



NTI NEWS Online

SECTION A
News Stories

SECTION B
CE Article

SECTION C
Photo Gallery

AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES web site

National Teaching
Institute web site

Feedback

Find your future now.
Join our exceptional
nursing team.
Positions available in our
expanding critical care,
peri-operative and
emergency services.

UNIVERSITY OF IOWA
HOSPITALS & CLINICS
University of Iowa Health Care

SECTION A: News Stories

Improving Outcomes in Women With Heart Disease

Limited research has been conducted on the prevalence of heart disease in women, but studies have shown that mortality trends, risk factors, clinical presentation, coronary artery disease (CAD) and heart failure rates differ based on gender. In yesterday's session, Carolyn Strimike and Margaret Latrella from the Women's Heart Center at St. Joseph's Regional Medical Center in Paterson, N.J. provided updates on the latest data as well as prevention methods.

"We are doing better at treating and diagnosing, but we are not doing too well in primary prevention," Latrella said.

Risk Factors and Symptoms Specific to Women

Studies show that women have twice the risk of mortality as men after they arrive at the hospital. Many common tests used to identify heart disease in men do not detect any sign of disease in women because they tend to have more diffuse small vessel disease or spasms. The symptoms women describe tend to be atypical from those reported by men, including chest sensations, shortness of breath, nausea, dizziness and unusual fatigue. Therefore, women require a variety of tests including nuclear stress tests, EKGs, coronary artery calcium scans and angiographies to identify the source of symptoms. According to Latrella, women are also more often told that they do not have CAD.



Margaret
Latrella

"It is important to look at the whole picture," Latrella said. "Not just the EKG, not just the blood work. You really need to put it all together."

Some risk factors for heart disease in women include increased age, heredity, obesity and depression. Strimike emphasized the importance of depression screening for women. Recent research has reported a link between depression and increased mortality in women, particularly young women.

"Depression screening is important," Strimike said. "Hopefully in your hospital you have procedures established, but often it falls to the nurses to try to address whether or not the patient has any symptoms of depression. We need to make sure that this is brought to everyone's attention and the patient is treated accordingly."

Women should focus on reducing risk factors because, unlike men, who experience a step-wise increase in heart disease based on the number of risk factors, women experience a clustering effect and a sharp increase in risk with each added risk factor.

Treatment Options for Women

According to Strimike, hospitals and medical staff are more aggressive in diagnosing men with heart

disease than women.

“There is still this bias of care we are seeing in emergency rooms across the United States,” Strimike said.

She also stressed the importance of weight-adjusted doses when administering anti-platelet or thrombotic medications. Women are more likely to receive too high a dose and in turn show a higher bleeding complication rate. The Merlin-TIMI 36 Trial showed that Ranolazine (Ranexa), an antianginal medication, has been shown to benefit women more than men in relieving recurrent ischemia.

Surgery options also differ between men and women. Women show a higher operative mortality rate during bypass surgery. On the other hand, studies show beating heart surgery to be a good option for women.



**Carolyn
Strimike**