

# **WOMEN AND HEART DISEASE**

**Women's Health Grampians**

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## Women and Heart Disease

### Introduction

Most Australians are not aware that heart disease kills more women than any other disease<sup>1</sup>. In 2004, heart disease claimed the lives of more than 11,400 Australian women, and is the number one killer of both women and men in Australia. The number of heart failure deaths in Australia is 1.5 times greater in women than in men<sup>2</sup>.

Women's roles, stereotypes, socio-economic status and physiological differences impact on their cardiovascular health differently than those of men.

### Sex Differences

The classic symptoms of heart attack<sup>3</sup> are:

- squeezing, discomfort, pressure or pain in the centre of the chest or behind the breastbone lasting more than 10 to 15 minutes
- pain spreading to the shoulders, neck, jaw and/or arms.
- sweating and/or shortness of breath
- a sick feeling in the stomach
- dizziness.

However, many women experience specific symptoms that are different from men. They include<sup>4</sup>:

- a sharp pain in the chest or no chest pain, rather than a feeling of pressure
- unusual fatigue
- unexplained blackouts
- swelling in the ankles or legs
- fluttering heartbeat.

As women's cardiovascular symptoms may be very different from those of men who are having a heart attack, symptoms are likely to be investigated less thoroughly and aggressively for women compared with men<sup>5</sup>.

Much of the research in the past on the diagnosis and treatment of heart disease has either excluded women entirely or included only limited numbers of women<sup>6</sup>. This lack of research has led to a limited knowledge about heart disease and women, and hence, leads to an under diagnosis of some types of heart disease<sup>7</sup>.

- Women and men react differently to drugs prescribed for cardiovascular conditions, and drugs that may help men can have serious adverse effects on women<sup>8</sup>.
- It was thought that Hormone Replacement Therapy (HRT) helped to protect women against heart disease, but this is not the case. The best evidence shows that HRT does not provide any protection against heart disease or heart attack.
- Women who smoke while taking the contraceptive pill greatly increase their risk of developing heart and blood vessel disease.

### Gender Influences

Women frequently put the needs of others before their own – even before their own health - and therefore women are often slower than men to seek medical attention for heart disease<sup>9</sup>.

Gender stereotypes can have an influence on clinical decision making, with some doctors attributing women's heart disease symptoms to psychological rather than physical causes<sup>10</sup>.

The social context of women's lives may mean that they are over represented in socio-economically disadvantaged groups, and therefore have fewer resources available to them to facilitate lifestyle changes that could reduce the risk of heart disease.

### **Implications for the Future**

Cardiovascular disease (CVD), which includes heart disease, has been identified as one of five National Health Priority areas. The fact that CVD has been identified as a priority area is encouraging, although despite the clear evidence of gender differences in CVD, women are not identified as a target population.

A gendered approach to the prevention, treatment and management of heart disease is needed to bring about the best health outcomes.

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<sup>1</sup> Australian Bureau of Statistics (2006) Causes of Death 2004 Cat. No. 3303.0. Australian Bureau of Statistics, Canberra.

<sup>2</sup> Heart Foundation. (2002). Women and Heart Disease. National Heart Foundation of Australia.

<sup>3</sup> The Heart Foundation. Heart Diseases and Conditions: About Heart Attack. <http://www.heartfoundation.com.au/index.cfm?page=185> Accessed on 6/06/2006.

<sup>4</sup> Lawrence J (2001) *Women Beware: That Sweaty Feeling and Stomach Ache Could be a Heart Attack*. [www.heart-help.net/attack2.html](http://www.heart-help.net/attack2.html) Accessed on 25/05/2006.

<sup>5</sup> Gijbbers van Wijk C, Vilet P, Kolk A (1996). Gender Perspectives and Quality of Care: Towards Appropriate and Adequate Health Care for Women, *Social Science and Medicine*, 43(5): 707-720.

<sup>6</sup> Rice K & Walker C. (2005). *Gender Impact Assessment: Cardiovascular Disease*. Women's Health Victoria, Melbourne.

<sup>7</sup> Associated Press (2006). *Tests May Miss Heart Disease in Women: Study*, 1 Feb, CTV.ca, Washington [http://www.ctv.ca/servlet/ArticleNews/print/CTVNews/20060201/heart\\_disease\\_women\\_060201/20060201/?hub=Health&subhub=PrintStory](http://www.ctv.ca/servlet/ArticleNews/print/CTVNews/20060201/heart_disease_women_060201/20060201/?hub=Health&subhub=PrintStory) Accessed 23/05/06

<sup>8</sup> Agency for Health Research and Quality (2003) *Research on Cardiovascular Disease in Women*, Department of Health and Human Services, USA, <http://www.ahrq.gov/research/womheart.pdf> Accessed 23/05/06.

<sup>9</sup> Heart Foundation (2002). *Women and Heart Disease*. [http://www.heartfoundation.com.au/downloads/Women\\_and\\_HD\\_April\\_2002.PDF](http://www.heartfoundation.com.au/downloads/Women_and_HD_April_2002.PDF) Accessed on 2/06/2006.

<sup>10</sup> Feminist.com (1995) *Heart Disease and Women: How High is Your Risk?* Excerpted from The Planned Parenthood Women's Health Letter, May, 2(3) <http://www.feminist.com/resources/artsspeech/health/heart.htm> Accessed 23/05/06.