

— ECG — Dr. FLM

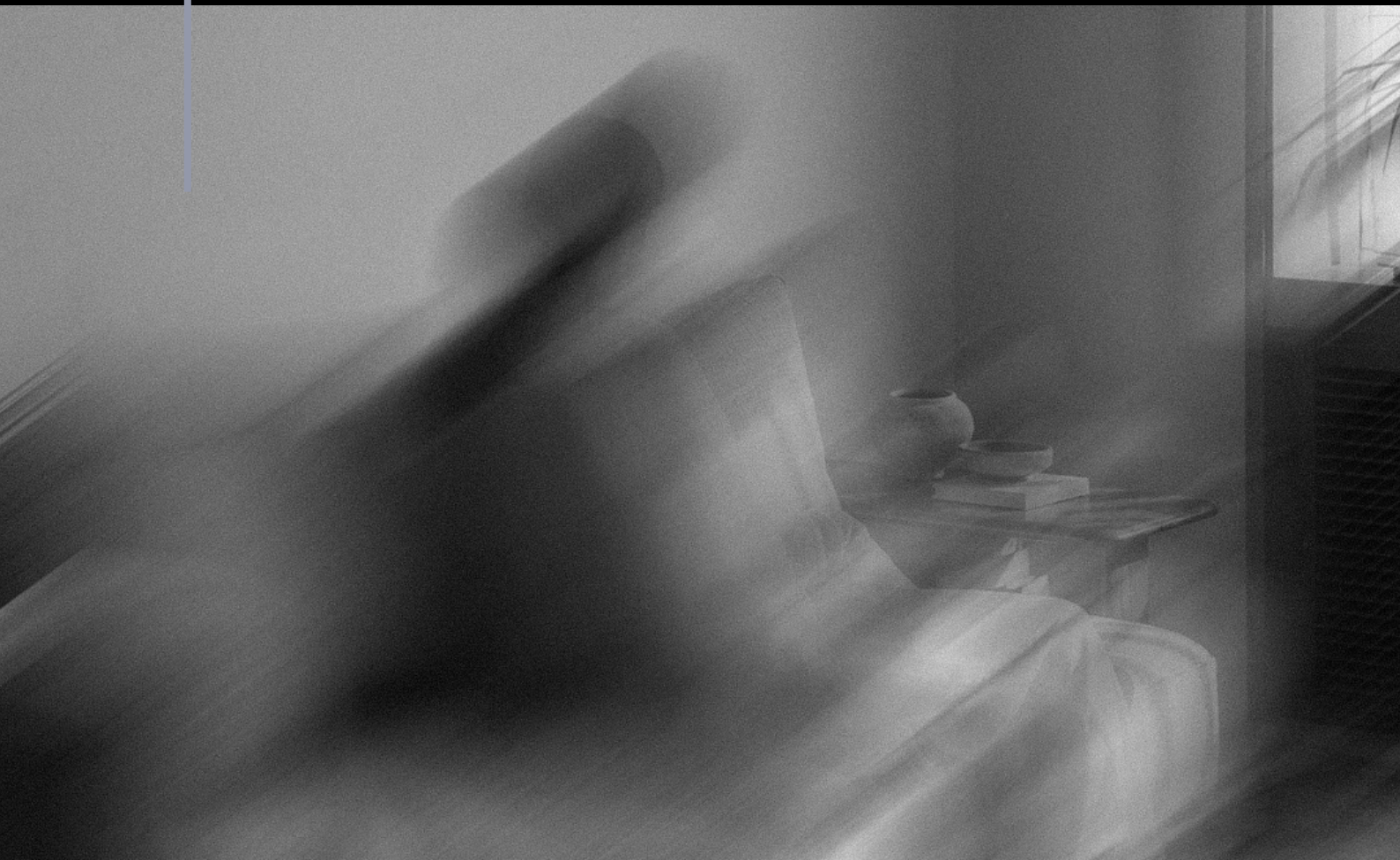
Dr. Francesco Lo Monaco

Women's Heart Health

Recognising the Different Signs

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Recognising the Different Signs

Quick Summary

Women experience heart disease differently than men. Symptoms are often subtler and atypical, hormonal changes—especially menopause—significantly impact risk, and pregnancy complications can foreshadow future cardiovascular problems. Understanding these differences and advocating for thorough evaluation is essential for timely diagnosis and treatment.

Understanding Women's Heart Disease

Heart disease is the leading cause of death in women, yet it often presents differently than in men. The classic “Hollywood heart attack” — sudden crushing chest pain radiating down the left arm — is far more common in men. Women's symptoms tend to be more varied and less obvious, frequently leading to delayed diagnosis or dismissal.

Women may experience overwhelming fatigue lasting days or weeks, unexplained breathlessness, or discomfort in unusual locations such as the jaw, neck, upper back, shoulders, or upper abdomen. Nausea, lightheadedness, cold sweats, or fainting may occur without chest pain. These symptoms are real signs of cardiac distress and require urgent attention.

When to Seek Emergency Help

If you experience any of the following, call 999 immediately:

- Chest pain or pressure
- Severe shortness of breath
- Pain in jaw, neck, back, or arms
- Sudden severe fatigue with other symptoms
- Nausea with chest discomfort
- Cold sweat, lightheadedness, or fainting

Time is critical in heart attacks. Do not delay seeking help. []

Why Women’s Heart Disease Is Different

Women’s heart disease often involves mechanisms not seen in men, or less common in men. While men typically develop large artery blockages visible on angiography, women frequently have:

Test	What It Measures	Why It Matters
Coronary Microvascular Disease (CMD)	Dysfunction of tiny vessels supplying the heart muscle, causing ischaemia without	More predictive of risk than LDL cholesterol alone
Vasospastic Angina	Sudden artery spasms causing temporary closure and chest pain, often at rest or during sleep.	Normal arteries on tests between episodes; requires capturing during symptoms.
Takotsubo Cardiomyopathy	“Broken heart syndrome” triggered by intense stress, mimics heart attack but with normal arteries.	Different cause and treatment; mostly postmenopausal women affected.
Spontaneous Coronary Artery Dissection (SCAD)	Tear in artery wall causing blockage; affects young, healthy women, often around pregnancy.	Not related to typical risk factors; requires specialised diagnosis and treatment.

