

Gender Specific Aspects of the Experience of Coronary Artery Disease

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Men and women experience diseases of the heart and blood vessels differently and cardiovascular medicine is one of our best researched subspecialties in gender-specific medicine. In particular, the gender-specific aspects of the experience of coronary artery disease (CAD) are now well understood. In spite of the fact that the risk factors for CAD are the same for men and women, their quantitative importance is different. For example, diabetes mellitus in women produces a 4-6 fold increase in risk for CAD, while men experience only a doubling of risk. The symptoms of acute myocardial infarction, and the ages at which the first signs of CAD appear are different for the two sexes. Testing modalities vary in sensitivity and specificity depending on whether the patient is male or female. Most important, perhaps, is a difference in the aggressiveness and appropriateness with which men are treated compared with the therapy afforded to the female patient. Outcome, not surprisingly, of cardiac events differs between the sexes. Some of those differences in outcome are undoubtedly due to biological characteristics, but some are due to a difference in the choice and number of therapies offered to men and women. The role of hormone therapy in the prevention of coronary artery disease is complex and should be thoroughly understood before the practitioner either prescribes or rejects it for the female patient. The timing and the precise nature of the supplement offered are crucially important.