

Heart Disease in Women

How heart disease can look and act differently in women - and why your symptoms should always be taken seriously

Heart disease is the leading cause of death in women, yet it is often missed. Knowing how it can differ helps you get the care you deserve.

Heart Disease in Women - Real Symptoms, Taken Seriously

Heart Disease Is the Leading Threat to Women

#1
cause of death
in women

Heart disease takes more women's lives
than all cancers combined.

Know the Warning Signs - Beyond Chest Pain

- Chest pain or pressure (still common)
- Shortness of breath
- Unusual fatigue
- Nausea, cold sweat
- Jaw, neck, back, or arm discomfort



Online: <https://go.riasalimd.com/women-heart-guide>

Rias KS Ali, MD FACC

Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

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Names & Terms You Will Hear

Term	Meaning
Heart disease in women	Any disease of the heart or blood vessels in women, including clogged arteries, heart attack, and heart failure.
Coronary artery disease (CAD)	Buildup in the heart arteries that can cause chest pain or a heart attack. The most common heart disease in women.
INOCA / microvascular disease	Chest pain or a heart attack with 'normal-looking' large arteries, caused by trouble in the tiny vessels or by spasm. More common in women.
SCAD	Spontaneous coronary artery dissection - a sudden tear in a heart artery wall. A leading cause of heart attack in younger women.
Takotsubo (stress) cardiomyopathy	A sudden weakening of the heart, often after intense stress. Also called broken-heart syndrome. Most cases are in women.
HFpEF	Heart failure with a normal pumping number, where the heart is stiff. More common in women, especially after menopause.
Sex-specific risk factors	Heart risks tied to being a woman, such as pregnancy problems and early menopause.

Call 911 now for chest pain or pressure - and know that a heart attack in a woman may ALSO show as sudden shortness of breath, unusual tiredness, nausea, a cold sweat, or pain in the jaw, neck, back, or arm. Do not wait, and do not drive yourself. If someone collapses and is not breathing normally, start Hands-Only CPR: push hard and fast in the center of the chest, about twice per second (the beat of the song "Stayin' Alive"), and send someone for an AED.



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Heart Disease in Women?

- Heart disease is the number one cause of death in women in the United States. It takes more women's lives than all cancers combined. Yet many women do not see it as their biggest health threat.
- Most heart disease in women is the same as in men. It is buildup in the heart arteries (coronary artery disease) that can cause chest pain or a heart attack. But some parts can look and act differently.
- Women still get chest pain most of the time during a heart attack. The key difference is that women more often also have other signs. These include shortness of breath, unusual tiredness, nausea, or pain in the jaw, neck, back, or arm.
- These signs can be blamed on stress, the flu, or heartburn. So women's heart attacks are more often missed or treated late. Delay costs heart muscle.
- Some conditions are more common or distinct in women: microvascular disease and spasm (chest pain with 'normal' arteries), SCAD, Takotsubo, and HFpEF. The table in this guide explains each.
- Women also carry sex-specific risks: pregnancy complications, early menopause, and autoimmune disease. And some shared risks, like diabetes and smoking, raise a woman's heart risk more than a man's.
- The message is not that women rarely get chest pain. It is to broaden suspicion, never ignore symptoms, and ask to be checked. Your symptoms are real.



