

Hypertension Issues in Women's

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Description

Among Southeast Asian women, cardiovascular disease (CVD) is a serious health issue that is often overlooked. With the exception of Singapore, women in the region have a significantly higher prevalence of cardiovascular risk factors like hypertension, diabetes, cholesterol, lack of physical activity, and being overweight or obese. The situation gets worse because people don't know that cardiovascular disease affects men and women, there are misconceptions about the disease, and there isn't enough local health literature. A number of organizations, including the national heart association, have attempted to raise awareness of heart health and encourage healthy lifestyle choices. At the beginning of the 1990s, similar preventative measures were implemented in Singapore, and the prevalence of cardiovascular risk factors has decreased. According to the Non-Communicable Disease Alliance, the governments of the region have begun to embrace appropriate preventative measures and upgrade health delivery systems. However, before these programs can be fully implemented and successful, they must be able to overcome psychological, social, and cultural barriers that prevent women from becoming aware of cardiovascular disease.

For women, cardiac disease is the leading cause of death. These threats have historically been overlooked by women. The relative impact of risk variables varies significantly depending on the age of presentation. There is still no explanation for the "gender advantage," which was previously thought to be caused by female sex hormones. In a similar vein, the benefits of treating postmenopausal hormones remain contentious. Although reasonable risk factor management can reduce risk, there is still a gap between calculated risk and evidence of subclinical atherosclerosis, necessitating a more proactive risk reduction strategy, particularly for women. Problems with meta-analyses are more likely to be the cause of the debate regarding the efficacy of statins in women than gender dimorphism. Despite the fact that rehabilitation lowers cardiac risk, women are underrepresented in the program, despite the fact that the benefits are the same for men and women. The recent allegations of "sex discrimination" in heart disease treatment point to a larger issue. It is unclear why there are such disparities in risk, diagnosis, and medical or surgical treatment outcomes between men and women in the biology of heart disease [1].

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For effective pregnancy research, it is essential to have national societies involved in the planning and funding of multicenter studies, as well as interdepartmental and interinstitutional collaboration, institutional and interstitial funding support, patient incentives, and a shorter study duration. Countries with National Health Service structures, like Canada and Europe, are more likely to collaborate on multicenter prospective studies than those with fee-for-service systems, like the United States. Participation in prospective multicenter registries, telemedicine, and handheld ultrasound technology could both provide a platform for research throughout pregnancy and enhance clinical care for pregnant women in developing nations [5]. Recent developments in multicenter and even global registries, supported by European cardiac societies, have provided much-needed data on pathological conditions like per partum cardiomyopathy and pregnancy and congenital heart disease. These kinds of studies typically do not include nations other than the United States, but emerging nations are increasingly taking part. Pregnancy in connective tissue diseases, older women, post-chemo radiation therapy or organ transplantation, and HIV lack research. Among Southeast Asian women, cardiovascular disease (CVD) is a serious health issue that is often overlooked. With the exception of Singapore, women in the region have a significantly higher prevalence of cardiovascular risk factors like hypertension, diabetes, cholesterol, lack of physical activity, and being overweight or obese. The situation gets worse because people don't know that cardiovascular disease affects men and women, there are misconceptions about the disease, and there isn't enough local health literature. A number of organizations, including the national heart association, have attempted to raise awareness of heart health and encourage healthy lifestyle choices. At the beginning of the 1990s, similar preventative measures were implemented in Singapore, and the prevalence of cardiovascular risk factors has decreased. According to the Non-Communicable Disease Alliance, the governments of the region have begun to embrace appropriate preventative measures and upgrade health delivery systems. However, before these programs can be fully implemented and successful, they must be able to overcome psychological, social, and cultural barriers that prevent women from becoming aware of cardiovascular disease.

Half of the patients could benefit from studies that focus more on these concerns. Ischemic heart disease (IHD) is frequently misdiagnosed or ignored in women. As a result, a lot of people who are at risk for bad outcomes don't get the right diagnosis, treatment, or ways to prevent them. This under-recognition is the result of sex-specific IHD pathogenesis, which differs from conventional models based on data from males with flow-limiting CAD blockages. Obstructive coronary artery disease (CAD) in women with the same symptoms is less common than in men, but they are more likely to have coronary microvascular dysfunction, plaque erosion, and thrombus formation. More widespread non-obstructive CAD involvement, hypertension, and diabetes are linked to significant negative outcomes comparable to those reported in obstructive CAD, according to current research. The idea that non-obstructive CAD is a cause of IHD and that it has negative effects on women is an important new paradigm. This position paper discusses management options that may be useful until additional evidence becomes available, as well as the current state of knowledge and information gaps. Because it involves a

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"sensitive" population that includes both the mother and the child, pregnancy research is challenging. The lack of pregnancy research can be attributed to the difficulties of studying both normal and pathologic stages of pregnancy. Until recently, the majority of pregnancy studies were nonrandomized and retrospective, reflecting professional prejudices and current clinical practice [3].

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Conflict of Interest

None.

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