A significant proportion of women under 65 who have heart attacks do not have obstructive coronary artery disease. This highlights the need for awareness of non-obstructive causes and tailored diagnostic approaches.

The Impact of Hormones on Women's Heart Health

Hormones play a central role in cardiovascular risk, especially oestrogen. Premenopausal women benefit from oestrogen's protective effects, which include:

- Promoting blood vessel relaxation and flexibility
- Improving cholesterol profiles (raising HDL, lowering LDL)
- Reducing inflammation and blood clotting
- Supporting healthy arterial lining (endothelium)

At menopause, oestrogen levels drop sharply, often triggering rapid increases in LDL cholesterol, blood pressure, and arterial stiffness. This loss of protection accelerates cardiovascular risk and changes how heart disease presents and progresses in women.

Other hormonal factors influencing heart health include:

1. **Pregnancy complications** such as preeclampsia and gestational diabetes, which increase lifelong cardiovascular risk due to persistent vascular dysfunction.
2. **Polycystic Ovary Syndrome (PCOS)**, characterized by elevated testosterone and insulin resistance, increasing early cardiovascular risk.
3. **Early menopause (before age 40)**, which extends the period of low oestrogen exposure and raises risk.

If you have a history of pregnancy complications, PCOS, or early menopause, inform your healthcare provider. These are important risk factors requiring ongoing cardiovascular monitoring.

Advocating for Yourself: Questions to Ask Your Doctor

Hormones play a central role in cardiovascular risk, especially oestrogen. Premenopausal women benefit from oestrogen's protective effects, which include:

- Could my symptoms be due to microvascular disease despite a normal angiogram?
- Should we evaluate for coronary vasospasm or SCAD?
- Are advanced cardiac imaging tests appropriate?
- Can I see a cardiologist who specialises in women's heart health?
- What about cardiac rehabilitation if I have had a cardiac event?

Persistent symptoms deserve thorough investigation. Your concerns are valid and can save your life.

Pregnancy Complications: Early Warning Signs

Pregnancy is a unique window into future heart health. Conditions such as:

Pregnancy Complication	Cardiovascular Implication
Pre-eclampsia	Significantly increases future cardiovascular risk and may reflect lasting vascular dysfunction.
Gestational Diabetes	Raises risk of type 2 diabetes and cardiovascular disease; requires ongoing glucose monitoring.
Preterm Birth	Associated with increased maternal cardiovascular risk, especially if recurrent.

Many women are unaware of these links. Sharing your pregnancy history with your doctor is vital for appropriate risk assessment.

Recognising Atypical Symptoms

Women’s heart attacks often lack classic chest pain. The most common symptom is overwhelming fatigue, sometimes described as “never feeling this tired before.” Other warning signs include:

- Breathlessness, especially new or worsening
- Jaw, neck, shoulder, upper back, or upper abdominal discomfort
- Nausea or vomiting with upper body discomfort
- Dizziness, lightheadedness, or cold sweats
- A persistent sense that something is seriously wrong

Trust your instincts. If symptoms persist or worsen, seek medical advice promptly

Working With Your Healthcare Team

Optimal heart care for women involves:

- Knowing your traditional and women-specific risk factors
- Undergoing appropriate screening from age 40 (or earlier if risk factors exist), including blood pressure, cholesterol, glucose, and weight/waist measurements
- Reporting symptoms clearly and fully, including atypical ones
- Asking for further evaluation if symptoms persist despite normal initial tests
- Seeking second opinions or specialist care when needed
- Inquiring about cardiac rehabilitation after cardiac events

Remember: You know your body best. Persistent symptoms deserve attention and investigation. Do not accept “just anxiety” or “stress” as an explanation without thorough evaluation.

Summary: Key Takeaways

1. Women's heart disease often presents with atypical symptoms and non-obstructive mechanisms.
2. Hormonal changes, especially menopause, significantly increase cardiovascular risk.
3. Pregnancy complications are important predictors of future heart disease.
4. Standard tests may miss women's heart disease; normal angiograms do not rule out serious problems.
5. Advocacy and persistence are crucial; ask questions and seek specialist care if needed.
6. Cardiac rehabilitation improves outcomes but is underused in women—ask about it.
7. Lifestyle changes and early detection remain powerful tools for prevention and management.

Sources and Further Reading

This guide is adapted from Heart Saviour by Dr Francesco Lo Monaco and checked against current guidance from the British Heart Foundation on menopause and heart health and NHS Inform

Important Medical Disclaimer

This guide is for educational purposes only and does not constitute medical advice. It is not a substitute for professional medical diagnosis or treatment. Always consult your healthcare provider before making changes to your medications, lifestyle, or treatment plans. If you experience severe symptoms such as chest pain or shortness of breath, seek emergency medical attention immediately (call 999 in the UK).



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A Calm Place To Begin

If you would like to discuss a symptom, a family history or a preventive heart assessment, you are welcome to contact the clinic.

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Also consulting at
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Clementine Churchill Hospital, Harrow



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