



CWHHA ATLAS

EPIDEMIOLOGY, DIAGNOSIS AND MANAGEMENT OF CARDIOVASCULAR DISEASES IN WOMEN

CHAPTER 3: PATIENT PERSPECTIVES

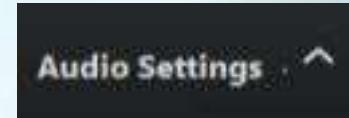
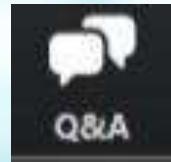
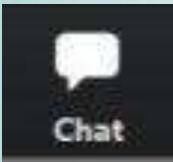
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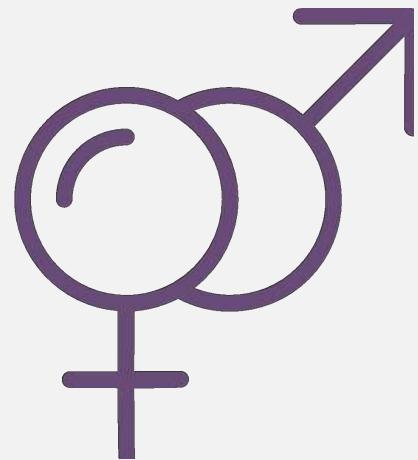
Disclosure Statement

We do not have an affiliation (financial or otherwise) with a commercial organization that may have a direct or indirect connection to the content of this presentation.

Learning Objectives

At the end of this webinar, you will be able to:

- Describe the **Canadian Women's Health Alliance**.
- Describe the **experience of a woman** living with cardiovascular disease.
- Identify the **barriers to accessing** acute cardiovascular care.
- List the **action items** to “open the gate” to women.
- Identify what patients can do to **participate more fully** in one’s **care and recovery**.



Canadian Women's Heart Health Alliance



LAUNCHED IN 2018



Mission: Disseminate education and best practices re: Women's cardiovascular (CV) health among **healthcare providers and women with lived experience**



Goal: Eliminate knowledge gaps in specific CV issues and develop new practice considerations in care for women, thereby improving the health of Canadian women

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CANADIAN WOMEN'S
HEART HEALTH CENTRE

NATIONAL
ALLIANCE

ADVOCACY WORKING GROUP



ON FEBRUARY 13TH, JOIN US TO RAISE AWARENESS ABOUT WOMEN'S HEART HEALTH.



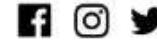
Attend or host an event in your community



Wear Red

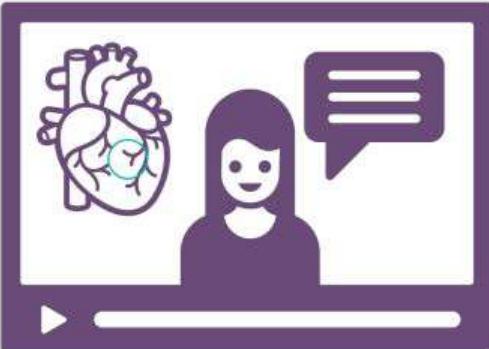
SPREAD THE WORD USING:

#HERHEARTMATTERS



WEARREDCANADA.CA

TRAINING AND EDUCATION WORKING GROUP



National Women's Heart Health Education Initiative

Target Audience: Healthcare professionals and trainees within emergency medicine, general internal medicine and cardiology

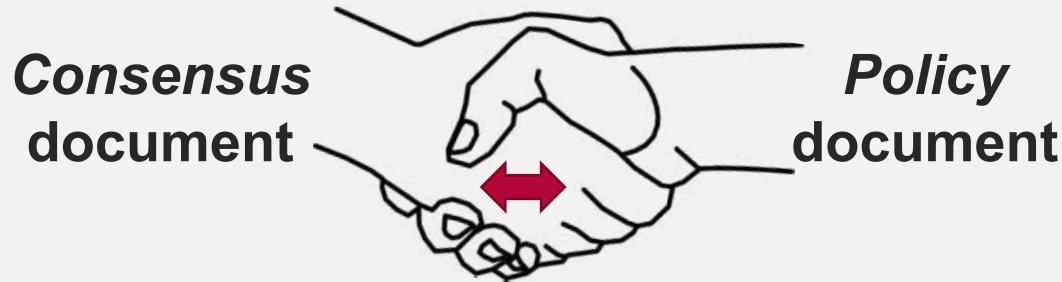
9 accredited modules:

