

Heart disease in women is not like heart disease in men

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Over the past 10 years, heart disease in women—especially young women—has been increasing. More women than men die of heart disease every year. Yet identification and treatment for women is

regularly delayed and often misdiagnosed.

"Heart disease is the No. 1 killer of women," says Nisha Jhalani, MD, a [cardiovascular disease](#) specialist at the Vagelos College of Physicians and Surgeons. "Yet studies and conversations with patients have taught us that most women cannot identify risk factors for heart disease and are unaware of their personal cardiovascular risk."

Worse, guidelines to treat heart disease come from studies done in the 1990s almost exclusively in men. Even today only about 30% of study subjects are women.

This is particularly troubling because women's symptoms are different. Men are more likely to have classic chest pain. Women are more likely to have an atypical presentation including symptoms such as shortness of breath, nausea, and [fatigue](#). Coupled with guidelines created for men, this can lead to a missed diagnosis in women, or a misdiagnosis, with women's heart disease often categorized as gastrointestinal problems or anxiety.

Women also frequently ignore their symptoms either due to denial, shame, or embarrassment. "Delaying anything that seems like it's serious could potentially be life threatening," says Jhalani.

"Heart disease in women is just not the same as heart disease in men," she says. "There's just something different about a woman's heart versus a man's heart."

The good news is 90% of heart disease cases can be prevented with healthier lifestyle choices. "This is how someone can take control of their heart health," says Jhalani. "Nutritious dietary choices, increased physical activity, healthy sleep habits, quitting smoking, and regular appointments with your doctor put the power back into a patient's

hands."

Jhalani says women should also work to reduce stress, especially during events like the pandemic with its chronic, high levels of stress. Research is underway to determine the exact relationship between stress and heart disease. For now, know that stress is not good for the heart.

The risk of heart disease is greater for people with autoimmune diseases and pregnancy-related issues, such as gestational diabetes and [preeclampsia](#). Amazingly, says Jhalani, only about 10% of women diagnosed with pregnancy-related heart disease see a doctor, let alone a cardiologist, about the condition. At Columbia, cardiologists collaborate with OB/GYNs to make sure symptoms that arise in pregnancy are monitored.

To take care of yourself and your loved ones, Jhalani says: Go to the doctor. Get checked. Follow up. Encourage your loved ones to do the same.

Provided by Columbia University

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