

GENDER PROFILES OF CARDIOVASCULAR RISK FACTORS AMONG HIGHLY EDUCATED COMMUNITY CONTROLS

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Introduction: Women remain under-represented in cardiovascular clinical trials even though, in Europe, 55% of female deaths are caused by cardiovascular disease. Women have less extensive and less severe disease but poorer outcome compared to men. Gender related specificities in risk factors and adaptation to illness, or both, might further explain this.

Methods: As part of a larger study examining the impact of depression and type D personality in cardiac patients, a sample of 243 (148 females) highly educated controls (mean age = 41 ± 10 years) were evaluated on demographic, behavioral, psychosocial [BDI-II (Beck Depression Inventory, 2nd edition); HADS (Hamilton Anxiety and Depression Scale); DS-14 (Type D personality)] and clinical risk factors known to be implicated in cardiovascular disease.

Results: Women had significantly less alcohol consumption ($p < .001$) and exercise ($p < .05$), but had higher cholesterol and triglycerides ($p < .05$) than men. Past psychiatric complaints ($p < .05$), current depression ($p < .05$), moderate levels of anxiety ($p < .05$), and negative affectivity ($p < .05$) were all significantly more common among women. Age-adjusted multivariate analyses confirmed that lack of exercise together with dietary concerns and increased levels of mental distress (depression, anxiety and negative affectivity) tend to cluster in women. Importantly, no gender differences were detected in traditional cardiovascular risk factors such as hypertension and diabetes, or Type D personality prevalence.

Conclusion: In a highly educated sample, women presented with increased behavioral and psychosocial difficulties than men. These vulnerabilities may augment the impact of putative pathophysiological risk factors for cardiac disease.