

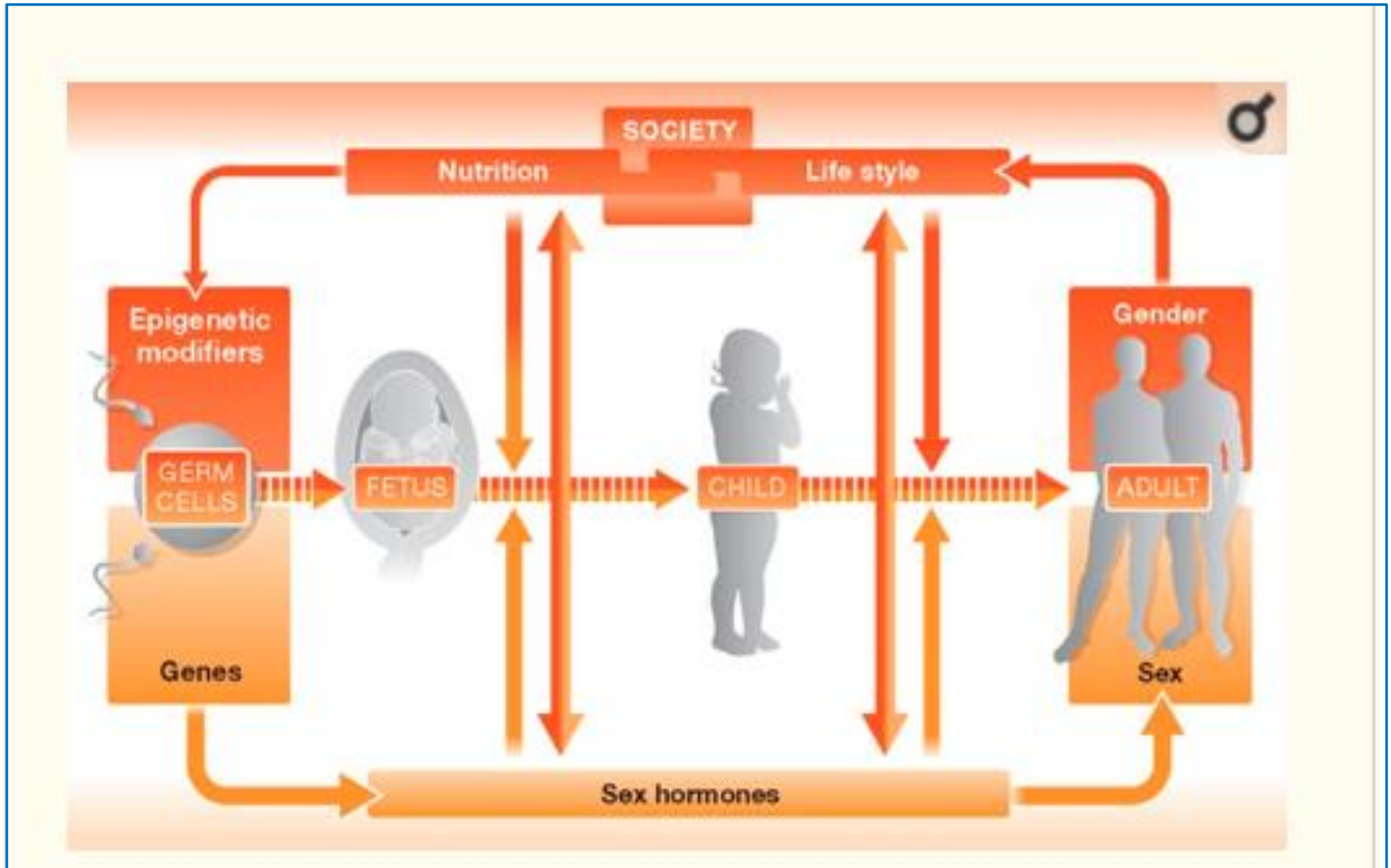
WOMEN'S HEART CLINIC

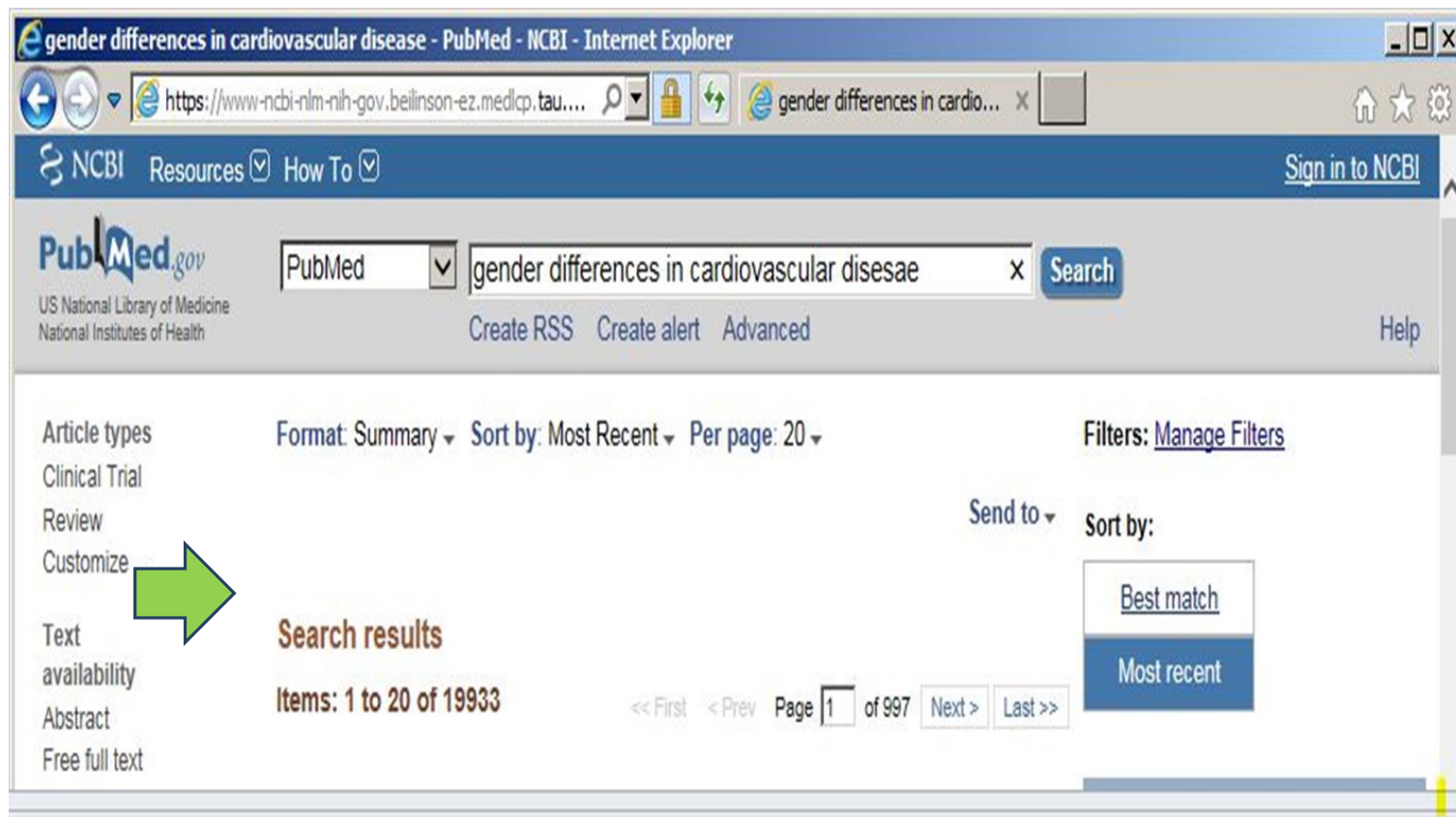
IT'S A
MUST

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COMPLEX INTERDEPENDENCY OF SEX AND GENDER IN THE HUMAN





Despite the wealth of data on differences, medical practice does not sufficiently take sex/gender into account in diagnosis, treatment or disease management

העולם מתקדם לרפואה מגדרית, ומה קורה במשרד הבריאות?

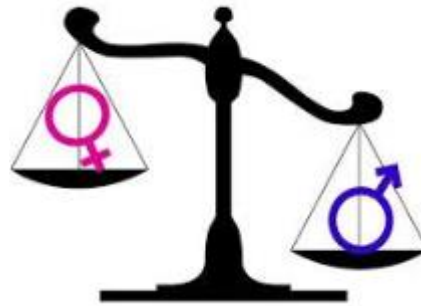
נכתב ע"י: רוחמה גמרמן 14 בינואר 2016 תגיות: איכות ונגישות רפואה, נשים

שתף/שתפי

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ועדה: הוועדה לקידום מעמד האישה ולשוויון מגדרי

WHO



Fact sheet

The Global Health 50/50 Report

How gender-responsive
are the world's most
influential global health
organisations?

First report

2018

“ Gender equality in health means that women and men, across the life-course and in all their diversity, have the same conditions and opportunities to realize their full rights and potential to be healthy, contribute to health development and benefit from the results. ”

WHO Gender fact sheet

NO SENSE!

