

Sex-specific biomarkers are needed to learn why heart attacks kill more women than men

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Disproportionately more women than men die due to cardiovascular disease and heart attacks in the U.S., and current risk scoring systems—based on factors measured mainly in male populations—are poor predictors of mortality risk for women who suffer cardiac arrest. The need for sex-specific biomarker and risk stratification tools to improve diagnosis and treatment is clearly described in the Editorial "[Sex, Myocardial Infarction, and the Failure of Risk Scores in Women](#)," published in *Journal of Women's Health*.

Shilpa Agrawal, Jennifer Van Eyk, PhD, Kimia Sobhani, PhD, and C. Noel Bairey Merz, MD, David Geffen School of Medicine, University of California, Los Angeles and Cedars-Sinai Medical Center, Los Angeles, CA, highlight [an article by Eva de-Miguel-Balsa, MD](#), Hospital General Universitario de Elche, Spain, and colleagues in *Journal of Women's Health*, in which the researchers report that women with acute [myocardial infarction](#) and ST segment elevation had delayed access to care and reperfusion therapy and were more likely to die in the hospital. A comparison of the different risk scores used to evaluate this study group showed that the scoring systems are not sufficient to explain the sex-related mortality gap present in this study and that persists in the medical literature.

"Since the mortality rate of women from [cardiovascular disease](#) remains higher than men and current risk scoring systems are not as useful in women, the development of sex-specific risk stratification tools is needed in order to improve the diagnosis and treatment of cardiovascular

disease in [women](#)," says Editor-in-Chief Susan G. Kornstein, MD, Executive Director of the Virginia Commonwealth University Institute for Women's Health, Richmond, VA, and President of the Academy of Women's Health. Work reported in this publication was supported by the National Heart, Lung, and Blood Institutes under contracts N01-HV-68161, N01-HV-68162, N01-HV-68163, N01-HV-68164, RO1-HL-073412-01, and grants U0164829, U01 HL649141, and U01 HL649241. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

More information: The article is available free on the [Journal of Women's Health](#) website until September 30, 2015.

Provided by Mary Ann Liebert, Inc

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