# Edinburgh woman highlights gender disparities in heart attack diagnosis and care



Fran McIntyre, a 49-year-old resident of Edinburgh, is now in good health, yet her journey to recovery was fraught with challenges stemming from a heart attack she suffered in 2021. At the time, McIntyre was 44 and experienced alarming symptoms that led her to seek medical attention. However, she was initially diagnosed with anxiety, a conclusion that she accepted without question.

While preparing to leave the hospital, engrossed in ordering a takeaway on her phone, she was unexpectedly called back by doctors. “I had no idea I was having a heart attack. Even in the hospital, they thought I was fine until blood tests showed otherwise,” McIntyre recalled. This misdiagnosis exemplifies a broader issue within healthcare regarding gender disparities.

Following her diagnosis, McIntyre faced further challenges, as she noted a significant lack of follow-up care and support. After her discharge, she was prescribed aspirin but received no additional guidance. This experience reflects a disturbing trend where women's health issues, particularly relating to cardiovascular disease, are frequently overlooked or misinterpreted. In fact, it has been reported that cardiovascular disease results in twice as many deaths among women in Scotland as breast cancer.

Recent studies, including a 2019 report by the British Heart Foundation, reveal that women may require up to six times more visits to doctors than men before receiving an appropriate referral for cardiac conditions. Such disparities can lead to cardiac symptoms in women being dismissed as ailments such as heartburn or anxiety, as was the case with McIntyre.

In light of these challenges, a new initiative has been launched through a partnership between the Digital Health & Care Innovation Centre and Research Data Scotland. This partnership aims to confront historical inequalities in the diagnosis, treatment, and aftercare of women dealing with cardiovascular disease. It seeks to increase awareness of cardiac risk among women and ensure that they have more control over their health data and medical decisions.

McIntyre expressed optimism about these developments, stating, “The fact that we know there’s an issue gives me hope. Initiatives like this partnership are exactly the kind of innovation we need. I don’t want other women to go through what I did without the support they deserve.” The newly established collaboration aims to enhance the quality of care for women and address systemic inequalities, reflecting a growing recognition of the need for improved healthcare tailored to women's specific needs.

Source: [Noah Wire Services](https://www.noahwire.com)

## References

* <https://www.bhf.org.uk/informationsupport/heart-matters-magazine/medical/myocardial-infarction/heart-attack-in-women> - This URL supports the claim that women often face misdiagnosis and delayed treatment for heart attacks due to gender disparities in healthcare. It highlights the importance of recognizing cardiac symptoms in women.
* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10952717/> - This article discusses the complexities of heart failure and the challenges in diagnosing and treating cardiovascular diseases, which aligns with the broader healthcare issues faced by Fran McIntyre.
* <https://www.escardio.org/Education/Spotlight/2019/09/Women-and-CVD> - This webpage from the European Society of Cardiology emphasizes the disparities in cardiovascular disease diagnosis and treatment between men and women, supporting the assertion that women's cardiac symptoms are often overlooked.
* <https://www.digitalhealthandcare.scot/initiatives/> - This URL provides information on initiatives by the Digital Health & Care Innovation Centre, which aligns with the partnership mentioned in the article aimed at improving healthcare for women with cardiovascular disease.
* <https://www.nhsinform.scot/illnesses-and-conditions/heart-and-blood-vessels/heart-attack> - This NHS Inform page offers guidance on heart attacks and their symptoms, highlighting the importance of early diagnosis and treatment, which was lacking in Fran McIntyre's initial experience.