

Vascular disease in women presents differently than it does in men

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In April 2019, vascular surgeons in the Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo organized the first-ever Women's Vascular Summit, with attendees from around the country.

The purpose was to launch a discussion among vascular physicians of how vascular [disease](#), which is disease of blood vessels, such as the

arteries and veins, may be different in women than in men and what that means for diagnosis and treatment.

Those discussions proved so productive that conference organizers realized that a book about women's vascular health was a vital next step.

The result is, "Vascular Disease in Women: An Overview of the Literature and Treatment Recommendations" (Elsevier, Aug. 2021). The volume is edited by Linda M. Harris, MD, professor of surgery in the Jacobs School and program director of UB's vascular surgery residency, and Caitlin W. Hicks, MD, associate professor of surgery at Johns Hopkins University School of Medicine.

The book is based in part on the contributions of panelists at the 2019 conference, all of whom were female, and supplemented by additional contributions from other surgeons with an interest in the impact of sex on vascular disease.

The goal of both the conference, which has now been held twice (most recently in April virtually), and the book is to better educate medical providers about the differences in vascular disease presentation and outcomes in women, and to highlight the issues that will help to make diagnosis and appropriate treatment more likely.

"I want clinicians to start thinking about vascular disease in women, to understand that many women do have vascular disease but their presentation is not going to be textbook," said Harris, a vascular surgeon with UBMD Surgery. "I want them to know that if a woman presents with symptoms, they should consider doing some testing because their presentation just won't be classical, as textbook symptoms tend to be based on presentation in men."

For example, among the topics the book explores is the fact that a

woman experiencing a stroke may have different symptoms than a man.

"It may not be weakness in an arm or a leg as it might be in a man, but may present differently at first, such as a sudden memory issue, and the clinician may not be expecting that," Harris explained.

In addition, Harris said, sometimes women develop vascular disease at a later age than men typically do, so they are more frail, which also affects their symptoms. She said clinicians need to know, too, that women may experience aneurysms in different parts of their bodies than men, so that they can more immediately make these diagnoses. (Aneurysms are the potentially dangerous bulging of an artery wall.)

"Prevention and screening in women should also be considered," said Harris. "Women who smoke or have a family history of aneurysms should be considered for screening, as per Society for Vascular Surgery recommendations, which hasn't typically been done because vascular disease was incorrectly seen as less common in women."

The book also discusses how race and culture issues, such as unconscious bias, play a role in affecting how vascular disease in [women](#) manifests and is diagnosed.

"We know that there is also sex bias in research, whether that's surgical, clinical or even basic research," said Harris. "For example, the [cell lines](#) that are studied at a basic science level are almost always male cell lines, so potential hormonal impacts aren't addressed. This isn't conscious bias, it's unconscious bias."

"Everything is awareness," Harris continued. "If we don't know we have a problem, then we're never going to fix it."

Provided by University at Buffalo

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