

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/heart-matters/gender-bias-and-heart-health-improving-cardiovascular-care-for-women/37856/>

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Gender Bias and Heart Health: Improving Cardiovascular Care for Women

Announcer:

You're listening to *Heart Matters* on ReachMD. On this episode, we'll hear from Dr. Connie Newman, who's an Adjunct Professor in the Department of Medicine and the Holman Division of Endocrinology, Diabetes, and Metabolism at NYU Grossman School of Medicine. She'll be discussing how bias can impact cardiovascular outcomes in women. Here's Dr. Newman now.

Dr. Newman:

The perception of cardiovascular risk in a woman is determined by her gender. So women today are thought to have less cardiovascular disease than men even though cardiovascular disease is the number one cause of mortality in women. And so even though women who are younger and not in menopause may have symptoms that could be due to a myocardial infarction, some doctors misinterpret the symptoms because they believe that women do not get cardiovascular disease at that age. And this leads to undertreatment and can have really devastating effects on a woman's health.

Gender bias exists in healthcare delivery. Women are perceived to not have cardiovascular disease at a younger age, and this delays treatment. Women are often underdiagnosed or undertreated with cardiovascular disease risk factors, which could include LDL cholesterol, and some women are not even screened with a lipid panel when they should be. We have data showing that women are less often treated with statins when they need to be treated. And also, women are less often prescribed high intensity statins.

I also want to talk a little bit about caregivers because women are more likely to be caregivers than men. And women are so busy that they often do not go to physicians, and they often do not seek medical care. And this would be detrimental to them because they need to have their lipid levels screened. They need to have their blood pressure checked. And we need to get women to understand that they need to make time seek healthcare to prevent cardiovascular disease.

Cardiovascular disease is the number one cause of mortality in women, and women should be screened with a lipid panel and also with a measurement of Lp(a). And they should be treated with statins depending upon their risk score and whether or not they have enhancing risk factors. So we really need to pay attention to women's cardiovascular health, screen them for high levels of LDL or LP(a), and treat them with statins or other medications as indicated.

Announcer:

That was Dr. Connie Newman sharing insights about gender bias in cardiovascular care. To access this and other episodes in our series, visit *Heart Matters* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!