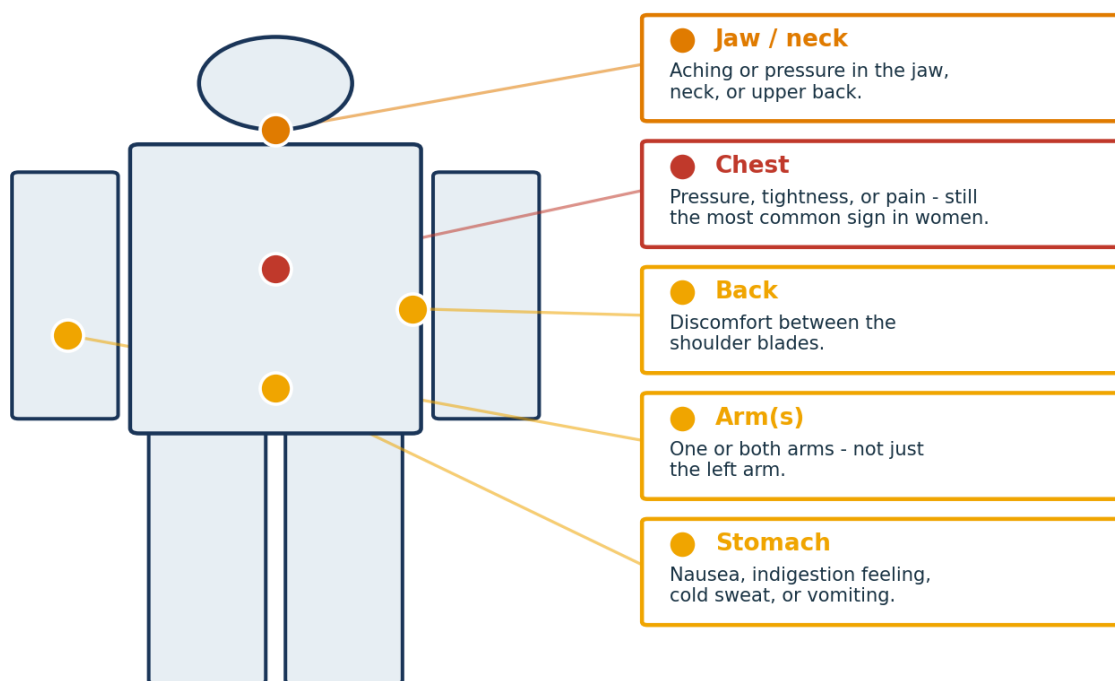
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Where Women May Feel a Heart Attack - Chest AND Beyond



Whole-body signs: shortness of breath, unusual or sudden tiredness, lightheadedness.

Most women still feel chest pain in a heart attack, but women more often ALSO feel jaw, neck, back, or arm discomfort, breathlessness, fatigue, or nausea. Treat any of these seriously.



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Conditions That Affect Women Differently

Condition	What it is	Who / the clue
INOCA / microvascular disease and spasm	Real chest pain or even a heart attack when the large arteries look 'normal,' caused by the tiny vessels or by artery spasm.	More common in women; chest pain that tests blame on 'nothing.' Special tests can find it.
SCAD (spontaneous coronary artery dissection)	A sudden tear in the wall of a heart artery, blocking blood flow and causing a heart attack.	A leading cause of heart attack in women under 50 and around pregnancy; often without classic risk factors.
Takotsubo (stress) cardiomyopathy	A sudden weakening of the heart, often after intense emotional or physical stress. Also called broken-heart syndrome.	The large majority of cases are in women, often after menopause. The heart usually recovers.
HFpEF (stiff-heart failure)	Heart failure where the pumping number is normal but the heart is stiff and cannot relax well.	More common in women, especially with high blood pressure and after menopause.



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How Heart-Attack Symptoms Can Differ in Women

- **Chest pain is still common:** most women having a heart attack do feel chest pain, pressure, or tightness. This guide does not say otherwise - it asks you to widen the net.
- **Women more often ALSO have other signs:** shortness of breath, unusual or sudden tiredness, nausea or vomiting, a cold sweat, or discomfort in the jaw, neck, back, or one or both arms.
- **Why it gets missed:** these signs can be blamed on stress, the flu, or heartburn, so women (and sometimes care teams) wait too long. Delay lets more heart muscle die.
- **What to do:** never dismiss your own symptoms. Call 911 for chest pain or these other signs. Do not drive yourself, and do not wait to see if it passes.
- **Speak up:** if you feel brushed off, it is okay to say plainly, "I am worried this is my heart - please check."



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Conditions That Affect Women Differently (INOCA, SCAD, Takotsubo)

- **INOCA / microvascular disease and spasm:** real chest pain when the big arteries look 'normal.' The problem is in the tiny vessels or from spasm. It is not 'nothing' - it can be tested for and treated.
- **SCAD:** a sudden tear in a heart-artery wall, a leading cause of heart attack in women under 50 and around pregnancy, often in women without classic risk factors. See our [SCAD guide](#).
- **Takotsubo (broken-heart syndrome):** intense stress suddenly weakens the heart. It can look just like a heart attack. Most cases are in women, and the heart usually recovers. See our [Takotsubo guide](#).
- **HFpEF:** the stiff-heart type of heart failure, more common in women, especially after menopause and with high blood pressure. See our [HFpEF guide](#).
- **Read more on microvascular disease:** see our [coronary microvascular dysfunction guide](#).



