

A WOMAN'S HEART

Wendy Wray RN BScN MScN
Director MUHC WHHI



Women's
Healthy
Heart
Initiative

Centre universitaire
de santé McGill



McGill University
Health Centre

*In heart disease women are
under diagnosed, under
aware, under treated and
under researched.*



Women's
Healthy
Heart
Initiative

Centre universitaire
de santé McGill



McGill University
Health Centre

The Facts...

- 1:3 women in NA dies of heart disease.
- More women die from heart disease than breast, cervical and ovarian cancers combined.
- Heart disease is still often thought of as a man's disease .
- Most women are unaware of their risk of heart disease.
- Cardiac symptoms may differ between men and women.
- Two thirds of women who die suddenly have no previously recognized symptoms .

- Women often miss the early signs of heart disease or wait too long to seek help.
- Many physicians are not aware of women's heart disease risk .
- Thirty eight percent of women compared to twenty five percent of men will die within 1 year after a heart attack .
- Women with a history of gestational diabetes or high blood pressure/pre-eclampsia are at increased risk of those diseases later in life

- Recent survey shows many physicians will talk more to men than women about HD risk factors even after a heart attack or if the woman has the same risk factors.
- Women having premature/early menopause –higher risk of CHD, CVD mortality & overall mortality (Muka et al, 2016).
- In 2010- depression recognized as HD risk factor . Worsens prognosis 2x.

- CAD risk for women smokers is 6x while the overall increase is 2x.
- Female smokers on the contraceptive pill have a 30x increased risk and have heart attacks 10 years earlier than non-smoking women .
- High blood pressure more common with the Pill and obesity.
- Coronary disease- heart attacks and sudden death- and cerebrovascular disease- strokes- and peripheral vascular disease are at least as common- and may be even more common- in diabetic women than in diabetic men. (Levine)

- Cardiovascular risk increases only slightly in men (2-3x)who become diabetic but increases substantially (3-7x)in women who become diabetic.
- In young women a cardiac event may be more likely to be precipitated by a profound emotional event (2016).
- CAD may be more difficult to diagnose in women than in men.

GENDER Based Differences in Care

- Gender /racial disparities in care (Vaccarino, Circ. 2010; JACC, 2015)
- Women with CVD are less likely:
 - To be prescribed ASA
 - If hypertensive, less likely to be treated to targets
 - To reach target LDL-C target <2.5 mmol/L (Evangelista)
- More diabetic women than diabetic men
 - have a HbA1C >7
 - Less likely to be treated with ASA/statins
 - Less likely to reach LDL-C target <2.5 mmol/L
(AHA, H&SF,SC & NHLBI- 2004)

Challenges in Diagnosing CAD in women

- Angina is the most frequent symptom- more women with myocardial infarction (MI) present without characteristic chest pain than men with an MI.
- In acute MI younger women in particular without chest pain have greater mortality rates than men without chest pain.
- Women reporting associated symptoms such as unusual fatigue; feeling unwell; shortness of breath, discomfort rather than pain in their chest, jaw or arms are at greater risk of an adverse cardiac event (McSweeney,2014).
- Stable ischemic heart disease- women have more diverse symptom presentation than men –anginal equivalents (Wenger,2016).
- In CAD initiation and worsening prognosis in symptomatic women is more likely assoc. with emotional or mental stress particularly in younger women (Vaccairino&Bremner, 2016).

Diagnostic Pearls

- Chest pain remains the predominant symptom in men & women however 1:5 women with acute coronary syndrome (ACS) report no chest pain.
- Look for a more diverse symptom presentation.
- Women are more likely to have non-obstructive CAD than men as the cause of their ACS. Consider spontaneous coronary dissection, coronary spasm and microvascular disease.

What Can You Do?

- High Cholesterol: LDL-C, bad cholesterol 2-3; weight loss; nutrition
- High blood Pressure: 130/80 – weight loss; less salt, alcohol, physical activity
- Diabetes: HGBA1C – 6.5 or more; diet and physical activity
- Weight control: BMI – 21-25; only 5 lbs., 240 cal.; fitness level, pebble in a pond

More Info

- www.whhionline.ca
- Heart and Stroke Foundation
- Wear Red Day- Feb. 14th, 2019



Centre universitaire
de santé McGill



McGill University
Health Centre