

Heart Beat

The World Heart Federation Newsletter

Women and heart disease

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Although women comprise over 50% of the global population, they have traditionally suffered discrimination in health care. Women's health issues have long been considered synonymous with reproductive health, particularly in developing countries. These and other considerations have long overshadowed the fact that cardiovascular diseases are among the foremost health challenges for women, just as they are for men. Data from developed countries have shown that ischaemic heart disease mortality is higher in men than in women: however, stroke-related mortality and the actual number of deaths from cardiovascular disease are the same for both men and women, because of women's longer life expectancy. These trends are being closely followed in the developing coun-

tries. *The World Health Report 2002*¹ has classified risk factors for cardiovascular diseases, such as tobacco use, unhealthy diet, lack of physical activity, high blood pressure and high cholesterol, as being among the top 10 risks to health in all regions of the world. In the developing countries, rapid urbanization, the breakdown of traditional lifestyles and the rapid rise of tobacco consumption among women is additionally contributing to the rising burden of cardiovascular disease in both men and women.

There are several generic issues inherent in women's cardiovascular health. Women are known to have a different risk profile compared with men, and this has implications for gender differences in risk definition, possible differences in intervention targets and risk modification. Within the coronary heart disease/risk factor paradigm, the chronological delay in the onset of coronary heart disease is a subject of great topical interest, with the potential to mitigate women's risk by means of oestrogen replacement therapy. This is currently a contentious area, with conflicting evidence and questions about

the generalizability of results from recent studies.

Women have difficulties with access to care, particularly in the traditional patriarchal cultures in the developing countries: this gap is widened by the paucity of available resources to cater for the needs

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¹ World Health Organization. *World Health Report 2002: Reducing risks, promoting healthy life*. Geneva, 2002.

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of those suffering from cardiovascular disease in these low-resource settings. In addition, the clinical and prognostic characteristics associated with cardiovascular disease in general, and coronary heart disease in particular, in women have implications for diagnosis and management. Lessons learned from the developed countries have emphasized that significant gender differentials exist in the management of coronary heart disease. This understanding has opened the door to extensive research aiming to separate biological differences from social determinants.

In many other developing countries, cardiovascular diseases characteristic of the earlier stages of the epidemiological transition are still epidemic. Rheumatic heart disease continues to take its toll on younger women and contributes to preg-

nancy-related morbidity. However, many developed countries fully recognize the impact of cardiovascular diseases on women's health and are enacting effective measures to address the issue. These efforts need to be supported so that the necessary level of resources can be established and sustained.

Clearly, the response to the escalating burden of cardiovascular diseases among women at a global level has to come from a number of sources –countries, international health agencies, the social sector, the professional community and, most importantly, individuals themselves. The key is effective advocacy to create global awareness appropriate to the magnitude of the issue. This should ideally be coupled with the ongoing efforts to move cardiovascular disease higher up the health agenda of countries as part of the

initiative to reorient health policies to match global shifts in health trends. This realization places a huge responsibility on international health agencies, which are in a position to exert such influence.

The World Heart Federation, with its mission of "helping people achieve a longer and better life through prevention and control of heart disease and stroke, with a focus on low and middle income countries", is committed to saving the lives of both men and women, and acknowledges that women's cardiovascular health is an under-recognized aspect of cardiovascular care worldwide. We are pleased to have joined hands with the global community to address this challenge –a commitment reflected in the theme of World Heart Day, our flagship advocacy campaign, in 2003: "Women, Heart Disease and Stroke".