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Transforming CVD prevention for women: Time for the Pygmalion construct to end

Gender-specific atherosclerotic cardiovascular disease (ASCVD) risk assessment for women is requisite owing to a number of non-traditional ASCVD risk factors that are unique to or predominant in women and because many traditional ASCVD risk factors impart differential risk for women and for men. Cardiovascular disease remains the leading cause of morbidity and mortality for women in the US and 2 of 3 US women have at least one major traditional coronary risk factor. Non-traditional ASCVD risk factors requiring assessment for all women include a history of complications of pregnancy, use of oral contraceptive therapy, hormonal fertility therapy and menopausal hormone therapy. Systemic autoimmune disorders are highly prevalent in women and impart increased ASCVD risk. Hypertension increases the population-adjusted CVD mortality more for women than for men and cigarette smoking imparts a greater CVD risk for women than men, as in diabetes mellitus. Hypercholesterolemia imparts the highest population-adjusted CVD risk for women, 47%. Two of three US women are obese or overweight and obesity is double in women compared with men in low and middle income nations. Physical inactivity is the most prevalent risk factor of US women. Psychosocial issues, particularly depression, preferentially disadvantage women. Gender-specific risk assessment and intervention have the potential to improve CVD outcomes in women.

Biography

Nanette K Wenger is a Professor of Medicine in the Division of Cardiology at the Emory University School of Medicine and a consultant to the Emory Heart and Vascular Center. Coronary heart disease in women is one of her major clinical and research interests. She has expertise in cardiac rehabilitation. She has chaired the World Health Organization Expert Committee on Rehabilitation after Cardiovascular Disease and co-chaired the Guideline Panel on Cardiac Rehabilitation for the U.S. Agency for Health Care Policy and Research. She has had a longstanding interest in geriatric cardiology, is a Past President of the Society of Geriatric Cardiology and was Editor-in-Chief of the *American Journal of Geriatric Cardiology* for more than 15 years.

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