INTRODUCTION

Cardiovascular disease remains the leading cause of death in women in the United States, and the rate of decline remains less than that observed for men (1). Owing to an increased awareness of these statistics, and a focus on women’s health issues in general, there has been an intense interest in women with heart disease. Accordingly, gender differences in the presentation, evaluation, access to care, management, and acute- and long-term outcomes of women with acute coronary syndromes continue to be evaluated. Therefore, the goal of this chapter is to review briefly the epidemiology, risk factors, clinical presentation and evaluation of women with acute coronary syndromes, discuss gender differences in patients treated with medical therapy and coronary revascularization procedures, and highlight issues specific to women with unstable angina, myocardial infarction, and cardiogenic shock.

EPIDEMIOLOGY

The incidence of coronary heart disease increases with age in women, although the clinical presentation of the disease lags 10 yr behind that in men, and by 20 yr for more serious clinical events such as myocardial infarction and sudden death. While the life-
Fig. 1. Cardiovascular morbidity and mortality in women. (A) There has been a significant decline in cardiovascular mortality for men from 1979–1998, yet an increase in women for the same time period. (B) Women age 65 yr or older are more likely to have a myocardial infarction than younger women (1). MIs, myocardial infarctions; yr, years.

time risk of developing coronary heart disease after age 40 is 49% for men and only 32% for women, women are more likely to experience significant morbidity and mortality associated with an acute coronary syndrome (1). Interestingly, while mortality rates have declined over time for men, they have increased for women (Fig. 1). In part, because women have myocardial infarctions at older ages than men, they are more likely to die following the event, and mortality usually occurs within a few weeks (Fig. 1). In fact, 38% of women, compared to 25% of men, will die within 1 yr after having an initial recognized myocardial infarction, and by 6 yr after the index event, 35% of women will have a second acute coronary syndrome compared to only 18% of men (1). African-American women are at particularly high risk for adverse outcomes associated with acute coronary syndromes as evidenced by mortality data from 1998 that revealed that