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The cardiovascular system of men and women

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This paper will discuss comparisons from complaint free or pre-cardiac disposition risk factor period until post and chronic heart failure stage. Scope review of past 5 years using key search words: gender, cardiac/heart, symptom expression, risk factors, and complications. Evidence-based guidelines for the prevention of CVD in adult women are presented. There is an abundance of published works describing significant differences in cardiac disease comparing genders. The range of differences span expression of symptoms, timing of first complaint, reaction of health care teams to women cardiac patients and differences in post cardiac episode rehabilitation to name a few. Men have higher incidence of heart failure, but the overall prevalence rate is similar in both sexes since women survive longer after the onset of heart failure. Women tend to be older when diagnosed with heart failure and more often have diastolic dysfunction than men. Women experience a lower overall quality of life than men. The known gender differences in patients with heart failure need to be highlighted in guidelines as well as implemented in standard care. Women were more likely (64%) to be depressed than men (44%). Depressed female patients scored significantly worse than non-depressed patients on all components of QOL. However, they did not differ in ejection fraction or treatment, except that depressed patients were significantly less likely to be receiving beta-blockers. In advanced age, the increase in the rate of hypertension is steeper in women than in men, leading to a prevalence of hypertension of 69% in men and 72% in women at age 65 to 75 years. Increased knowledge of gender-specific risks for Cardiac Disease has led to national campaigns to educate women. Future gender-related clinical and research activities should focus on the identification of sex- and gender-specific criteria for risk management in female cardiac patients.

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