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Why It Matters

- Heart disease kills more women than any other cause. But surveys show many women do not know this. Awareness is the first step to acting in time.
- When a heart attack is missed or treated late, more heart muscle dies. Faster care means better survival and less long-term damage.
- Women are less likely to be sent for some heart tests and treatments. They may also wait longer in the emergency room. Knowing your risk helps you speak up.
- Conditions like SCAD and Takotsubo can strike women who do not fit the 'typical' heart-patient picture - younger, active, without classic risk factors. They are easy to overlook.
- Chest pain with 'normal' arteries is real disease, not 'nothing.' Microvascular disease and spasm can cause true heart symptoms and need treatment.
- Pregnancy and menopause are windows into a woman's future heart health. Problems then are early warnings you and your doctor can act on for decades.
- Most heart disease is preventable. Knowing the risks that are specific to women lets you and your doctor lower them early.

The 'it's probably nothing' trap: women's heart symptoms are often blamed on stress, anxiety, the flu, or heartburn - by patients and sometimes by care teams. If something feels wrong, it is always okay to ask, **"Could this be my heart?"** and to ask for a heart check.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Preeclampsia or high blood pressure in pregnancy	A pregnancy with dangerous high blood pressure roughly doubles the chance of heart disease and stroke later in life. See our pregnancy and heart guide.
Gestational diabetes	Diabetes during pregnancy raises the lifelong risk of type 2 diabetes and heart disease, even if blood sugar returns to normal after birth.
Preterm birth or a small baby	Delivering early or having a low-birth-weight baby is linked to higher heart risk for the mother later on.
Early menopause	Menopause before age 45, natural or from surgery, removes estrogen's early protection sooner and raises heart risk.
Autoimmune or inflammatory disease	Lupus and rheumatoid arthritis, which are far more common in women, add inflammation that speeds up artery disease.
Diabetes	Diabetes raises heart risk in everyone, but it erases more of a woman's natural protection - it hits women harder than men.
Smoking	Smoking is dangerous for everyone, but it raises a woman's heart-attack risk more than a man's, especially with birth control pills.
High blood pressure and high cholesterol	Common and often silent. They damage arteries over years. After menopause, blood pressure and cholesterol often rise.
Depression, stress, and poor sleep	These are common in women and are linked to higher heart risk and to conditions like Takotsubo.



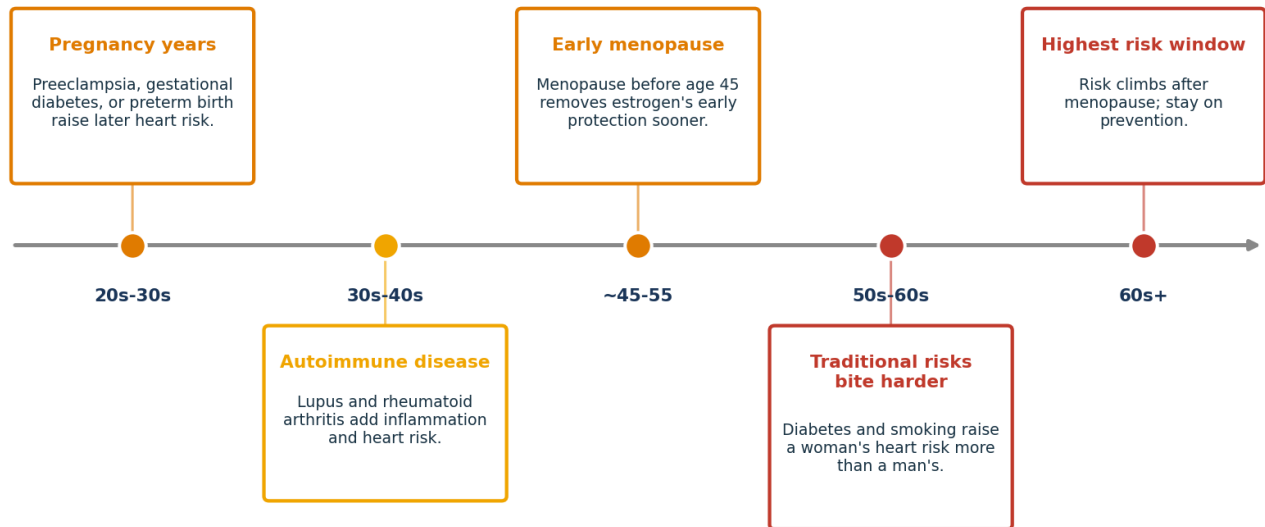
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A Woman's Heart Risk Across Life - Signals to Act On



