

# Women's heart attacks more likely fatal: But why?

By ACSH Staff — October 25, 2012

A [new report](#) <sup>[1]</sup> presented at a meeting of acute cardiac care experts, but not yet published in a journal reveals that among 5,000 new admissions for [heart attack](#) <sup>[2]</sup>, women died more than twice as often as men while in the hospital.

Not only that, women experienced a longer delay until getting emergency coronary interventions such as angioplasty (catheter removal of a blockage), as well as a higher risk of complications of their heart damage, including arrhythmias (irregular heart beats), some of which can be lethal. And their hospital stays were a full day longer than their male counterparts.

Every minute of delay results in death of heart muscle cells, which is directly related to the complications both immediate and longer-term of heart attacks. Some of this avoidable harm cannot be laid directly at the feet of the male-dominated healthcare system: women's heart problems are often non-specific, such as nausea and sweating, which may account for their delay in trying to get help via calling 911 women waited 60 minutes to call for assistance, as compared to men, who waited only 44 minutes. But once in the hospital, delay remains a sex-linked problem.

In the study just reported, done by researchers in France, three-quarters of the 5,000 patients were male; the women were older, by 69 to 61 years. They were also more likely to have high blood pressure, but less likely to smoke. The main outcome was an in-hospital death toll of 9 percent, compared to men's rate of 4.4 percent: women died at over twice the rate of men. Still, the women who survived had insult added to injury: upon discharge, they received important medications (blood pressure and cholesterol reducers, and blood thinners) at a lower rate than men.

Doctors and women are co-complicit in this tragic situation. Women, especially with atypical symptoms, have a very hard time believing they may be having a heart attack, and seek other, more benign explanations. As someone who worked in ERs over the course of many years, I can attest that doctors both male and female have a similar attitude, readily accepting a patient's assertion that their problem is due to indigestion or anxiety. At least until the ECG confirms the diagnosis, which can no longer be denied.

Women do not know, and sadly neither do many doctors, that heart disease is the number one killer of women, as it is for men not breast cancer, a common myth. It is simply unacceptable in the 21st century to treat women with less intensive diagnostic and therapeutic muscle than we do men. Both patients and caregivers need to have their consciousness raised on this crucial subject. [Especially in the ER](#) <sup>[3]</sup>, doctors and triage nurses need to have their antennae up when a possible heart patient who doesn't fit the typical mold especially if the patient is a woman comes in.

"[Women's heart attacks more likely fatal: But why?](#)" <sup>[4]</sup> (Examiner.com)

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**Links**

[1] <http://www.medpagetoday.com/Cardiology/MyocardialInfarction/35441>

[2] <http://www.examiner.com/topic/heart-attack>

[3] <http://www.acsh.org/womens-heart-symptoms-too-often-misdiagnosed/>

[4] <http://www.examiner.com/article/women-s-heart-attacks-more-likely-fatal-but-why-1>