- It doesn't make sense that medical research is performed mostly on males and then are applied to both men and women in the clinical setting.
- For health education, we need to consider each patient's uniqueness and that means first and foremost taking into consideration how sex and gender impact health and wellness.
- The prevention, management and therapeutic treatment of many common diseases does not reflect the most obvious and most important risk factors for the patient: sex and gender

GAPS AND THE MISSING

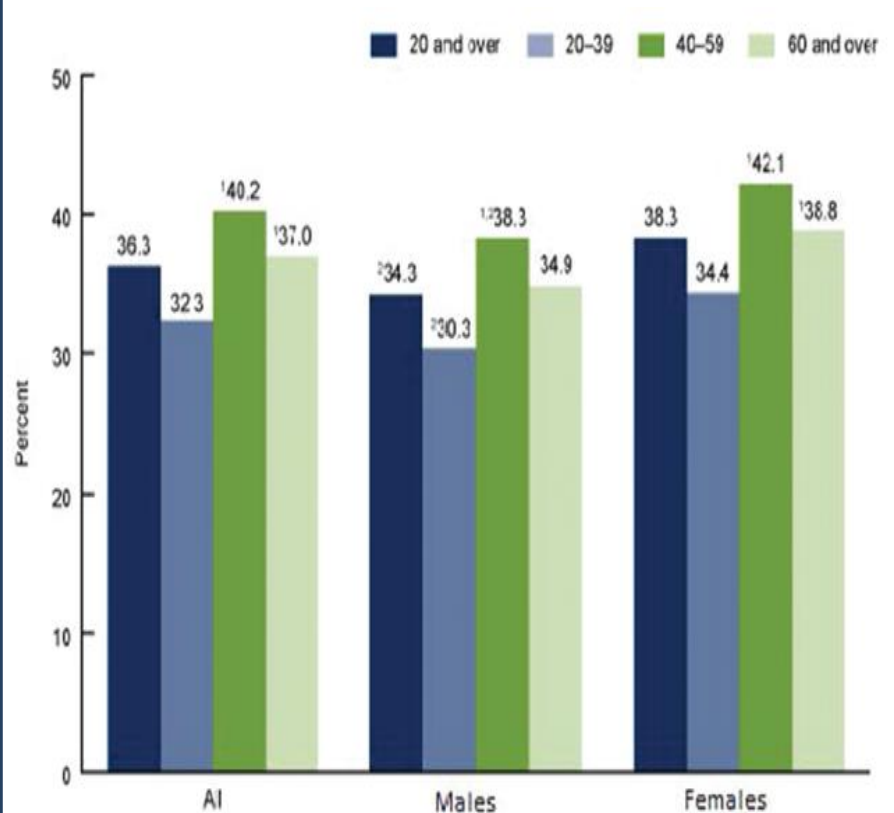
PIECES
THERE IS NO
DOUBT

- Cardiovascular risk assessment in women(women's specific risk factors)
- Diagnosis of women's- specific patterns of ischemic Heart Disease
- Diagnosis treatments ,and outcomes of acute coronary syndromes
- Psycho-social issues

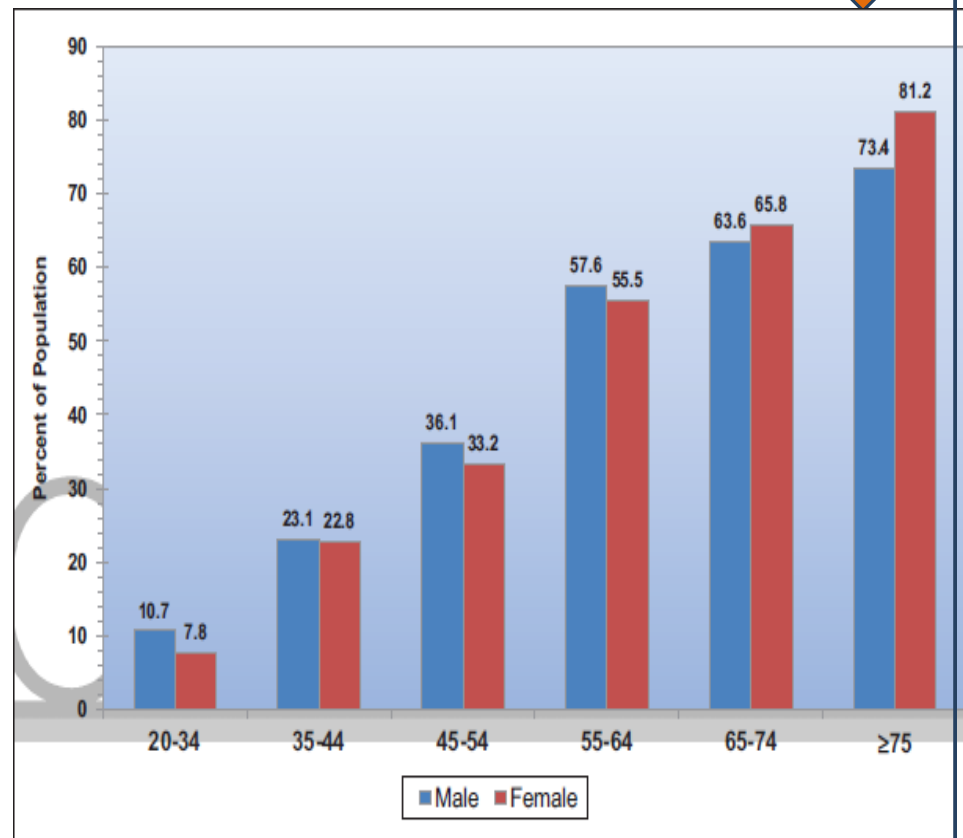
The CV health of women is strongly affected by sex-specific factors, including hormonal and metabolic disorders, pregnancy-related adverse CV outcomes, menopausal status, and mental health.

