

# Factors Impacting Women's Cardiovascular Health Across the Lifespan

Cardiovascular disease (CVD)—which broadly describes conditions, including heart disease, stroke, heart failure, and hypertension—is the number one killer of women (and men) in the United States each year.

## A CLOSER LOOK: CHALLENGES FOR MANAGEMENT OF HEART DISEASE IN WOMEN

Despite the devastating impact of CVD, women face several obstacles when it comes to their heart health journeys. These include:

### *Missed or Delayed Diagnosis of CVD*

Women experience higher missed or delayed diagnoses of heart disease. Reasons for this include:

- ▶ Different presentation of heart disease symptoms
- ▶ Historical underrepresentation of women in cardiovascular research, which can influence clinical practice
- ▶ Gender bias in health care (i.e., physicians may not see heart disease as primary concern for women)
- ▶ The female reproductive cycle and adverse pregnancies, which make women more vulnerable to CVD

### *Education and Awareness Gaps*

Less than half of women in the United States are aware that heart disease is the leading cause of death among U.S. women, nor do they have a general perception of their personal CVD risk. Awareness about personal risk of heart disease as well as steps that can be taken to mitigate CVD risk are key in the nation's fight against heart health.

Managing cardiovascular risk across the lifespan involves adopting healthy lifestyle choices, including:

- ▶ Eating a heart-healthy diet that is rich in fruits, vegetables, whole grains, lean proteins, and is low in saturated and trans-fats
- ▶ Exercising regularly
- ▶ Avoiding smoking
- ▶ Limiting alcohol consumption
- ▶ Getting regular checkups to monitor blood pressure and cholesterol

## U.S. CVD by the Numbers

- ▶ **60 million:** Number of U.S. women living with a form of heart disease
- ▶ **1 in 5:** Ratio of heart disease deaths in U.S. females
- ▶ **44%:** Percentage of women who recognize heart disease as #1 killer of women
- ▶ **\$216 billion:** annual cost of heart disease and stroke on the U.S. health care system
- ▶ **\$147 billion:** estimated amount in lost job productivity due to heart disease and stroke

## #ReadMyLips

In 2023, SWHR led the Read My Lip(id)s campaign to raise awareness about the risk factors for heart disease and how getting regular cholesterol screening—and specifically, lipid panel testing—can empower women to take charge of their heart health. Learn more at [swhr.org/read-my-lips](https://www.swhr.org/read-my-lips).



## Insurance Protocols

Insurers often have processes aimed at controlling costs, while still providing proven, yet appropriate care. These include:

- ▶ **Copay accumulators:** Does not count the value of a manufacturer's payments (e.g., coupons, discounts) toward a patient's annual out-of-pocket maximum or deductible
- ▶ **Non-medical switching:** Forces patients to switch from their current medication to another drug for reasons unrelated to the patient's health (e.g., eliminating coverage of certain medications, increasing patients' out-of-pocket requirements)
- ▶ **Prior authorization:** Requires the review and approval of a specific procedure, service, or drug before it is prescribed
- ▶ **Step therapy:** Requires a patient to try and "fail" a lower-cost treatment before the patient can access the treatment originally prescribed or recommended by their physician

**"Most health insurance plans design their policies to meet needs of the majority of people. Therefore, people who require different treatment options due to factors related to age, genetics, chronic conditions, or sex, among other reasons, can have difficulty accessing those treatments. By using evidence about the 'average' patient to make coverage decisions for individuals, insurers may unintentionally create barriers to the most effective, appropriate care for some patients."**

*"The Myth of Average: Why Individual Patient Differences Matter," The National Pharmaceutical Council (January 2022)*

These policies can have implications for women with heart conditions. Specifically, they can delay access to the most effective medications, leading to worsened outcomes for patients; discount individual patient responses to different treatments; or reduce medication adherence. In the case of copay accumulators, patients may be responsible for more out-of-pocket costs than they initially anticipated, making it difficult for them to adhere to their prescribed treatment plan due to financial challenges.

## Helping to Change the Heart Health Landscape Through Policy

Beyond increasing public education surrounding risk factors, screening guidelines, and prevention strategies for CVD, there are policies that could improve women's heart health outcomes:

- ▶ **Safe Step Act (S. 652/H.R. 2630):** Would require health insurance plans to respond to step therapy appeals within 24-72 hours, base their determinations on sound medical reasoning and necessity to the patient, and make their appeals process (and the information needed to make a successful appeal) available online
- ▶ **HELP Copays Act (H.R. 830):** Would require plans to apply copay assistance to an individual's cost-sharing obligations like their deductibles and out-of-pocket maximums
- ▶ **Increased Appropriations Funding for the National Institutes of Health and National Heart, Lung, and Blood Institute (NHLBI) and Dedicated Funding for Sex and Gender Differences in Cardiovascular Disease:** Serves as an essential tool in the nation's ability to prevent, diagnose, and treat CVD

## Seeing Prior Authorization's Impact in Practice

A 2017 survey of the American College of Cardiology (ACC) found that ACC members felt prior authorization led to administrative costs, delays in care, and safety concerns.

- ▶ 77% of cardiologists said less time was spent on patient care because of time required for medical documentation and the prior authorization process, and 62% believed there was patient confusion and treatment interruption
- ▶ 51% believe restrictions lead to increased discontinuation of medication
- ▶ 46% feel restrictions reduce patient adherence and persistency to medications

## References

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