A woman's heart risk changes across life. Pregnancy problems and early menopause are early warning signals, and traditional risks like diabetes and smoking hit women harder.



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Women's Unique Risk Factors (Pregnancy History, Menopause)

- **Pregnancy is a stress test for the heart:** preeclampsia or high blood pressure in pregnancy roughly doubles later heart and stroke risk. Gestational diabetes and preterm birth also raise it.
- **These signals last for decades:** even a pregnancy years ago matters now. Tell your doctor your full pregnancy history so prevention can start early.
- **Early menopause:** menopause before age 45 (natural or after surgery) removes estrogen's early protection sooner and raises heart risk.
- **Autoimmune disease:** lupus and rheumatoid arthritis, far more common in women, add inflammation that speeds artery disease.
- **Shared risks hit harder:** diabetes and smoking raise a woman's heart risk more than a man's. Controlling them is especially powerful.
- **Plan ahead:** if you are pregnant or planning, see our [pregnancy and heart guide](#).



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Treatment Options

- Treatment starts with the right diagnosis. If you have heart symptoms, ask to be evaluated, even if a first test looks normal. 'Normal arteries' does not always mean a normal heart.
- For clogged heart arteries, the same proven treatments help women and men: medicines that protect the heart, and when needed, stents or bypass surgery.
- For microvascular disease and spasm (INOCA), special tests can find it, and medicines such as certain blood-pressure or anti-angina drugs often ease the pain.
- For SCAD, most patients are treated with medicines and close monitoring rather than a stent, because the torn artery often heals on its own. Care is tailored by an expert team.
- For Takotsubo, the heart muscle usually recovers over weeks. Treatment supports the heart during the weak period and manages the stress trigger.
- For HFpEF, treatment controls blood pressure, fluid, and other conditions, and newer medicines can help. Weight and activity matter a lot.
- Prevention is treatment too: stopping smoking, controlling blood pressure, cholesterol, and blood sugar, staying active, and treating depression and sleep problems.
- Tell your doctor your pregnancy history and menopause age. These guide how closely your heart should be watched and when to start prevention.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Know your numbers: blood pressure, cholesterol, blood sugar, and weight. Ask your doctor what yours are and what they should be.
- Move most days. Even brisk walking helps the heart, mood, and sleep. Build up slowly if you are starting out.
- Eat a heart-friendly pattern: more vegetables, fruit, whole grains, beans, fish, and olive oil; less salt, sugar, and processed meat.
- Do not smoke, and avoid secondhand smoke. If you smoke, ask for help quitting - it is one of the biggest gifts to your heart.
- Care for your mind. Manage stress, treat depression or anxiety, and protect your sleep. Emotional health and heart health are linked.
- Share your pregnancy history at checkups. Preeclampsia, gestational diabetes, or preterm birth are heart-risk signals worth tracking for life.
- Bring a symptom list and a trusted person to appointments. If you feel dismissed, it is okay to ask, 'Could this be my heart?'