1. **Cardiovascular Risk Assessment in Women – The Role of Risk Factors and Scores**
2. **Acute Coronary Syndromes (ACS) in Women**
3. **Approaches to Chest Pain - A Sex & Gender Focus**
4. **MI with Non-Obstructive Coronary Arteries (MINOCA)**
5. **Spontaneous Coronary Artery Dissection (SCAD)**
6. **Stress-Induced Cardiomyopathy (SIC)**
7. **Contemporary Management of Women with Heart Failure**
8. **Cardiovascular Risk In Women With Gestational Diabetes & Hypertensive Disorders Of Pregnancy**
9. **Recovery and Cardiac Rehabilitation (CR) for Women**



KNOWLEDGE TRANSLATION AND MOBILIZATION WORKING GROUP

HEALTH SYSTEMS AND POLICY WORKING GROUP



Knowledge Translation and Mobilization + Health Systems and Policy Working Groups

Published Manuscript GoRed Issue Feb 2020

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Volume 9, Issue 4, 18 February 2020

<https://doi.org/10.1161/JAHA.119.015634>

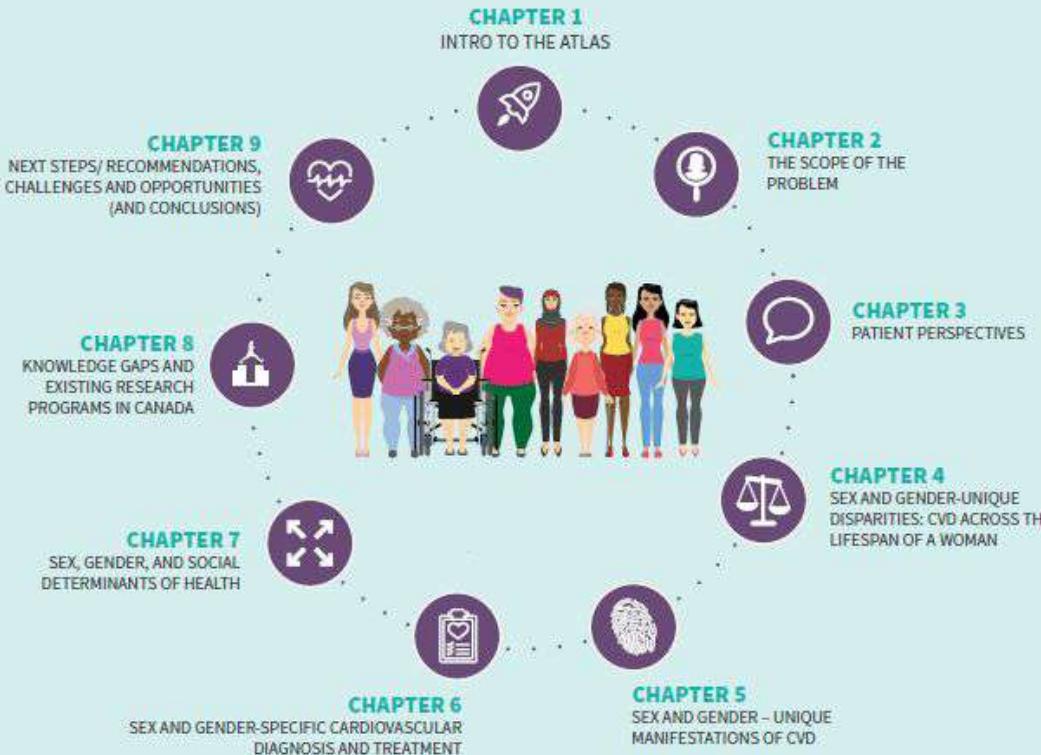


GO RED FOR WOMEN SPOTLIGHT - CONTEMPORARY REVIEW CONTEMPORARY REVIEW

State of the Science in Women's Cardiovascular Disease: A Canadian Perspective on the Influence of Sex and Gender