TRADITIONAL RISK FACTORS- SAME BUT ARE NOT THE SAME

Obesity



HTN



Heart Disease and Stroke Statistics—2018
Update Circulation. 2018;137

Emerging Risk Factors

Traditional Risk Factors

SLE: 3-fold higher risk of IHD events [18]
 Rheumatoid arthritis: elevates IHD risk as much as DM [18]



Gestational diabetes
 • 4-fold higher risk of DM
 • 59% higher risk of MI [17]



Hypertension in pregnancy:
 • Gestational HTN and preclampsia:
 3-fold higher risk of IHD [18]

Early menopause confers 4.5 times higher risk of IHD [99]



Depression is more prevalent in women
 Doubles the risk of IHD [16]



Risk Factors in Women



Menopause results in ↑ TG, ↑ LDL, ↓ HDL
 Women are less likely to achieve lipid goals (OR 0.50) [97]



80% of women ≥75 have HTN
 Only 29% have adequate BP control [22,98]



Diabetes confers a 45% higher risk of IHD [16]



Smoking confers a 25% higher risk of IHD [96]



Obesity confers a higher risk of IHD in women (64% vs 46%) [94]



Women have a higher prevalence of inactivity
 25% of US women get no regular physical activity [95]



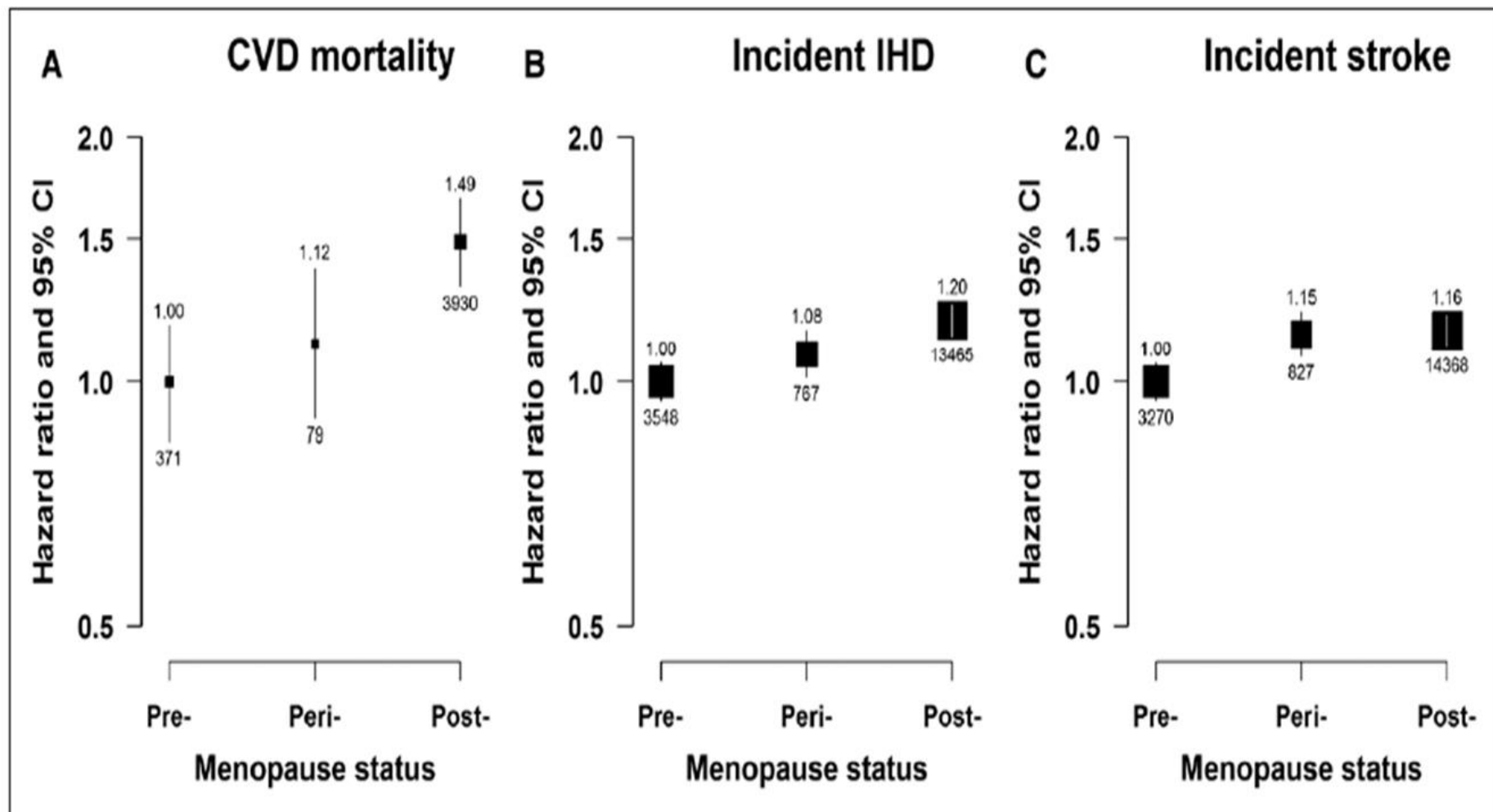
Family History of premature atherosclerosis confers a 2 fold higher risk of IHD in men and women [100]

