

"The top killers of women at every age group – and how to beat them"

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The top killers of women at every age group – and how to beat them

As women age, their biggest health threats are routinely misdiagnosed, overlooked, or misunderstood by a medical system built around men.



Researchers are rapidly learning that chronic diseases affect men and women differently. **Bethany Rae**



Euan Black [/by/euan-black-p536fx] *Health and wellness reporter*

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Reducing women’s health to reproductive organs and hormones leaves dangerous blind spots in how doctors diagnose, treat, and save female patients. That’s according to Sarah White, the chief executive of Jean Hailes for Women’s Health, who is urging a shift “beyond the bikini line” to acknowledge women’s health is not a niche area of medicine confined to hormonal changes and reproductive organs.

“The progress we’ve made in bringing periods, endometriosis and menopause out of the shadows is something we should celebrate,” she says. “That work continues and it’s vital. But if we don’t recognise that women’s health includes the whole body and mind, we risk ignoring the way cancer, diabetes, heart disease and many other conditions affect women differently.”

To coincide with Women’s Health Week, *The Australian Financial Review* has analysed the leading causes of death for Australian women as they age and collated expert advice on how women can minimise their risk.

The Australian Institute of Health and Welfare (AIHW) updated the leading causes of death in June. Men can learn about their biggest killers [here](https://www.afr.com/life-and-luxury/health-and-wellness/the-top-killers-of-men-at-every-decade-and-how-to-beat-them-20260615-p606z2) [https://www.afr.com/life-and-luxury/health-and-wellness/the-top-killers-of-men-at-every-decade-and-how-to-beat-them-20260615-p606z2].



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Leading underlying causes of death for women in Australia, 2024

External causes Cardiovascular Cancer Respiratory Neurological

Age Group	1st	2nd	3rd
15–24	Suicide	Land transport accidents	Accidental overdoses*
25–44	Suicide	Accidental overdoses*	Breast cancer
45–64	Breast cancer	Lung cancer	Coronary heart disease
65–74	Lung cancer	COPD^	Breast cancer
75–84	Dementia including Alzheimer's disease	COPD^	Lung cancer
85–94	Dementia including Alzheimer's disease	Coronary heart disease	Cerebrovascular disease
95+	Dementia including Alzheimer's disease	Coronary heart disease	Cerebrovascular disease

* Figures include any accidental poisoning caused by exposure to a substance in an amount that unintentionally causes harm ^ Chronic obstructive pulmonary disease

Source: Australian Institute of Health and Welfare

Adolescence (15-24)

Top killer: Suicide (23.6 per cent of deaths in this age group).

Other leading causes of death: land transport accidents (17 per cent), accidental drug overdoses and poisoning (6.6 per cent), other ill-defined causes (5.2 per cent) and perinatal and congenital conditions (4.6 per cent).



The context: Suicide is the No.1 killer of girls and young women aged 15 to 24. The fact men die by suicide at three times the rate of women can sometimes distract from how girls and young women are still living with high levels of distress, says Jo Robinson, head of suicide prevention at youth mental health research organisation Orygen.

Rates of suicidal ideation, self-harm, anxiety and depression are all higher in young girls than young boys. And, while they are more likely to seek help, they often don't get the support they need because “GPs are busy and often don't have the training or resources at their fingertips”.

“So, they'd rather not ask, than ask and not know what to do,” Robinson explains.

While much media commentary has focused on the harm caused by social media, Robinson says this actually ranks low on young people's list of mental health concerns.

“Things like cost of living, housing affordability, educational pressures and stress, family adversity, racism and discrimination – those sorts of things were much higher up the list of concerns that young people were citing to us than social media was,” she explains, referring to a recent Orygen survey.

The organisation's research has also found rates of bullying, social isolation, childhood trauma, gender-based violence and sexual assault are all rising and contributing to higher female suicide rates.

Key advice for parents:

- ◆ **Look out for silent warning signs:** Spending less time with friends, struggling with poor sleep or getting worse grades at school can sometimes be symptoms of deeper distress. So, if you notice your daughter struggling with any of these, “the best thing you can do is check in and say, ‘I've noticed that you seem to be feeling like this’, and see where that conversation goes,” Robinson says.