CANADIAN WOMEN'S HEART HEALTH ALLIANCE ATLAS

Epidemiology, Diagnosis, and Management of Cardiovascular Diseases in Women



- 9 unique “chapters”
- CJC Open
- Editor: Dr. M. Graham
- 1st: published April 2020
- 2nd, 3rd: in press
- All within 1 year
- Annual chapter updates
- “living document”



REVIEW CANADIAN WOMEN'S HEART HEALTH ALLIANCE | VOLUME 3, ISSUE 3,

P229-235, MARCH 01, 2021



PDF [577 K]

The Canadian Women's Heart Health Alliance Atlas on the Epidemiology, Diagnosis, and Management of Cardiovascular Disease in Women—Chapter 3: Patient Perspectives

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Open Access • Published: February 10, 2021 • DOI: <https://doi.org/10.1016/j.cjco.2020.11.020> •



CHAPTER 3 | PATIENT PERSPECTIVES

EXPERIENCING AND LIVING WITH CVD AS A WOMAN

The unique, yet common, challenges of women living with CVD.

**Misunderstood,
misinterpreted,
misdiagnosed,
and mistreated
= BIG MISTAKE**



ACTION ITEMS TO 'OPEN THE GATE' TO WOMEN: **WHAT OUR PATIENTS WANT AND NEED**

Primary Care Environments: Improve survival and recovery rates for women by establishing clinical diagnostic protocols.

Institutional Environments: Reinforce cardiac rehab, physical and psychosocial, as part of the healing process.

Educational Environments: Health care professionals to be trained to understand women's cardiovascular health.

Research Environments: Include greater representation of women in research.

Policy Environments: Public health awareness of CVD risk for all women.

What Patients Can Do: Take charge of your health and advocate to share your experiences.



Hope's story

- I was fortunate that my ER doctor took action and ordered an angiogram for me at UOHI although it's frowned upon unless the physician is a specialist
- Turns out I had 90% blockage in my coronary arteries
- My heart had stopped two times during the procedure so I was scheduled for open heart surgery the next day
- After a week in the hospital, I went home armed with the Canada food guide, a physio exercise schedule and an appointment at the cardiac rehab
- I started my lifestyle change with better eating and exercise and lost 35 lbs.
- With the support of family and friends, which were nervous about leaving me alone, I was recovering well but something was missing

Hope's story cont'd

- I was happy, that in 2015 the women at heart program was launched, I immediately joined
- What a difference it made to my life, the program helped me move on psychologically and able to adapt to “heart disease” as a lifelong condition
- The women@heart program showed me to take charge of my health
- I was not alone

Hope's story cont'd

- In 2016 I was invited to participate in the first Canadian Women's Heart Health summit in Ottawa
- It was an emotional experience to see first hand that important changes were being made to bring awareness of heart disease in women nationally
- I wanted to do more to help
- When the chance came along to join the Canadian Women's Heart Health Alliance, I immediately joined
- Not only do I have a voice as a patient partner, but I also participate in the Wear Red Campaign every February 13th to help bring awareness to women living with heart disease
- The more women are aware of this 'silent killer', the more women can be saved
- **Spread awareness**
(become an advocate, talk to friends and family, use networking)

What am I doing now...



- *Advocating for Women's Heart Health*
 - *Participated in the first Canadian Women's Heart Health Summit*
 - *Media interviews sharing my story*
 - *Member of the Canadian Women's Heart Health Alliance*
 - *Member of the West Regional Planning Committee for Wear Red Canada - Feb. 13*



