

Gap between sexes in care of common heart condition

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Women with a common heart condition may receive a lower level of medical care compared to men with the same condition, according to researchers at the University of Aberdeen.

In a study published in this month's issue of the international peer reviewed medical publication *Journal of Women's Health*, researchers identified a gender based pecking order in the treatment of angina - with women at the bottom of the pile.

Angina is chest pain or discomfort – often accompanied by shortness of breath - that occurs when sufferers physically exert themselves. It is caused by narrowing of the coronary arteries which prevents sufficient oxygen getting to the heart muscles during exercise.

The study looked at 1,162 patients - 552 women – who were being treated for angina in eight GP surgeries in Liverpool.

It was led by Dr Mike Crilly, Senior Lecturer at the University's Department of Public Health, a Clinical Epidemiologist with expertise in coronary heart disease, who said: "Our study found that a gender based hierarchy exists in the clinical management of angina pectoris.

"Our findings showed that women with angina consistently received a lower level of healthcare compared to men.

"Men with angina who have suffered a previous heart attack received the most intensive level of medical care while women with angina alone, and no previous heart attack, received the lowest level of care.

"We also found that even women with angina who had suffered a heart attack still received a lower level of care than men."

Researchers discovered that women with angina –

when compared to men with angina – were:

- Less likely to have important cardiac risk factors such as cholesterol, blood pressure and smoking recorded.

- Less likely to undergo non-invasive assessment of their heart disease with exercise testing.

- Less likely to receive effective drug therapy to prevent a heart attack with aspirin, statins and beta-blockers.

- Less likely to undergo heart surgery - angioplasty or coronary artery bypass grafting - to improve the circulation of blood to the heart muscles.

Dr Crilly is not surprised by the findings which he believes are likely to be widespread across the UK. He said: "I don't think that this is just sexism – that is too simplistic. I believe there are broader cultural factors at work here. Traditionally heart disease is seen very much as a male disorder.

"There are also important clinical differences between men and women with heart disease. Women with angina often experience different symptoms to men with the condition.

"A man with angina will typically describe a tight band of pain in his chest to his GP - the classic symptom of angina.

"But woman often present their symptoms very differently to men. They often complain more of breathlessness and of an 'indigestion' type of pain.

"Culturally men and women with chest pain also behave differently. Men with chest pain are encouraged by their wives and girlfriends to see the doctor immediately. But women with chest pain often delay seeking medical care because they are reassured by their girlfriends that it's unlikely to be

anything serious."

Previous research from America, which showed that women attending hospital with heart disease only got equivalent medical care to men after they had survived a heart attack, prompted one female American heart specialist to describe the situation as the "Yentl syndrome" – so-called after the 1983 film Yentl, in which Barbara Streisand disguised herself as a man in order to get taken seriously as a scholar.

Dr Crilly added: "No previous studies have attempted to assess the existence of the "Yentl syndrome" in primary care. Unfortunately our study found that the situation in the UK is worse than we anticipated. Even having a heart attack doesn't ensure that women with angina receive equal care."

Source: University of Aberdeen

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