

## Women's Heart Health – A Look Beneath The Surface!

Nupur Shah, M.D.<sup>a</sup>, Mariam Riad, M.D.<sup>a</sup>, Hajira Malik, M.D.<sup>a</sup>, Bassam Omar, M.D., Ph.D.<sup>a, b</sup>



### Introduction

Women's heart health suffered multiple challenges over the years, including under-recognition and under-representation in clinical care and research [1]. The superficial generalization that research findings in men can be applicable to women has impacted the scientific community for several decades leading to many clinical studies with male-dominant subjects [2]. The depth of the matter, however, entails challenges in understanding the different anatomic and physiologic determinants of women's heart health, in addition to the psychosocial and socioeconomic factors, necessitating specialized research and guidelines which address gender-specific cardiac disorders encountered in women [3].

A new discipline of cardio-obstetrics has recently been the subject of specialized training, a step in the right direction [4]. Perhaps it is time to call for a more encompassing discipline of cardiology-gynecology which addresses the broader and deeper gender-specific challenges of women's heart health throughout their lifespan [5].

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a Division of Cardiology. University of South Alabama,  
Mobile, AL 36617

b Corresponding Author: Bassam Omar, Division of  
Cardiology, University of South Alabama, 2451 USA  
Medical Center Dr., Mobile, AL 36617, USA.

Email: bomar@health.southalabama.edu

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## **Discussion**

The following is a script of an interview with Dr. Nupur Shah by WKRG news in Mobile, AL. The interview can be watched at:

<https://www.facebook.com/watch/?v=792262839400725>



### **WHAT CHALLENGES DO WOMEN FACE WITH HEART HEALTH?**

*A major challenge in women's heart health is awareness [6].* Heart disease is the leading cause of death in women; exceeding all cancers combined. Unfortunately, only 44% of women are aware of this fact according to a 2019 survey. Greater than 400,000 women (i.e. 1 in 3 women) die each year from cardiovascular disease; and one woman every 90 seconds suffers a heart attack.

*Another challenge is symptom recognition [7].* Women experience gender-specific presentations with chest pain often associated with other non-cardiac symptoms, and therefore may delay seeking care. Moreover, healthcare providers are more likely to attribute these symptoms to non-cardiac conditions, thereby delaying timely diagnosis and treatment.

*A third challenge is healthcare Access and Delivery [8].* Both national and international data show that women are treated differently than men. Women more often experience a delay in the diagnosis of heart attacks and are less likely to receive timely guideline-based treatment than men. Women have been underrepresented in clinical studies, with only 38% participation in the year 2020, causing uncertainty about the gender-specific efficacy and safety of evidence-based treatments.

It is imperative for patients, physicians and policy makers to recognize these challenges and advocate for increased awareness and enhanced access and delivery of care to women with heart disease. One public campaign addressing this is the Go Red for Women by the American Heart Association [9].

### **WHAT ARE SOME OF THE RISK FACTORS THAT WOMEN MUST LOOK OUT FOR?**

Traditional risk factors, including high blood pressure, diabetes, high cholesterol, smoking, and obesity, remain crucial and can affect both women and men. However, there are many women-specific and women-predominant risk factors that not many women are aware of, for example, pregnancy-related complications like gestational hypertension, preeclampsia, gestational diabetes, and preterm delivery, which can be associated with a 2 – 4 fold increase in cardiovascular disease risk. A woman age 60 years can be affected by pregnancy complications she suffered at age 20 or 30 years.

Autoimmune diseases such as lupus and rheumatoid arthritis are also more common in women, as is anxiety and depression and these all can increase the risk of developing cardiovascular diseases. History of breast cancer, certain breast cancer treatments, early age of menstruation, and premature menopause all place a woman at high risk of developing heart disease.

### **WHAT ARE SOME SIGNS AND SYMPTOMS OF HEART ATTACK IN WOMEN?**

There is a common misconception that women present with "atypical" symptoms; this is a misnomer which should be abandoned. Studies have shown that 90% of women present with typical chest pain. When compared to men, women are more likely to report three or more other symptoms in addition to chest pain; referred to as "women-specific" presentation. Such additional symptoms include neck or jaw pain, abdominal pain, back pain, shortness of breath, extreme fatigue, nausea, vomiting, dizziness, excessive sweating, or heartburn. Such varied presentations of a heart attack, especially in the presence of risk factors, should be taken seriously with timely diagnosis and treatment.

Spreading awareness will inform more women about women-specific risk factors and women-specific presentations of a heart attack. Women and healthcare providers must advocate for public awareness policy and campaigns which empower women to achieve equitable care and treatment when it comes to heart disease in particular and overall healthcare in general. [10].



### **Conclusion**

February is American Heart Month, when people, particularly women, are urged to concentrate on, and advocate for their own heart health. Advocacy in women's heart health is gaining momentum nationally and internationally, ushering a new era of recognition of the deeper issues needing action [11]. With perseverance, focus and concentration, the red roses on the first page reveal a deeper three-dimensional impression; women's heart health demands no less – a look beneath the surface!

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