Dear Editor,

Cardiovascular disease burden is an overwhelming health care issue and accounts for 17.3 million deaths globally according to the Global Burden disease statistics from 2013. This translates into 31.5% of all deaths and 45% of all non-communicable disease deaths. Cardiovascular disease accounts for 1 in every 3 deaths in the United States of America, making it the leading cause of death in both men and women. Recent work suggests that women with ischemic heart disease (IHD) have worse outcomes, prognosis and morbidity compared with men. Important differences exist in presentation, management and outcomes of IHD amongst men and women. The National Registry of Myocardial infarction study evaluating 481,581 women hospitalized with myocardial infarction over a 12 year span found that women were more likely than men to present without chest pain and had a higher mortality than men within the same age group. Multiple studies have shown that women with acute coronary syndromes are more likely to have delayed presentation; they are also less likely to receive rapid diagnostic testing and suffer delays in treatment initiation as compared with men. Several reasons could account for these disparities including:

- Less awareness amongst women about heart disease; only 53% of women in a survey pointed out that they would call 911 for help if they have symptoms of myocardial infarction.
- Atypical presentation amongst women and subsequent inaccurate symptoms assessment can lead to misdiagnosis and hence delay in treatment

Efforts are needed to increase awareness of heart disease in women amongst patients, lay public and physicians. System level quality improvement projects that specifically target sex disparity in care of IHD should be implemented and replicated. Clinical trials evaluating territories for IHD must have adequate representation of women. Future research should evaluate biologic differences in IHD between men and women to allow sex specific risk stratification and treatment strategies.

REFERENCES
