

Women's Heart Health Reexamined



A new collection of scientific articles published by *Circulation Research* shines a light on the differences between men and women regarding heart health. Experts from the Smidt Heart Institute at Cedars-Sinai led the project, which resulted in an anthology of 14 scientific articles that review the past decade of research on women's cardiovascular health.

The articles summarise current knowledge regarding differences between the sexes in cardiovascular risks and outcomes and identify critical scientific gaps and future research priorities.

According to Susan Cheng, the Erika J. Glazer Chair in Women's Cardiovascular Health and Population Science, professor of Cardiology, and senior editor of the compendium, the timing of this review is right not only because of where the science is now but because COVID-19 has further highlighted that sex differences can impact health outcomes.

An important point highlighted in this review is how males and females differ in many aspects of fundamental biology. The structure of two of the heart's four major valves—the tricuspid and mitral valves—is different in women than in men. The heart's electrical pathways, anatomy of arteries and veins, and the cellular composition of the male and female heart also differ. It is thus understandable that there would be differences among the genders concerning risk factors, including elevated blood pressure, symptoms such as chest pain, and outcomes like heart failure. However, sex-specific indicators of heart disease risk are rarely taken into account, highlight the authors.

The authors of the compendium emphasise that a one-size-fits-all approach to diagnosing and treating heart disease and stroke risk in women must end, and how cardiologists examine their patients, measure risk factors, make diagnoses and treat disease need to be more tailored. Women are at a greater risk of heart attack and stroke for any elevation in blood pressure and are more likely to be hospitalised for high blood pressure complications than men. Women also have worse outcomes than men due to missed or delayed diagnosis or inadequate treatment.

The authors highlight that common cardiovascular diseases cause different symptoms in women than in men. However, women's symptoms tend to be disregarded, which may be why many women go undiagnosed.

Overall, the findings from this review highlight that there is a need to include sex as a biologic variable and enroll adequate numbers of women and men in clinical trials to examine sex-specific differences.

Source: [Cedars-Sinai Medical Center](#)

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