Title: Cardiovascular Risk Factors in Women with Chest Pain Syndrome; YNHH Women's Heart Advantage
Specific Aims: Among a cohort of resident house-staff:
1) To assess what physicians feel is the greatest health risk facing women.
2) To assess what symptoms women with myocardial infarctions present with.
3) To assess how often complaints of chest pain in women are believed to be myocardial infarctions.
4) To assess the importance of a variety of recommendations such as physical activity, aspirin, beta-blockers, blood pressure control etc. in women based on their risk of heart disease.

Hypothesis:
Disparities exist between men and women as it pertains to chest pain presentation. Women are less likely to be believed when presenting with chest pain because most physicians look for atypical symptoms in women instead.

Methods:
A ten question survey was composed. The survey was completed by the 92 residents in the Yale Department of Medicine, and a 100% response rate was achieved. The survey was anonymous; the residents were asked to identify themselves only by gender and PGY year. The data points were then averaged among the 92 surveys to obtain the percentages described below.

Results:
-99% of surveyors stated that heart disease was the greatest health threat among women.
-65% of people felt that men experience different symptoms than women during a myocardial infarction. However 78% of people felt that the triad of symptoms most commonly associated with women and myocardial infarctions was nausea, SOB and chest pain; typical male symptoms.
-33% (30/92) of people stated that they believe that women complaining of chest pain are having an myocardial infarction 30-50% of the time, but they believe men 50-80% of the time. In addition, 3% (3/92) of people stated that they ALWAYS believe men but NONE stated that they ALWAYS believe women.

Conclusions:
It seems as though the vast majority of people state that heart disease is a woman's disease as much as it is a man's - between TV ads, newspapers, drug company commercials, and medical school teaching, this fact has been drilled into most residents' brains. There is, however, a vast disconnect between what we know to be true and how we continue to practice in the real-world.

Despite most surveyors stating that heart disease is also a woman's disease, 1/3 of all surveyors felt that they would more readily believe a man presenting with chest pain than a woman. In addition, 65% of all surveyors looked for more atypical symptoms in women, however when asked to rate the most common complaints in women experiencing myocardial infarctions 78% acknowledged the typical male complaints of chest pain, SOB and nausea.

This disconnect between our pre-conceived notions and what we are taught to be true is making for a dangerous combination. Although in theory we all appreciate the severity of chest pain in women, many female patients just do not receive the same care their male counterparts would have received based on prior beliefs that chest pain in women is usually not an MI. Great steps have recently been made to lessen this discrepancy, and this study showed again that much more still needs to be done.