

RISK FACTORS

Women

- » History of Pre-Eclampsia
- » >35" Waist Size
- » Total Cholesterol >170 mg/dl
- » HDL Cholesterol <50 mg/dl
- » >55 years old

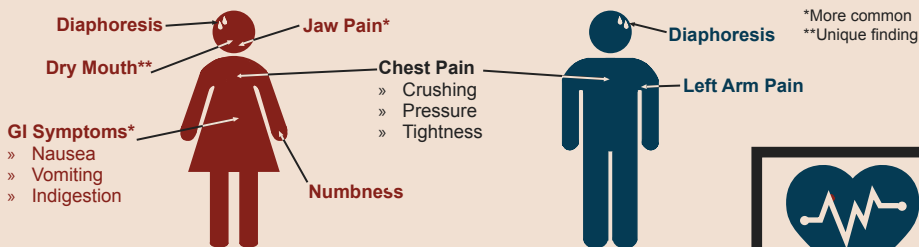
Both

- » BP >130/85
- » FBS >100mg/dl
- » FH of CVD
- » Triglyceride >150 mg/dl
- » LDL Cholesterol >100 mg/dl
- » Lifestyle Choices

Men

- » >40" Waist Size
- » Total Cholesterol >200 mg/dl
- » HDL Cholesterol <40 mg/dl

SYMPTOMS



PATHOPHYSIOLOGY



Microvascular Disease *Primarily in women*

MVD affects small coronary arteries. The plaque spreads evenly, resulting in arterial narrowing, but no obstruction on angiogram. Spasm is a possible etiology for this.



AtheroSclerotic Vascular Disease *Primarily in men*

ASVD affects large coronary arteries. These gradually fill with plaque. This plaque ruptures and causes blockage, inhibiting blood flow to the heart, and diagnosed with angiogram.

DIAGNOSTICS

Microvascular Disease

- » Often missed by conventional testing
- » 50% of women have no coronary artery blockage
- » MINOCA (MI with No Obstruction of Coronary Artery)
- » Better diagnostic tools are:
 - » SPECT (Single Photon Emission Computerized Tomography)
 - » High-Sensitive Troponin Test
 - » HS Troponin > 14 mg/L suggests MI

AtheroSclerotic Vascular Disease

- » Conventional tests are more accurate
 - » Arteriogram
 - » Exercise Stress Test
 - » Troponin level >22mg/L suggests MI

TREATMENT



- » Vasodilators (NTG, ACE inhibitors, ARBs)
- » Glycoprotein 2b/3a Anticoagulants
- » Statins have not been proven to prevent a first MI in women
- » ASA has more risk than benefit if used to prevent first MI in women



- » Traditional antihypertensives
- » Traditional anticoagulants
- » Low-dose daily ASA prevents first MI in men

To Learn More or Get Involved
Visit us at amwa-doc.org/sghc or email us at sghcstudents@amwa-doc.org

Source: Laura W. Bush Institute for Women's Health, Sex & Gender Specific Health Learning Module
sexandgenderhealth.org