

## Do women report heart pain differently compared to men?

### Summary of Research

O'Keefe-McCarthy, S. (2008). Women's experiences of cardiac pain: a review of the literature. *Canadian Journal of Cardiovascular Nursing*, 18(3), 18–25. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/18727283>

### Review Questions

1. What have researchers reported about women's experiences of pain, and how is it different than men's?
2. Are there common themes across the literature that can inform clinical practice?

### Background

Women report vague symptoms that indicate the development of heart disease and may include fatigue, pain in the shoulder blades and shortness of breath. These symptoms may not be recognized by clinicians as related to the heart disease, possibly resulting in poor diagnosis, treatment and rehabilitation.

Women do not know when to seek medical treatment as heart disease is less understood in women, even though it is the number one killer of women worldwide.

### How the review was done

A literature search found 221 articles, 6 articles were reviewed.

All used interviews to explore women's heart pain experiences. Two studies reviewed the interpretation of pain, two focused on the symptoms, one explored the illness perceptions, and one explored the lived experiences of heart disease.

Across all the studies participants ranged in age from 27 to 82 years old, with a mean age of 66.



### **What the researcher found**

The researcher found five themes:

1. Cardiac pain is perceived differently in women compared to men.
2. Differences exist between early warning symptoms (such as fatigue, shoulder blade pain, arm heaviness), and the acute symptoms at the time of hospitalization (such as chest discomfort or left breast pain, feeling hot or flushed, sweating excessively, stomach complaints, or shortness of breath).
3. The lack of recognition of the pain or lack of understanding of additive risk factors (e.g. family history, obesity, high cholesterol, and high blood pressure) leads women to delay seeking treatment.
4. Heart disease was viewed differently between women and their respective health care provider, such as what is important to their diagnosis (i.e. the women had to ask to be tested for heart disease) or recovery; and women viewed their heart disease as related to stress and not to additive risk factors.
5. Women's pain experience, and how to cope with the disease, is organized into categories, to align it with their life, and find some clarity and the ability to manage their heart disease.

### **Importance**

Clinicians should recognize women at risk for heart disease through individualized sex/gender specific cardiac assessments. Clinicians also need to help change the assumptions that heart disease is a male disease, by increasing awareness of the difference in symptoms of cardiac pain, especially the very early warning signs. Health teaching should include the risk factors, barriers to overcome delays in women seeking treatment, and the impact of heart disease on women's heart health and related quality of life.

### **Conclusion**

The pain for women is different than men, and this can lead to misunderstandings of the warning signs. Women also are not aware of the risk factors, especially those that aren't directly related (e.g. high blood pressure in pregnancy), or the significance of heart disease to them. Education needs to target women with heart disease.

