated and taught several master and undergraduate courses in epidemiology. Dr Muka has published over 50 international scientific papers, and to date has completed the supervision of 2 PhD trajectories.

## **«The gender gap in diabetes:**

### **What we (don't) know and why it matters?»**

Type 2 diabetes (T2D) is considered one of the major causes of premature illness and death in most countries and imposes a substantial financial burden to society, especially in women. Almost 1 in 2 women will develop T2D during their lifetime, and recent data show that age-standardized prevalence of diabetes among adult women has increased by 60%. Compared to men, women with T2D are less likely to reach treatment goals for glycaemic control, and have higher all-cause mortality. Also, "women with diabetes lose the cardiovascular protection of their gender". In the general population, women, particularly those at younger ages, have in general more favourable cardiovascular risk profiles than men of similar age, but this protective effect might be reversed in women with diabetes. Emerging data show women with diabetes to have higher risk of developing cardiovascular disease than their male counterparts. Furthermore, the risk of cardiovascular disease has declined among men with diabetes over recent years while it remains stationary in women. Gender differences in risk of cardiovascular disease morbidity and mortality in T2D patients could be explained through sex-specific differences in risk factors associated with diabetes and their management, including hyperglycemia, obesity, dyslipidemia and hypertension. Additionally, women have unique risk factors, such as pregnancy, menopause and use of hormonal therapies for contraception and menopausal symptoms which can also lead to disparities in health outcomes between women and men. Gender-tailored prevention and treatment strategies in the future might help to reduce mortality from cardiovascular disease and improve health outcomes for both women and men with diabetes.

**Join the talk on Wednesday, June 6, 2018 at 4:00 pm in room 324!**