

## **Gender- specific aspects of the care of the patient with heart disease**

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In Europe, cardiovascular disease kills a higher percentage of women, 55 %, compared to men, 45%. Yet, it is still considered a disease of men and there has been little recognition of its importance in women. The awareness among laymen and professionals is low and in a recent Swedish survey only 16 % men and 24% women recognized that myocardial infarction as the main killer for women, most people thought it was cancer, Swedish studies show that a woman with an acute myocardial infarction will wait one hour longer than a man from the onset of pain to arrival at a hospital, will get lower priority when waiting for an ambulance, and have to wait 20 minutes longer to be seen at the hospital. Women with acute myocardial infarction are less likely to have chest pain as main symptom, which may contribute to the misdiagnosis. Also heart failure presents differently in women. Women with coronary artery disease get less statins, aspirin and thrombolysis than men. In heart failure women receive less ACE-inhibitors or ARB's and in atrial fibrillation less anticoagulant therapy. In the main drug treatment studies women typically accounted for only 20 % of the study population, despite a similar prevalence of the disease across the sexes. 8 out of 10 prescription drugs were withdrawn because of adverse side effects in women. Women in general have more adverse side effects and interactions between drugs. In summary women in cardiology are underdiagnosed, underrepresented and underresearched.