

# Women's heart disease should be a research priority

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The latest gender-specific research on heart disease continues to show differences between women and men, yet gaps remain in how to best diagnose, treat and prevent this number one killer of women, according to studies published in *Circulation: Cardiovascular Quality and Outcomes*, an American Heart Association journal.

A portion of the March 2015 issue, published online ahead of print, is dedicated to research in women.

"Women have been generally underrepresented in studies, leading to a lack of key information about whether women react differently to [heart disease](#), if our diagnostic methods work as well in women as in men, and if women respond differently to treatment," said Harlan Krumholz, M.D., S.M., editor of the journal, director of the Center of Outcomes Research and Evaluation at Yale-New Haven Hospital and a professor in Yale's schools of medicine and public health in New Haven, Conn.

"Dedicating a women's themed section in this research journal offers the latest in quality studies on women and reminds us about the importance of this area of investigation."

"In the future, if we really want to answer all the questions we have about gender differences, then we need studies that are large enough, focused enough and with the intent from the start to illuminate the issues around sex differences," he said.

These are some of the studies and perspectives in the new issue:

- In a qualitative study of 30 female heart attack survivors enrolled in the Translational Research Investigating Underlying Disparities in Acute Myocardial Infarction Patients' Health Status (TRIUMPH) study, researchers found that women inaccurately assessed their personal risks of heart disease, reported poor preventive health behaviors and delayed seeking medical care. These factors, among others, may be contributing to young women's elevated risk of fatal heart attack compared to men.
- In a study comparing women's and men's social health changes after receiving cardioverter-defibrillators, researchers found the sexes had different social responses to therapy. While men fared better in social health before receiving the devices, women gained more benefit in the months after receiving the defibrillator, but ultimately had similar social health and quality of life as men in the longer term. Researchers in Vancouver, British Columbia, conducted the study, which included 171 patients (25.1 percent women). Social health in this study refers to people's involvement in, and satisfaction with social roles, responsibilities, and activities.
- In a national Veterans Administration Clinical Assessment Reporting and Tracking (CART) Program analysis of nearly 86,000 veterans (including 3,181 women) who had initial cardiac catheterizations, compared to men, women veterans were younger, were more likely to be obese, depressed and suffer from post-traumatic stress disorder. Women were also less likely than men to have blockages in their arteries.
- Among people with atrial fibrillation (AFib), women are at higher risk for stroke than men. In an analysis of data from the Global Anticoagulant Registry in the FIELD-Atrial Fibrillation (GARFIELD-AF), researchers looked at whether differences in anticoagulant impact on women's AFib risks. Among more than 17,000 newly diagnosed AFib patients, 43.8 percent of whom

were women, anticoagulant use, including aspirin, was not different between men and women. Overall, anticoagulant use to prevent blood clots in people with atrial fibrillation was less than ideal in both men and women, with patterns of both under- and over-prescribing.

- In a review of heart failure prevalence and therapies, researchers noted that women are equally as likely as men to have heart failure, but are more likely to die. While they're equally likely to benefit from advanced therapies, including heart transplant and left ventricular assist device (LVAD), women are less likely to be referred for these therapies and if referred, receive them at a later stage. The researchers call for better understanding of and action for these sex differences in the delivery of advanced [heart failure](#) therapy.
- The huge information data sets available with today's technology can improve our understanding of sex and cardiovascular disease, according a perspective by researchers from Brigham and Women's Hospital. They said "big data" can help in understanding how biology, quality, and context interact with one another to produce variations in cardiovascular health and outcomes. Bringing huge data sources like biometric data, clinical trials data and health services data together can begin to sort out why men and women differ in their response to medications, adverse event rates, and clinical outcomes.
- Donna K. Arnett, Ph.D., of the University of Alabama at Birmingham, wrote a commentary that addresses the gender inequity in the career of cardiovascular medicine and research, where, at every career stage, women leave academic medicine and research at a higher rate than men. Solutions, she said, include creating an organizational structure and culture that allows medical faculty to balance career and family, as well as creating better networking and mentoring opportunities for women.

In a special perspective, American Heart Association CEO Nancy Brown noted how the association has helped to drive big changes in women's [heart disease risk](#) awareness through Go Red For Women and other initiatives, but she emphasized there's still work to be done.

"We've come a long way from an American Heart Association study in 1997 that showed only 8 percent of women understood that heart disease was their greatest health threat, to the association's most recent statistics, which indicate 54 percent of women are aware that heart disease is the number one killer of women," Brown said. "Despite these wins, women are still dying prematurely, and more women than men continue to die from [cardiovascular disease](#). Significantly increasing women's representation in clinical trials and studies, so they receive the right cardiovascular diagnoses and appropriate treatment is critical."

The research in this *Circulation: Cardiovascular Quality and Outcomes* issue should do more than educate doctors about the latest in cardiovascular research in women, Krumholz said.

"I think we should remain unsettled about our lack of strong evidence in this area. We still have a long way to go and shouldn't get complacent," he said. "For us to really understand this, it's not just about sprinkling a few more women in a study. It's about direct attention towards the gaps in knowledge that exist and the commitment to really filling them."

Provided by American Heart Association

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