

Cardiovascular disease in women

Damijan Šimičić^{1*}, Dejan Štrbac¹, Alen Ružić²

¹University of Rijeka School of Medicine, Rijeka, Croatia

²University of Rijeka School of Medicine, University Hospital Centre Rijeka, Rijeka, Croatia

Cardiovascular disease (CVD) is the most common cause of death and disability in female patients with a steady increase in incidence. Available data suggest that there are significant differences between men and women in CVD epidemiology, diagnostic procedures, prognosis and effects of the treatment. A series of open questions reflect differences in CVD risk that are defined by different hormonal status throughout the life in men and women. Different sensitivity and specificity for a number of diagnostic cardiovascular tests is described for female patients, as well as the uneven response to the therapy in the practically same clinical

circumstances. Also, the mortality from CVD is higher in women than in men. It might be explained by a higher median age and a higher degree of comorbidity. It is still not possible to give precise answers to a number of open questions in this field which is mostly due to the fact that women are generally underrepresented in randomized controlled trials. A similar relationship can be found in the studies that examine the diagnostic and/or therapeutic cardiovascular procedures. Nevertheless, we should be aware that women are more often prescribed nitrates, calcium channel blockers, diuretics and sedatives, but in a minor percentage they receive beta-blockers, statins and aspirin than men. In this review, we have analyzed the available scientific sources on cardiovascular morbidity in women with a special emphasis on open issues and priorities for the future studies.

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*Address for correspondence: Medicinski fakultet Sveučilišta u Rijeci, B. Branchetta 20, HR-51000 Rijeka, Croatia.

Phone: +385-91-8824-969

E-mail: damijan1989@hotmail.com

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