

<b>Meeting</b>	<b>Mid-Term Conference</b>
<b>Date</b>	<b>14-16 June 2017</b>
<b>Title</b>	<b>WOMEN'S HEART DISEASE: MAKING THE INVISIBLE VISIBLE</b>
<b>Resolution</b>	<p><b>That</b> the National Council of Women of Australia, having supported the 2016 Women's Health Charter, including the call for more research on gender differences in diagnosis and treatment of heart disease,</p> <ul style="list-style-type: none"> <li>• congratulates the Heart Foundation and Jean Hailes Foundation for their work in drawing attention to the different symptoms of heart attack and stroke in women, and the fact that undiagnosed heart disease is the single biggest killer of Australian women</li> <li>• <b>recommends that</b> heart healthcare has a greater focus on the different symptoms of heart and attach and stroke in women and <b>that NCWA support the promotion of this information among women and medical practitioners.</b></li> </ul>

See following pages for Rationale and Footnotes.

CVD is the leading cause of premature death in Australian women.<sup>1</sup> The *National Heart Foundation* reports that while men suffer twice as many heart attacks as women, women are more likely to die from them.<sup>2</sup> Women are also more likely to die of stroke than men.<sup>3</sup> In recognition of this, a substantial amount of new research is being published which takes a gendered approach to CVD. Australian and international studies have found that as women's symptoms are less likely to be recognised by women themselves and by health professionals, women are less likely to be told they are at-risk<sup>4</sup> and be given appropriate medical treatment<sup>5 6 7 8 9</sup>, which may contribute to women's high mortality rates.

The *Australian Longitudinal Study on Women's Health* has found that lack of physical activity is the largest risk factor for women over 30.<sup>10</sup> Menopause compounds other traditional risk factors for developing CVD through changes in body fat distribution, insulin resistance and lower oestrogen levels.<sup>11</sup> Pregnancy and menopause also complicate the treatment of hypertension, itself a major contributor to CVD.<sup>11</sup>

Risk factors for women are also compounded by disadvantage, environmental and socioeconomic factors:

- Women from the most disadvantaged areas of Australia have CVD death rates 29% higher than those women from the least disadvantaged areas.<sup>12 13</sup>
- Aboriginal and Torres Strait Islander women commonly have more risk factors for CVD than non-Aboriginal and Torres Strait Islander women including higher rates of smoking, diabetes and obesity.<sup>14</sup>

Under-representation of women in cardiovascular trials and research<sup>15</sup> has also resulted in a gender-blind approach to treatment. As a result, prevention strategies and treatment have not been tailored towards women and key opportunities to reduce the incidence of chronic disease have been missed, compounding unequal outcomes for women.


However public awareness campaigns,<sup>16</sup> professional training for medical staff and greater investment in research that takes account of sex differences in the prevention, diagnosis and treatment of cardiovascular disease in women are expected to improve health outcomes for women in the coming years.

See also Cardiovascular disease: the \$3bn 'hidden killer' of Australian women ... [www.acu.edu.au/...acu/.../cardiovascular\\_disease\\_the\\_\\$3bn\\_hidden\\_killer\\_of\\_australi...](http://www.acu.edu.au/...acu/.../cardiovascular_disease_the_$3bn_hidden_killer_of_australi...)  
Cached Accessed 5 April 2017

Oct 19, 2016 - Heart disease killing 31,000 Australian women a year ... New research from the Mary Mackillop Institute for Health Research at ACU.

**Related websites** [National Heart Foundation of Australia](#) Women and heart disease  
[National Heart Foundation of Australia](#) Cardiac rehabilitation guidelines and tools  
[Jean Hailes](#) Cardiovascular health

*Hidden Hearts, Cardiovascular Risk and Disease in Australian Women* was officially released at the Cardiovascular Risk and Disease in Australian Women Summit, held on the 11th October 2016 at Parliament House in Canberra to members of Parliament – including Health Minister, Hon Sussan Ley, representing the Prime Minister, Shadow Health Minister, Hon Catherine King and Leader of the Greens and Health Spokesperson, Senator Richard Di Natale – and over 50 national health experts, who considered the report's findings and recommendations.

The report provides a comprehensive picture of the cardiovascular health of Australian women, including the most up-to-date facts and figures; and its increasing burden on our world-class health care system.  [Hidden Hearts report \(PDF 3.7mb\)](#) **See next page for Footnotes**

Footnotes

1. AIHW (2010). [Women and heart disease : cardiovascular profile of women in Australia](#). Australian Institute of Health and Welfare, Canberra. Accessed on 01/02/2016. ↵
2. National Heart Foundation of Australia (2014). [Women less likely to survive a heart attack than men](#). Heart Foundation, Sydney. Accessed on 01/02/2016. ↵
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4. American College of Cardiology (2015). [Young women less likely to be informed of heart disease risk by providers](#). Science Daily, Oct 26. Accessed on 01/02/2016. ↵
5. Canto JG, et al. (2012). [Association of age and sex with myocardial infarction symptom presentation and in-hospital mortality](#). Journal of the American Medical Association, 307(8): 813-822. Accessed on 01/02/2016. ↵
6. Turnbull F, et al. (2011). Gender disparities in the assessment and management of cardiovascular risk in primary care: the AusHEART study. European Journal of Preventive Cardiology, 18(3): 498-503. ↵
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8. Leifheit-Limson EC, et al. (2015). Sex differences in cardiac risk factors, perceived risk, and health care provider discussion of risk and risk modification among young patients with acute myocardial infarction. Journal of the American College of Cardiology, 66(18): 1949-1957. ↵
9. National Heart Foundation of Australia (2014). [Australian heart disease statistics 2014](#). Heart Foundation, Sydney. Accessed on 01/02/2016. ↵
10. Brown W, Pavey T, Bauman A (2015). Comparing population attributable risks for heart disease across the adult lifespan in women. British Journal of Sports Medicine, 49:1069-1076 . ↵
11. Geraci TS, Geraci SA (2013). [Considerations in women with hypertension](#). Southern Medical Journal, 106(7): 434-438. Accessed on 01/02/2016. ↵
12. AIHW (2006). [Socioeconomic inequalities in cardiovascular disease in Australia](#). Australian Institute of Health and Welfare, Canberra. Accessed on 01/02/2016. ↵
13. National Heart Foundation of Australia (2011). [Women and Heart Disease Forum report](#). Heart Foundation, Sydney. p.6. Accessed on 01/02/2016. ↵
14. AIHW (2008). [Cardiovascular disease and its associated risk factors in Aboriginal and Torres Strait Islander peoples 2004-05](#). Australian Institute of Health and Welfare, Canberra. Accessed on 01/02/2016. ↵
15. Hung J (2006). Aspirin for primary prevention of cardiovascular disease in women: does sex matter?. Medical Journal of Australia, 184(6): 260-261. ↵
16. National Heart Foundation (2015). [Engaging Women Strategy 2008-2012](#) . Heart Foundation, Sydney. Accessed on 10/02/2016. ↵