- ◆ **Don't avoid the conversation:** If your daughter is experiencing deeply negative emotions, don't be afraid to bring up the risk of suicide. You could say, “sometimes when people this way, they feel like they can't face living, and they feel like ending their lives, is that going on for you?” Robinson says parents don't need to have all the answers but should at least ask the question. “If a young person isn't feeling like that, the worst thing that can happen is they'll just say, ‘no. What are you talking about?’,” Robinson says. But, if they are feeling that way, you can get them the help they need.
- ◆ Orygen has more advice on how parents can talk to their children about self-harm, suicide and social media [here](https://www.orygen.org.au/chatsafe/Resources/chatsafe-for-parents-and-carers/What-young-people-want-their-parents-and-carers-to)
[<https://www.orygen.org.au/chatsafe/Resources/chatsafe-for-parents-and-carers/What-young-people-want-their-parents-and-carers-to>].

Early adulthood (25-44)

Top killer: Suicide (15.8 per cent of deaths in this age group).

Other leading causes of death: accidental drug overdoses and poisoning (8.1 per cent), breast cancer (7 per cent), colorectal cancer (4.1 per cent) and liver disease (3.8 per cent).

The context: Suicide remains the top killer of women aged 25 to 44, in part because young women are generally healthy and therefore less likely to die from chronic conditions and other health conditions.

Women are actually most likely to take their own lives in their early 50s, AIHW data shows, but suicide is not a leading cause of death in this age group because chronic diseases begin to pose a greater threat.

Orygen's work is mostly focused on young women under the age of 30, but Robinson says gender-based violence is a common risk factor for suicide and self-harm in older women.

“The other thing that crops up a lot relates to reproductive health,” she says, referring to conversations with colleagues around the world who



focus on older women. In this context, reproductive health refers to postpartum anxiety and depression and heightened risks during menopause.

“And then there are risk factors around financial independence,” Robinson says. “Women who are in relationships that break down don’t necessarily have financial security.”

Key prevention measures for suicide:

- ◆ Talk to a friend or health professional if you are struggling. Help is available.
- ◆ Check in with friends and family.

Midlife (45-64)

Top killer: Breast cancer (9.6 per cent of deaths in this age group).

Other leading causes of death: lung cancer (7.8 per cent), coronary heart disease (5.1 per cent), chronic obstructive pulmonary disease (4.6 per cent) and colorectal cancer (4.5 per cent).

The context: A lifetime of healthy habits is often our best defence against chronic diseases such as coronary heart disease, which typically take decades to develop. But midlife is when our focus on them must sharpen as this is when women start dying in greater numbers from them.

In this section, we’ll focus on breast, lung and colorectal cancer.

Breast cancer accounts for 9.6 per cent of female deaths in the 45-to-64-year-old age group, with one in seven Australian women diagnosed at some point in their life. The disease is caused by DNA mutations in breast cells that lead to uncontrolled growth, first in parts of the breast and then in other parts of the body.

Wendy Ingman, a breast health researcher at Adelaide University, says “it’s really the spread of the breast cancer which poses the mortality risk”.



The biggest risk factors for the disease are beyond people's control: being female, and getting older. (Yes, men can get breast cancer too, accounting for about 1 per cent of all diagnoses.)

Having a family history of breast cancer or carrying a harmful mutation in a BRCA gene can also significantly increase your risk. But Ingman says these high-risk mutations are not common and that there are many other risk factors.

For example, the younger a girl goes through puberty, the greater her chance of developing breast cancer later on. This is partly because having more menstrual cycles throughout one's life increases the risk of breast cancer, which also partly explains why late menopause, not having children or having children later in life are also risk factors.

Others include not breastfeeding, undertaking hormone replacement therapy (though the risk is lower than once thought), having high breast density (a metric now reported in screening programs) and maintaining an unhealthy lifestyle by being overweight or obese, drinking alcohol, smoking or not exercising.

“They're not things that cause cancer. They are factors which increase a person's chance of getting breast cancer,” Ingman says.

“You can have all the risk factors and not get breast cancer, and you can also have none of the risk factors and still get breast cancer.”

Lung cancer is the second-biggest killer in this age group, accounting for 7.8 per cent of deaths. Quitting smoking is the most effective prevention measure, as eight in ten cases are directly caused by tobacco smoking.