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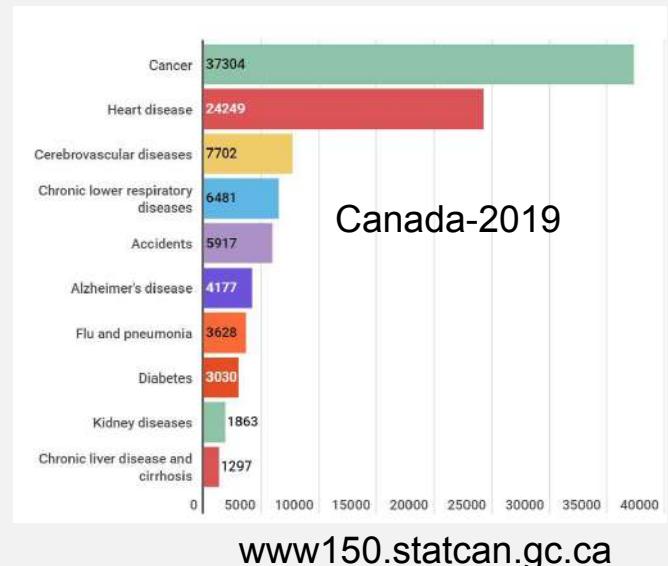
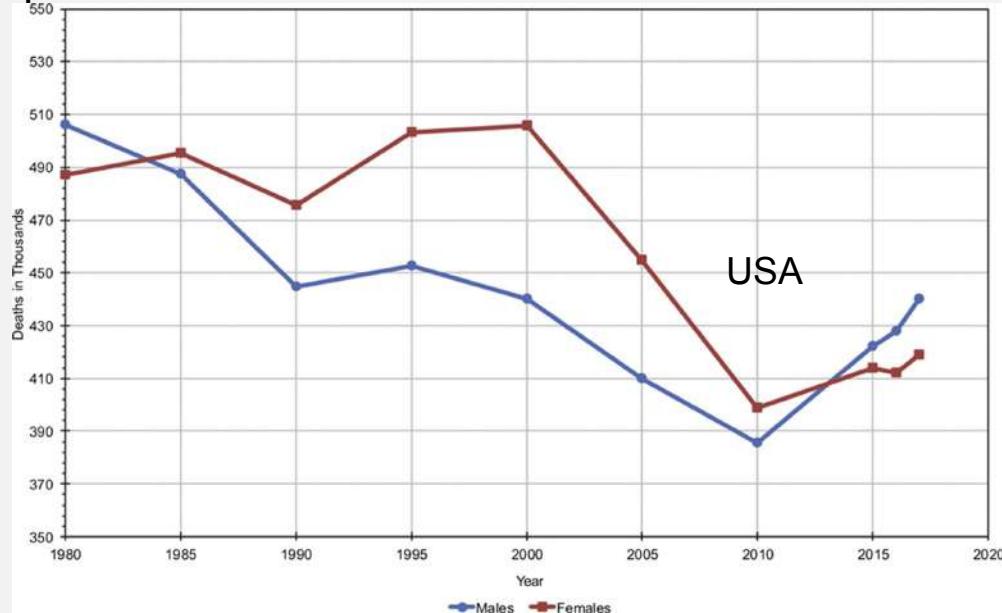
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Cardiovascular disease in Women

- Major advances in prevention, diagnosis, treatment and overall CV mortality for women in the past 2 decades



Targeting Knowledge Gaps & Inequities



Ms.Understood

Women's hearts are victims of a system that is ill-equipped to diagnose, treat and support them

Heart & Stroke 2018 Heart Report



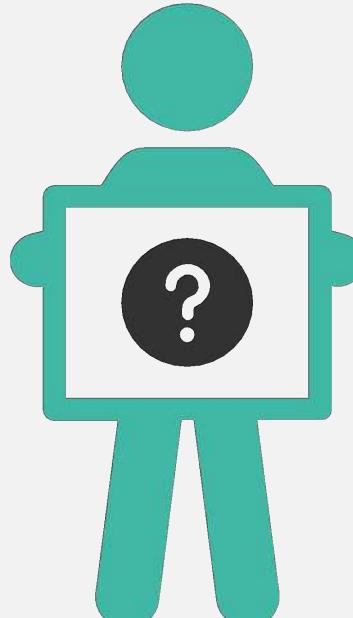
American Heart Association®



Yet a lack of awareness persists among the lay public and health care professionals...

Polling Question:

Which of the following statements is true?



- The majority of Canadian women identify diabetes and high blood pressure as risk factors for heart disease
- Fewer than 50% of Canadian women identify smoking as a risk factor for heart disease
- Awareness of risk factors for heart disease has increased significantly among ethnically diverse women
- Younger women (age 25-34 yrs) report the highest level of awareness of postpartum risk factors for heart disease

Targeting Knowledge Gaps & Inequities

Canadian Journal of Cardiology 30 (2014) 827–834

Clinical Research

Perceived vs Actual Knowledge and Risk of Heart Disease Women: Findings From a Canadian Survey on Heart Health Awareness, Attitudes, and Lifestyle

Lisa A. McDonnell, MSc, MBA, Andrew L. Pipe, MD, Courtney Westcott, MSc, Sue Perron, BScN, Deborah Younger-Lewis, RN, BScN, Nadine Elias, BSc, Jessica Nooyen, MHK, and Robert D. Reid, PhD, MBA

Division of Prevention and Rehabilitation, University of Ottawa Heart Institute, Ottawa, Ontario, Canada

"What are possible symptoms of heart disease that a woman might experience?"

