

Women at risk of death from heart disease due to consistent lack of preventative treatment

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The consistent undertreatment of women with cardiovascular disease may have led to preventable heart attacks, stroke and even death,

according to new research from the University of Aberdeen.

In the first study of its kind to look at [cardiovascular disease](#) over a long period of time, data from more than 25,000 participants spanning over 25 years was analyzed to identify patterns in long-term health outcomes and how they differ between the sexes.

The team led by Dr. Tiberiu Pana, Honorary Clinical Research Fellow at the University and Internal Medicine Training Doctor with NHS Grampian, published their findings in the [European Journal of Preventive Cardiology](#).

Their initial analysis showed that men had a 49% greater risk of developing [heart disease](#) than [women](#), and a 43% higher risk of dying from a heart condition compared to women. The age at which heart disease presented itself also differed between the sexes.

Men with cardiovascular disease typically would present with a heart attack in their 50s, whereas women would typically present in their 60s, and this would most likely be in the form of a rhythm disorder or stroke.

However, a crucial finding revealed that, following a diagnosis of heart disease during the study, the death rate from cardiovascular causes for women rose to that of their male counterparts. Therefore, the apparent advantage of younger women was somehow lost.

This rise in the mortality rate in women, Dr. Pana suggests may be explained by the differential treatment with prevention medication found between men and women. Dr. Pana said, "The consistent undertreatment of women with heart or circulatory disorders from our analyses is worrying," adding that: "Our analysis found that women were 30 to 50% less likely to be treated with [preventative medicine](#) compared to men."

Another potential explanation according to Dr. Pana implicates the influence of menopause in women, suggesting hormonal changes may erode the early advantage. The authors suggest that targeted [preventative measures](#) around the time of menopause in women may prevent heart disease and improve health outcomes later in life.

Dr. Pana adds, "This is the first study to delineate sex differences from the same population, over very long follow-up while controlling for factors such as lifestyle, socio-economic status and history of cardiovascular disease.

"This allowed us to determine that the systematic undertreatment of women with preventative medications may play a role in the diminishing female sex advantage in survival once they developed heart disease.

"Our findings highlight how it is important to consider how future prevention campaigns should focus differently on men and women.

"While lifestyle undoubtedly has an impact on the type and the onset of heart disease, [preventive medicine](#) like [blood pressure](#) agents and lipid lowering agents can have significant impact on reducing risk of [heart attack](#) and stroke it is vital that everyone is actively involved in making decisions about their care following diagnosis of cardiovascular disease and proactively discuss these treatments with their doctors in order to ensure they minimize their risks as much as possible.

"Everyone should consider minimizing their risk factors for [heart disease](#) as early as possible in life, such as regularly monitoring their blood pressure, keeping a healthy weight and being physically active.

"However, it is even more important that people be aware of the need to take preventative medicines after suffering a heart or circulatory disorder in order to minimize their risk of recurrence or death."

More information: Tiberiu A Pana et al, Sex-specific lifetime risk of cardiovascular events: the European Prospective Investigation into Cancer-Norfolk prospective population cohort study, *European Journal of Preventive Cardiology* (2023). [DOI: 10.1093/eurjpc/zwad283](https://doi.org/10.1093/eurjpc/zwad283)

Provided by University of Aberdeen

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