

# Heart Failure: Women vs. Men



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Researchers are just beginning to understand how men and women differ with heart conditions

Heart failure is a condition which occurs when the heart is unable to pump enough blood to meet the needs of the body. It's a serious disease that affects approximately 5 million people in the U.S. and accounts for 300,000 deaths each year.

Recent research shows risk factors for developing heart failure (HF) and patient prognosis may be different for men and women. Data from the study published in the August 4th issue of the *Journal of the American College of Cardiology* showed men and women responded differently to treatment, which suggests that current guidelines for treatment for heart failure may need to be more gender specific and reinforces the urgency for sex-specific clinical trials for heart failure.

Currently, the standard of practice and clinical guidelines for heart failure recommend treating men and women similarly. Yet, data suggests women present differently and respond differently to therapy which may call for a change in our generalized approach to treating patients with heart failure.

Results from the study showed important gender-specific differences in response to treatment and prognosis for patients with heart failure which included:

- Women present later, at an older age, and are more symptomatic compared to men.
- Cause of heart failure in women was hypertension and valve disease and more commonly coronary artery disease in men.

- Women live longer yet have lower quality of life than men with more physical limitations.
- Women had longer hospital stays compared to men.
- Women more likely to have coexisting depression than men.
- Women had higher levels brain natriuretic peptide (BNP)--a blood test used to identify patients with symptoms of HF.
- Medications known as ACE inhibitors and devices known as ICDs not as effective in women compared to men.
- Medications known as beta blockers, aldosterone antagonists and pacemakers were more effective in women compared to men.

The main hypothesis for the disparity in results compared to previous heart failure trials center around the fact that women have been grossly under represented in previous heart failure trials from which the guidelines originated. In fact, in the last decade, women have represented only 28% of the total patients enrolled in heart failure trials.

### **Final Analysis**

Although the findings are intriguing, and suggest sex-specific differences in terms of clinical presentation and response to treatment for heart failure, it's important to note that this is a single study, the results of which should not persuade women to deviate from their doctor's recommendations.

Furthermore, in order to more accurately diagnose and effectively treat women with heart failure, the following three steps need to be taken:

- Researchers need to perform more sex-specific heart failure trials.
- Health care providers need to encourage more women to enroll in heart failure trials.
- Women need to be proactive and enroll in heart failure studies.

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