

The Female Heart Attack

Abstract

Gender-specific medicine is the consideration between the biological differences of woman and man and towards symptoms, diagnosis and treatment.

As an example, the female heart is smaller in size, so are walls of the chambers which result in around 10% less ejection fraction.

If a woman experience stress, her heart rate rises which results in the heart pumping more blood. If a man experiences stress, his arteries constrict and his blood pressure rises.

These physiological differences will also present itself in terms of symptoms so it important to know them gender specific.

Risk Factors

Even if woman are more protected from heart disease than man until menopause, due to estrogen (also cause why the average age of a heart attack is higher in woman), there are many risk factors man do not have. Diseases such as polycystic ovarian disease, endometriosis but also pregnancy induced hypertension increase the risk for coronary heart disease which is the leading cause of heart attack.

Diagnosis

If the Pain is:

- between the area of nose, arm and nave
- unknown cause
- longer than 15 minutes

These can be indication for a beginning heart attack. An ECG, laboratory tests et cetera are immediately necessary.

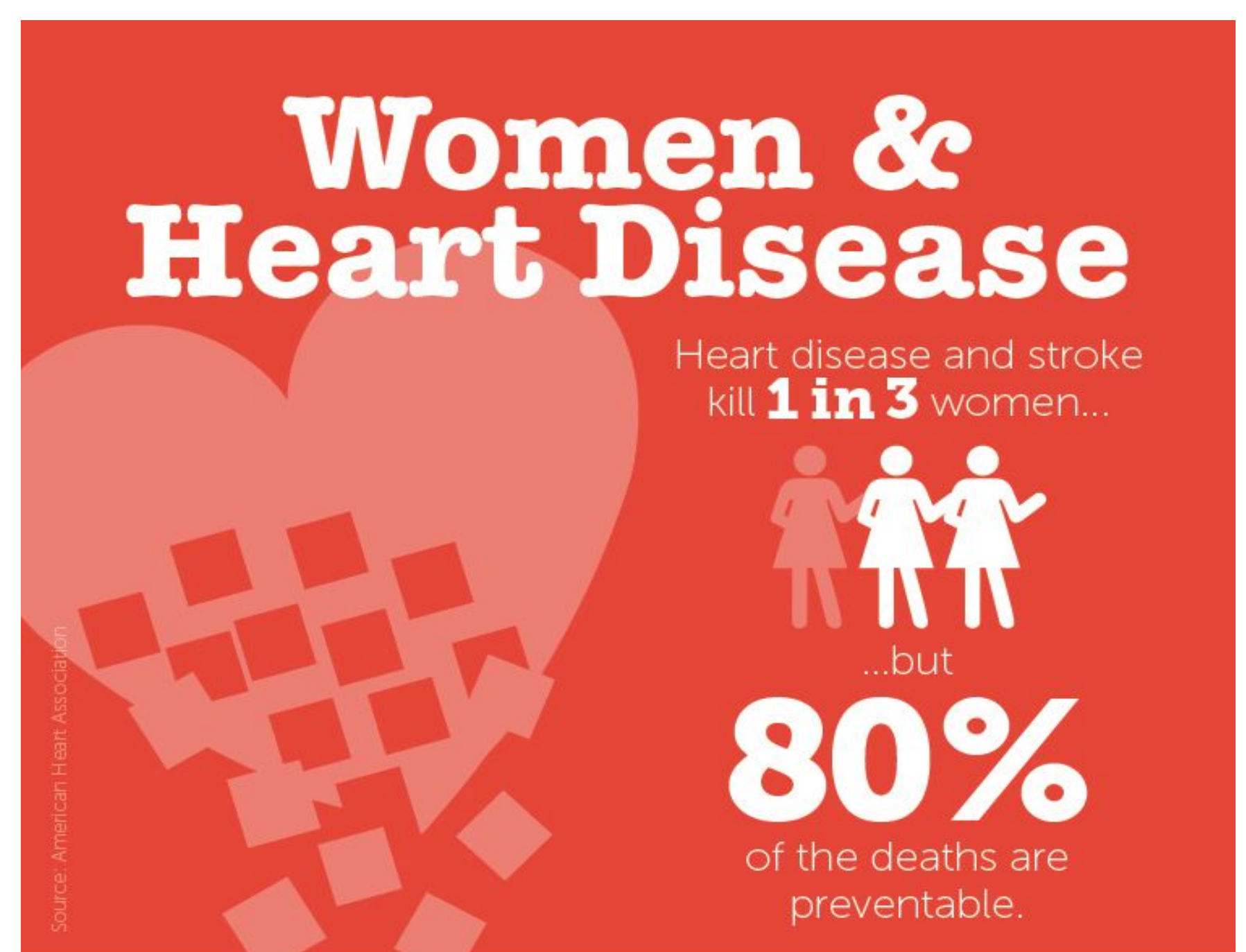
Symptoms

Only about half of the woman with a heart attack have the „classical symptoms“ - chest pain which radiates towards the left arm.

The other half have other symptoms like pain in the back, right shoulder, upper abdomen or jaw; nausea and vomiting and some patients have even only dyspnoea due to the decreased capability.

Compared with man, woman tend to have symptoms more often when resting or even sleeping.

These heart attack symptoms can be vague which result in a delay in the diagnosis.



Treatment

In general, the treatment of heart attack is not gender specific. It can include medications, angioplasty, stenting or coronary bypass surgery.

After a heart attack, a low-dose aspirin might be prescribed.

Even if this treatment method has similar effect on both gender, women are less likely to be treated with it.

References:

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