

Diagnostic confidence key for prompt treatment for women with heart symptoms

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Doctors who believe that women have "atypical" coronary heart disease symptoms are less certain when diagnosing heart disease in women. As a result, women are less likely than men to receive treatments for an urgent cardiac event, finds a new study in the *Journal of Health and Social Behavior*.

"Some physicians with lower diagnostic certainty were less likely to order medications and tests appropriate for an urgent cardiac situation,

which opens the possibility for delayed care or poorer outcomes for women who present with the same coronary heart disease symptoms as men," said Lisa C. Welch, lead author and director of the Center for Qualitative Research at the New England Research Institutes.

Welch said that framing heart disease symptoms that appear in women as "atypical" in comparison to symptoms commonly observed in men lowers diagnostic certainty for some physicians. "This finding was unexpected because efforts in recent years to incorporate women in the knowledge base for cardiac disease were intended to facilitate timely, optimal treatment."

In the study, 256 [primary care physicians](#) watched one of 16 videos of male and female patient-actors of varied ages, race, and socio-economic status exhibiting the same cardiac symptoms. The doctors then discussed possible diagnoses and treatment plans. Though physicians considered [coronary heart disease](#) for both male and female patients, they were more likely to describe women's symptoms as "atypical", "non-specific" or "vague". As a result, the physicians suggested attending foremost to cardiac concerns less often for women than for men.

Donna Arnett, Ph.D., president of the [American Heart Association](#) and Professor and Chair of Epidemiology at the University of Alabama, Birmingham, said, "What interested me was that gender doesn't appear to be as much of an issue in this research as is certainty—how some doctors make decisions based on symptoms which they feel certain are representative of heart disease."

Arnett added, "But decisions based on popular knowledge of what constitutes atypical [cardiac symptoms](#) can have unintended, misguided consequences. Sweeping generalizations about symptoms of heart disease cannot be made because women present with a full range of signs and symptoms including those that are considered typical in both men

and women."

More information: Lisa C. Welch, Karen E. Lutfey, Eric Gerstenberger, and Matthew Grace. (2012). Gendered Uncertainty and Variation in Physicians' Decisions for Coronary Heart Disease: The Double-Edged Sword of "Atypical Symptoms", *Journal of Health and Social Behavior*, In Press.

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