Heart Disease in Women
Susan Wilansky, MD, James T. Willerson, MD, eds.

Heart Disease in Women by Susan Wilansky and James T. Willerson is a timely and important addition to the cardiovascular literature. As awareness of women’s health issues increases, and as results of clinical trials involving women become available, it is pertinent and important to collect and compile these data into one volume that organizes, unifies, and elucidates this up-to-the-minute information. Although some aspects of cardiovascular disease are similar in women and men, it is becoming increasingly obvious that there are many differences as well. Many recent trials involving women have brought us unpredicted, and even surprising, results (eg, Heart and Estrogen/progestin Replacement Study [HERS], Women’s Ischemia Syndrome Evaluation [WISE], Women’s Health Initiative [WHI]).

Drs Wilansky and Willerson note in their preface: Some women maintain that serious attention to heart and vascular diseases has focused primarily on men because heart attacks generally occur earlier in men, leading to relatively early disability and sometimes death. However, just as it is in men, heart disease is also the major cause of death and disability in women. Heart attacks in the postmenopausal years, and heart muscle (cardiomyopathies) and valvular heart diseases in the premenopausal years, are very serious problems for women. Some forms of heart disease may even be more difficult to recognize and treat in women than in men. Therefore, one cannot arbitrarily assume that what applies to men also applies to women, especially with regard to the different forms of treatment.

The purpose of this textbook was to discuss “a wide range of important issues related to women and heart disease” and to provide “a solid foundation on which to build” new knowledge and medical wisdom. Clearly, the authors have accomplished this goal. For the busy practitioner, the opportunity to have all of these issues—ranging from drugs that cross the placenta to how to manage primary pulmonary hypertension—assembled into one textbook is a bonus well worth the cost for this edition.

The textbook begins with a review of the basics: embryology, anatomy, and physiology. These chapters are concise and serve as an efficient review and a solid foundation for the following 39 chapters, which were written by more than 90 renowned and accomplished experts (including many women) and cover the gamut of cardiovascular disease. Although much of the information is applicable to both genders, the editors stay true to their goal and emphasize the data on women, often contrasting them with established data for men. Such topics include atherosclerotic cardiovascular disease, risk factors, risk analysis, diagnostic testing, and revascularization procedures. Chapters on valvular and congenital heart disease, surgery, peripheral vascular disease, hypertension, pericardial disease, and behavior are also included. As one would expect, the authors present chapters about medical issues unique to women, such as pregnancy, reproductive hormones, menopause, and hormone replacement therapy.

This work addresses a broad spectrum of heart disease, is informative and thoroughly referenced, and yet avoids loquacity. In fact, some chapters are surprisingly short, sometimes because no information specifically relating to women is currently available. It is well written, well organized, and attractive. The only color plates are located in the front of the book, but the rest of the book is adequately, clearly, and beautifully illustrated in black and white.

I found few weaknesses in this exceptional book, and these few represent the gaps in our knowledge base on this subject and not omissions on the part of the authors. Although information about the evaluation of chest pain was included in various chapters, it would be helpful to include a chapter devoted primarily to the evaluation of chest pain syndromes in women, particularly those who do not have obstructive epicardial coronary artery disease. Microvascular coronary disease is an important cause of ischemic chest pain in women, and information on pathophysiology, evaluation, and potential therapies is now available from several recent studies. Although it is recognized that cardiac ischemia often goes underevaluated in women as compared with men, noncardiac origins of chest pain are encountered often, may lead to undesired testing and procedures, can confound the diagnosis of cardiac disorders, and can serve as a source of frustration for the patient and the physician. A discussion of these issues would be helpful.

Heart Disease in Women is a valuable addition to the library of any physician who cares for the fairer sex.

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