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**News Release
March 31, 2016**

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**Jean McSweeney, Ph.D., R.N., Chairs Heart Association
Statement on Ischemic Heart Disease Treatment in Women**

LITTLE ROCK — More research, superior diagnostic equipment and exceptional recognition of symptoms is needed to better identify and treat women with ischemic heart disease (IHD) according to a scientific statement from the American Heart Association chaired by Jean McSweeney, Ph.D., R.N., of the University of Arkansas for Medical Sciences (UAMS).

The statement was released Feb. 29 and published in March in the American Heart Association's premier journal, *Circulation*.

"Dr. McSweeney is known internationally for her more than 20 years of tireless research on heart disease in women," said Patricia A. Cowan, dean of the [UAMS College of Nursing](#). "We are extremely proud of her most current work on ischemic heart disease in women and know it will have a tremendous impact on health care."

In 2003, McSweeney, a professor and associate dean for research in the College of Nursing, [published the first study](#) that showed women often had different symptoms than men for heart attacks.

IHD, also known as coronary artery disease, is the most common form of cardiovascular disease that occurs when blood flow to the heart is restricted by narrowed arteries. The condition ultimately leads to heart attack and is the leading cause of death in men and women.

The scientific statement, the first entirely devoted to IHD in women by the American Heart Association, pooled current research studies related to the disease to provide health care professionals with the current state of treatment for women with IHD.

The latest research showed women are more likely than men to die from the initial heart attack, and if they live, are more likely to suffer a fatal heart attack in the next year, in addition to having a greater likelihood of disability. The majority of women also experience early symptoms of IHD, such as shortness of breath and fatigue, however the symptoms are often not properly recognized as signs of IHD by the women or their health care providers.

“You can see the ramifications it would have on quality of life and health care costs if we could identify symptoms and risk factors among women and prevent or delay IHD,” said McSweeney, a fellow in the American Heart Association. “It’s vital that we continue to work toward earlier diagnosis and earlier, improved treatment.”

Men and women are shown to have similar traditional risk factors that can lead to IHD, including obesity, older age, hypertension, physical inactivity, family history and tobacco use. However, the statement highlighted a group of emerging risk factors that research shows are exclusive to women, and if properly recognized, could lead to better diagnosis and outcomes for women with IHD. Some of the emerging factors included autoimmune disease, gestational diabetes and polycystic ovarian syndrome.

“There are many risk factors unique to women who have IHD,” said McSweeney. “In highlighting these risk factors, we’re hoping to get health care providers who provide care to women of all ages to recognize them and modify their own practice to improve outcomes.”

To address the disparities in treatment for women, McSweeney and her colleagues — including Christina Pettey, Ph.D., R.N., an assistant professor in the College of Nursing — concluded the scientific statement with recommendations for health care practice, research, policy and public health education to assist in improving recognition, treatment and outcomes for women with IHD.

The recommendations included improved methods of disseminating information about IHD to the general public, increased education for health care providers, enrolling more women of diverse races and cultures into clinical trials to allow analysis by sex and gender, broadening inclusion criteria for clinical trials to reflect women’s most common IHD symptoms, using community-based participatory research methods and research funding targeted to improving guidelines for prevention of IHD in women.

“We’ve made improvements, but there is still much to be done, including the way women from different heritages are diagnosed and treated,” said McSweeney. “We must keep working toward better care for women, including using the scientific findings to provide the best care to women.”

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