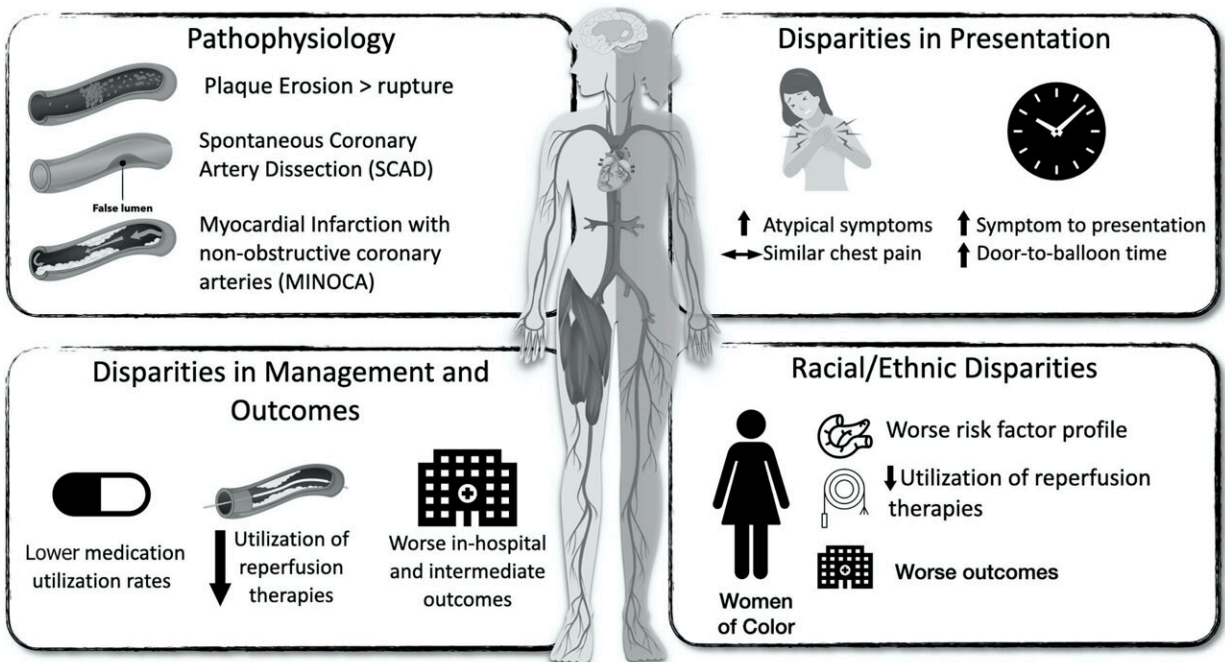


Presenting non-traditional symptoms, women suffer worse heart disease outcomes than men

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Credit: *Arteriosclerosis, Thrombosis, and Vascular Biology* (2023). DOI: 10.1161/ATVBAHA.123.319370

More than a dozen medical studies from around the globe show women suffer worse outcomes when diagnosed with and treated for cardiac issues—the No. 1 killer in the world, according to the Centers for Disease Control.

The [discrepancy](#), as summarized by UMass Lowell biomedical and nutritional sciences Associate Professor Mahdi O. Garelnabi of the Zuckerberg College of Health Sciences and colleagues from the University of Maryland School of Medicine, Lebanese American University, Wake Forest School of Medicine, and Beth Israel Deaconess Medical Center, is the result of women presenting with additional non-traditional chest pain symptoms including vomiting, jaw pain and [abdominal pain](#). If and when these symptoms are missed by doctors, or by the patients themselves, diagnosis and treatments are delayed.

The research was published in *Arteriosclerosis, Thrombosis, and Vascular Biology*.

"We found stunning differences between men and women in the diagnosing of cardiovascular disease, treatment and symptoms," said Garelnabi. "Women tend to go to the hospital later than men after the onset of symptoms and physicians are not admitting women to the hospital at the same rates as men."

The analysis also points out that heart attack rates among [younger women](#) are climbing. Heart attacks among women aged 35 to 54 increased from 21% to 31% between 1995 and 2014. During the same period, the rate for men rose only slightly, from 30% to 33%.

"It's alarming that heart attack rates are increasing in younger women," said Garelnabi. "Risk factors that are unique to women include premature menopause, endometriosis and hypertension disorders during pregnancy."

Fifteen studies from 50 countries, including Brazil, China, Egypt, India, Arabian Gulf countries and the U.S. among others, encompassing the [experiences](#) of more 2.3 million people were included in the analysis conducted by Garelnabi and his colleagues.

More information: Haitham Khraishah et al, Sex, Racial, and Ethnic Disparities in Acute Coronary Syndrome: Novel Risk Factors and Recommendations for Earlier Diagnosis to Improve Outcomes, *Arteriosclerosis, Thrombosis, and Vascular Biology* (2023). [DOI: 10.1161/ATVBAHA.123.319370](https://doi.org/10.1161/ATVBAHA.123.319370)

Provided by University of Massachusetts Lowell

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