



Coronary Artery Disease

What's Different for Women?

Presentation

- Women present at a later age.
- In women, typical angina is less predictive of coronary artery disease.
- Probability is 50 to 60 percent in women (versus 80 to 99 percent in men).
- Women may present with shoulder or jaw pain, dyspnea or nausea.

Risk factors

- Diabetes has a stronger influence in women.
- High HDL* cholesterol levels, which lower the risk of coronary artery disease, are more common in women.
- The roles of total cholesterol, LDL* cholesterol and lipoprotein in women are unclear.
- The risk of coronary artery disease increases after menopause.

Prognosis

- Women are more likely to die of a first myocardial infarction.
- Women experience more long-term disability.
- Women have more co-morbidity (because they are usually older on presentation).

Primary prevention

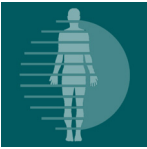
- There is insufficient evidence for the benefits of cholesterol-lowering drugs in women.
- There is insufficient evidence for the benefit of estrogen replacement therapy.

Secondary prevention

- Women are less likely to undergo angioplasty or bypass surgery.
- Fewer women receive cardiac rehabilitation.
- Fewer women receive therapy with aspirin, beta blockers or angiotensin converting enzyme inhibitors.

**HDL = high-density lipoprotein*

**LDL = low-density lipoprotein*



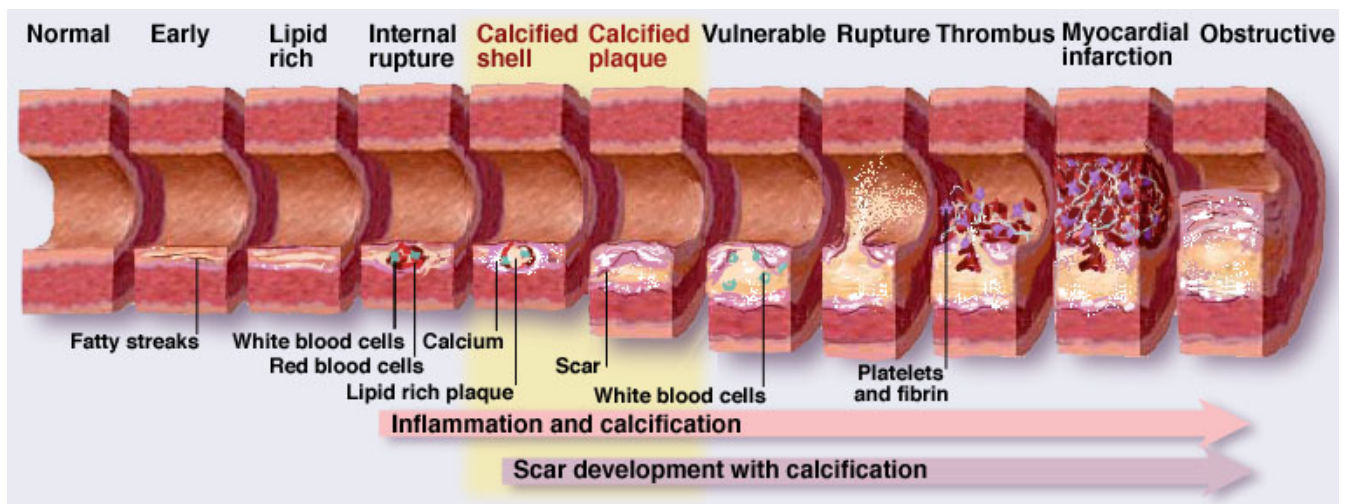
Coronary Artery Disease

What's Different for Women? (continued)

Coronary Artery Disease (CAD)

- Kills more than 500,000 Americans annually.
- 85% can be halted or prevented if it is discovered early enough.
- MDCT provides a simple and reliable test that identifies those with early CAD so treatment can be started before the disease worsens.

Evolution of Plaque in Coronary Artery Disease



Normal heart
CAD



Early plaque development



Significant



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