

# THE HEART OF WOMEN'S HEALTH

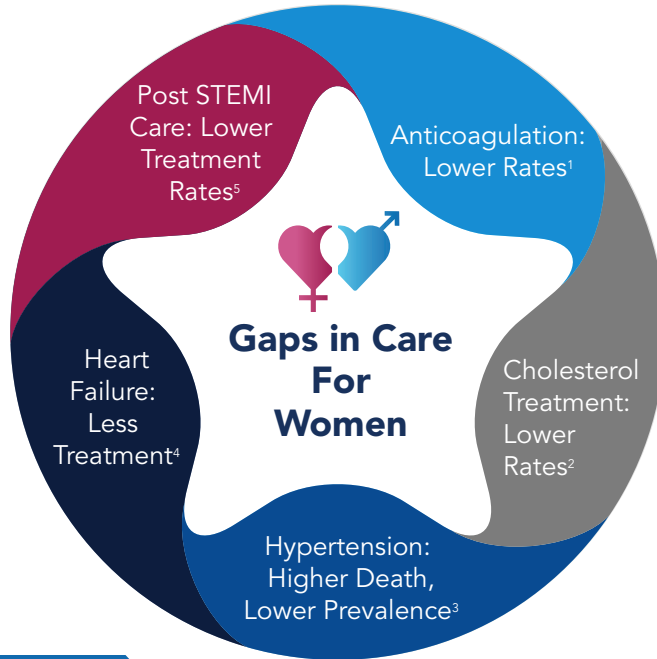
Women, compared with men, are **less likely to receive GDMT** or appropriate intensification of therapy

**Lower rates of ACEI/ARBs** post STEMI

**Fewer achieve** door-to-balloon time  $\leq 90$  minutes

**Lower rate of diagnostic testing/specialty care**

**Fewer restoration procedures** e.g., revascularization



**Lower** rate for OAC for new AFib  
**48%** vs. **53%**

**Lower statin** prescription rate  
**67%** vs. **78%**

**Lower** GDMT-based **statin intensity**  
**36.7%** vs. **45.2%**

**Higher death rate** from high BP  
**52.2%** vs. **47.8%**



## The Impact of Gaps in Care

## THE IMPACT OF GAPS IN CARE

**CVD** **#1** cause of death in women, responsible for **1 of 4 deaths**<sup>6</sup>

**Greater morbidity and mortality** post stroke and MI<sup>7-8</sup>

**Toll of Ischemic Heart Disease in Women vs. Men**<sup>9</sup>

**MI** **~1.5x higher** 1-year mortality

**CABG** **~2x higher** morbidity/mortality

**HF** **~1.5x higher** incidence

**Angina** **~2x higher** morbidity/mortality



## Sex-Based Differences

## SEX-BASED DIFFERENCES

**Myth: Higher Bleeding Risk in Women**  
**Fact: Similar to Men**

Significantly **lower risk** of **intracranial hemorrhage**<sup>10</sup>

**DOACs vs. Warfarin** **All-cause mortality**

**HR: 0.16** **HR: 0.55**

**HFpEF, Nonobstructive CAD Higher in Women**

**2x** as likely to develop **HFpEF**; experience greater symptom burden<sup>11</sup>

**More likely** to have **nonobstructive CAD**

**Inconsistent MI symptoms** leading to **delayed diagnosis & treatment**

**Response to Medical Management**

Post hoc analysis of major clinical trials:

**TOPCAT<sup>12</sup>:** Secondary outcome of all-cause mortality:

<b>15.8%</b>	♀	<b>Spirolactone therapy</b>	♂	<b>25.2%</b>
<b>22.3%</b>	♀	<b>Placebo</b>	♂	<b>24.3%</b>

**PARAGON-HF<sup>13</sup>:**

**Sacubitril/Valsartan treatment** **Greater response by women**

**Call to Action** Addressing the disparities in delivery of care and cardiovascular outcomes for women requires a renewed commitment to recognizing the issue and prescribing GDMT and other evidence-based treatment.

**Abbreviations:** AFib: Atrial fibrillation | CABG: Coronary artery bypass grafting | CAD: Coronary artery disease | CHD: Coronary heart disease | DOAC: Direct oral anticoagulant | HF: Heart Failure | HFpEF: Heart failure with preserved ejection fraction | HTN: Hypertension | ICH: Intracerebral hemorrhage | IHD: Ischemic heart disease | MI: Myocardial infarction

**References:** 1. Turakhia MP. Presented at: HRS2019. May 10, 2019. San Francisco, CA. | 2. Nanna MG, et al. Circ Cardiovasc Qual Outcomes 2019 Aug;12(8):e005562. | 3. Benjamin EJ, et al. Circulation 2019 Mar;139(10):e56-e528. | 4. Bozkurt B, et al. Methodist Debakey Cardiovasc J 2017;13(4):216-223. | 5. Bangalore S, et al. Am J Med 2012;125(10):1000-1009. | 6. Virani SS, et al. Circulation 2020;141:e139-e596. | 7. Woodward M. Int J Environ Res Public Health 2019 Apr;16(7):1165. | 8. Graham G. Clin Med Insights Cardiol 2016;10:1-10. | 9. Sanghavi M and Gulati M. Curr Atheroscler Rep 2015 Jun;17(6):511. | 10. Law SW, et al. J Am Coll Cardiol 2018 Jul;72(3):271-282. | 11. Garcia M, et al. Circ Res 2016;118(8):1273-93. | 12. Pitt B, et al. N Engl J Med 2014;370(15):1383-92. | 13. Solomon SD, et al. N Engl J Med 2019;381:1609-1620.

**Educational Grant Support Provided by:** Amarin, AstraZeneca, Bristol-Myers Squibb and Pfizer Alliance, and Novartis Pharmaceuticals Corporation