Transcript Details

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ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

The Overlooked Valve: Why Women With Aortic Stenosis Fall Through the Cracks

Opening:
You're listening to ReachMD. This activity, titled "The Overlooked Valve: Why Women With Aortic Stenosis Fall Through the Cracks" is provided by Medtelligence.

Dr. Taub:
I'm Pam Taub. I'm a cardiologist and professor of medicine at UC San Diego, and today we're going to be talking about the overlooked valve: why women with aortic stenosis fall through the cracks.

We know that aortic stenosis is the most common valvular disease in the population. Women with aortic stenosis are often overlooked, leading to delayed diagnosis, missed symptoms, and undertreatment. Today, we'll explore why women continue to fall through the cracks and how we can do better.

We know that nearly 1 in 2 women with symptomatic severe aortic stenosis are underdiagnosed and are not referred in a timely manner. Women's symptoms are more likely to be misattributed to noncardiac causes, such as being deconditioned or being overweight, and that leads to delayed imaging and appropriate treatment.

In addition, women are diagnosed later in the disease course with greater frailty and advanced symptoms at the time of evaluation. Women are 35% less likely than men to receive TAVR or SAVR.

In summary, despite clear evidence of risk, women with severe aortic stenosis are diagnosed later and treated less often. And part of this comes from the legacy of male-centered studies that have shaped our clinical guidelines, and that bias continues to affect outcomes today.

A couple of important things to remember in terms of the pathophysiological differences between women and men with aortic stenosis is women do have a smaller annulus.

We are starting to do better, and we have trials such as a SMART trial that are looking at characteristics that are very specific to women, such as a small annulus, and how we can personalize care for women with specific features, such as a small annulus.

So it's really important to recognize there are some sex-specific differences in how aortic stenosis manifests in women versus men. So, for instance, women tend to have more low-flow, low-gradient aortic stenosis. And what that means is the murmur of aortic stenosis is sometimes not as prominent in women, and this leads to a later diagnosis.

In addition, women tend to have more fibrosis of their valve and men tend to have more calcification of the valve, and that's more easily picked up on echo, the calcification versus the fibrosis. So that leads to earlier diagnosis in men. Additionally, in terms of the myocardium, women also tend to have more diffuse fibrosis of the myocardium versus men. So these pathophysiological differences are important to keep in mind so that we can have earlier diagnoses and better personalized treatment for women.

So what's at stake? Women with severe symptomatic aortic stenosis face higher mortality than men at the same age when left

untreated. So we need to do better. We need to recognize that women have differences in their aortic valve compared to men, and we need to be more vigilant in women, even when we detect a very subtle murmur, because that could be a woman that has low-flow aortic stenosis.

That's all the time that we have today. Thank you for joining me to spotlight a critical but often missed issue in cardiovascular care. Women deserve the same speed, accuracy, and access when it comes to diagnosing and treating aortic stenosis.

Let's stay vigilant and keep pushing for better, more equitable heart valve care.

Closing:
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