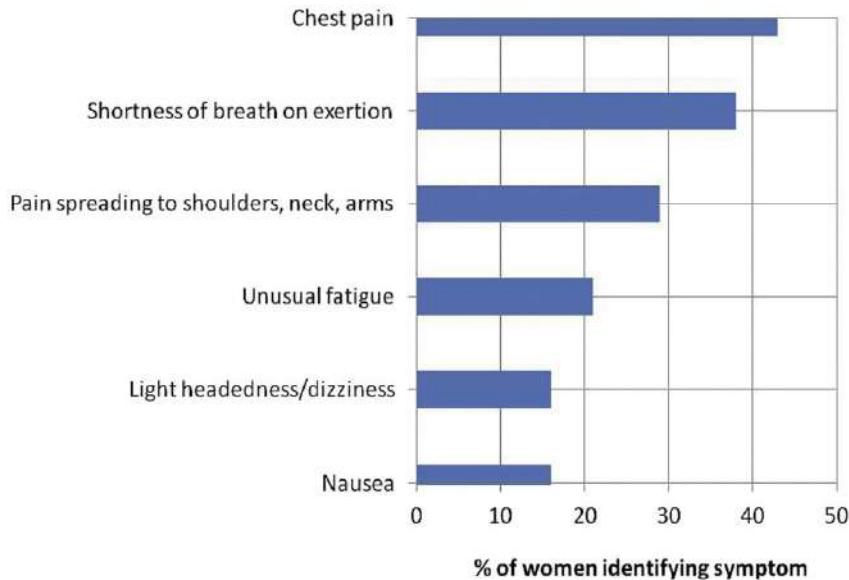


Figure 1. Knowledge of heart disease symptoms.

Targeting Knowledge Gaps & Inequities

Circulation

AHA SPECIAL REPORT

Ten-Year Differences in Women's Awareness Related to Coronary Heart Disease: Results of the 2019 American Heart Association National Survey A Special Report From the American Heart Association



Journal of Cardiovascular Nursing
Vol. 36, No. 1, pp. 6-7 | Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.

Progress in Prevention

Women's Awareness of Heart Disease and Risk Two Steps Forward and One Step Back

Lola A. Coke, PhD, ACNS-BC, FAHA, FPCNA, FAAN
Laura L. Hayman, PhD, MSN, FAAN, FAHA, FPCNA

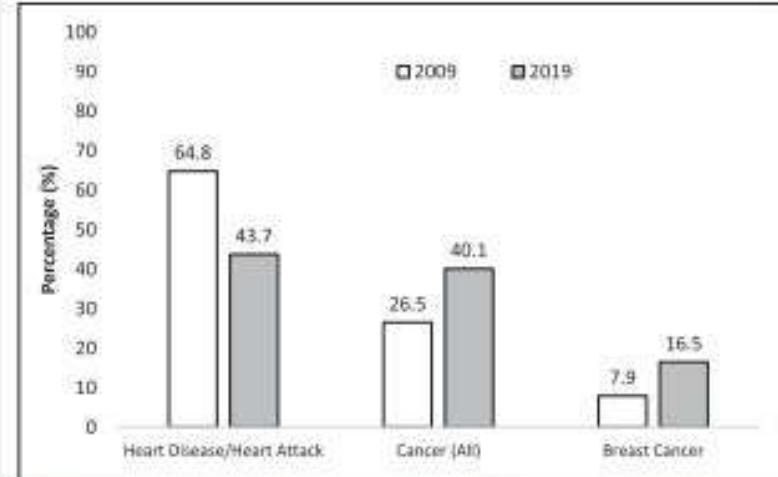
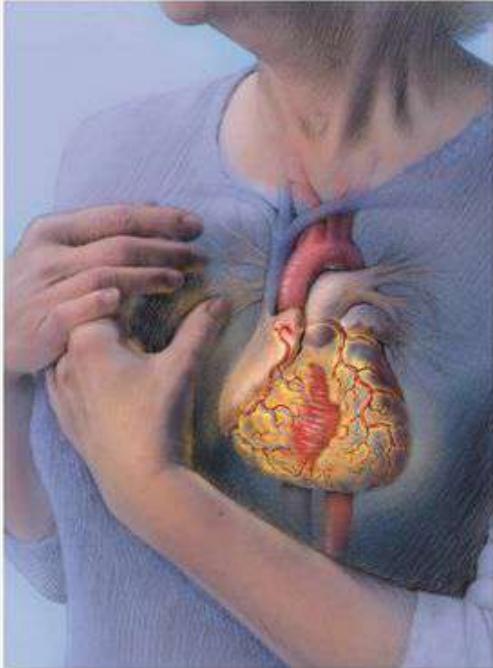


