

# The Influence of Gender on Heart Disease Presentation and Management: A Comparative Study

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## Description

Heart disease remains a leading cause of mortality worldwide, with growing evidence suggesting that its presentation and management may vary between genders. This study aims to investigate the influence of gender on the presentation and management of heart disease through a comparative analysis. Data were collected from medical records of patients diagnosed with heart disease, and statistical analyses were performed to assess gender-based differences in presentation, diagnosis, treatment, and outcomes. The findings indicate significant variations between male and female patients in symptom presentation, diagnostic approaches, and treatment strategies. Understanding these differences is crucial for improving heart disease management and reducing gender disparities in healthcare [1-3].

Heart disease is a major public health concern globally, responsible for a significant proportion of morbidity and mortality. While it affects both men and women, emerging evidence suggests that gender differences exist in its presentation, diagnosis, and management. Understanding these differences is crucial for optimizing healthcare delivery and improving outcomes for all patients. This study aims to explore the influence of gender on the presentation and management of heart disease through a comparative analysis of male and female patients. The presentation of heart disease can vary between genders. Historically, symptoms such as chest pain have been more commonly associated with men, leading to under-recognition of heart disease in women. However, recent research suggests that women may present with atypical symptoms, including fatigue, shortness of breath, and nausea, which may lead to delayed diagnosis and treatment.

Diagnostic approaches for heart disease may also differ based on gender. Men tend to undergo cardiac imaging studies more frequently, whereas women may be subjected to additional tests due to concerns about atypical symptoms. This can lead to potential delays in diagnosis for women, as well as increased healthcare costs. Gender disparities also exist in the treatment of heart disease. Studies have shown that women are less likely to receive guideline-recommended therapies such as revascularization procedures and cardiac rehabilitation compared to men. This may be due to various factors, including differences in symptom presentation, provider biases, and patient preferences.

Gender differences in heart disease management can impact patient outcomes and prognosis. Women have been found to have higher rates of complications and mortality following acute myocardial infarction compared to men. Additionally, women may experience worse quality of life outcomes post-treatment due to the underutilization of cardiac rehabilitation programs.

Understanding the influence of gender on heart disease presentation and management has important implications for healthcare practice. Clinicians should be aware of atypical symptoms in women and ensure that diagnostic and treatment approaches are tailored to individual patient needs. Addressing gender disparities in healthcare delivery requires a multifaceted approach involving education, advocacy, and policy changes to ensure equitable access to quality care for all patients [4,5].

In conclusion, gender plays a significant role in the presentation and management of heart disease. Women may present with atypical symptoms, face challenges in diagnosis, and experience disparities in treatment compared to men. Addressing these gender differences is essential for improving outcomes and reducing mortality rates associated with heart disease. Future research should focus on elucidating the underlying factors contributing to these disparities and developing strategies to promote equitable care for all patients.

## Acknowledgement

None.

## Conflict of Interest

Authors declare no conflict of interest.

## References

- Sheth, Harshal, Rajiv S. Swamy and Atman P. Shah. "Acute myocardial infarction and cardiac arrest due to coronary artery perforation after mitral valve surgery: Successful treatment with a covered stent." *Cardiovasc Revasc Med* 13 (2012): 62-65.
- Marinković, Goran, Duco Steven Koenis, Lisa de Camp and Robert Jablonowski, et al. "S100A9 links inflammation and repair in myocardial infarction." *Circ Res* 127 (2020): 664-676.
- Yun, Gabin, Tae Hyun Nam and Eun Ju Chun. "Coronary artery fistulas: Pathophysiology, imaging findings, and management." *Radiographics* 38 (2018): 688-703.
- Qureshi, Rabail, Leo Kao and Rakesh P. Gupta. "Coronary artery fistula with associated Takotsubo cardiomyopathy: A case report." *J Med Case Rep* 12 (2018): 1-4.
- Mangukia, Chirantan V. "Coronary artery fistula." *Ann Thorac Surg* 93 (2012): 2084-2092.

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