Women, compared with men, are less likely to receive GDMT or appropriate intensification of therapy.

**The Impact of Gaps in Care**

- **CVD**
  - #1 cause of death in women, responsible for 1 of 4 deaths

**Sex-Based Differences**

- **Myth: Higher Bleeding Risk in Women**
  - Risk Fact: Similar to Men
- **HFpEF, Nonobstructive CAD Higher in Women**
  - 2x as likely to develop HFpEF; experience greater symptom burden
  - More likely to have nonobstructive CAD
  - Inconsistent MI symptoms leading to delayed diagnosis & treatment

**Response to Medical Management**

Post hoc analysis of major clinical trials:

- **TOPCAT**: Secondary outcome of all-cause mortality:
  - 15.8% Spironolactone therapy vs 22.3% Placebo
  - Greater response by women

- **PARAGON-HF**:
  - 25.2% Greater response by women

**Call to Action**

Addressing the disparities in delivery of care and cardiovascular outcomes for women requires a renewed commitment to recognizing the issue and prescribing GDMT and other evidence-based treatments.

**Abbreviations:**

- AFib: Atrial fibrillation
- ABG: Coronary artery bypass grafting
- CHD: Coronary artery disease
- CVD: Coronary heart disease
- ACEI/ARB: Angiotensin-converting enzyme inhibitors/angiotensin receptor blockers
- HFpEF: Heart failure with preserved ejection fraction
- HTN: Hypertension
- ICH: Intracerebral hemorrhage
- IHD: Ischemic heart disease
- MI: Myocardial infarction
- DOAC: Direct oral anticoagulant
- HF: Heart Failure
- DOACs: Direct oral anticoagulants
- MI: Myocardial infarction
- CABG: Coronary artery bypass grafting
- CAD: Coronary artery disease
- CHD: Coronary heart disease
- DOAC: Direct oral anticoagulant
- HF: Heart Failure
- HFpEF: Heart failure with preserved ejection fraction
- GDMT: Goal-directed medical therapy
- PCP: Primary care physician

**References:**

14. Educational Grant Support Provided by: Amarin, AstraZeneca, Bristol-Myers Squibb and Pfizer Alliance, and Novartis Pharmaceuticals Corporation