

Women call ambulance for husbands with heart attacks but not for themselves

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Women call an ambulance for husbands, fathers and brothers with heart attack symptoms but not for themselves. "It's time for women take care of themselves too" is the main message of two studies from the Polish

Registry of Acute Coronary Syndromes (PL-ACS) presented today at Acute Cardiovascular Care 2019, a European Society of Cardiology (ESC) congress.

The findings come ahead of International Women's Day on 8 March. This year's campaign theme - #BalanceforBetter—is a call-to-action for driving gender balance across the world. Ischaemic [heart](#) disease is the leading cause of death in women and men yet today's research shows disparities in management.

Professor Mariusz Gisor, principal investigator of the registry, said: "Very often women run the house, send children to school, and prepare for family celebrations. We hear over and over again that these responsibilities delay women from calling an ambulance if they experience symptoms of a heart attack."

Dr. Marek Gierlotka, registry coordinator, added: "In addition to running the household, women make sure that male relatives receive urgent medical help when needed. It is time for women to take care of themselves too."

A total of 7,582 patients with ST-elevation myocardial infarction (STEMI) were included in the analyses. STEMI is a serious type of heart attack where a major artery supplying blood to the heart is blocked. 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. Guidelines⁴ therefore recommend opening the artery with a stent within 90 minutes of diagnosis in the ambulance by electrocardiogram (ECG).

Overall, 45% of patients were treated within the recommended timeframe—these patients were less often women. After adjusting for factors that could influence the relationship, male sex remained an

independent predictor of treatment within the recommended timeframe.

Patients within and outside the advised treatment window had similar rates of in-hospital mortality, but those treated promptly were less likely to have a left ventricle ejection fraction below 40% - meaning their heart was better able to pump blood and they had a lower chance of developing heart failure.

ECG results were transmitted from the ambulance to a heart attack centre in about 40% of patients. In women, the likelihood of ECG transfer rose with increasing age—from 34% in women aged 54 years and under to 45% in those aged 75 and above. In men, the rate of transfer was around 40% regardless of age.

Professor Gisor said: "One of the reasons women are less likely than men to be treated within the recommended time period is because they take longer to call an ambulance when they have symptoms—this is especially true for younger women. In addition, ECG results for [younger women](#) are less often sent to the heart attack centre, which is recommended to speed up treatment."

Dr. Gierlotka said: "More efforts are needed to improve the logistics of pre-hospital heart attack care in young women. Greater awareness should be promoted among medical staff and the general public that women, even young [women](#), also have heart attacks. Women are more likely to have atypical signs and symptoms, which may contribute to a delay in calling for medical assistance."

Pain in the chest and left arm are the best known symptoms of heart attack. Women often have back, shoulder, or stomach pain. Call an ambulance if you have pain in the chest, throat, neck, back, stomach or shoulders that lasts for more than 15 minutes.

More information: The abstract 'Age and gender related performance of STEMI networks - how do we follow the ESC guidelines on ECG to PCI delay' will be presented during Poster Session 2: Acute Coronary Syndromes - Pathophysiology and Mechanisms, Biomarkers, Treatment, Revascularization Poster Discussant on Sunday 3 March at 09:00 to 17:30 CET in the Poster Area.

Provided by European Society of Cardiology

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