A window of opportunity: improving cardiovascular health in women

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From our daily lives we know that men and women differ considerably. Men buy cars and women shoes, men ruin the white laundry and women destroy acceleration gears, and we eagerly read the books describing that men are from Mars and women from Venus. These stereotypes do reflect the constant debate on gender differences in society. Similarly, it is increasingly accepted within cardiovascular health care that male and female patients might need another approach.

In 2006, the European Society of Cardiology published a statement from a Policy Conference on CVD in Women underlining that cardiovascular disease is underestimated as a health problem for women and that gender differences in the manifestation and the time course of coronary heart disease should be taken into consideration in clinical practice.¹ In this issue of the *Netherlands Heart Journal*, Maas and colleagues describe the importance of early risk factor identification and management of hypertension in middle-aged women and argue that this should be the first step in the evaluation and treatment of women with perimenopausal symptoms. They also conclude that there is a window of opportunity for using hormone replacement therapy in the first years proximal to menopause in women with severe menopausal complaints and who are at low risk for CHD.²

The authors also open another window of opportunity for a large group of female patients, namely promoting lifestyle changes to decrease the risk for cardiovascular events. As they state in their paper, hypertension is by far the most important risk factor affecting women in the early postmenopausal years with about 30 to 50% of women developing hyper-

tension before the age of 60.² The authors stress that the treatment of risk factors should be addressed according to the current guidelines that underscore lifestyle changes as the initial goal of therapy.² However, it is known that less than half of women receive adequate treatment and in older women treatment of hypertension is even less.^{3,4}

Prevention of cardiovascular events is the key and is needed to decrease the burden of cardiovascular disease on society, and particularly needed to reduce the considerable burden of heart failure. Hypertension and CHD are the most common aetiological factors in heart failure for both genders, but hypertensive women appear to have a higher risk of developing heart failure than men.⁵ Elderly women with a history of hypertension account for a considerable percentage of heart failure patients diagnosed with preserved ejection fraction. As life expectancy is greater in women than in men, the proportion of older women with heart failure is higher than that of men and is expected to further increase. If we want to change these figures treating hypertension is of key importance. In this, a gender-specific approach might be appropriate. Women are less likely than men to identify their risk factors (body mass index, smoking, blood pressure, cholesterol) and this may affect the implementation of more aggressive management for women at higher risk for cardiovascular events.¹ From the Euro Heart Survey we learned that women were less often treated with evidence-based drugs, even after adjustment for age and important clinical characteristics.⁶

Clinicians need to be aware of the need for a specific approach in the treatment of those at risk for cardiovascular diseases and consequently also in the treatment of heart failure. Several studies examined effectiveness of disease management programmes in patients with heart failure;⁷ however, tailored education and counselling programmes for women aiming at prevention and optimal treatment have not been tested yet. If we want to decrease the burden of cardiovascular disease, this needs to be high on the agenda of clinicians and researchers. ■

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