PREGNANCY COMPLICATIONS AND CARDIOVASCULAR DISEASE DEATH: FIFTY- YEAR FOLLOW-UP

Table 1. Associations of pregnancy complications with CVD death.

	Unadjusted		Adjusted for Covariates*			
	HR [†]	95% CI [†]		HR	95% CI	
Associated		Lower	Upper		Lower	Upper
Early-onset pre-eclampsia [§]	6.7	2.74	16.20	3.6	1.04	12.19
Pre-existing hypertension	4.6	3.32	6.41	3.5	2.35	5.07
Glycosuria	4.3	1.62	11.61	4.2	1.33	13.10
Late-onset pre-eclampsia	2.5	1.36	3.87	2.0	1.18	3.46
Preterm delivery [§]	2.5	1.82	3.47	2.1	1.40	3.01
Hemoglobin decline	1.8	1.19	2.80	1.7	1.12	2.70
SGA delivery ^{§#}	1.8	1.24	2.55	1.6	1.02	2.42
Gestational hypertension**						

MENOPAUSE(A UNIVERSAL RISK FACTOR)



SURVIVORS OF BREAST CANCER

1 The Framingham risk score underestimates the risk of cardiovascular events in the HER2-positive breast cancer population

Current Oncology, Vol. 24, No. 5,
October 2017



2 We Have a lot of survivors...

Relative survival rates for patients with early-stage breast cancer are high, with 89% 5-year survival, 83% 10-year survival, and 78% 15-year survival

Mental Stress–Induced-Myocardial Ischemia in Young Patients With Recent Myocardial Infarction

Sex Differences and Mechanisms

Main findings:

