

Other News

Unlocking the Secrets to a Woman's Heart: New Information Narrows the Gender Gap in Cardiac Care



A collection of 5-foot-tall red dress statues was created to build greater awareness of the real-life fight against heart disease in women — the number 1 killer among women of all ethnic backgrounds. The collection was on display throughout the Dallas Convention Center at this year's Scientific Sessions.

women are at a lower risk for cardiac disease than men. Worldwide, heart disease is the number one killer of women of all ethnic backgrounds.

“When we adjust for that knowledge error, treatment patterns are similar for men and women,” said Alice Jacobs, MD, immediate-past president of the American Heart Association and a Boston University researcher. “It is clear that we need to focus on education.”

This panel advised physicians to begin treating women more aggressively for heart disease. Reena Bhargava, MD, Kaiser Permanente Northern California, found that women are less likely to receive lipid-lowering medications than men and less likely to reach the ideal LDL cholesterol goal of less than 100 mg/dL.

“This is an action call for the care of all women,” Dr. Bhargava said. “The evidence is solid that lipid lowering therapy reduces

the morbidity and mortality associated with heart disease.” Her study followed 87,730 patients with heart disease from 1999 to 2003. Just 58 percent of women received lipid-lowering therapy compared to 67 percent of men. Only 65 percent of women in the study achieved their LDL goal of than 100 mg/dL, versus 78 percent of men.

On the positive side, a meta-analysis by David Brown, MD, SUNY Health Science Center, Stony Brook, NY, found that aspirin lowered the risk of primary stroke in women by 17 percent and the risk of ischemic stroke by 24 percent. There was no change in risk for hemorrhagic stroke.

At Duke University, Jeffrey Berger, MD, found that aspirin can reduce mortality in postmenopausal women with cardiovascular disease. The study found no significant difference in protection from 81 mg and 325 mg dosages, but fewer than half of women took either formulation.

“Overall, women are less likely to be treated with aspirin when indicated,” said Dr. Berger. “We think all women with CVD should be on aspirin.”

Because women are at greater risk of bleeding, some physicians are reluctant to use glycoprotein IIb/IIIa inhibitors in women following non-ST-elevation acute coronary syndrome (NSTEMI/ACS).

The risk is real, said Karen Alexander, MD, from Duke Clinical Research Institute in Durham, NC, because women are more likely to get too much of the drug. A study of more than 14,000 NSTEMI/ACS patients found that women are three times more likely to receive an excess dose of GP IIb/IIIa inhibitors.

GP IIb/IIIa needs to be downwardly adjusted in patients with moderate to severe renal insufficiency. Weight, age, serum creatinine and gender are all factors contributing to renal insufficiencies, and women have 15% lower creatinine clearance due to gender alone. Women with heart disease tend to be older and of a lower body weight and therefore prone to higher rates of renal insufficiency and consequently are more likely to be overdosed.

Physicians can reduce major events by dosing more appropriately based on renal status, Dr. Alexander added.