Physician urges greater recognition of how "misfearing" influences women's perceptions of heart health risks

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(Medical Xpress)—While more women die from heart disease each year than all forms of cancer combined, many are more fearful of other diseases, particularly breast cancer. This phenomenon, referred to as "misfearing," describes the human tendency to fear instinctively and according to societal influences rather than based on facts. This trend may be a contributor to the reasons why many women fail to take enough steps—such as changing diet and fitness habits or risk-taking behaviors—to guard against heart disease.

In a Perspective column today in the *New England Journal of Medicine*, Penn Medicine cardiologist and Robert Wood Johnson Foundation Clinical Scholar Lisa Rosenbaum, MD, notes that although the first decade of educational campaigns to inform women about heart disease "led to a near doubling of women's knowledge about heart disease, in the past few years, such efforts have failed to reap further gains." Moreover, "persistent gaps in perceptions remain among minority women, who are often at greatest risk."

Simply reinforcing the facts about the prevalence and potential prevention of heart disease among women is likely not enough to improve on these results, says Rosenbaum. Instead, physicians and others in health care need to develop an understanding of the misfearing paradigm and how "social values" and "group identities" affect patients' perceptions of disease.

"The big, the dramatic, and the memorable occupy far more of our worry budget than the things that kill with far greater frequency: strokes, diabetes, heart disease," she writes. "But interacting with many of these fear factors is another force we rarely associate with our individual health perceptions: our commitment to our cultural groups."

Women's focus on breast cancer may be tied, according to Rosenbaum, to "intuitions about female identity" that shape their interpretation of health-related information and relevant behavior. Because breast cancer "attacks a body part that is so fundamental to female identity," she asks if "to be a woman, one must join the war on this disease," and consequently focus less on heart disease (which is often linked to such perceived anti-feminine contributing factors as cigarettes and obesity). Additionally, Rosenbaum asks, "Are we held up by our ideal of beauty? We can each summon the images of beautiful young women with breast cancer. Where are all the beautiful women with heart disease?"

While acknowledging the very real threat of women's cancers, Dr. Rosenbaum advocates physicians taking a different approach to conversations with female patients about cardiovascular health. To "make it easier for women in our society to feel like women" and yet acknowledge they're at risk for heart disease, she advocates several steps. These include:

emphasizing that, like cancer, heart disease can result from bad luck and not simply one's unappealing habits

"creating communities of women in which stories about living with heart disease are as celebrated as stories of surviving breast cancer"
prioritizing the study of how values and group norms affect health perceptions and associated behaviors.

"Whether we're aware of our group commitments or not, we cannot shed

our deeply rooted herd mentality nor change our visceral allegiances to our tribe," Rosenbaum writes. "Developing an understanding of how such factors inform our perceptions of disease is critical to improving the health of our population. Certainly, understanding of one's risk for any disease must be anchored in facts. But if we want our facts to translate into better health, we may need to start talking more about our feelings."

More information: "'Misfearing'—Culture, Identity, and Our Perceptions of Health Risks." Lisa Rosenbaum, M.D. *N Engl J Med* 2014; 370:595-597February 13, 2014DOI: 10.1056/NEJMp1314638

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