Figure. Proportion of US women identifying heart disease/heart attack, cancer (all), or breast cancer as the leading cause of death among women: 2009 vs 2019.

All values between 2009 and 2019, $P<0.05$.

Experiencing & Living with CVD as a Woman



Unique Profile

- Traditional risk factors = greater morbidity/mortality impact
- Race and ethnicity - more severe impact of risk factors
- Poorer outcomes in 1-year following event

Unique Experience

- Lower degree of perceived health
- Higher levels - fear, anxiety, depression & stress
- Partner relationship & intimacy
- Social roles - family context
- Peer support & shared lived experience

“Stopped at the Gate”- Barriers to Access

- **Access to Acute Cardiovascular Care**
 - Early heart attack symptoms missed in 53% of all women seen in ED (HSFC, 2018)
 - Fewer classic symptoms of chest pain
- **Lack of Suspicion/Diagnosis/Misdiagnosis**
 - Multifactorial sex-specific issues → variation in symptom profile
 - Traditional risk stratification tools = under-recognition - misdiagnosis
- **Standard of Care Time Frames**
 - Target benchmarks not achieved

Actions to “Open the Gate” to Women

- Primary Care & ED environments
 - Address unconscious bias - procedural changes/checklists
 - Sex & gender specific clinical diagnostic protocols, testing protocols
 - Provider awareness - referral to cardiac rehabilitation
- Institutional Environments
 - Care pathways
 - Peer Support
 - Create culture for patient perspectives and support

Actions to “Open the Gate” to Women

- Educational
 - Sex/gender-based differences core medical education curriculum
 - Allied health professionals
 - Continuing education & competency training
- Research
 - Standardized reporting sex/gender disaggregated data
 - Design and tools
- Policy
 - Government support & mass public awareness of CVD risk - diversity of women
 - Targeted early risk factor awareness

What our Patients Want and Need

What patients can do to more fully participate in their care and recovery:

Attend Recommended Programming

- Cardiac Rehabilitation
- Education
- Peer Support

Get Involved in Research

- As a Participant
- Patient Partner/Investigator
- Be Curious

Become More Aware & Educated

- One's diagnosis & Recovery
- Signs & Symptom Recognition
- Understanding your Own Risk Profile

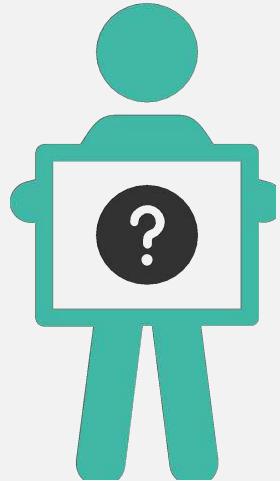
Become an Advocate

- Self-Advocacy - Champion for your Health
- Advocate for Others - Share your Story/Recovery
- Peer Support

In Summary



- Significant strides in the awareness of sex and gender differences for women living with CVD
 - Diagnosis, treatment, management & rehabilitation
- However, there is **much** work yet to be done
- The lived experience of women is key to understanding the journey & facilitating change
- Critical need for sex and gender-specific strategies at **all** levels of the health care system
 - Education, awareness, clinical diagnostic protocols
 - Supportive structures to reduce barriers - “Stopped at the Gate”
 - Ensure we collectively “Open to Gate” to Women
- Continued diligence and advocacy to improve outcomes for women



**We want to hear
from you.**

Questions, Comments...