

Women's Lack of Awareness or Inadequate and Scarce Information on Cardiovascular Disease?

PALMIRA PRAMPARO^{MVSAC, 1, 2}

Since the late nineties medical information has highlighted the rapid rise of non-communicable diseases, mainly cardiovascular disease, in women in developed countries and even in developing countries. The synthesis of all the information was published by the World Health Organization (WHO). (1, 2)

Concurrently, the main scientific societies have published guidelines for the prevention of cardiovascular disease in women and developed healthy habit programs and doctor-patient awareness on the subject. (3-5)

According to the evaluations of the American Heart Association (AHA) and in our setting to Florencia Rolandi et al.'s article (6) in this issue of the Journal, the results of these guidelines and information programs have apparently no correlation with medical attitude, women's awareness or appropriate population impact. (7)

The authors report that the respondents' awareness about risk factors was acceptable according to their description on knowledge of the harmful effects of each risk factor. However, in these women's evaluation of risk factors, prevalence appears to be undervalued compared to statistics of the same period in a similar age range. (8, 9)

This could be linked to the poor medical intervention referred to in "sources of information". If in medical consultations 80% of women reported they did not ask and therefore the physician did not evaluate risk factors, clearly 53% of women could rightly consider themselves to be "healthy", 56% knew little about cardiovascular disease and, obviously, 69% said that they were not informed about this topic by physicians. These high percentages speak, even in 2006, of the lack of coordination between physician attitude and respondent misinformation obtained through the media. In those days, and even today you can listen to cardiovascular prevention misconceptions and general magical treatments to maintain vigor and youth. In other populations the effects of unscientific concepts spread through the media were also evaluated and it

was seen that even with extensive campaigns on risk factors, other methods of alternative medicine had an increasing adherence through the years. (10)

Awareness campaigns are always long and usually do not report the expected results. In the United States 15 years of campaigning are already being assessed, but if we refer to the results of the first 12 years of work on the subject we can see that 45% of women still obtained information by television, although 48% had discussed it with their doctors which represented a significant improvement. Consequently, age-related information had also improved in young women. (11)

There is a worldwide belief among women that cancer is the leading cause of death and what the general population feels is fear of falling ill with a disease that is diagnosed suddenly, differently from what they themselves reported here: that risk factors produce damage in the long term. The numbers of health statistics are difficult to introduce in the population, even numbers showing the progress obtained with early detection and treatment for cancer and those evidencing that certain factors such as smoking or diabetes can cause damage within a short time. This fact will be very difficult to change, but it is possible to improve cardiovascular disease awareness by not only emphasizing mortality numbers, but also the numbers of disabilities and other arterial damages, e.g. those caused by addiction to smoking, which are higher in women. The latter information was not present in the women surveyed who reported that, despite knowing that smoking is harmful to health, they did not relate it to chronic obstructive pulmonary disease, which, according to WHO is increasing in women, clearly fueled by the increase of smokers in the population. (1, 2)

This barrier between the information provided and the extent of women involvement is not just a local issue. For many years guidelines and separate men-women risk scores have been published for almost all cardiovascular diseases, and the practical use

Rev Argent Cardiol 2013;81:281-283. <http://dx.doi.org/10.7775/rac.v81.i4.2785>

SEE RELATED ARTICLE: Rev Argent Cardiol 2013;81:308-314 - <http://dx.doi.org/10.7775/rac.v81.i4.1076>

^{MVSAC} Life Member of the Argentine Society of Cardiology

¹ Epidemiology and Prevention Council SAC

² Fellow of the American Heart Association

of their employment is being questioned worldwide. (12) Possibly their infrequent use is evident in the medical evaluation of young women, although ever since 2007 AHA requests cardiovascular risk stratification in every medical practice in women since the age of 20 years. (4)

Regarding "perception", the study of Rolandi et al (6) shows a better perception in older groups, perhaps due to the influence of the important role attributed in the past decade to menopause and the consequent fall of estrogen in cardiovascular disease development, an issue that currently has little or relative value compared to the development of risk factors in the population at an early age and well before the onset of menopause, as well as the development of risk factors associated with ethnicity and socio-economic environment. (7) The concept that menopause increased cardiovascular risk had a positive and a negative effect. The positive effect was that it incorporated other medical specialties in the detection of risk factors, or at least raised questions on the issue. The negative effect was that all prevention focused on the hormonal aspect, creating an unreal prevention expectation and youth extension idea. For gynecologists, who generally follow their scientific society guidelines, it was only in 2009 that the idea of taking into account and detecting risk factors in women consulting for various pathologies, even during pregnancy, definitively settled, as well as the concept that some signs and symptoms would be indicative of increased cardiovascular risk in the not too distant future. (13, 14)

The value of Rolandi et al.'s survey, (6) even with a backward look of several years, enabled perceiving in a local population of women the truth about "knowledge and perception", which are very conflicting issues not only linked to people but also to the environment where they live. Another more representative and numerous sample, covering different regions of Argentina could stratify all socioeconomic and educational levels and perhaps show a more complex reality. (15)

Of all the women surveyed, 70% had secondary education, which means that with proper medical information, knowledge and perception of the problem would have yielded consistent results. It is hard to assume that they have a good knowledge of the risk factors and cannot associate it with cardiovascular damage. It does not appear to be only a problem of disease awareness, but rather of anarchic or mismanaged information. Surveys of this kind performed by the AHA, covering a broad spectrum of the American population, are analyzed by ethnicity and socioeconomic status, and it is important to convey clear prevention rules as many habits to be changed may interfere with cultural traditions. (7, 16)

