



Impact of heart disease on women in Latin America

Impacto de las cardiopatías en la mujer de Latinoamérica

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Cardiovascular diseases (CVD) are the leading cause of mortality in women worldwide, responsible for 35% of all deaths worldwide and 18.6 million deaths annually, mainly affecting women from middle and low-income countries. Most deaths (> 50%) are secondary to ischemic heart disease. In Latin America (LATAM), every 9 minutes, a woman dies from CVD, and contrary to what is commonly considered by the general population, CVD is responsible for five times more deaths than breast cancer.^{1,2}

The «traditional» cardiovascular risk factors (CVRFs) equally favor the development of CVD in both genders. However, in Latin America (LATAM), high blood pressure, dyslipidemia, and diabetes mellitus are the CVRFs with the most significant impact on the development of CVD in women, increasing the risk of developing ischemic heart disease from 1.5 to 2.0 times more than in men. These peculiarities arise due to biological differences (linked to sex, age, race, ethnicity, and family background) and,

on the other hand, due to differences linked to gender or social determinants (socioeconomic and employment level, education, status). In addition, sociocultural, interpersonal, and family relationships determine the existence of «emerging or underrecognized» risk factors (depression, stress, immunological diseases, oncological treatments, environmental pollution) and the presence of «unique or little recognized» risk factors (menopause, hormone replacement therapy, menarche, polycystic ovaries, hypertensive disorders of pregnancy). The importance of knowing how to recognize these risk factors in women is to timely detection of these conditions that increase cardiovascular risk up to 4 to 7 times during the different stages of a woman's life.³

Even though, in recent decades, there has been a reduction and control of risk factors and the development of various scientific advances, women continue to die from CVD due to various existing gaps in its diagnosis and treatment. Furthermore, socioeconomic

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deprivation contributes substantially to the global burden of CVD in women, which remain understudied, underrecognized, poorly diagnosed, inadequately managed, and underrepresented in most cardiovascular clinical trials. In addition, the poor understanding of the pathophysiological mechanisms and the natural history of CVD linked to gender remain controversial and deficiently understood. This fact may contribute to increased mortality from myocardial infarction in young women in recent years.⁴

It is necessary to increase awareness in the general population and in the medical community about the importance of timely diagnosis and management of CVD in women. As well as make a «call to action» to design and implement clear and urgent prevention strategies and multidisciplinary and comprehensive management, which guarantees access and delivery of equitable health services, and an improvement in the quality of medical care, to reduce mortality secondary to CVD in LATAM⁵ women.

One in 3 women in Latin America is aware that heart disease is their leading cause of death. They may be more likely to develop cardiovascular diseases a decade earlier than those not from that geographical area.

The woman assumes the role of caretaker and superwoman, attending to the needs of everyone around her and postponing her own. The food she prepares for her family is usually not so healthy, and the more she adheres to the traditions of industrialization or junk food, the quality of the diet decreases significantly. Campaigns that combat cardiovascular risk factors such as smoking, an unhealthy diet rich in saturated fats, alcoholism, and a sedentary lifestyle have identified other factors that affect cardiovascular disease in women. Events such as diabetes and hypertension in pregnancy, menopause before age 45, endometriosis, autoimmune diseases, and polycystic ovary syndrome, among other conditions, increment CV risk substantially. Unfortunately, many

women affected by those potentially dreadful conditions do not consider that they have a high risk and therefore do not pay enough attention to their health care.

The need to collect regional and local data to effectively treat cardiovascular diseases in women is highlighted due to the variations, recognition, and effective treatment required for them.

The purpose of having written this supplement focused on cardiovascular disease in women is to publicize further the gender-specific characteristics of traditional and emergent risk factors, as well as the clinical, epidemiological, pathophysiological, therapeutic, and prognostic differences of cardiovascular disease in women.

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