

Women and heart disease: time for change

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Cardiovascular disease (CVD) ranks dismally low among critically important women's health and development issues. The scarcely acknowledged truth is that CVD is women's greatest health threat, killing more women each year than HIV/AIDS, tuberculosis, cancer and malaria combined.

There have long been many disturbing gender-related inequities in health care, reflected by the generally poorer health outcomes for women than men. The persistent myth of women's invulnerability to CVD probably does much to explain the extent to which the health-care sector ignores the grave impact of heart attacks and strokes on women. Until as recently as the 1980s, many physicians did not even believe that women developed CVD. The lack of understanding that CVD is a significant cause of morbidity and mortality in women is especially grave in countries of low or middle income, which are frequently—and mistakenly—assumed to be free of Western 'lifestyle' diseases. CVD is, in fact, as much the leading killer of women in these countries as it is in high-income countries.

More than a quarter of adult women have CVD and/or one of its risk factors. Most live in countries where their poor health is greatly compounded by poverty—in many countries the per capita health expenditure is a mere US\$11–20 per year.

The combination of meager investment in health, weak health-care systems and limited access to health care poses a serious challenge to the management of CVD in both women and men. In this context, it is disappointing that the three health-related goals in the UN Millennium Declaration remain focused on maternal health, child mortality and HIV/AIDS. Thus women's health becomes synonymous with reproductive health. There is a clear need to advocate for the inclusion of CVD on the global development and health agenda,

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Competing interests

The authors declared they have no competing interests.

www.nature.com/clinicalpractice
doi:10.1038/ncpcardio0879

including the setting of globally acceptable prevention goals and targets, the creation of a mechanism for synchronizing stakeholder efforts and the development of multisource funding approaches.

CVD, in men or women, does not feature prominently on the health agendas of most economically developing countries. A comprehensive, multidisciplinary and integrated effort to prevent and control the range of chronic diseases, including CVD, is required. Interventions should emphasize shared responsibility; health agencies should participate according to their missions and mandates, but act in harmony with national, regional and international health priorities. The cornerstones of any such effort should include enhanced surveillance of CVD risk factors at the population level, appropriate guidance regarding diet and physical activity, tobacco control policies and the building of health-care systems with the capacity to support prevention and control.

Although the overarching goal of the UN Millennium Declaration is to halve world poverty by 2015, it is highly doubtful that this can be achieved without a concerted effort to prevent a disease that kills 8.6 million women annually. The launch of the international 'Go Red for Women' campaign by the World Heart Federation encourages women to take charge of their heart health, urges policy-makers to include CVD in the women's health agenda and asks medical professionals to proactively seek the prevention, diagnosis and treatment of CVD in women. Much more, however, needs to be done.

CVD is indisputably the most serious health problem for women in both the developing and developed worlds and, paradoxically, receives scant attention compared with other major diseases. Everyone has a stake in ensuring that the crisis of CVD in women receives proper attention.