The influence of gender on coronary vulnerability was well analyzed in a local publication and possibly the concepts described in the work will take long to reach health effectors and even more to reach the

population. (17)

Recently, these variables were evaluated through a survey in the city of Buenos Aires, and while improvements were detected in 10 years with regards to the interest of women in cardiovascular health, there are still differences in the request of medical care and in gender therapeutic approach based on social background. (18)

With reference to access to a health center when presenting with any symptoms, the multiplicity of local health coverage makes it difficult to compare with other countries such as the United States, where the question refers to an access phone number for most of the population. In Argentina we should work hard not only for patients to attend in a timely manner in case of any symptoms of cardiovascular origin, but also that all centers, even low-complexity centers, think that this condition is also prevalent in women.

Conflicts of interest

None declared

REFERENCES

1. Bonita R. Women, Ageing and Health. Achieving health across the life span - WHO/HPR/AHE/HPD/96.1 2nd Edition English only WORLD HEALTH ORGANIZATION-GENEVA 1998.
2. Women and the Rapid Rise of Noncommunicable Diseases WHO/NMH/02.01.English Only NMH Reader N° 1, January 2002.
3. Mosca L, Appel LJ, Benjamin EJ, Berra K, Chandra-Strobos N, Fabunmi RP, et al. Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women. *Circulation* 2004;109:672-93. <http://doi.org/bvtf2h>
4. Mosca L, Banka CL, Benjamin EJ, Berra K, Bushnell C, Dolor RJ, et al. Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women: 2007 Update. *Circulation* 2007;115:1481-501. <http://doi.org/b87knb>
5. Jones DW, Peterson ED, Bonow RO, Gibbons RJ, Franklin BA, Sacco RL, et al. Partnering to Reduce Risks and Improve Cardiovascular Outcomes American Heart Association Initiatives in Action for Consumers and Patients. *Circulation* 2009;119:340-50. <http://doi.org/cc5b6p>
6. Rolandi F, Grinfeld L, Sosa Liprandi MI, Tambussi A, Kazelian L, La Bruna MC et al. Women Survey on Women Awareness of Heart Disease. *Rev Argent Cardiol* 2013;81:308-314. <http://dx.doi.org/10.7775/rac.v81.i4.1076>
7. Hsia J, Rodabough RJ, Manson JE, Liu S, Freiberg MS, Graettinger W, et al. Evaluation of the American Heart Association Cardiovascular Disease Prevention Guideline for Women. *Circ Cardiovasc Qual Outcomes* 2010;3:128-34. <http://doi.org/dkv23r>
8. Schargrodsky H, Hernández-Hernández R, Champagne BM, Silva H, Vinuesa R, Silva Ayçaguer LC, et al. CARMELA: Assessment of Cardiovascular Risk in Seven Latin American Cities. *Am J Med* 2008;121:58-65. <http://doi.org/db4rmz>
9. Roger VL, Go AS, Lloyd-Jones DM, Adams RJ, Berry JD, Brown TM, et al. Heart Disease and Stroke Statistics 2011 Update: a Report From the American Heart Association. *Circulation* 2011;123:e18-e209. <http://doi.org/dmkg2t>
10. Mosca L, Ferris A, Fabunmi R, Robertson RM. Tracking Women's Awareness of Heart Disease: an American Heart Association National Study. *Circulation* 2004;109:573-9. <http://doi.org/drfsfc>
11. Mosca L, Mochari-Greenberger H, Dolor RJ, Newby LK, Robb KJ. Twelve-year follow-up of American women's awareness of cardiovascular disease risk and barriers to heart health. *Circ Cardiovasc Qual Outcomes* 2010;3:120-7. <http://doi.org/dfzwpf>
12. Schwamm L, Fayad P, Acker JE, Duncan P. Translating evidence into practice: A decade of efforts by the American Heart Association/American Stroke Association to reduce death and disability due to

- stroke. A Presidential Advisory from the American Heart Association/American Stroke Association. *Stroke* 2010;41:1051-65. <http://doi.org/dd9nzzg>
13. Writing Group on behalf of Workshop Consensus Group. Aging, menopause, cardiovascular disease and HRT. International Menopause Society Consensus Statement. *Climateric* 2009;12:368-77. <http://doi.org/ckg6q3>
14. Banerjee M, Cruickshank JK. Pregnancy as the prodrome to vascular dysfunction and cardiovascular risk. *Nat Clin Pract Cardiovasc Med* 2006;3:596-603 <http://doi.org/fh2sf6>
15. Banerjee A. Macroeconomics and cardiovascular risk factors. The same view through a different lens? *Circulation* 2013;127:1451-2. <http://doi.org/mtd>
16. Mosca L, Hammond G, Mochari-Greenberger H, Towfighi A, Albert MA. Fifteen-year trends in awareness of heart disease in women: results of a 2012 American Heart Association National Survey. *Circulation* 2013;127:1254-63. <http://doi.org/mtf>
17. Tajer D. Heridos Corazones: vulnerabilidad coronaria en varones y mujeres. 1.ª ed. Buenos Aires: Editorial Paidós; 2009. (Serie Temas Sociales nro. 57.)
18. Salazar A. Entrevista a la Dra. Débora Tajer. ¿Hay que pensar en género cuando se trabaja en salud? En: <http://revistaargentinadecardiologia.wordpress.com/los-reportajes-de-adriana-salazar/>; consultado el 10/07/2013.