

The importance of gender in cardiovascular health

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A new academic paper looks at the role of gender in cardiovascular health.
Credit: University of Melbourne

The role of gender has been largely neglected despite playing a critical

role in cardiovascular health, University of Melbourne academics have highlighted in *Circulation*.

The paper, which appears in a special "Go Red for Women" edition, details how socialisation affects the trajectory of girls," boys," women's and men's [health](#) behaviours and ultimately their cardiovascular disease (CVD) risk.

"In the context of the #metoo movement, there is renewed focus on gender specific issues such as sexual harassment at work and violence against women," said lead author and University of Melbourne academic Dr. Adrienne O'Neil.

"Yet these are rarely considered in the context of CV disease prevention."

Citing numerous studies, the paper argues that gender can interact with biological and social determinants such as ethnicity and socioeconomic position to shape cardiovascular health from conception. This continues through childhood, when health behaviours and CVD risk factors are shaped, and into adulthood.

"While it is estimated that up to 80 per cent of CVD is preventable, [public health](#) efforts have tended to focus on individual level risk factors such as reducing cholesterol and blood pressure," Dr. O'Neil said.

"While important, there has been little recognition of how biological risk factors interact with social, economic, cultural, political and psychological factors to shape women and men's CV health over the life course."

The paper notes that:

- Until recently, most CVD research used male-dominated samples that ignore women's physiological differences.
- [One international study](#) found that smoking, alcohol use, high-risk diet and physical inactivity put women at significantly greater risk of myocardial infarction (MI), commonly known as a heart attack, than men.
- While women tend to face elevated risk of heart attacks [nine years later than men](#), the delay is narrowing, possibly due to changed western lifestyles and early health behaviours.
- Girls tend to be socialised to be [more sedentary than boys](#), which elevates their CVD risk.
- [Socialisation](#) can increase boys' likelihood of CVD through factors such as risk-taking behaviours, displaying stoicism and rejecting strong and intimate friendships, which could provide emotional support.
- Social isolation is a potent CVD risk factor and for girls has been associated with alcohol consumption, binge drinking and marijuana use.
- Smoking is one of the most potent risk factors. Traditionally boys smoked more but in countries such as the USA this [gap has narrowed](#). [Gender empowerment](#) may also contribute.
- Trauma in childhood is a [potent predictor](#) of later cardiovascular health.
- Intimate partner violence (IPV) in adulthood has been associated with increased CVD risk behaviours and outcomes.
- Everyday harassment and discrimination, such as workplace sexual harassment, are chronic stressors that erode cardiovascular health.
- Marital tension, which can be particularly pronounced in women, may result in [higher rates of several markers for CVD](#).
- Expectations around women as primary caregivers can have [deleterious health consequences](#).
- Poor mental health is a risk factor for incident CVD, [particularly](#)

[in women](#) as they have a higher prevalence of depression and anxiety.

The paper calls for more targeted awareness campaigns and gender equity strategies to reduce the burden of CVD: "It is indeed plausible that equality-based initiatives that focus on gender would have other positive effects on the [cardiovascular health](#) of both genders and further generations."

Dr. O'Neil, University of Melbourne's Melbourne School of Population Health Senior Research Fellow and a Heart Foundation Future Leader, said CVD was the biggest killer of men and women, and killed more women than all cancers combined.

"There is also evidence that reductions in the incidence of CVD are greater for men than women; meaning that we may need to tailor public health strategies somewhat differently for men and [women](#)," Dr. O'Neil said.

"On the flip side, the way that boys are socialised can also negatively impact their CV risk and outcomes," she said.

"Teaching boys to be more stoic and less articulate with their emotions compared with girls can place them at greater risk of becoming socially isolated in adolescence and later life; this in itself is a stronger risk factor for death than smoking.

"It may also place them at risk of self-medicating with drugs and alcohol or partaking in risk taking behaviours which can further confer disease risk."

Dr. O'Neil wants greater consideration of gender specific issues in CVD prevention, treatment and public health generally.

More information: Adrienne O'Neil et al. Gender/Sex as a Social Determinant of Cardiovascular Risk, *Circulation* (2018). [DOI: 10.1161/CIRCULATIONAHA.117.028595](https://doi.org/10.1161/CIRCULATIONAHA.117.028595)

Provided by University of Melbourne

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