



Maree Todd MSP  
Minister for Public Health, Women's Health and Sport  
Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh  
EH1 3GD

24 August 2022

Dear Ms Todd,

**RE: Scotland's Women's Health Plan**

In August 2021, the Scottish Government published its Women's Health Plan. This 'bold plan to reduce health inequalities for women' was welcomed by the [Neurological Alliance of Scotland](#) and our 52 Third Sector member organisations. We celebrated that women's health appeared to have finally become a national priority. We were persuaded that, if the Plan's 66 recommended actions are meaningfully implemented, then a large number, and wide range, of Scotland's women would enjoy healthier lives and improved life chances.

A year later, we are finding fewer reasons to keep celebrating than we – and probably, you, too – hoped would be the case. These continue to be very trying times and we appreciate that there are legitimate reasons why progress has been slower than anticipated.

Yet, NAOs is increasingly concerned that despite the commitment to appoint a Women's Health Champion for Scotland and a Women's Health Lead in every NHS board in Scotland, even these modest, initial steps forward still have not occurred. The Scottish Government's published priorities and current Budget still do not feature women's health.

For instance, no significant allocation has been made to establish the promised Women's Health Research Fund. This remains a critical element in better understanding the differences in disease prevalence, manifestation, presentation and treatment in women.

Scotland's Women's Health Plan rightly focusses on sexual and menstrual health - as well as cardiac health. As the Neurological Alliance of Scotland, we want to highlight the significant evidence that women often experience brain and spine conditions and care differently from men. Just as heart health often manifests differently in women and men, so too, some neurological conditions impact women and men more distinctly than is generally understood. For instance, ME, migraine, MS, dementia and fibromyalgia – all impact up to three times as many women as men. Scotland's Women's Health Plan should act to address such differences, not merely note that they exist. We believe that women's experiences of neurological conditions deserve equal status with the clinical areas highlighted in the plan.

In our recent [Patient Experience Survey](#) (2021-2022), 68% of respondents were women, of whom 22% were 45-54 years old.

Broadly speaking, women are disproportionately involved in caring roles, with NAOs Member organisations relating stories of aging women - many of whom have significant health problems of their own - still caring for their adult children. The impact for women carers often results in the lack of ability to work and generate income, as well as benefiting from the support and social networks that a workplace can provide.

Women with neurological conditions are also more likely to be mis-diagnosed with a mood disorder, than with their actual neurological condition. Similarly, older women are often told that their symptoms relate to the menopause, rather than their neurological condition. As a result, they are not given the right help at the right time by the right people or services. There is also the systemic problem of clinical research and diagnostic advice being based on male patients, even though the findings and resulting clinical care are not always appropriate for women.

Women of reproductive age have been prescribed the highly teratogenic medication (valproate) in pregnancy for a variety of conditions (from epilepsy to bipolar and mood disorders) – despite these risks (and the need to replace this medication pre-pregnancy) being known for decades. Similarly, preventing Fetal Alcohol Spectrum Disorders (FASD) – a lifelong, life-limiting, neurodevelopmental condition – should be integral to Scotland's Women's Health Plan. It is not. Although the Scottish Government estimates that 172,000 children, young

people and adults are burdened by FASD, less than 1% of them have been officially diagnosed or appropriately supported.

Both valproate and FASD are highly consequential women's health issues that underscore the importance of taking preconception/ interconception health, education care seriously through this Plan. While such powerful primary prevention rates a couple of minor recommendations in Scotland's Women's Health Plan, there are no major Scottish Government efforts underway to improve reproductive and preconception health and health care.

Given Scotland's gendered health inequalities in neurological and neurodevelopmental conditions - which are in line with the health inequalities seen in cardiology, sexual health and menopause - the Neurological Alliance of Scotland calls upon you, as the most relevant Scottish Minister, to redress this imbalance swiftly and fully.

In turn, we commit to doing everything in our collective power to work collaboratively with you, the Scottish Government and our nation's health sector to successfully design and deliver the positive changes urgently needed. Scotland's Women's Health Plan should treat hearts and minds equitably.

Please contact me directly at [info@scottishneurological.org](mailto:info@scottishneurological.org) or on 07811 110731, to share or request additional information.

Yours sincerely,

A handwritten signature in black ink that reads "Alice Struthers". The signature is written in a cursive, flowing style.

**Alice Struthers**

Programme Director, Neurological Alliance of Scotland