

Women with atrial fibrillation are at significantly higher risk of stroke and death compared to men

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Even though the incidence of atrial fibrillation is higher in men than women, a review of past studies and medical literature completed by cardiac experts at Rush University Medical Center shows that women are more likely than men to experience symptomatic attacks, a higher frequency of recurrences, and significantly higher heart rates during atrial fibrillation, which increases the risk of stroke.

Findings from the review of past studies will be published in the September issue of *Gender Medicine*.

[Atrial fibrillation](#) is a cardiovascular disorder affecting 2.2 million people in the United States. During atrial fibrillation, the heart's atria, which are two small upper chambers, quiver instead of beating effectively.

Blood isn't pumped completely out of the atria, so it may pool and clot. If a piece of a blood clot in the atria leaves the heart and becomes lodged in an artery in the brain, a stroke results.

In recent years, [women](#) have surpassed men in both prevalence and mortality due to cardiovascular disease.

"Stroke is one of the most devastating results of cardiovascular disease and atrial fibrillation increases the risk of stroke," said [cardiologist](#) Dr.

Annabelle Volgman, medical director of the Heart Center for Women at Rush University Medical Center and principal investigator of the study. "Women are at higher risk of atrial fibrillation-related stroke than men and are more likely to live with stroke-related disability which can significantly lower quality of life."

"We reviewed past studies addressing [gender differences](#) in atrial fibrillation over a 20 year period in order to pinpoint the gender differences for women versus men with atrial fibrillation. As a result, we were able to determine the most rational, safe and effective gender-specific approach to therapy for women," said Volgman.

Researchers identified the following gender differences for women versus men with atrial fibrillation and developed the following management recommendations:

- Women have a higher incidence of stroke and mortality than do men.

Emphasize therapies to prevent atrial fibrillation and ensure safe management once diagnosed.

- Women are not prescribed blood thinners (anticoagulation therapy) as often as are men, which results in a higher incidence of formation of [blood clots](#) that break loose and block other vessels.

Assess the risk/benefit ratio individually for each woman with atrial fibrillation.

- Women have a greater risk of bleeding from anticoagulation therapy than do men.

Monitor anticoagulation therapy carefully to avoid bleeding.

- Women have a higher risk of life-threatening arrhythmias and slow heart rates requiring permanent pacing when treated with antiarrhythmic drugs.

Monitor female patients taking antiarrhythmia drugs carefully.

- Women have hormonal fluctuations.

Be aware that hormonal fluctuations during the normal menstrual cycle can cause more life-threatening arrhythmias.

- Women have a higher risk of low potassium levels in the blood, increasing the risk of drug-related arrhythmias.

Monitor serum and potassium levels carefully.

- Women have a higher sensitivity to supportive therapies such as statins and vasodilators.

Pay close attention to hepatic and renal function.

- Women are referred less often or later for non-drug management such as pacemaker implantation or ablation.

Remember that ablative therapy is an option for symptomatic women because of similar success rates in men.

- Women with atrial fibrillation have a lower quality of life.

Careful assessment of symptoms, symptom relief, and adequate rate control or rhythm control can improve quality of life.

"For women with atrial fibrillation, these gender differences should always be kept in mind to help prevent strokes and heart failure and improve their quality of life," said Volgman.

Source: Rush University Medical Center ([news](#) : [web](#))

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