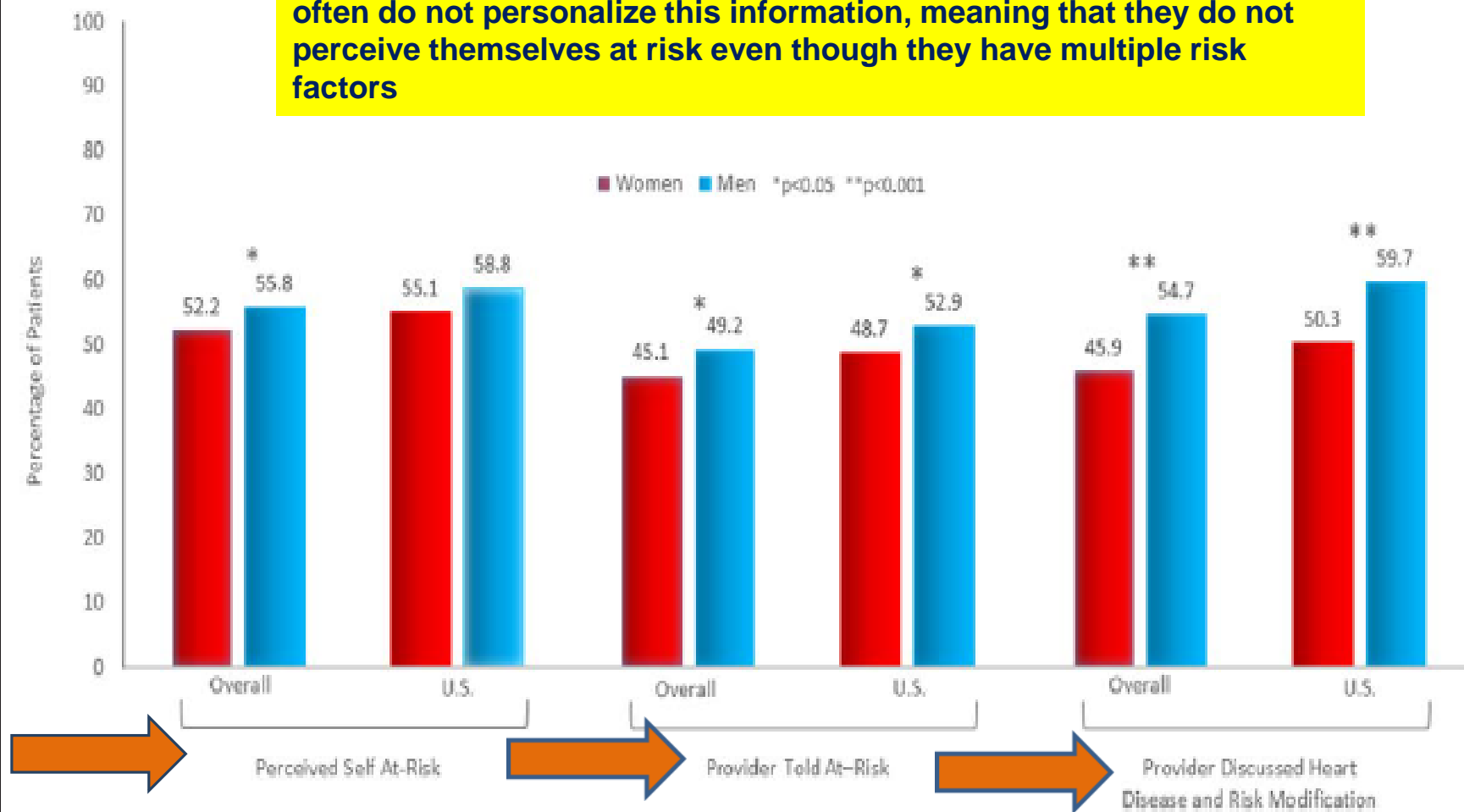
- young women who have survived a recent myocardial infarction have a 2-fold likelihood of developing ischemia with mental stress compared with men of a similar age.
- Microvascular dysfunction and peripheral vasoconstriction during mental stress were related to mental stress-induced ischemia among women but not among men

SIMPLE TRUTH

- *Because women have been largely ignored as a specific group, their awareness of their risk of this often-preventable disease has suffered.*
- Only 55 percent of women realize heart disease is their No. 1 killer
- Less than half know what are considered healthy levels for cardiovascular risk factors like blood pressure and cholesterol

PERCEPTIONS AND DISCUSSIONS OF RISK BY SEX

Even when women are able to identify common CVD risk factors, they often do not personalize this information, meaning that they do not perceive themselves at risk even though they have multiple risk factors

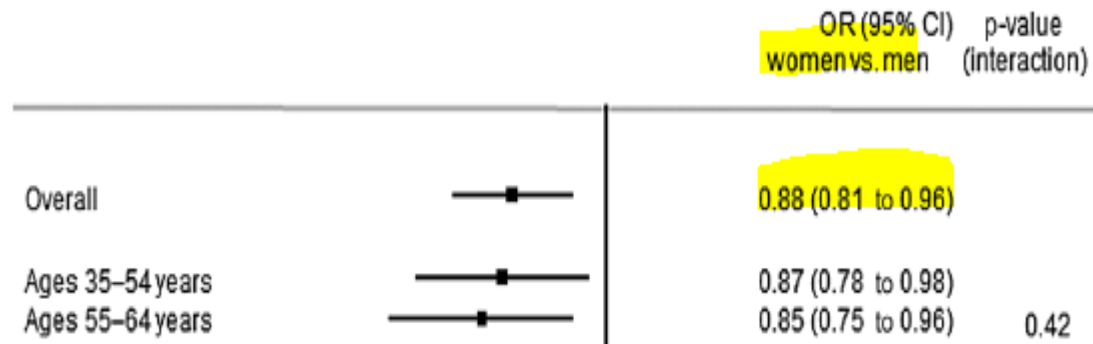


ISN'T IT THE JOB OF PRIMARY CARE PHYSICIANS ?



