Focused Perspective

Cardiovascular Disease in Women
Are There Solutions?

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This issue of Circulation is devoted to an important problem facing us today. Despite American Heart Association (AHA) initiatives over more than a decade aimed at educating women about their risk of heart disease, the efforts of other organizations committed to women’s health, and the recent “The Heart Truth” program of the National Heart, Lung and Blood Institute, in which the American Heart Association is an active partner, most women still do not internalize their risk from cardiovascular disease and thus do not act to reduce it. We report in this issue the third of a series of AHA surveys of women’s awareness, performed every 3 years over the past 9 years. In fact, there has been an increase in the number of women who have heard that heart disease ranks as the No. 1 killer of women. However, the percentage that actually rank heart disease as their greatest personal health threat has only increased minimally from the 7% reported in the first survey, and remains far too low at 13%. Dr Wenger’s Focused Perspective (see p 558) reminds us that cardiovascular disease affects not just older women but those in their 40s and 50s as well. Many cardiovascular problems, including atherosclerosis, begin in young adulthood, and prevention must begin at least between the ages of 20 and 30 to have its greatest impact. Furthermore, despite a recent focus on women’s health in the research community, Dr Wenger points out that there are many as-yet unanswered questions that need to be addressed. Still, the critical issue of the moment is that we are not even using the information that is available, in part because women are unaware that they are at risk and in part because the information about women is not available in an easily accessible form for their physicians.

A recent article in The New England Journal of Medicine focuses on clinical research that is lost in translation.1 Findings from the National Healthcare Quality Report, recently published by the Department of Health and Human Services’ Agency for Healthcare Research and Quality,2 also underscore the opportunities for clinical improvement with regard to cardiac disease. For example, only 69.6% of adult white women, 70.9% of black women, 59% of American Indian/Alaska Native women, and 60.9% of low-income women have had their cholesterol checked in the past 5 years. In addition, women with an acute myocardial infarction are less likely than men to receive aspirin within 24 hours of admission (82.6% versus 87.1%), have aspirin prescribed at discharge (84.2% versus 87.2%), and receive β-blockers at admission (67.34% versus 70.37%), though there are clearly opportunities for improvement for all.

To address this critical problem, the AHA has brought together experts from the relevant areas to develop Guidelines for the prevention of cardiovascular events in women. These Guidelines, presented in this issue (see p 672), provide the best information available from the current medical literature for the care of healthy women, those at risk, and those who have already developed cardiovascular disease.

In addition, the AHA is launching our Go Red for Women campaign this month to help raise awareness among women that cardiovascular disease is their greatest health threat. The campaign has two important aspects. First, it is designed to create a rallying cry for increased awareness. You will see multiple national and community programs around the country over the next weeks, months, and years that will help this nation recognize the threat to its women. Second, Go Red for Women will help healthcare professionals provide the most up-to-date prevention and treatment for heart disease in women. Following the release of the AHA’s new treatment and prevention Guidelines specific to women, the AHA will work to disseminate these Guidelines widely to healthcare providers and healthcare systems. Our ultimate goal is to reduce the risk of cardiovascular disease and stroke through improved quality of care as defined by these Guidelines. Ultimately, the goal of Go Red for Women is to encourage women and their healthcare providers to take control of women’s heart health and to help them live longer, stronger lives. We invite your participation.

References

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