Emerging research suggests vaping can also increase the risk of oral and lung cancers, as can workplace hazards such as exposure to silica dust.

Colorectal cancer, meanwhile, accounts for 4.5 per cent of deaths in this age group. Symptoms can include recent changes in bowel habits, frequent



gas pain or cramps, unexplained anaemia, blood in your stool or a change in the shape or appearance of your stool.

Bowel Cancer Australia says research indicates up to 32 per cent of cases could be prevented through endoscopic screening alone. You can reduce your risk by drinking less alcohol, getting colorectal polyps removed, eating less red and processed meat, maintaining a healthy body weight, quitting smoking, keeping physically active, and consuming dairy products, whole grains and dietary fibre.

Risk factors beyond your control include older age, hereditary conditions such as Familial Adenomatous Polyposis, a family history of bowel cancer, and a personal history of cancer, polyps in the colon, or ulcerative colitis.

Key prevention measures for all cancers:

- ◆ Maintain a healthy weight and lifestyle. Reduce your alcohol intake, avoid smoking and keep physically active.

Key prevention measures for breast cancer

- ◆ Weigh up the risks and benefits of hormone replacement therapy (also known as menopausal hormone therapy), which marginally increases the risk of breast cancer. According to the landmark Women’s Health Initiative study, MHT led to an extra 8 cases of breast cancer per 10,000 women over five years. “There is a belief that the formulations prescribed today have a substantially smaller effect on breast cancer risk,” consultant endocrinologist Susan Davis, head of the Monash University Women’s Health Research Program, told this masthead last year [<https://www.afr.com/life-and-luxury/health-and-wellness/oestrogen-the-ultimate-longevity-drug-not-so-fast-20251114-p5nfhz>]. “But, at the moment, there’s no evidence that they have no effect.”
- ◆ Consider using the free risk-assessment tool [iPrevent](https://www.breastcancertrials.org.au/breast-cancer-resources/iprevent/) [<https://www.breastcancertrials.org.au/breast-cancer-resources/iprevent/>] to help understand and act on your personal breast cancer risk.



- ◆ Talk to your GP about medications such as aromatase inhibitors if you have a high risk of breast cancer. Ingman describes them as unpleasant medicines that are only recommended for individuals with a very high risk.
- ◆ A national screening program is also available. BreastScreen Australia invites women aged 50 to 74 for a free mammogram every two years. Women aged 40 to 49 can also book a free screen.

Key prevention measures for lung cancer:

- ◆ Avoid smoking.
- ◆ If you're between 50 and 60, have no symptoms, and have a history of smoking a pack a day for 30 years, or two packs a day for 15 years, take part in the National Lung Cancer Screening Program [<https://www.health.gov.au/our-work/nlcsp/about?language=en>]. It's a free initiative from the Australian government designed to reduce lung cancer deaths by detecting cancer early, before symptoms appears.

Key prevention measures for colorectal cancer:

- ◆ Participate in the National Bowel Cancer Screening Program [<https://www.health.gov.au/our-work/national-bowel-cancer-screening-program/about-the-national-bowel-cancer-screening-program?language=en>]. People aged 50-74 will be sent a free home test kit every two years, while people aged 45-49 can request a free screening kit be sent to them.
- ◆ Consider talking to your doctor about getting a colonoscopy [<https://www.afr.com/life-and-luxury/health-and-wellness/preventive-health-screening-health-tests-longevity-20250605-p5m57z>] if you have a family history or are particularly worried about your risk of bowel cancer.

Later adulthood (65-74)

Top killer: Lung cancer (10.6 per cent of deaths in this age group).



Other leading causes of death: chronic obstructive pulmonary disease (7.7 per cent), breast cancer (5.8 per cent), coronary heart disease (5 per cent), cerebrovascular disease (4.2 per cent).

The context: Lung cancer is the top killer of women aged 65 to 74 in Australia. But we'll dedicate this section to chronic obstructive pulmonary disease (COPD) and coronary heart disease, the second- and fourth-leading causes of death in this age group respectively.

COPD is a lung disease that worsens over time and makes breathing difficult. The two most common types are emphysema and chronic bronchitis.

Symptoms include a persistent cough, producing lots of mucus, recurrent chest infections and breathlessness, particularly after exerting oneself.