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Getting checked when you have heart symptoms	Tests, time, cost, and the chance a first test looks normal even when something is wrong.	Finds a heart attack, SCAD, or microvascular disease early, when treatment works best and saves heart muscle.	Waiting to see if symptoms pass (risky - a missed heart attack costs muscle and lives).
Testing for microvascular disease / spasm (INOCA)	Needs special tests not done everywhere; may take a referral to find the right center.	Explains real chest pain when arteries look 'normal,' and points to medicines that ease it.	Being told it is 'just stress' and left untreated. See our microvascular dysfunction guide .
Conservative (medicine-first) care for SCAD	Means watching closely instead of an immediate stent, which can feel uncertain.	The torn artery often heals on its own; a stent can sometimes make a SCAD tear worse.	A stent or surgery, used only when needed for ongoing damage. See our SCAD guide .
Heart-risk prevention based on your history	Means lifestyle effort and sometimes daily medicine, started before you feel sick.	Lowers the chance of a future heart attack, stroke, or heart failure - especially powerful when started early.	Doing nothing until symptoms appear (misses the best window to prevent).
Acting on pregnancy and menopause history	Means earlier and closer heart monitoring, and facing risks you may not have expected.	Turns past pregnancy problems and early menopause into an early-warning plan you can act on for decades.	Ignoring these signals. See our pregnancy and heart guide .



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Common Misconceptions

Myth	Reality
Heart disease is mainly a man's problem.	Heart disease is the leading cause of death in women, taking more lives than all cancers combined. It is just as much a woman's problem.
Women rarely get chest pain with a heart attack.	Not true - most women DO have chest pain or pressure. The difference is that women MORE OFTEN also have other signs, like breathlessness, fatigue, nausea, or jaw and back pain. Never ignore chest pain.
If my arteries look normal, my heart is fine.	Chest pain with 'normal' large arteries can still be real heart disease - from the tiny vessels (microvascular disease) or from spasm. It deserves testing and treatment.
I am young and healthy, so it cannot be my heart.	Conditions like SCAD and Takotsubo often strike younger, active women without classic risk factors. Young age does not rule out a heart problem.
A 'broken heart' is just a saying.	Takotsubo, or broken-heart syndrome, is a real condition where intense stress suddenly weakens the heart. It can look just like a heart attack and needs care.
My pregnancy was years ago, so it does not matter now.	Preeclampsia, gestational diabetes, and preterm birth raise heart risk for decades. Sharing this history helps your doctor protect you.
There is nothing I can do to lower my risk.	Most heart disease is preventable. Controlling blood pressure, cholesterol, blood sugar, smoking, weight, and stress lowers risk a lot, especially when started early.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Heart attack (including missed or late-treated)	When warning signs are blamed on stress or heartburn, care is delayed and more heart muscle dies. Women can have worse outcomes after a heart attack, partly due to delay.
Heart failure (often HFpEF)	Damage or long-standing high blood pressure can leave the heart weak or stiff. HFpEF, the stiff-heart type, is more common in women, especially after menopause.
Ongoing chest pain (angina) with 'normal' arteries	Untreated microvascular disease or spasm can cause repeated chest pain, emergency visits, and a lower quality of life until the right treatment is found.
SCAD complications	A torn heart artery can cause a heart attack, dangerous rhythms, or, rarely, recur. Most people recover well with the right team and follow-up.
Stroke	The same artery disease and risk factors that harm the heart also raise stroke risk. High blood pressure in women is a major driver.
Emotional and mental-health effects	Anxiety and depression are common after a heart event and can both follow and worsen heart disease. They deserve treatment as part of heart care.



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Points to Know

If you remember nothing else, remember these key points.

