

# Women having a heart attack wait longer than men to get help

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Women are being urged to call an ambulance immediately if they have heart attack symptoms, following research showing they wait longer than men to get help. The study is published today in *European Heart Journal: Acute Cardiovascular Care*, a publication of the European Society of Cardiology (ESC).

Ischaemic [heart](#) disease is the leading cause of death in [women](#) and men.<sup>2</sup> There is a misconception that heart attacks are a 'man's problem' but they are just as common in women. On average, women are about 8-10 years older than men when they have a heart attack and they tend to experience different symptoms. But women benefit equally from fast treatment.

Study author Dr. Matthias Meyer, a cardiologist at Triemli Hospital, Zurich, Switzerland, said women may wait longer due to the myth that heart attacks usually occur in men and because pain in the chest and left arm are the best known symptoms. "Women and men have a similar amount of pain during a heart attack, but the location may be different," he said. "People with pain in the chest and left arm are more likely to think it's a heart attack, and these are usual symptoms for men. Women often have back, shoulder, or stomach pain."

In heart [attacks](#) caused by acute blockage of an artery supplying blood to the heart, rapid reopening of the vessel by inserting a stent is critical. Faster restoration of blood flow translates into more salvaged heart muscle and less dead tissue, less subsequent heart failure, and a lower

risk of death. During the last 10-15 years, multiple strategies have been employed within heart attack treatment networks to reduce the time delay between symptoms and treatment. This study investigated whether delays have reduced in women and men.

The study was a retrospective analysis of all 4,360 patients (967 women and 3,393 men) with acute ST-segment elevation myocardial infarction (STEMI) treated at Triemli Hospital, the second largest percutaneous coronary intervention (PCI) centre in Switzerland, between 2000 and 2016.

The primary outcomes of interest were changes in patient delay (the time from symptom onset to contact with a hospital, emergency medical service, or general practitioner), and system delay (the subsequent time until reopening of the vessel). The secondary outcome of interest was in-hospital mortality.

During the 16-year period, women and men had equal reductions in system delays. Dr. Meyer said: "We found no gender difference in the timely delivery of care by health professionals, with both men and women receiving a stent more quickly after contacting the medical services than they did in the past."

However, patient [delay](#) decreased slightly in men over the 16-year period but did not change in women. Women wait approximately 37 minutes longer than men before contacting medical services. Clinical signs of persistent chest discomfort were associated with shorter patient delays in men but not women. "Women having a heart attack seem to be less likely than men to attribute their symptoms to a condition that requires urgent treatment," said Dr. Meyer.

In-hospital mortality was significantly higher in women (5.9%) than men (4.5%) during the study period. Delays were not associated with in-

hospital mortality after correcting for multiple factors. Dr. Meyer said: "As expected, the acute complications of a heart attack drive in-hospital mortality rather than delays. But we do know from previous studies that delays predict long-term mortality."

He concluded: "Every minute counts when you have a heart attack. Look out for moderate to severe discomfort including pain in the chest, throat, neck, back, stomach or shoulders that lasts for more than 15 minutes. It is often accompanied by nausea, cold sweat, weakness, shortness of breath, or fear."

**More information:** Matthias R Meyer et al. Gender differences in patient and system delay for primary percutaneous coronary intervention: current trends in a Swiss ST-segment elevation myocardial infarction population, *European Heart Journal: Acute Cardiovascular Care* (2018). DOI: [10.1177/2048872618810410](https://doi.org/10.1177/2048872618810410)

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