Christine Jenkins, head of the respiratory program at The George Institute for Global Health, says to prevent a late diagnosis it is crucial that people understand it is not normal to have a cough, shortness of breath, or other respiratory symptoms that last for more than four weeks after catching an illness. These symptoms warrant further investigation, such as a chest x-ray, CT scan or spirometry (breathing test).

“People put breathlessness down to so many things that they think they can or should do something about, [such as] weight gain, a sedentary lifestyle, getting older, [or past smoking], so they don't mention it to their GP,” Jenkins says. “And so it flies under the radar and is diagnosed late.”

In Australia, the biggest risk factor is tobacco smoking, with women on average incurring more damage than men for every cigarette smoked. “Smaller airways [in women] and different inhalation patterns are thought to partly account for this, but probably hormonal and sex-related factors play a role too,” Jenkins says.

Other risk factors include prematurity, parental smoking during your childhood years, lower respiratory infections in early life, poor childhood nutrition and a long duration of asthma, especially if under-treated.



Coronary heart disease, meanwhile, kills about one woman every hour in Australia. And while it kills more men overall, women often experience worse treatment outcomes in part due to the subconscious bias of clinicians.

For example, if a man and a woman have a heart attack on the same day, the woman will take about an hour longer to get to hospital and be twice as likely to die over the next 12 months.

Cardiologist Clare Arnott, Pagent family director of heart lung clinical research at St Vincent's Hospital Sydney, says this is partly because women have been conditioned to think of heart disease as a man's problem, making them more likely to downplay their heart attack symptoms and delay seeking treatment.

It is also because of what happens when they get to hospital. Women have to wait longer for an ECG and about 20 minutes longer before being taken to a coronary catheter lab and having an artery opened up.

“All of those delays contribute to outcomes,” Arnott says, adding that women are also less likely to go into cardiac rehabilitation programs once they're discharged from hospital.

She says the delays can partly be explained by the training that doctors receive in medical school, which tends to emphasise the most common



heart attack symptoms of chest pain and chest tightness, but pays less attention to the additional symptoms that women can experience, including nausea, vomiting, fatigue, and pain in the arms, jaw or neck.

“I do wonder if that constellation of other symptoms plays into our bias as clinicians, and we go, ‘oh, maybe it’s reflux, or maybe it’s muscular,’” Arnott says.

Key prevention measures for chronic obstructive pulmonary disease (COPD):

- ◆ Avoid smoking, including vapes and cannabis.
- ◆ Minimise exposure to environmental hazards, such as air pollution, dust, fumes and smoke.
- ◆ Minimise exposure to respiratory infections by staying up to date with routine vaccinations and practicing good infection control (handwashing, mask-wearing, physical distance) when around unwell people.
- ◆ Preserving healthy lung function through regular exercise.
- ◆ Seeing a GP whenever you have persistent respiratory symptoms. Early diagnosis can lead to more effective treatment.
- ◆ Take Lung Foundation Australia’s [lung health quiz](https://lungfoundation.com.au/campaigns/lung-health-checklist/) [https://lungfoundation.com.au/campaigns/lung-health-checklist/].

Key prevention measures for coronary heart disease:

- ◆ Never ignore chest pain. It is one of [several symptoms cardiologists say you should never ignore](https://www.afr.com/life-and-luxury/health-and-wellness/don-t-ignore-these-symptoms-cardiologist-s-tips-to-avoid-heart-attack-20250908-p5mte2) [https://www.afr.com/life-and-luxury/health-and-wellness/don-t-ignore-these-symptoms-cardiologist-s-tips-to-avoid-heart-attack-20250908-p5mte2].
- ◆ Consult the chart below for advice on managing the eight modifiable risk factors. Heart disease develops over decades, so the



earlier you adopt healthy habits, the better – but the next best time to start is always today.