- Heart disease is the leading cause of death in women - more than all cancers combined.
- Most women DO get chest pain in a heart attack. The point is that women more often ALSO have breathlessness, fatigue, nausea, or jaw, back, or arm pain. Never ignore symptoms.
- If something feels wrong, ask to be checked. A first normal test does not always rule out a heart problem.
- Chest pain with 'normal' arteries is real disease. Microvascular problems and spasm can be tested for and treated.
- SCAD and Takotsubo can strike younger, active women without classic risk factors. Young and fit does not mean safe.
- Pregnancy problems (preeclampsia, gestational diabetes, preterm birth) and early menopause are heart-risk signals. Share them with your doctor.
- Diabetes and smoking hit women's hearts harder than men's. Controlling them matters even more.
- Most heart disease is preventable. Start prevention early, especially if you have women-specific risks.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Chest pain, pressure, tightness, or squeezing that lasts more than a few minutes or comes and goes - call 911.
- Sudden shortness of breath, with or without chest discomfort - call 911.
- Pain or discomfort in the jaw, neck, back, or one or both arms, especially with sweating or nausea - call 911.
- Breaking out in a cold sweat, feeling sick to your stomach, or lightheaded along with any of the above - call 911.
- Fainting, or a racing or pounding heartbeat that will not settle - call 911.
- Do not drive yourself. Calling 911 starts heart care on the way to the hospital - faster than a car.
- If symptoms ease but you are worried, still get checked. It is always okay to ask, 'Could this be my heart?'
- New or worsening shortness of breath, swelling in the legs, or trouble breathing while lying flat - call your team today.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [American Heart Association - Go Red for Women](#) - The AHA's hub on heart disease in women: risk, warning signs, and prevention.
- [Cleveland Clinic - Heart Disease in Women](#) - Plain-language guide to how heart disease differs in women and what to watch for.
- [Mayo Clinic - Heart Disease in Women](#) - How women's symptoms can differ from men's, and the risk factors that matter most.
- [NHLBI - The Heart Truth](#) - The national campaign reminding women that heart disease is their leading health threat.
- [AHA Hands-Only CPR](#) - How to do Hands-Only CPR if someone collapses - push hard and fast in the center of the chest.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [American Heart Association — Go Red for Women: Heart Disease in Women](#) [Patient Education]
Authoritative patient material on women-specific risk, atypical symptoms, and why heart disease is the leading cause of death in women.
- [Cleveland Clinic — Heart Disease in Women](#) [Patient Education]
Plain-language coverage of sex differences in presentation, conditions like SCAD and microvascular disease, and pregnancy-related risk.
- [Mayo Clinic — Heart Disease in Women: Understand Symptoms and Risk Factors](#) [Patient Education]
Explains how women's symptoms can differ from men's and the under-recognition that delays care.
- [ACC/AHA — Cardiovascular Disease Risk Assessment and Sex-Specific Risk Enhancers \(2019 Primary Prevention Guideline\)](#) [Guideline]
Authoritative basis for female-specific risk enhancers (preeclampsia, early menopause, autoimmune disease) in risk assessment.
- [AHA Scientific Statement — Acute Myocardial Infarction in Women \(2016\)](#) [Scientific Statement]
Canonical statement on sex differences in heart-attack presentation, under-recognition, delayed care, SCAD, and outcomes in women.
- [AHA Scientific Statement — Spontaneous Coronary Artery Dissection \(SCAD\) \(2018\)](#) [Scientific Statement]
Defines SCAD as a leading cause of heart attack in younger women and in pregnancy-associated heart attack, often without classic risk factors.
- [AHA Scientific Statement — Cardiovascular Disease in Women: Sex Differences and Outcomes](#) [Scientific Statement]
Frames the burden of cardiovascular disease in women, under-recognition, and the call to take women's symptoms seriously.
- [ACC — CardioSmart: Women and Heart Disease](#) [Patient Education]
ACC patient-facing material on women's heart health, risk factors, and prevention to cross-check plain-language framing.
- [NHLBI — The Heart Truth: Heart Disease and Women](#) [Patient Education]
NIH/NHLBI campaign emphasizing that heart disease is the leading cause of death in women and that warning signs are often missed.
- [ACOG — Preeclampsia and High Blood Pressure During Pregnancy](#) [Patient Education]
Obstetric basis for pregnancy complications (preeclampsia, gestational diabetes, preterm birth) as later heart-risk signals.
- [AHA Hands-Only CPR](#) [Patient Education]
How to do Hands-Only CPR if someone collapses — push hard and fast in the center of the chest.



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About This Guide

Rias KS Ali, MD FACC | Board Certified in Interventional Cardiology & Cardiovascular Disease

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Reviewer note: Reviewed: AHA Go Red for Women, Cleveland Clinic, and Mayo Clinic patient pages, plus the AHA 2016 statement on heart attack in women and the 2019 ACC/AHA prevention guideline. This guide adds a plain-words symptom body map, a women's life-course risk timeline, a tinted table of conditions that affect women differently (INOCA, SCAD, Takotsubo, HFpEF), and a take-it-seriously call to act.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
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