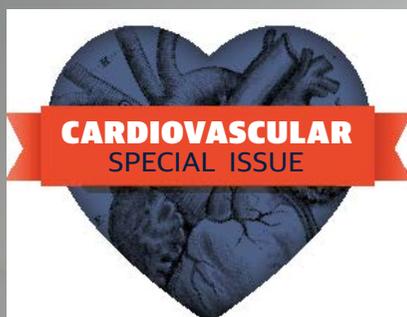


Women need to protect their hearts



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Double jeopardy: Women underestimate heart risk and doctors may miss an atypical presentation.

WHEN women are asked what disease most affects them, the response is almost always a resounding “breast cancer”.

Six in 10 women don't know that heart disease is the number one killer of Australian women and that they are three times more likely to die of heart disease than breast cancer.

On average, it kills 27 Australian women each day.

A new study from Baker IDI Heart and Diabetes Institute's preventive health group has revealed concerning health beliefs women have about the cardiac threat.

The report provides insights into the behaviours of women who have had a myocardial

infarction; behaviours which place women at greater risk of a repeat event.

The key messages from the study are the need for greater support from GPs for women survivors of myocardial infarct, particularly in raising their awareness of the increased risk of a repeat, and the need for medication compliance. In addition, greater support is required to assist survivors make sustained lifestyle changes.

INCIDENCE

Many previous studies have shown women believe that middle-aged men are at greater risk of heart disease than they are and are more likely to be concerned for their husband, partner, brother or son.

In fact, women have just as many myocardial infarcts as men, but they tend to occur later in life.

RISK

Women need greater education of their heart disease risk particularly at peak times such as post-menopause and pregnancy.

Risk factors such as hypertension and lipid abnormalities

increase in prevalence after menopause.

About 30% of women have these risk factors yet many are unaware these can be managed.

Women of child bearing age also need greater awareness of the risks of poor, pre-pregnancy health indicators such as increased weight, poor diet, smoking and inactivity.

Diabetes and hypertension during pregnancy are becoming more common.

PRESENTATION

Many women still believe that the typical presentation of a myocardial infarction is crushing chest pain and radiating arm pain.

However, women have atypical presentations of angina or myocardial infarction more often than men.

Women commonly present with symptoms such as nausea, heart burn, stomach pain, profuse sweating, shortness of breath and extreme fatigue.

Females may complain of “tiredness in the chest” and an inability to walk even short distances.

Lack of awareness can result in

late presentation for treatment in many cases.

DIAGNOSIS

Diagnosis of heart disease in women is not always straight forward. For example, older women with symptoms of heart failure often have preserved ejection fraction. Also, women have more false positive ECG exercise tests than men.

TROUBLING SURVIVOR BEHAVIOUR

The Baker IDI study shows that women appeared to take the risk of a repeat myocardial infarct more lightly compared to men and expressed less concern about the subsequent impact of the event on their lives.

In addition, women are less likely to recognise and understand the chronic nature of their myocardial infarct with less than 40% attending cardiac rehabilitation clinics.

Also, of concern is that despite nearly 80% of women believing that lifestyle changes were important to maintain health, women found making changes more difficult than men.

Many women reported a lower quality of life than men when asked about physical activity, insecurity and dependency, with their greatest concerns around diet.

PATIENT EDUCATION

There is plenty of evidence of the need for targeted education: one in 10 survivors of myocardial infarction continue to smoke, 93% of survivors believed their cholesterol levels were under control when in fact a third had total cholesterol levels > 4mmol/L; and 44% did not know if their blood pressure was under control, with 35% having blood pressure higher than 130/80mmHg.

The need is still there for GPs to continue with prevention messages to female patients and to raise the awareness among survivors of their increased risk.

Female patients need to better understand the link between lifestyle and risk and their need to effectively manage clinical indicators.

Jean Hailes for Women's Health is a national, not-for-profit organisation focusing on clinical care, innovative research and practical educational opportunities for health professionals and women. www.jeanhailes.org.au