

Young women less likely to be informed of heart disease risk by providers

October 26 2015

Even when young women had a similar or greater risk for heart disease than young men, they were 11 percent less likely to report that healthcare providers told them they were at-risk for heart disease prior to a heart attack, according to a new study published today in the *Journal of the American College of Cardiology*.

"Young women who experience a heart attack are more likely to die than men of a similar age," said Erica Leifheit-Limson, Ph.D., the study's lead author and an associate research scientist in chronic disease epidemiology at the Yale School of Public Health in New Haven, Connecticut. "Yet, women and their physicians often underestimate the [risk](#) of [heart disease](#) in women, particularly young women."

A 2012 survey found only 56 percent of women cited heart disease as a leading cause of death for women and less than half considered themselves well-informed about heart disease in women.

Leifheit-Limson and colleagues used data from the Variation in Recovery: Role of Gender on Outcomes of Young AMI Patients study, known as the VIRGO study, to analyze medical records and the results of interviews with 3,501 [heart attack patients](#) from more than 100 hospitals in the United States and Spain between Aug. 2008 and Jan. 2012. The researchers compared the prevalence of five modifiable cardiac risk factors—diabetes, high cholesterol, hypertension, obesity and smoking status—and reports of clinical counseling on heart disease between men and women. The study included 2,349 women and 1,152

men ranging in age from 18 to 55 years.

Nearly all women and men, 97 percent and 99 percent, respectively, had at least one of the five potentially modifiable risk factors, and nearly two-thirds of all [patients](#) had three or more risk factors. The most common risk factor was high cholesterol and, with the exception of smoking, all risk factors were more prevalent among U.S. patients than those in Spain.

Approximately half of U.S. women and men in the study reported that prior to their heart attack they considered themselves at-risk, were told by a healthcare provider that they were at-risk, or had a healthcare provider talk to them about heart disease and ways to modify their risk. Spanish patients in the study were less likely to report they were aware of the risk, with 36 percent reporting prior perceived risk of heart disease, 26 percent reporting a healthcare provider told them they were at-risk, and 22 percent reporting a healthcare provider spoke to them about heart disease and ways to modify their risk.

Overall, women were 11 percent less likely than men to report being told they were at-risk for heart disease before their heart attack and 16 percent less likely than men to report having a [healthcare provider](#) discuss heart disease and ways to reduce their risk. This imbalance largely persisted across cardiac risk factors and was more pronounced among patients without prior history of heart disease and among those who had not visited a heart specialist in the year prior to the heart attack.

"Young women cannot afford to continually be less informed than men about their risk for heart disease," Leifheit-Limson said. "We need to improve how we give information about heart disease to younger patients. It should be a priority for healthcare providers to address basic [risk factors](#) and prevention with patients at risk."

The study had several limitations including that risk factor information was obtained via medical chart review and therefore may be limited to the availability of documented information. This information was supplemented by patient interview, a process which may be subject to recall bias and patients' awareness of risk factor status. Another limitation is that only patients who were hospitalized with a [heart attack](#) who survived and provided consent were enrolled in the study.

In an accompanying editorial, C. Noel Bairey Merz, M.D., director of the Barbra Streisand Women's Heart Center at Cedars-Sinai Heart Institute in Los Angeles, said the findings suggest the rise of heart disease in [young women](#) "may be due, in part, to lack of risk assessment and preventative therapy."

According to Bairey Merz, the results support prior research that shows "women are less likely to receive all effective guideline-indicated cardiovascular therapy. Closing this guideline gap could potentially eliminate the adverse CVD mortality persistently experienced by [women](#)."

Provided by American College of Cardiology

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