

Why go to a women's heart program?

Why go to a women's heart program? 'What's the difference between a man and a woman?'. Many physicians may suggest that 'any good internist or cardiologist can take care of female patients', or ask, 'Where is the evidence that being cared for at a women's heart program has any greater impact than being treated by your primary care provider or general cardiologist.

Any compassionate physician should recognize the gender specific differences when caring for a woman with any disease process. This has never been more apparent than in cardiovascular disease. Until recently the cardiovascular literature failed to include sufficient female representation in clinical trials and when trials did include females, gender specific subgroup analysis was rarely performed. For these reasons much of what we do in cardiology with regard to prevention, diagnosis and treatment in women is based on clinical trials performed on overwhelmingly male populations.

The data on the gender specific differences in heart disease is now becoming more readily available. Coronary artery disease (CAD) in women continues to be a major public health concern with almost half a million deaths per year attributed to CAD in women.¹ Women with obstructive CAD appear to be more challenging diagnostically and suffer a more adverse prognosis than men. For example, young women with obstructive CAD experience significantly worse outcomes compared with men in regard to prognosis after myocardial infarction (MI),² while older women tend to have greater comorbidities that influence their outcomes adversely after acute MI or myocardial revascularization (Coronary bypass, angioplasty and stents) than do men.³⁻⁵ Patients with chest pain and normal or non obstructive coronary artery angiograms (syndrome X) are predominantly women, and many have a prognosis that is not as benign a commonly thought.⁶

Physicians at women's heart programs concentrate on gender specific differences and how these differences pertain to the prevention, diagnosis and treatment of cardiovascular disease in women much the same way that any specialist would concentrate and understand their specific medical discipline. The physician and staff in a women's heart program understand the gender differences and continually access and critically evaluate new information in the medical literature incorporating this information into their daily clinical practice. In addition this enables them to communicate more effectively with women understanding how the gender differences pertain to cardiovascular disease, perform a more comprehensive history and physical examination and choose appropriate diagnostic testing and treatment. Although no clinical trials currently exist to support the premise that a women's heart program cares more comprehensively for women, it is intuitive to predict that the application of smaller clinical trial results specific to women utilized in conjunction with the current ACC/AHA Evidence Based Guidelines for Cardiovascular Disease Prevention in Women in programs focused specifically on this unique and evolving discipline will bear better outcomes for our female patients.

Although the medical literature has yet to specifically critically assess the direct impact of women's heart programs on cardiovascular disease outcomes it is now seeing the importance of gender subgroup analysis far more clearly. The utility of knowing the importance of and utilizing this information in our daily practice is quite clear.

So, Why go to a women's heart program? Well, for the same reason you would choose any experienced specialist who may be recognized as an expert in their particular discipline; extensive clinical experience, knowledge of the current gender specific literature, utilization of the clinical guidelines and continuing medical education and the delivery of care in a fashion that is sensitive and unique to women.

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