

Editorial

Gender Bias And Heart Disease In Women

Lately, there has been a lot of discussion, especially in the American Medical literature, about heart disease in women, and whether there is a "gender-bias" in its recognition and management. Arguments for and against are still hurtling back and forth in medical literature space. Whatever the basis for these arguments, they have achieved one unquestionable objective, i.e., highlighting the fact that cardiovascular diseases are the number one killer of post-menopausal women. It is worth mentioning that breast cancer and other gynecologic cancers which evoke a greater anxiety in women and their physicians are responsible for only one sixth of all post-menopausal female deaths while, cardiovascular diseases are responsible for over half of all deaths in this group. At least those are the statistics from countries where such data is available.

What are the facts in Pakistan? Unfortunately, we do not have the facts known to us in Pakistan. However, we have data available from clinical studies and a few population surveys that tell us a very scary story. It seems that congenital heart disease is equally prevalent in male and female babies, but, more male babies are operated for congenital heart disease than female babies. Hospital and population data shows that rheumatic heart disease is relatively more prevalent in girls especially a definitely higher prevalence of mitral valve disease (mitral valve being the most common valve affected by this disease). Hypertension, obesity and diabetes, the most important risk factors for cardiovascular diseases, are seen to be more prevalent in older females compared to males. Only smoking is less prevalent, at least in our urban surveys which may not be so in rural areas. Finally, coronary heart disease is manifesting itself exponentially in the older (as well as not so old) women. Lacking accurate data it is difficult to be sure but coronary heart disease is certainly the main cause of death in women being seen in hospitals and cardiology departments in Pakistan.

Why then one may ask; if there are more women in the population, and, if women live longer than men, and, if they have more prevalence of cardiovascular problems, are seen in equal or larger numbers in the out-patients; do we see less women admitted in the wards, in the diagnostic departments and finally having less procedures and less surgery? Is there indeed a "gender bias" against women in Pakistan as well?

A line of investigation worth pursuing is it not?!

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