CANADIAN WOMEN'S HEART HEALTH ALLIANCE ATLAS

Epidemiology, Diagnosis, and Management of Cardiovascular Disease in Women

CHAPTER 6 | SEX- AND GENDER-SPECIFIC DIAGNOSIS AND TREATMENT

CORONARY ARTERY DISEASE (CAD)

A higher prevalence of non-obstructive CAD in women results in lower diagnostic accuracy with conventional testing. Coronary angiography remains the gold standard test for diagnosis of CAD in women.

Women should be managed with the same guideline-directed pharmacologic therapies as men in the acute setting, recognizing that there are sex-unique and life-course precautions regarding dosing.

Women presenting with ST elevation myocardial infarction (STEMI) or non-STEMI with high-risk features should have early invasive stratification by coronary angiography with an intention to perform revascularization.

CEREBROVASCULAR DISEASE

Stroke affects women across their life course, although the risks are higher during pregnancy, menopause, and in later years. Symptoms (e.g., tingling, numbness, short duration visual or speech disturbances) may present as less serious in women, potentially leading to a missed diagnosis.

Sex differences in stroke symptoms and door-to-imaging times result in inappropriate treatments and/or missed opportunities for treatment within the recommended therapeutic time window for women.

VALVULAR HEART DISEASE

Current guidelines for the diagnosis and management of patients with valvular heart disease (VHD) have limited sex-specific recommendations, despite numerous sex-specific evaluations and outcomes having been reported.

HEART FAILURE

Women are less likely than men to receive certain heart failure medications, such as angiotensin-converting enzyme inhibitors.

Treatment of heart failure with preserved ejection fraction (HFpEF) includes treatment of comorbid conditions, with a need for more clinical trials stratified by sex.

CARDIOVASCULAR REHABILITATION

All women should be referred for cardiovascular rehabilitation/ secondary prevention (CR/SP) after an acute cardiovascular event. However, women are less likely than men to be referred to or participate in CP/SP programs.

Women's reduced participation in CR/SP programs is due to an array of demographic, socioeconomic, medical, and societal challenges faced by women.