



THE HEART
AND STROKE
FOUNDATION
SOUTH AFRICA

Women's Day Media Statement 2021: Women, Cardiovascular Disease (CVD) and other circulatory diseases

Cardiovascular Diseases (CVD) are the leading cause of death for women globally. According to the latest report by *The Lancet Commission on Women and Cardiovascular Disease*, based on data from the 2019 Global Burden of Disease study, approximately 275 million women are living with CVD, with 7 million dying from CVD annually, around the world. Ischemic heart disease (47% of CVD deaths) followed by stroke (36% of CVD deaths) are the leading causes of death in women worldwide. Despite the increased awareness, only 56% of women globally recognise that CVD is a threat to their health and do not do enough to combat this. **The Heart and Stroke Foundation South Africa (HSFSA)** is dedicated to empowering women to take care of their heart and brain health by adopting healthy life choices and healthy behaviours.

In South Africa, the proportion of CVD deaths in women aged between 35–59 years is one and a half times more likely than that of women in the United States (World Heart Federation 2017). Moreover, women aged 55 years and younger are more likely than men to die within a year of their first heart attack (Harvard Health Publishing, 2016). Women with heart disease are frequently neither accurately diagnosed, nor do they receive the right health care, in a survey conducted by the American Heart Association, about half of the women interviewed knew that heart disease is the leading cause of death in women, yet only 13% said it was their greatest personal health risk even though heart disease kills six times as many women than cancer every year.

High blood pressure (HBP) is the single largest risk factor for CVD in women, followed by high body mass index (BMI) and increased low-density cholesterol (LDL). HBP increased BMI and raised LDL cholesterol are also genetic risk factors for both males and females. Moreover, there are gender-specific risk factors that only or primarily affect women leading to poor CVD health outcomes. Gestational diabetes and pre-eclampsia are examples of risk factors specific to women. Hormones, especially oestrogen, may also play a role in protecting women from heart disease, which suggests that a woman's risk for heart disease increases after menopause due to a decrease in oestrogen.

In low and middle-income countries, it is important to be mindful that socio-economic factors come into play leading to poor health outcomes. These risk factors such as unemployment, poor mental health, lack of information, cultural and racial disparities are also associated with poor cardiovascular status and overall poor health.

Other recommendations for prevention include tackling inequalities, diagnosis and treatment of CVD in women. It also includes educating healthcare providers and patients on early detection; scaling up heart and brain health programs in highly populated and underdeveloped regions and prioritising research on CVD in women.

The HSFSa plays a leading role in reducing the CVD burden in SA, the region and globally through our education drives, health risk assessments and advocacy work. Consequently, we are aligned with the national Department of Health in SA and with the United Nations Sustainable Development Goals (SDGs) to reduce premature deaths from non-communicable diseases (NCD's), including CVD, by one-third by 2030. Our **CEO, Prof Pamela Naidoo**, applauds the Lancet in publishing the outcome of the work of *The Lancet Commission on women and cardiovascular disease*. She states "that it is vitally important to disaggregate data so that we can understand in-depth, the risk and differences in risk for both men and women."