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&

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Women and cardiovascular disease

Cardiovascular disease (CVD)—heart disease and stroke, is the biggest killer of women worldwide. More women die of CVD than breast cancer, yet the awareness about the unique risks of CVD in women is lacking. Many women affected by CVD die prematurely. Earlier it was thought that heart disease in women is the same as it is in men. However, in recent years gender-specific studies have highlighted the differences in heart disease in men and women. For example, Type 2 Diabetes Mellitus is a stronger predictor of risk for stroke and heart disease in women than men. Traditionally CHD has been associated with obstructive atherosclerosis in epicardial coronary arteries causing ischemia. However, in women, it has been found that some of them may have Cardiac Syndrome X, which is angina-like chest pain with evidence of myocardial ischemia in the absence of flow-limiting stenosis on coronary angiography. A greater proportion of women than men with myocardial infarction die of sudden cardiac death before reaching the hospital. Women with IHD have a poorer prognosis than men. Though many women with acute coronary syndrome present with chest pain, some may present with atypical symptoms like profound fatigue, pain in both arms, jaws, abdomen or breathlessness. Because of this, women sometimes delay in seeking treatment. Women have some unique risk factors associated with them because of their sex and gender. Some of these factors are: (a) Psychosocial stress is a bigger risk factor for heart disease in women than men. (b) Pregnancy-related complications like pregnancy loss, Pre-Eclampsia, Gestational Diabetes Mellitus Migraines (c) Women with PCOS have a higher lifetime risk of CVD compared to those without (d) Autoimmune conditions. More women than men are affected by autoimmune conditions. (e) Women, Sex Hormones, and CVD: Premenopausal women are protected against CVD because of higher levels of sex hormones than in post-menopausal women. The “timing hypothesis” of hormone replacement and the use of transdermal estrogen and oral micronized progesterone versus synthetic estrogens and progestin like Medroxyprogesterone Acetate (MPA) have dramatically changed our attitude towards hormone therapy. However, misinformation still abounds amongst patients and health care providers, resulting in many women being deprived of the benefits of hormone therapy. (f) Some cancer chemotherapy drugs are associated with increased risk of heart disease—the newly developing field of Oncocardiology. (g) Obstructive Sleep Apnea (OSA): OSA is associated with a high risk of CVD in men as well as women. Sometimes women are not screened for this because the presentation may be different in them. OSA in women has been misdiagnosed as fatigue, work-related stress, anemia, hypothyroidism or hypochondria. (h) Build awareness amongst women as well as their health care providers about the unique risks for heart disease and stroke in women. (i) Studies have shown that between 40 to 80% of stroke and heart disease can be prevented through lifestyle change. Through my presentation, I would like to build awareness about the unique features of women and CVD and draw attention to how we can help patients make small incremental changes to several risk factors, many of which fall below the radar. This can have a profound impact on managing the risk of CVD in women.

Biography

Shabnam Das Kar, MD (OBGY), FMNM Websites Better Medical Centre Canada, MBBS & MD (OBGY) from India. She is practicing as a Specialist in Functional & Metabolic Medicine at Better Medical Centre, Mumbai, India. She is Director of Medical Education at Better Medical Centre, Canada & India. She had worked as Consultant Obstetrician Gynecologist in 3 major hospitals in Mumbai, India.

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