



Why more subtle symptoms can lead women to overlook their heart health

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With one in four women in Ireland losing their lives to a cardiac-related illness each

year and women six times more likely to die from cardiovascular disease than they are from breast cancer, we must advance the conversation of women's heart health.

The data shows us that women face unique challenges in the realm of cardiovascular wellbeing, an area that is under-studied, under-recognised, and under-treated and women are under-represented in clinical trials.

Pregnancy and menopause

Evidence shows women who have had difficulties or complications in pregnancy have an increased risk of heart attack. Gestational diabetes, high blood pressure, and premature deliveries all drive up the probability of a heart attack.

Professor Mark Dayer, Consultant Cardiologist at Mater Private Network explains: "For example, with preeclampsia, a pregnancy-induced hypertension, you can end up developing high blood pressure at a young age. Your blood pressure rises over the years and you tend to start running into trouble in your 50s and 60s or late 40s if you're overweight and don't look after yourself.

"However, if you've had a couple of pregnancies where your blood pressure has risen, you can find yourself in your 30s with high blood pressure, so you need to think of it

as a lifetime risk if your blood pressure is high at a young age. Likewise with diabetes in pregnancy, we know that you're more likely to develop diabetes later on."

It's also vital to know that a woman's risk of heart attack steadily increases from her 40s onwards as she approaches menopause.

When it comes to risk analysis, "women are generally about 10 years behind men. For example, a 55-year-old woman is as at risk as a 45-year-old man, but that increases quickly with menopause. The current hypothesis is the loss of oestrogen starts to increase your risk of cardiovascular disease," Prof Dayer says.

Oestrogen is also said to positively affect the inner layers of the artery walls and as a result, helps maintain strong and flexible blood vessels. When oestrogen levels drop, it can negatively impact cardiovascular and metabolic function.

Remarkably, women are unaware of their exposure to cardiac risk in menopause. According to the Irish Heart Foundation, less than one in five Irish women are aware of the symptoms, even though one in three will suffer from some form of cardiovascular disease.

When it comes to menopause treatment, HRT can help with oestrogen replacement, enabling healthcare practitioners to tailor interventions based on the individual.

However, this is not always the best treatment path, as Prof Dayer cautions: "You have to balance that

if you're taking (HRT) without progesterone, you're going to increase your risk of certain cancers. It's a nuanced conversation you should have with your GP to assess your risk profile."

Gender disparity

Symptoms of heart attacks can manifest differently in women than they do in men. While both can experience pain, for women the signs are often more subtle.

This is a major factor in why women delay seeking medical help.

Back, neck, and jaw pain have all been noted in the symptomatology of female heart attacks, as well as nausea, vomiting, stomach pain, and even indigestion.

Prof Dayer says, "for both men and women that central, crushing, squeezing, heavy chest pain is one to look out for".

There is a lack of understanding when it comes to warning signs of cardiac arrest especially for women due to a gap in research.

"It is said that in women they have more atypical symptoms and I think that is because certainly for heart disease, we have only looked at a group of white middle-aged, middle-class men who were able to express themselves well back in the 1950s and decided what was typical, as is the case in medicine more broadly," Prof Dayer says.

Women also can tend to downplay their symptoms, perhaps due to an innate antipathy for attention.

I have witnessed this throughout the years in an elderly acquaintance's reluctance to go to A&E or call an ambulance.

Her hesitancy was born out of

a uniquely female mindset of not wanting to “cause a fuss” or draw attention from neighbours about her declining health.

“We know when women are having a heart attack, they seek help later, they present later and they get diagnosed later. They’re treated less and are less likely to be prescribed some of the same pills and medicines.” Professor Dayer says.

Taking action

Professor Dayer encourages anyone from age 40 to begin looking into their risk factors in detail for cardiovascular disease. Diet, exercise, and smoking are all important areas to address, especially for those who have diabetes or kidney trouble. It is only through empowering women to learn the risk factors associated with cardiac illness, that they can get to know the warning signs, and can endeavour to take real pre-emptive action to combat avoidable loss of life.