

Researchers hope to bridge gap in care and treatment for heart disease in women

May 21 2024



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Researchers at the Ludeman Family Center for Women's Health Research published a paper in the [Journal for Women's Health Research](#) that calls attention to how doctors can better diagnose and treat coronary heart disease (CHD) in women—particularly when it comes to the diagnosis of a heart attack.

"CHD manifests differently in women than in men, which results in different symptoms and responses to treatments," said the paper's lead author Stacy Trent, MD, MPH, a researcher at the Ludeman Family Center for Women's Health Research on the University of Colorado Anschutz Medical Campus.

CHD is commonly underdiagnosed and undertreated in women, leading to a higher mortality rate in women than in men.

"Current standards of care at many hospitals and emergency rooms are directed towards symptoms that are more common in men, increasing the chances for women to be misdiagnosed, and delaying proper and life-changing care," Trent adds.

In an effort to treat women more effectively, the American Heart Association/American College of Cardiology added a section to their [Guideline for the Evaluation of Chest Pain](#) focused on the "uniqueness" of chest pain in women.

In the paper, Trent and her team identify key elements in the new section that have the most potential to help catch and treat heart disease in women more quickly and effectively.

"I hope that [health care providers](#) can reference our paper to help diagnose and treat CHD in women," Trent said.

The paper goes into detail about the below recommendations related to the guidelines.

- Doctors should consider both the similarities and differences of symptoms by sex—keeping in mind that women are more likely to have [chest pain](#) and other symptoms like shortness of breath or nausea.

- They should use high-sensitivity troponins interpreted with sex-specific cutoffs to diagnose a heart attack. Sex-specific thresholds have been shown to decrease [false negatives](#) in females and decrease [false positives](#) in males.
- As well as use evidence-based clinical decision pathways to risk stratify patients. The use of sex-specific high-sensitivity troponin cutoffs may minimize misclassification in women and is an indirect way to add sex to risk stratification scores.

This research comes on the heels of [President Biden's Executive Order](#) to advance [women's health research](#) to ensure women get the answers they need when it comes to their health, including cardiovascular disease.

"We believe a big step for closing the gap right now in care for women is to shine a light on ways that clinicians can better address sex specific symptoms and treatments," senior author Amy Huebschmann, MD, MSc, the Ludeman Center's lead scientist.

The paper's authors conclude by urging organizational change leaders to push forward and make the necessary changes to ensure CHD is recognized and treated appropriately in all patients.

More information: Stacy A. Trent et al, Toward Personalized and Equitable Chest Pain Pathways: Considerations Related to Sex and Gender Differences, *Journal of Women's Health* (2024). [DOI: 10.1089/jwh.2024.0242](#)

Provided by CU Anschutz Medical Campus

Citation: Researchers hope to bridge gap in care and treatment for heart disease in women (2024, May 21) retrieved 20 June 2024 from <https://medicalxpress.com/news/2024-05-bridge-gap-treatment-heart-disease.html>

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