- ◆ “Unchecked or untreated systemic inflammation can be another risk factor,” Arnott adds to the eight modifiable risk factors below. So, make sure to keep any inflammatory conditions under control by working with a specialist.
- ◆ Consider adding more soluble fibre and green leafy vegetables to your diet as these can lower cholesterol.
- ◆ From age 45, or age 30 for Aboriginal and Torres Strait Islander people, women are eligible for a [free annual heart health check covered by Medicare](https://www.heartfoundation.org.au/your-heart/heart-health-checks) [\[https://www.heartfoundation.org.au/your-heart/heart-health-checks\]](https://www.heartfoundation.org.au/your-heart/heart-health-checks). Your GP will take your blood pressure, ask questions about your lifestyle and family history, and request blood tests that measure your blood sugar and lipid levels.
- ◆ Talk to your GP or cardiologist about getting your apolipoprotein B and lipoprotein (a) [\[https://www.afr.com/companies/healthcare-and-fitness/the-test-that-could-save-you-from-a-heart-attack-20230427-p5d3qy\]](https://www.afr.com/companies/healthcare-and-fitness/the-test-that-could-save-you-from-a-heart-attack-20230427-p5d3qy) tested, as well as the possibility of doing a coronary artery calcium scan, an angiogram, or a CaRi-Heart [\[https://www.afr.com/life-and-luxury/health-and-wellness/this-test-predicts-your-chances-of-a-heart-attack-in-the-next-8-years-20251124-p5ni0t\]](https://www.afr.com/life-and-luxury/health-and-wellness/this-test-predicts-your-chances-of-a-heart-attack-in-the-next-8-years-20251124-p5ni0t) scan. Depending on your individual risk profile, one of these tests or scans might be appropriate.

Old age (75 and over)

Top killers of women aged 75-84: Dementia, including Alzheimer’s disease (11.1 per cent of deaths in this age group), chronic obstructive pulmonary disease (6.2 per cent), lung cancer (5.9 per cent), coronary heart disease (5.8 per cent) and cerebrovascular disease (5.7 per cent).

The context: Dementia is an umbrella term for degenerative diseases that affect our brains, the most common of which is Alzheimer’s disease.



All-cause dementia is 46 per cent more common in women than men – and not only because women live longer, says Kaarin Anstey, director of the UNSW Ageing Futures Institute.

“Some of the risk factors are more potent for women than for men, just the everyday kind of risk factors, and then women have additional risk factors related to their reproductive health,” says Anstey, also a senior principal research scientist at Neuroscience Research Australia.

For example, midlife obesity increases a woman’s risk of dementia more than a man’s, and women tend to have more sleep problems. Meanwhile, going through early menopause increases a woman’s risk, while taking the contraceptive pill has been linked in observational studies to reduced risk.

“And then with menopausal hormone therapy, there’s insufficient evidence to say it either increases or decreases risk,” Anstey says.

Regardless of the type of dementia, prevention is a lifelong endeavour and not something we should leave until old age, Anstey adds. “We’ve got to start thinking about it much younger, from about age 40.”

Key prevention measures for dementia:

- ◆ Landmark research published in *The Lancet* in 2024 found that 45 per cent of dementia cases were “potentially preventable by addressing 14 modifiable risk factors at different stages during the life course”. These risk factors were education, hearing loss, bad cholesterol (LDL), depression, traumatic brain injury, physical inactivity, diabetes, smoking, high blood pressure, excessive alcohol intake, social isolation, air pollution, untreated vision loss and being overweight or obese.
- ◆ In addition to attending to the Lancet’s 14 risk factors, Anstey emphasises the importance of maintaining a healthy diet. The diets with the strongest evidence of benefits are the Mediterranean, MIND and DASH diets.



- ◆ Build “cognitive reserve” [<https://www.afr.com/life-and-luxury/health-and-wellness/how-to-make-your-brain-5-years-younger-20251021-p5n42s>] by consistently engaging in activities that are mentally stimulating.

Top killers of women aged 85-94: Dementia, including Alzheimer’s disease (17.8 per cent of deaths), coronary heart disease (8.1 per cent), cerebrovascular disease (6.8 per cent), accidental falls (3.8 per cent), and heart failure and ill-defined heart disease (3.5 per cent).

Top killers of women men aged 95+: Dementia, including Alzheimer’s disease (19.8 per cent of deaths), coronary heart disease (10 per cent), cerebrovascular disease (6.5 per cent), heart failure and ill-defined heart disease (5 per cent), and other ill-defined causes (4.9 per cent).

Help is available at:

- ◆ Lifeline Australia 13 11 14
- ◆ Beyond Blue on 1300 224 636
- ◆ Suicide Call Back Service [<http://www.suicidecallbackservice.org.au/>] 1300 659 467

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