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## Why the heart disease gender gap is costing women their lives

Coronary heart disease is a major cause of death among women worldwide, but it is often seen as mainly a male problem<sup>1</sup>. Research suggests a disparity exists between genders when it comes to the diagnosis and treatment of heart disease and heart attacks – and it is costing women their lives.

## What is heart disease and are the symptoms different for women and men?

[Coronary heart disease](#) occurs when your coronary arteries – which supply the heart muscle – coronary arteries become narrowed by a build-up of fatty material within their walls. The most common symptoms of heart disease are [chest pain](#) and [breathlessness](#). Heart disease increases the risk of having a [heart attack](#) and is the main cause of heart attacks.

Joanne Whitmore, senior cardiac nurse at the [British Heart Foundation](#), says there's a common misconception that women experience different heart attack symptoms to men. However, symptoms actually vary from person to person<sup>3</sup>.

The most common signs for everyone are sudden chest pain or discomfort that doesn't go away and pain that spreads to your left or right arm, neck, jaw, back or stomach, she says. Feeling sick, sweaty, light-headed, or [short of breath](#) are also common symptoms.

"If you think you are having a heart attack you should call 999 immediately. Every minute matters and rapid treatment saves lives," she says.

# Why is heart disease and heart attack seen as a male problem?

Coronary [heart disease](#) kills more than twice as many women in the UK as breast cancer<sup>4</sup>. Worldwide, it is the single biggest killer of women<sup>5</sup>. "Despite this, heart disease is often considered a man's disease," says Whitmore.

This misconception, along with a lack of awareness of heart attack symptoms, are both barriers to women recognising that they are having a heart attack and seeking help.

"Women typically arrive at hospital later than men when they have a [heart attack](#), which contributes to delays in receiving treatment<sup>6</sup>. This delay can increase the risk of a woman experiencing complications and having damage to their [heart](#)," says the specialist heart nurse.

Research suggests that there is a disparity between [genders](#) when it comes to diagnosis and treatment, which could be a cause or consequence of the myth that heart problems predominantly impact men. Studies suggest women are 50% more likely than men to receive the wrong initial diagnosis for a heart attack<sup>7</sup>.

Additionally, female patients of male cardiac doctors have been found to have worse outcomes than their male counterparts, with no such gender differential for female cardiologists<sup>8</sup>.

Gender bias exists in research, too. Although clinical trials in cardiovascular disease primarily recruit male patients, some drugs act differently in women and men<sup>9</sup>.

Research has shown that some risk factors - [smoking](#), [type 2 diabetes](#), and [high blood pressure](#) - increase the chance of having a heart attack more in women than in men<sup>10</sup>.

"So, even if women are aware of the risk factors for a [heart attack](#), they might not be aware that for them these risk factors add up to an excess risk," says Whitmore. "This, combined with a low uptake of health checks offered by the NHS, means that women may well be underestimating their personal risk of having a heart attack."

# How to recognise a heart attack

As well as the common symptoms, signs of a heart attack can include a sudden feeling of [anxiety](#) that can feel similar to a [panic attack](#) and excessive coughing or wheezing due to a build-up of fluid in the lungs.

Pain levels can also vary. Pain or tightness in the chest can be severe, but it can also just feel uncomfortable. Symptoms of a heart attack may occur suddenly or they can last for days.

# How to reduce the risk of heart disease

## Know your numbers

There are lots of steps everyone can take to reduce their risk of heart disease. Whitmore says: "It's important to know your numbers, as [high blood pressure](#) and [high cholesterol](#) are among the biggest risk factors for heart disease. Your GP can prescribe medication and offer advice to help you manage these conditions."

Taking advantage of free health checks and advice is a great way to keep up-to-date with your heart health. Adults aged 40-74 in England are eligible for a free NHS Health Check.

## Lifestyle changes

[Quitting smoking](#) is one of the most important steps you can take to reduce your risk of developing heart disease. You should also keep an eye on how much you're drinking so that you stay within the guidelines of no more than 14 units of [alcohol](#) each week. You should also try to have several alcohol-free days each week.

## Exercise and eat well

"Regular physical activity can help manage your weight, reduce your blood pressure, and cut your risk of developing heart disease," says Whitmore.

Everyone should aim for at least 150 minutes of moderate intensity physical activity - such as a brisk [walk](#), cycling or [swimming](#) - every week. Whitmore also recommends embracing a [Mediterranean diet](#), which includes fruit and vegetables, beans, whole grains, fish, nuts, seeds and olive oil.

## Consider the menopause

The [menopause](#) can also affect your heart. Oestrogen has a protective effect on the body's blood vessels. During and after the [menopause](#), a woman's body gradually produces less oestrogen, and this protective effect is lost<sup>11</sup>. This means it's especially important for women to take control of their heart health after the menopause.

## Further reading

1. Woodward et al: [Cardiovascular Disease and the Female Disadvantage](#).
2. British Heart Foundation: [Women get half the number of heart attack treatments as men](#).
3. British Heart Foundation: [Twice as deadly as breast cancer](#).
4. The Lancet: [Global burden of disease](#).
5. American College of Cardiology: [Women don't get to hospital fast enough during heart attack](#).
6. Wu et al: [Impact of initial hospital diagnosis on mortality for acute myocardial infarction: A national cohort study](#).
7. Dougherty et al: [Implicit gender bias and the use of cardiovascular tests among cardiologists](#).
8. Woodward et al: [Cardiovascular Disease and the Female Disadvantage](#).
9. Millett et al: [Sex differences in risk factors for myocardial infarction: cohort study of UK Biobank participants](#).
10. British Heart Foundation: [Menopause and heart disease](#).

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