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## Short Communication

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## Early Detection and Prevention of Heart Disease in Women

#### Ramesh Gupta\*

Department of Cardiology, All India Institute of Medical Sciences (AIIMS), New Delhi. India

\*Corresponding Author: Ramesh Gupta, Department of Cardiology, All India Institute of Medical Sciences (AIIMS), New Delhi. India: E-mail: ramesh.gupta@aiims.edu.in

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#### Description

Heart disease remains the leading cause of death for women, responsible for one in every three female deaths globally. Despite this, many women do not perceive heart disease as a personal risk, which has contributed to delayed diagnoses and poorer outcomes. Traditionally, heart disease has been seen as a condition primarily affecting older men. However, heart disease in women is both more common and often more deadly than the general public believes. Several risk factors contribute to the high rates of heart disease among women [1]. While common risk factors such as hypertension, diabetes, smoking, high cholesterol and physical inactivity are prevalent in both men and women, certain gender-specific factors also play a role. One of the most significant of these is menopause. The decrease in estrogen levels during menopause is associated with an increased risk of developing heart disease. Estrogen is thought to have a protective effect on the cardiovascular system by improving cholesterol levels, reducing inflammation and maintaining the health of blood vessels. When estrogen levels drop after menopause, women may experience increased blood pressure and cholesterol levels, as well as changes in fat distribution that raise the risk of heart disease [2-4].

Pregnancy-related conditions also contribute to the risk of heart disease in women. Gestational diabetes, preeclampsia and other complications during pregnancy have been linked to a higher risk of cardiovascular disease later in life. Women who experience these conditions should be monitored closely for heart disease risk factors in the years following childbirth [5]. Additionally, factors such as obesity, poor diet and physical inactivity disproportionately affect women, further contributing to the cardiovascular burden. Women, especially those from lower socio-economic backgrounds, may face barriers to accessing healthcare, making it difficult to manage these risk factors effectively. One of the most important issues in heart disease diagnosis in women is the difference in the way symptoms manifest [6,7]. Traditionally, heart disease has been associated with the classic symptoms of chest pain or discomfort, radiating pain down the left arm, sweating and shortness of breath. These symptoms are often seen in men, but they can be subtle or different in women. Women are more likely to experience atypical symptoms, such as nausea, fatigue, dizziness, indigestion, or shortness of breath. These symptoms can be mistaken for other conditions or simply attributed to stress, leading to delays in seeking medical attention. As a result, heart

disease in women is often underdiagnosed or diagnosed at later stages when the disease is more advanced.

Given the significant gender differences in the presentation, diagnosis and treatment of heart disease, there is a clear need for more gender-specific approaches to both prevention and treatment. Women should be educated about the risks of heart disease early on, particularly about the impact of menopause, pregnancy complications and other gender-specific risk factors [8]. Early treatment and lifestyle modifications, including better management of stress, weight and diet, can help reduce the risk of developing cardiovascular disease in women. Moreover, medical professionals must be trained to recognize the differences in symptoms between men and women. This includes paying closer attention to atypical signs of heart disease and taking women's complaints seriously, especially if they have risk factors such as family history, hypertension, or diabetes. Women should also be more closely monitored during pregnancy for conditions such as preeclampsia, which can indicate an increased long-term cardiovascular risk [9,10]. There is also an important need for more research focused specifically on women's heart health. Much of the research on cardiovascular disease has been based on male populations and the results may not be fully applicable to women. By including more women in clinical trials and focusing on the biological, social and cultural factors that affect women's heart health, we can develop more targeted and effective treatments for this demographic.

#### Conclusion

Heart disease in women is a major public health concern that has historically been overshadowed by its association with men. However, as awareness grows, it becomes evident that women face unique risks, symptoms and challenges when it comes to heart disease. From the hormonal influences of menopause to pregnancy-related complications and the differing symptoms and outcomes, heart disease presents in women in ways that require a more complex approach. By focusing on gender-specific prevention, early diagnosis and treatment, we can improve the health and well-being of women and reduce the burden of heart disease on this vulnerable population. Moving forward, more research, better healthcare access and increased awareness are key to addressing this often-overlooked epidemic.

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