

Women and Cardiovascular Disease

Heart disease, stroke, and other cardiovascular diseases (CVD) kill more women every year than any other cause of death – including all forms of cancer combined. Nearly 45 percent of women over age 20 are living with some form of CVD, yet many women don't recognize their risk.¹



Add to that the fact that women experience CVD differently than men – they're more likely to have atypical or less noticeable symptoms – and the result, all too often, is missed or delayed diagnosis, treatment, and opportunity to mitigate risk factors and costs.



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In 2017 and 2018, CVD accounted for 12 percent of total health care expenditures in the United States. That's more than any major diagnostic group.² These numbers are trending upward. Adult cardiovascular health care spending rose from \$212 billion in 1996 to \$320 billion in 2016 – an increase of more than \$100 billion over 10 years.³ In the CVS Caremark book of business, 45 percent of client costs for CVD were attributed to female patients.⁴

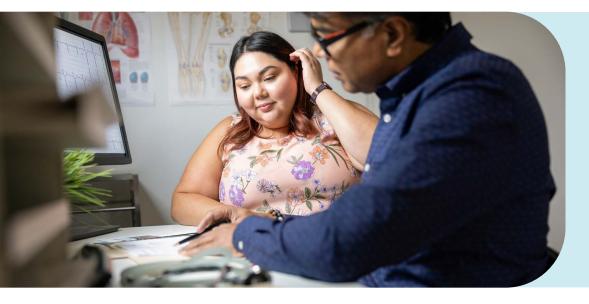
Still, CVD in women remains underdiagnosed and undertreated. Elevating awareness, screening, and prevention can save lives and reduce costs.

The gender gap in cardiovascular care

While CVD is the leading cause of death among all adults, there's a significant gender gap in diagnosis.⁵ CVD often presents differently in women than in men. This may be due, in part, to differences in anatomy, blood count, and hormones. There is also a disconnect between what we think of as traditional signs of heart disease and heart attack and how these conditions present in female patients.

Women are less likely to experience chest pain or angina during a heart attack, for instance. They may be more likely to have lesser-known symptoms such as nausea, vomiting, fatigue, or discomfort in the neck or jaw. These are easily attributed to other causes, so it is not surprising that women often delay seeking care. Even care providers may overlook or dismiss heart attack symptoms in female patients. So, when women do seek care, they may wait longer in the hospital before being evaluated or getting treatment.⁶

Sometimes there are no symptoms. "Silent" heart attacks are more prevalent in women than men. These can be deadly. They also can be precursors to heart failure and may increase risk of stroke, so it's critical for these events to be detected in women.



Women account for less than 40% of CVD clinical trial participants

A gender gap persists in treatment, too. Women are less likely to be given secondary prevention medications after a heart attack or to receive a referral for cardiac rehabilitation.⁹ They are also underrepresented in cardiovascular clinical trials, accounting for less than 40 percent of participants.¹⁰

CVD risk is different for women

Women need to be aware of many of the same risk factors for CVD as men. High blood pressure, high cholesterol, obesity, smoking, and other health conditions such as diabetes all significantly increase risk. However, there are unique circumstances that may exacerbate some of these risk factors for women:

- ✓ Pregnancy complications such as gestational diabetes, pre-eclampsia, or high blood pressure can raise a woman's risk for CVD during pregnancy. The effects may increase risk for CVD later in life, too.¹¹
- √ While menopause doesn't cause CVD, changes that occur during menopause or after a hysterectomy can elevate a woman's risk.¹²
- ✓ Diabetes increases the risk for heart disease more substantially in women than it does in men. Women with diabetes have a risk for heart disease that is four times greater than those without the condition. The risk is only two times greater in men.
- Smoking produces more deleterious effects in women. Women who smoke have a 25 percent higher risk of developing heart disease than men do.¹³

These differences in risk may be even more profound among women of color, as Black communities carry a disproportionately higher burden of CVD. Black adults are 32% more likely to die from CVD.¹⁴

Learn how disparities can contribute to cardiovascular disease >>

Turning the tide on CVD in women



The good news is there are effective strategies for reducing CVD in women. A crucial first step is promoting awareness and education. This should include access to screenings to help women understand their individual risk. CVS offers no-cost heart health screenings through <u>Project Health</u>.

Women who are at high risk for CVD may benefit from individualized support for:

- Managing chronic conditions
- √ Adhering to medication regimens such as statin therapy
- √ Following recommended treatment plans
- Closing gaps in care

We can further support women by elevating awareness of how their CVD symptoms may differ from men's. Knowing what signs to look for and take seriously can help women get life-saving interventions when they need them.

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Researchers should also broaden the scope of CVD research to include more women across the lifespan, including women of color. Studying this population more closely could unlock knowledge about heart disease, heart attack, stroke, and related conditions overall. It could even lead to a wider range of treatment options.

CVS Caremark is committed to helping women meet their unique health care needs. Awareness of the risks and signs of cardiovascular disease is critical, as is continuing to explore CVD as it relates to other conditions that disproportionately affect women.



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