



Help with the Headlines

HEALTH NEWS IN PERSPECTIVE

Topic: Gender and Preventative Care for Heart Disease

A study published online March 1, 2017 in the journal *Heart* found that women in Australia were less likely than men to have their risk factors for cardiovascular disease measured and recorded. This study, conducted on more than 53,000 patients, also found that among those with high risk of developing cardiovascular disease, younger women were less likely than younger men to receive appropriate preventative medications.

It was reported March 1, 2017 by United Press International.



A RECENT STUDY FOUND THAT WOMEN WERE LESS LIKELY THAN MEN TO HAVE THEIR RISK FACTORS FOR CARDIOVASCULAR DISEASE MEASURED AND RECORDED.

What's the most important thing I should know about this study related to my health?

Differences remain in developed economies regarding how subgroups of women are monitored for the development of heart disease as compared to men. Younger women with cardiovascular disease or who are at high risk for cardiovascular disease may be undertreated as compared to their male counterparts.

What was this study seeking to determine? Has this been done before?

This study was trying to determine if there were differences in how men and women are monitored for the development of heart disease by primary care physicians in the Australian medical system and how this varies across different age groups. In addition, the researchers were looking to see if patients who had cardiovascular disease or were at high risk for cardiovascular disease were treated differently based on their gender and/or age. This has been examined before in different populations. However, recent educational campaigns over the last 10 years have tried to address this issue, and this study was done more recently to determine if these educational campaigns had made any difference in patient care.

How were the data obtained for this study? How long were the subjects followed?

The data for this study were obtained by reviewing charts from patients who were part of a study called the Treatment of Cardiovascular Risk using Electronic Decision Support study (TORPEDO). The charts were reviewed over two years, and the patients had to have been seen at least three times in that period, including one time within the six months prior to review for this study.

Who were the subjects and how were they categorized?

The subjects were Aboriginal or Torres Strait Islander people over the age of 34 years and Australians from New South Wales or Queensland over the age of 44 years seen by primary care physicians as part of the Aboriginal Community Controlled Health Services or Australian general practices, both primary care provider groups within Australia. Having cardiovascular disease was defined as having known coronary artery disease or previous heart attack, stroke, or peripheral arterial disease (PAD). Patients considered high risk for coronary disease were defined as having any of the following: diabetes while over 60 years old; diabetes and protein in the urine; chronic kidney disease; extremely high blood pressure (above 180/110); or extremity high cholesterol.

Patients were categorized by gender and by age with the following groups: 35-54 years of age; 55-64 years of age; ≥ 65 years of age.

What did the researchers measure? What was the primary outcome they looked for?

The researchers measured how often patients were asked about smoking and how often their blood pressure, weight, and cholesterol levels were recorded within the electronic medical record when they were seen by their primary care doctors. They also looked at patients who had cardiovascular disease or who were at high risk for cardiovascular disease (based on their risk factors) and if they were on appropriate medications for their heart disease.

What were the results?

Women were less likely to have their cardiac risk factors addressed and documented at each visit with their primary care physician as compared to men. In the patients who were at high risk for cardiovascular disease or already had cardiovascular disease, older women were more likely to be on appropriate medications as compared to their male counterparts. However, in younger populations, men were more likely to be on appropriate medical therapy than their female counterparts.

Did the study reveal any differences concerning subgroups other than women?

This study showed that younger women, ages 35-54, who were at high risk for cardiovascular disease or already had cardiovascular

disease, were more often undertreated with appropriate medical therapy as compared to their male counterparts.

Did the study reveal anything significant about smoking as a risk factor?

This study found that women were 12 percent less likely to have their cardiovascular risk factors recorded, which was primarily due to less documentation of smoking status. This is important because women who smoke have a 25 percent higher risk of cardiovascular disease than their male counterparts regardless of other risk factors.

Does this research fall in line with previous studies? Was anything surprising?

This research fell in line with studies that have been done in the United States and Europe finding that women tend to be screened for cardiovascular disease less aggressively than their male counterparts. What was surprising was that older women tended to be on appropriate medical therapy more often than their male counterparts.



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Did the researchers offer an explanation for the results?

Yes. They felt that younger women with cardiovascular disease or cardiovascular risk factors may be treated less aggressively because physicians believe their risk for having cardiovascular disease is lower and don't screen them as thoroughly.

What were the strengths of this study's design and execution?

This was a large study looking at primary care physicians, whereas a majority of studies looking at gender differences were done in settings such as the hospital or when people were very ill.

Were there any shortcomings in the study design and execution? How much can we extrapolate to other populations?

Primary limitations of this study are that it was done primarily in an urban setting in teaching hospitals in Australia and may not apply to more rural areas or other parts of the world. This study also only looked at people who attended the physicians' office regularly. Other shortcomings included incomplete data collection on up to 30 percent of the patients, suggesting incomplete record keeping or non-primary care visits included in data collection.

What should people and health care professionals do differently in the face of these findings? What are the challenges to addressing this issue?

We need to continue to aggressively screen women regardless of age for the development of coronary disease at each and every primary care visit. In addition, we need to change our thinking process and realize that coronary disease can occur in younger women and treat appropriately with guideline-directed medical therapy. Challenges to this include changing thought processes on risk classification for heart disease in younger patients.

Help with the Headlines is a collaboration of Women's Health Research at Yale and the OhioHealth Healthcare System, a nationally recognized not-for-profit organization with providers across 46 counties, offering a holistic approach to prevention, treatment and rehabilitation of heart disease.

OhioHealth is staffed by physicians, psychologists, nutritionists and nurses who answer the questions of the moment on heart and vascular health.

The information provided here may help you make more informed choices. However, it is not a substitute for an individualized medical opinion or diagnosis, and everyone should always consult with their personal physicians to make decisions about their condition or treatment.