Misconception

Gender inequalities in cardiovascular risk factor assessment and management in primary healthcare



Multiple-adjusted female to male ORs and 95% CIs for the assessment of cardiovascular risk factors. ***Women attending primary healthcare services were less likely than men to have risk factors measured and recorded***

WOMEN'S SPECIFIC CARDIOVASCULAR HEALTH PROMOTION – CAN IT MAKE A CHANGE?

Red Alert on Women's Hearts

Women and Cardiovascular Research in Europe

November 2009

European Heart Health Strategy
EuroHeart Project, Work Package 6
Women and Cardiovascular Diseases

Achievements of *Go Red*

- More than 2 million women have learned their personal risk of developing heart disease
- More than 200,000 healthcare provider offices have received critical patient information on women and heart disease
- ◦91 percent of women involved in Go Red For Women visited their doctor in the last 12 months (compared to 73 percent of all U.S. women).
- ◦64 percent follow a regular exercise routine.
- ◦84 percent have talked to friends about their heart health.
- ◦90 percent have had their blood pressure checked in the last year.
- ◦75 percent have had their cholesterol checked in the last year



EVEN THE GUIDELINES ...

2016 European Guidelines on cardiovascular disease prevention in clinical practice

European Heart Journal doi:10.1093/eurheartj/ehw106

Recommendation for assessment of psychosocial risk factors

Recommendation	Class ^a	Level ^b	Ref ^c
Psychosocial risk factor assessment, using clinical interview or standardized questionnaires, should be considered to identify possible barriers to lifestyle change or adherence to medication in individuals at high CVD risk or with established CVD.	Ila	B	90–92

Recommendations for female-specific conditions

Recommendations	Class ^a	Level ^b	Ref ^c
In women with a history of pre-eclampsia and/or pregnancy-induced hypertension, periodic screening for hypertension and DM should be considered.	Ila	B	194–197
In women with a history of polycystic ovary syndrome or gestational DM, periodic screening for DM should be considered.	Ila	B	198–201
In women with a history of giving premature birth, periodic screening for hypertension and DM may be considered.	Ilb	B	202, 203

Screening for Preeclampsia US Preventive Services Task Force Recommendation Statement

Where is the Best

US Preventive Services Task Force

Article Information

JAMA. 2017;317(16):1661–1667. doi:10.1001/jama.2017.3439

LOCATION!

MULTIDISCIPLINARY APPROACH

Circulation



AHA/ACOG PRESIDENTIAL ADVISORY

Promoting Risk Identification and Reduction of Cardiovascular Disease in Women Through Collaboration With Obstetricians and Gynecologists

A Presidential Advisory From the American Heart Association and the American College of Obstetricians and Gynecologists

Table. Female Sex and Cardiovascular Disease Risk Factors

Female-Specific CVD Risk Factors	Female-Predominant CVD Risk Factors
Adverse pregnancy outcomes	Autoimmune inflammatory diseases
Pregnancy-related hypertension	Rheumatoid arthritis
Gestational hypertension	Systemic lupus erythematosus
Preeclampsia	Scleroderma
Eclampsia	
Gestational diabetes mellitus	
Preterm delivery	
Low birth weight for gestational age	
Polycystic ovarian syndrome	Breast cancer
Functional hypothalamic amenorrhea	
Reproductive hormones	
Oral contraceptives	
Hormone replacement	

ONLY PART OF THE SOLUTION

The Maternal Health Clinic: A New Window of Opportunity for Early Heart Disease Risk Screening and Intervention for Women with Pregnancy Complications

J Obstet Gynaecol Can 2013;35(9):831–839

The maternal health clinic: an initiative for cardiovascular risk identification in women with pregnancy-related complications

Am J Obstet Gynecol 2014;210:x-Xi

IT'S NOT

THE WHOLE STORY

21ST CENTURY WOMEN'S HEALTH: REFINING WITH PRECISION

TABLE 2. Precision Medicine Through a Sex and Gender Lens^a

Item	Description
Research	
Foundational terminology	Use sex and gender terminology appropriately
Research platforms	Educate researchers in methods for integrating sex and gender throughout the research pipeline
Institutional review board policies and procedures	Educate institutional review boards regarding sex and gender in research
Policy in data reporting	Require reporting and analysis of data by sex or gender in scientific and clinical papers
Education	
Translational education	Incorporate results from clinically meaningful research into health professionals' education
Innovations in medical education	Embed concepts of sex- and gender-based medicine into a platform for interprofessional education
Accreditation requirements	Require accrediting bodies to incorporate principles of sex and gender into medical school curricula
Clinical care	
Licensing	Incorporate sex and gender content into state and national licensing examinations
Treatment	Educate patients about whether treatment outcomes are applicable to both sexes/genders
Evidence-based medicine	Apply sex and gender throughout the patient care continuum

