

FACTS

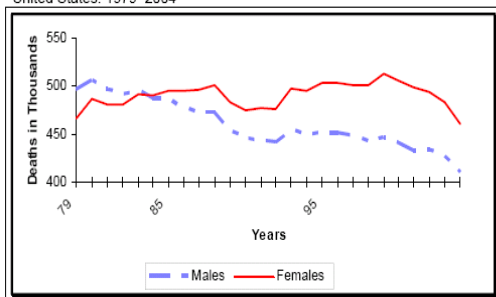
Cardiovascular Disease: Women's No. 1 Health Threat

OVERVIEW

The facts are both startling and alarming. Heart disease, stroke, and other cardiovascular diseases (CVD) are the No. 1 cause of death in American women, claiming nearly 460,000 lives each year. CVD kills more women than the next five causes of death combined, including all forms of cancer.¹ In 2004, only one in 30 female deaths was from breast cancer, but one in six was from coronary heart disease. CVD caused about one female death per minute.¹ Its prevention is important to the health of every woman.

Women tend to develop CVD later in life than men, and their outcomes are often worse. Women age 40 and older are less likely than men of that age group—77% vs. 82%—to survive a year after their first heart attack, and since 1984, more women than men have died from CVD every year.¹ Unfortunately, recent research has found that we may also be losing ground in the fight against heart disease in younger women – the coronary heart disease death rate for women ages 35 to 44 actually increased annually between 1997 and 2002.²

Cardiovascular Disease Mortality Trends for Males and Females
United States: 1979–2004



Source: NCHS and NHLBI; Annual Final Mortality: NCHS and NHLBI.
Note: The overall comparability for CVD between the ICD/9 (1979-1998) and ICD/10 (1999-04) is 0.9962. No comparability ratios were applied.

RAISING AWARENESS

A 2006 survey conducted by the AHA showed that 43% of women are unaware that heart disease is the leading cause of death among women. Although awareness is increasing among women overall, the racial/ethnic gap remains wide. Only 31% of black women and 29% of Hispanic women know that heart disease is their greatest health risk, whereas 68% of white women do.³

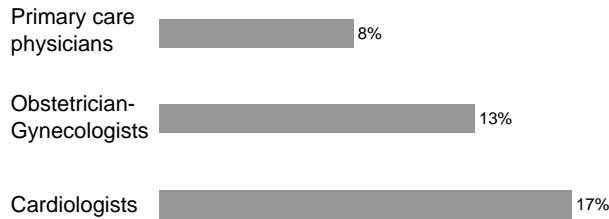
Unfortunately, women of color and of low socioeconomic status (SES) are disproportionately affected by CVD. In 2004, the death rate from CVD was 333.6 per 100,000 black women, compared with 238.0 per 100,000 white women.¹ A new study links low SES with higher levels of inflammation blood markers, which may explain why the poor and uneducated have higher rates of CVD.⁴

This lack of awareness regarding CVD risk also extends to the warning signs of heart disease and stroke. Not enough women recognize when they have symptoms, which may be more subtle than those exhibited by men.⁵ Unfortunately, this lack of awareness extends to women's health care providers, as well, often resulting in less aggressive and sophisticated diagnosis and treatment, with worse outcomes.⁶

KNOWLEDGE GAP

Researchers are learning that gender differences play an increasingly important role in the prevention, diagnosis, and treatment of CVD. Heart attack symptoms may present differently in women than in men.⁷ Also, researchers have identified gender-based differences in response to cardiac medications.

PHYSICIANS RECOGNIZING THAT MORE WOMEN DIE OF HEART DISEASE THAN MEN EACH YEAR



Source: American Heart Association Special Report. "National Study of Physician Awareness and Adherence to Cardiovascular Disease Prevention Guidelines." *Circulation: Journal of the American Heart Association*. 2005; 111: 499-510.

- Previous scientific studies have often been done with inadequate numbers of women in the study population, and thus their conclusions do not always apply to women. Women represent just 38% of subjects in NIH-funded cardiovascular studies.⁸ In addition, three-fourths of cardiovascular clinical trials do not report sex-specific results, making it difficult for researchers and clinicians to draw conclusions about the impact of studies on women.⁹
- Although chest pain is the most common heart attack warning sign in both men and women, women are significantly less likely than men to report chest pain during a heart attack and more likely to report other symptoms, often resulting in misdiagnosis and delays in treatment.¹⁰
- Drugs that are beneficial for men may even be harmful to women. For example, the drug digoxin used to treat patients with heart failure was associated with an increased risk of death among women but not among men.¹¹

DIAGNOSIS AND TREATMENT DISPARITIES

Women are less likely than men to receive aggressive diagnosis and treatment for CVD.

- Women who are at risk for CVD are often not referred for diagnostic testing that would be standard in men.¹²
- Among Medicare patients, men are two to three times more likely than women to receive an implantable cardioverter-defibrillator for the prevention of sudden cardiac death.¹³

- Only about 31% of all percutaneous coronary interventions, with and without stent insertions, were performed on women in 2005.¹

ACTION PLAN FOR WOMEN AND CVD

We as a nation have made remarkable progress in reducing the overall rates of death and disability from CVD, but most of that success has been achieved in men, not women. Realizing a comparable level of improvement for women requires the concentrated efforts of everyone involved: patients, especially women; health care providers and researchers; those in the public and private sectors who provide and purchase health care services; and policymakers. The American Heart Association urges Congress to enact the HEART for Women Act, bipartisan legislation that would help eliminate the cardiovascular health disparities that women currently face.

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