A new study shows that women lose more years of life after a heart attack than men. A 50-year-old woman with a large heart attack loses an average of 11 years, while an 80-year-old man with a small heart attack
loses an average of 5 months of life. The study was led by researchers at Karolinska Institutet and Danderyd Hospital and the results have been published in the journal *Circulation*.

Heart attacks are one of the most common causes of death globally and have a major impact on the life expectancy of the population. Understanding the impact of a disease on life expectancy is important for identifying high-risk groups, while also providing important insights to improve care planning in the future.

The new study examined 335,000 individuals with first-time myocardial infarction registered in the SWEDEHEART quality registry during the period 1991–2022. The individuals with myocardial infarction were compared with 1.6 million individuals without myocardial infarction using data from Statistics Sweden and the National Board of Health and Welfare.

Using the comparator population and new statistical methods, the difference in life expectancy between heart attack individuals and comparison individuals could be calculated, providing a measure of how much life expectancy was shortened due to the disease.

"We found that there were large differences between groups. Women and young individuals lost the most life expectancy when they had a heart attack. If the cardiac function was impaired after the infarction, the effects were even greater. For example, a 50-year-old woman with impaired cardiac function loses an average of 11 years in 2022 compared to an 80-year-old man with normal cardiac function who loses an average of 5 months in life expectancy," says first author Christian Reitan, researcher at the Department of Clinical Sciences, Danderyd Hospital, Karolinska Institut.

**Parameters affecting heart attack risk**
The researchers were also able to take into account differences in income, education, other illnesses and medication at the time of the illness—which helped to measure the effect of the heart attack itself when everything else was taken into account.

"The results showed that a fairly large part of the reduction in life expectancy disappeared, that is, much of the reduction in life expectancy is explained by factors other than the heart attack itself, but which may still be associated with heart attack, such as socioeconomics or other diseases such as hypertension and diabetes. Provided that the patient had preserved cardiac function, we saw that the gender difference had disappeared.

"We interpret this to mean that the effect of the heart attack, and thus also the care for heart attacks, is similar between the sexes and that the large reduction in life expectancy we see in women is due to differences in risk factors, other diseases and socioeconomics," says Reitan.

According to the researchers, there is a lack of individualized heart attack care in Sweden for women. The study shows that women who have a heart attack lose more years of life than men of the same age.

"If a woman had impaired cardiac function, the gender difference was large. We don't have the data to answer why, but it raises questions about whether women get as good follow-up and treatment for heart failure as men, or whether it is simply a more serious condition for a woman.

"Our findings are important because they challenge existing guidelines for heart attack treatment today. By identifying high-risk groups, we can hopefully better tailor treatment to the individual. We believe that 'years of life lost' is a good and easy-to-understand measure of risk for both doctors and patients. It makes it easier for us to assess and communicate the seriousness of the disease," concludes Reitan.

Provided by Karolinska Institutet

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