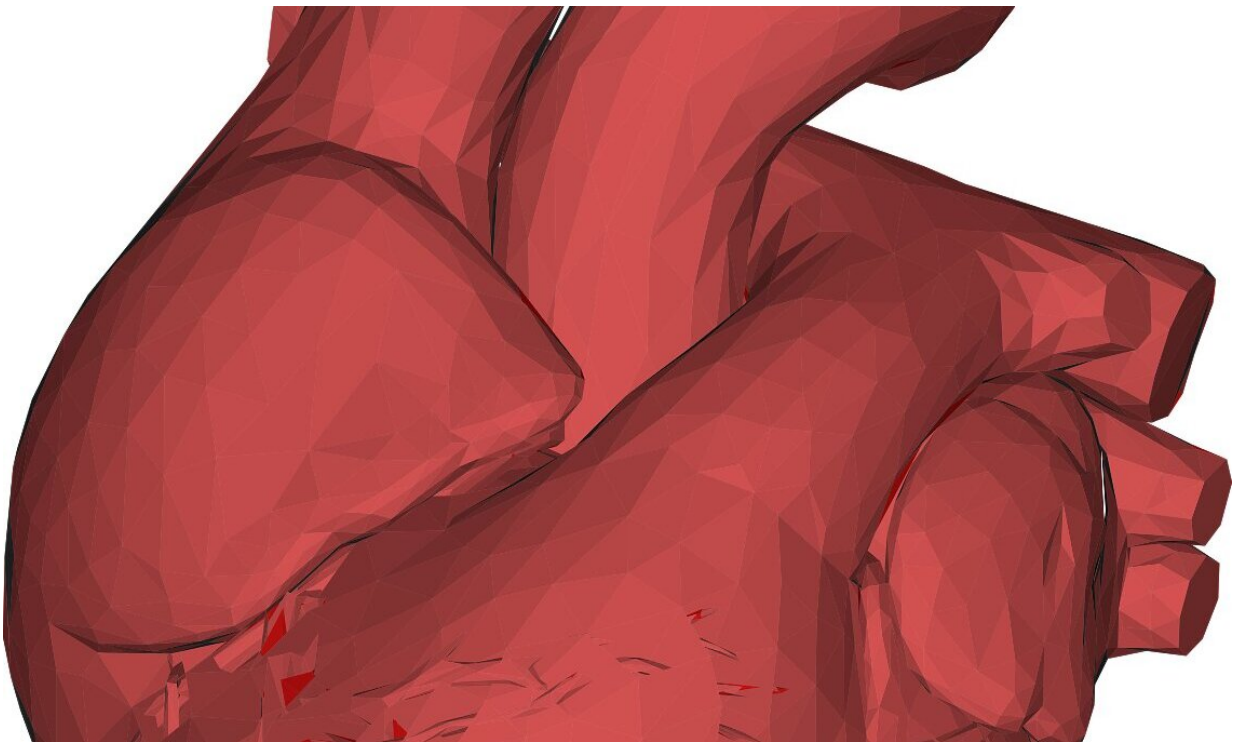


Time to re-define sex-specific symptoms of acute coronary syndrome, say researchers

May 4 2020



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New research from The George Institute for Global Health at the University of Oxford has found that there is substantial overlap in symptoms—such as chest pain—experienced by women and men upon clinical presentation, as well as crucial differences, the like of which have been established in literature for over a decade. While women had

lower odds of presenting with chest pain, the study found that both sexes presented most often with this symptom.

Women are more likely to present with fatigue, pain between the shoulder blades, neck pain, nausea, vomiting, and shortness of breath than are men. These symptoms are often labelled as 'atypical' as they are different to those generally experienced by men.

Researchers analysed 27 studies comprising over 1.2 million individuals who had experienced a [heart attack](#) and concluded that in order to ensure timely diagnosis and treatment, medical professionals need to be familiar with the well-established sex differences as well as the overlap in symptoms experienced by patients with suspected and confirmed cases of acute coronary syndrome.

Acute coronary syndrome (ACS) is the umbrella term for angina (when the [heart](#) muscle doesn't receive sufficient oxygen-rich blood to function normally) and heart attack, and is a substantial component of ischemic heart disease which is the greatest cause of death worldwide, claiming an estimated 9 million lives in 2015.

The first-line treatment for ACS, reperfusion, restores blood flow to the heart following a heart attack, and is most effective when initiated in a timely manner to minimise damage to the heart muscle tissue.

"Delayed [symptom](#) recognition, by either patients or [medical professionals](#), is a key reason for delay in potentially life-saving treatment. By shedding further light on sex differences in clinical presentation with ACS, this research will hopefully lead to more timely and equitable treatment and outcomes," said Dr. Sanne Peters, Research Fellow in Epidemiology at The George Institute UK, who led the research.

"As the study only looked at those with confirmed ACS, further studies should be conducted in those with suspected ACS as they may help doctors to pick up cases earlier, saving critical time and heart muscle," Dr. Peters added.

The authors concluded that future research should also focus on the development and validation of a diagnostic tool, with a comparison of symptoms among women and men with and without confirmed ACS.

Findings will be published in the *Journal of the American Heart Association*.

More information: *Journal of the American Heart Association* (2020). www.ahajournals.org/doi/10.1161/JAHA.119.014733

Provided by George Institute for Global Health

Citation: Time to re-define sex-specific symptoms of acute coronary syndrome, say researchers (2020, May 4) retrieved 18 July 2024 from <https://medicalxpress.com/news/2020-05-re-define-sex-specific-symptoms-acute-coronary.html>

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