



Flyer

GENCAD

Gender differences in coronary artery disease in Europe



Aims

As with other frequent diseases, coronary artery disease (CAD) differs significantly in women and men throughout Europe, in age distribution, prevention, clinical manifestation, as well as response to therapies and outcomes. However, the interaction of biological differences between women and men and the sociocultural determinants of health are not sufficiently understood. The awareness and subjective perception of women and men differs, as well as their interaction with health care systems.

The GENCAD project aims to :

- Increase knowledge on sex and gender differences in CAD
- Improve awareness
- Develop facts and factsheets
- Disseminate throughout Europe



State-of-the-art study

GENCAD aims to analyse existing knowledge about gender differences in CAD risk factors, disease mechanisms, clinical manifestations, treatment, access to health care, and management and outcomes by:

- After screening more than 30.000 references, we found more than 1000 references relevant for gender in CAD. They have been analysed in detail and included into factsheets.
- European databases do not yet include enough gender relevant facts, e.g. gynaecological or andrological history, information on sexual dysfunction, number of children in women and men, etc.

Awareness study

Analysis in general public in 6 countries, 3000 persons, telephone survey, revealed:

- Women concede less relevance to heart disease and do not identify heart disease as a leading cause of death
- Stress is the most cited risk factor. Knowledge on smoking, exercise, diabetes as risk factors needs improvement
- Almost 50% will not call emergency services in case of heart attack, as a first reaction
- Less than half of participants are well informed on CVD
- Mass media and internet are the two main sources of information on CVD



Analysis in HC professionals, internet survey, in all countries

- Role of CAD as leading cause of death in women and men is well appreciated
- Knowledge on lack of exercise, and diabetes needs improvement
- Role of exercise testing and imaging in men and women needs to be clarified
- Understanding of sex differences in therapy needs improvement
- Patient information campaigns must be improved regarding the inclusion of women and men

Factsheets

Based on the sex and gender differences identified in the bibliographic study, factsheets were developed for both health care professionals and the general public, integrating feedback from consortium partners and GenCAD's extended networks. They have been validated with groups of experts for general agreement and finalized in discussions with DG Health and Food Safety and can be found under: <http://gencad.eu>.

For dissemination of the project results to a broader audience in a sustainable manner, a homepage hosted by DG Health and Food Safety has been developed where the main results are published. The main site is in English, additional materials like factsheets, and executive project summary, are available in all EU official languages. Newsletters and project brochure are also available on this homepage.

General public

Managing heart disease may differ in women and men

Drug therapy: High blood pressure and high blood lipids should be treated in both women and men. Adverse effects of these drugs may differ in women and men. Adverse effects of these drugs may differ in women and men. Adverse effects of these drugs may differ in women and men.

What else can be done? — Intervention: Both women and men can benefit greatly from invasive therapy, e.g. catheter, balloon dilatation, cardiac surgery and advanced procedures. However, women are treated less frequently. Talk to your doctor.

Recovery and rehabilitation: Women often struggle to recover from heart after a heart attack or surgery. This risk is due to the early resumption of household activities, family care, and missing out on cardiac rehabilitation. It's important that both men and women go to cardiac rehabilitation.

It's a match!

- Heart disease can manifest differently in women and men, in risks, symptoms, causes and diagnosis. Be aware — know your risk factors.
- Exercise regularly, eat healthy diet, maintain a healthy weight, and quit or don't start smoking the more.
- There are various ways to diagnose heart problems. Listen to options — assess yourself from doctor's diagnosis.
- Drug medications and doses may differ in women and men. Talk to your doctor.
- Both women and men benefit from cardiac, interventional, surgery, pharmaceutical and cardiac rehabilitation.

How to protect your heart - are women and men different?

GenCAD

Health care professionals

Gender, management & outcomes

- Women and, in particular, elderly women with suspected myocardial infarction arrive at hospital emergency units later than men.
- Cardiovascular rehabilitation after myocardial infarction is not equally available for women and men.
- Treatment of CAD should be performed according to the current guidelines for women and men. Women obtain the same benefits from bypass surgery and percutaneous coronary intervention as men.
- Women have more comorbidities and more medical chest pain after coronary interventions for myocardial infarction.
- Women have higher mortality and poorer health related quality of life after elective coronary artery bypass surgery.

Rehabilitation

- Coronary artery disease differs significantly in European women and men, in age distribution, prevention, clinical manifestation, in response to therapies and outcomes.
- Whenever managing women and men with risk factors or coronary artery disease, think about the differences in prevention, diagnosis, and therapy.
- Take conventional risk factors seriously in women and men. Hormonal dysfunction and poor lifestyle increase the risk in both.
- Choose proper and risk-adapted non-invasive and invasive tests for diagnosis of coronary artery disease in women and men.
- Choose proper and risk-adapted pharmaceutical and invasive management for therapy of coronary artery disease in women and men.

FACTSHEET for healthcare professionals

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GenCAD project partners: Institute of Gender in Medicine, Berlin School of Public Health, Andalusian School of Public Health, European Public Health Association, Institute of Health and Wellbeing, Radboud University Medical Centre, European Association for Cardiovascular Prevention & Rehabilitation.

Pilot Projects is an initiative “of an experimental nature designed to test the feasibility of an action and its usefulness” and permits appropriations for it to be entered in the EU budget for more than two consecutive financial years.

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