



A Heart To Heart Conversation: Sex-Based Differences in Cardiovascular Disease Symptomatology

MaryBeth Simpkins

Marshall University

Why is This a Problem?

Cardiovascular Disease is the leading cause of death for women and men in the United States (National Center for Health Statistics, 2018), and it has maintained this position since 1921. Despite being the leading cause of death, cardiovascular disease, including stroke and ischemic heart disease, receives significantly lower funding than other causes (Stock & Redburg, 2011). While 1 in every 25 women will be diagnosed breast cancer, 1 in every 2 will be diagnosed cardiovascular disease (Stock & Redburg, 2011). As of 2014, cardiovascular disease receives only about 14 cents per every dollar for breast cancer (MedPage Today, 2018). Not only is it the leading cause of death, but the awareness of its standing as the leading cause of death in women raised only from 37% in 1997 to 54% in 2009 (Stock & Redburg, 2011).

Statistics

Women notably experience heart disease very differently than men, from the symptoms they experience to their risk factors to their knowledge. Analyzes a wide variety of these differences and risks of heart disease (Stock & Redburg, 2011). Statistically speaking, two thirds of women have at least one of the prime risk factors for heart disease, ranging from family history, use of cigarettes, high blood pressure, and more. While heart disease deaths among men have been decreasing since the 1980s, the heart disease deaths among women have been *increasing*; one cause for this may be that women usually develop the disease on average ten years after men do, increasing the likelihood of other health problems to worsen the disease. Statistically, 52% of women will die from a heart attack before even reaching the hospital, whereas only 42% of men will die. Then, within a year of a heart attack, about 42% of women will die within the first year after the heart attack rather than the 24% of men (Stock & Redburg, 2011).

Symptoms

Women and men typically face a different set of symptoms when experiencing heart attack or heart disease. Leading up to a heart attack, men typically experience shoulder pain, chest pain, or loss of feeling in an arm, but women more commonly report usual fatigue, sleep disturbance, shortness of breath, indigestion, and anxiety (Stock & Redburg, 2011). During a heart attack, women will more likely experience weakness, shortness of breath, unusual fatigue, cold sweat, and dizziness (Stock & Redburg, 2011). Because of this, the task of diagnosing and treating a woman with such a wide range of symptoms can prove to be difficult.

Awareness of Symptoms

Women in Canada about their knowledge of symptoms and risk factors of heart disease and heart attack (McDonnell et al., 2014). Their findings show that less than 30% of the 1,654 women surveyed reported knowledge of symptoms related to unusual fatigue, lightheadedness, or nausea. More so, less than half knew the symptoms for heart disease and heart attack, citing chest pain, shortness of breath, and pain to shoulder, neck, and arms, as examples. They also asked the women surveyed to analyze their own personal risk factors, and 15% of the women surveyed underestimated their risk factors, including 23% of those at high risk and 29% with a diagnosis of heart disease scored low in knowledge but scored themselves as having high amounts of knowledge.

What Now?

To decrease the mortality rates and the damage of heart disease among women, the public must first be educated. Lists the responses of some women who were questioned, but it doesn't provide any identifying or regional factors for these women (Stock & Redburg, 2011). To pinpoint the exact demographics of those who need the most attention and education, a new survey should be released. The survey must include in-depth questions about location, region, education, and career. Study connected varying levels of education and income to knowledge but did not focus deeply on region and upbringing (McDonnell et al., 2014). Additionally, it must ask many questions regarding the risks and the strength of the risks when mixed with other personal activities or history.

A large amount of information about heart disease comes from research that did not appropriately include women in research as US federal law did not require scientists to include women in medical trials or experiments, thus skewing the results to more particularly reflect the experiences of men (Ikemoto, 2006). Therefore, there is a need for trials and experiments with adequate female representation to be more strongly publicized.

Additionally, programs or clinics could be started to improve the access to affordable healthcare among all Americans. For women, there are many health centers, like Planned Parenthood, that offer free or affordable mammograms and pap smears along with various other tests to maintain a healthy wellbeing, but no such thing exists for cardiology. As of now, citizens must visit their family doctor or cardiologist and pay for an appointment as well as standard testing. If a program or clinic could exist to offer affordable exams or testing for cardiovascular disease or attack, the education and treatment levels would increase.