

# Myths and Truths

MYTH: Most women in America die from cancer.

TRUTH: Heart disease is the leading cause of death of women in the U.S., and is responsible for 161,698 deaths — more than one in three deaths— in women annually. By comparison 40,861 women die from breast cancer annually.<sup>1</sup>

MYTH: Heart disease is a man's problem.

TRUTH: 23% of women who have heart attacks die within one year of their first heart attack, compared to 18% of men. Within 5 years of a first heart attack, 47% of women and 36% of men will die.<sup>1</sup>

MYTH: Only older women have heart disease.

TRUTH: Heart disease death rates among older groups are now falling steeply. However, for women <55 years of age heart disease death rates are showing no signs of decline.<sup>2</sup>

MYTH: Most doctors know about women's risk of heart disease.

TRUTH: A 2005 American Heart Association study showed that only eight percent of primary care physicians and 17 percent of cardiologists knew that heart disease kills more women than men.<sup>3</sup>

MYTH: Heart disease in women is the same as heart disease in men and should be treated the same.

TRUTH: In many cases, the experts don't know. The vast majority of cardiovascular research has been performed on men and/or data have not been separated out based on gender. Where men and women have been studied separately, some important differences have been identified. As importantly, however, women should be treated as aggressively as men when there is proof of benefit, such as using statins and aspirin after a heart attack.

MYTH: Women and men with heart disease get the same care.

TRUTH: Far too often, women fighting heart disease are not accurately diagnosed and do *not* receive the care they need when they need it. A study published in the January, 2009 issue of the journal *Heart* showed that among heart patients, women were less likely than men to receive medications called beta blockers, statins and ACE inhibitors—which are crucial to prevent further heart problems.<sup>4</sup> Women are also less likely to receive ICDs (an implantable cardioverter defibrillator, a device that helps to control irregular heartbeats) or even aspirin, following a diagnosis of heart disease.<sup>5</sup> Even newer studies confirm the disparities in care and treatment between men and women.



MYTH: If heart disease isn't in your family, it isn't your problem.

TRUTH: A family history of heart disease does increase risk of developing the disease. But many women without a family history have heart attacks or heart problems. High blood-pressure, high cholesterol, diabetes, kidney disease, poor dietary patterns, high sodium intake, smoking, being overweight or obese, and physical inactivity, all factors that increase your risk of heart disease.

MYTH: You can't do anything to stop heart disease.

TRUTH: Yes, you can! You can significantly reduce your risk of heart disease if you have the information you need and you control your own risk factors.

### [www.womenheart.org](http://www.womenheart.org)

WomenHeart is the only organization dedicated to advancing women's heart health through advocacy, community education and patient support. Through its website, WomenHeart provides information to the general public and to health care professionals, including up-to-date statistics about heart disease in women, the warning signs of heart disease, questions to ask health care providers, an online community discussion board for patients, research reports, and advocacy tools. WomenHeart encourages women to engage in the fight to end heart disease through its education, advocacy, and policy programs.

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2. Wilmot, Kobina A., MD, O'Flaherty, Martin, MD, PhD, MSc, et. al., Coronary Heart Disease Mortality Declines in the United States from 1979 Through 2011. *Circulation* 2015; 132: 997-1002
3. Mosca L, Linfante LH, Benjamin EJ, et al. National study of physician awareness and adherence to cardiovascular disease prevention guidelines. *Circulation*. 2005;111:499-510.
4. Dey S, Flather, MD, Breiger D, et al. Sex-related differences in the presentation, treatment and outcomes among patients with acute coronary syndromes: the Global Registry of Acute Coronary Events. *Heart*. 2009;95(1):20-6.
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