SOLUTIONS TO EQUITABLE CARE FOR WOMEN



THE IMPORTANCE OF DEDICATED HEART CENTERS FOR WOMEN

- Personalized sex- and gender-specific care of CVD conditions that predominantly, (exclusively), affect women.

1) Prevention of CVD:

- Pregnancy outcomes,
- hormonal changes,
- breast cancer (active disease and survivors),
- autoimmune disorders.
- Psychological and social issues

2) Diagnosis and treatment of women- specific

Women's Heart Clinics offer unique settings in which comprehensive CVD care and education are delivered.



- Specialized centers of focused cardiovascular care for women, are uniquely capable of identifying, characterizing, treating, and preventing heart disease in women, while also addressing important research gaps and developing new diagnostic tools and treatments.
- ***Women's Heart Clinics in their holistic interdisciplinary approach have the potential to help correct gender inequalities!!***

FOCUSED CARDIOVASCULAR CARE FOR WOMEN: THE NEED AND ROLE IN CLINICAL PRACTICE



- The medical community in general, and women specifically, lack information on cardiovascular health and disease in women, making it less likely that they receive guidance on preventive strategies and referral for needed diagnostic testing.

Women's Heart Clinics offer unique settings in which to deliver comprehensive Cardiovascular care and education, ensuring appropriate diagnostic testing, while monitoring effectiveness of treatment.

IS IT COST-EFFECTIVE?



Pregnancy Hypertens. 2014 Oct;4(4):264-70. doi: 10.1016/j.preghy.2014.06.002. Epub 2014 Jun 21.

Cost-effectiveness analysis of cardiovascular risk factor screening in women who experienced hypertensive pregnancy disorders at term.

Development of a model to assess the cost-effectiveness of gestational diabetes mellitus screening and lifestyle change for the prevention of type 2 diabetes mellitus

International Journal of Gynecology & Obstetrics
Volume 115, Supplement 1, November 2011, Pages S20-S25

Trials. 2013 Oct 17;14:339. doi: 10.1186/1745-6215-14-339.

Mothers After Gestational Diabetes in Australia Diabetes Prevention Program (MAGDA-DPP) post-natal intervention: study protocol for a randomized controlled trial.



The current findings of cost-savings or favorable cost-effectiveness are robust!

Its goes well with PROMS

- Health services are under constant pressure to be more patient centered
- patient's unique goals and preferences to produce a better outcome



Life style

We Put You at the Center of Care

Psychology



מרפאה לבריאות לב האשה

103

103

ד"ר אביטל (טלי) פורטר
מרפאה לבריאות לב האשה

מרפאת לב האישה

שמירה על בריאות
הלב לאחר הפסקת
המחזור החודשי



דעי מה
המספרים
שלך

גישה

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דוא"ל avitalp@clalit.org.il

RESULTS FROM A MULTIDISCIPLINARY INTEGRATIVE APPROACH FOR CARDIOVASCULAR DISEASE PREVENTION AND MANAGEMENT AMONG WOMEN: A LARGE SINGLE CENTER WOMEN'S HEALTH CLINIC REPORT

- Period: January 2014 to July 2017, 661 women , The mean age was 55+ 14 years
- Main referral reasons included psychological factors, referral by treating physician, and complications of cardiovascular disease
- Short-term Psychological Intervention in the management of psychological factors Among Women Referred to the Women's Heart Clinic. Noa Dalal ,Irit Heruti ,Yishai Manor, Adi Stansill, Ilana Gezel, Ran Kornowski, Avital Porter.
- History of either cerebrovascular disease or coronary syndrome, and 70 women (11%) had atherosclerosis established by imaging or angiography
- 273 women underwent endothelial function test. 43% of the tests were abnormal



Does your hospital have a Women's Heart Clinic yet? If not, why not?

- The AHA in its statements concluded that heart disease in women is essentially under-diagnosed, and then under-treated even when appropriately diagnosed compared to our male counterparts
- Although the concept of Women's Heart Clinics is still met with hesitation from some cardiologists,



IS WOMEN'S HEART CLINICS A MUST?

