Getting to the Heart of Gender Disparity: With a Focus on Coronary Heart Disease

With a Focus on The Canadian Healthcare System

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Abstract

The Gender Health Gap is a serious issue that needs to be addressed. Thus, a focus on the gender differences found in treatment and diagnosis of CHD/CAD will be conducted. A content analysis on medical professional's findings regarding the existence of these gender disparities will be conducted via videos uploaded to *YouTube.* Actively analyzing the broader themes within the expertise from a multitude of individuals will allow an answer to why we still see this 'gap' in terms of coronary heart disease at the level of diagnostic and treatment practices.

The Results: a failure in early research studies including females in their clinical trials; leading to the overall lack of knowledge on female symptoms today. These findings allow more research on how to ensure equitable treatment in terms of diagnosing and treating CHD/CAD in Canada.

Literature Review

Do Gender Disparities Even Exist?

- Previous literature has acknowledged "[…] gender differences in the diagnostic strategies of the doctors" (Bönte et al., 2008, p. 191).
- Strongest evidence of these gender disparities is seen in diagnostic testing and referral for future care (Chiaramonte & Friend, 2006).
- Previous studies have utilized video-vignettes (patients with identical symptoms) and assessed primary physicians' diagnostic strategies when the participants gender differs. The results illustrated women were asked less questions, less likely to receive a diagnosis and referral for further treatment (Arber et al. 2006).
- Many answers arise from these studies, however, one explanation that arises is due to lack of knowledge of female presentations (Lorber, 2000, as cited in Adams et al., 2008, p. 2)

Why are these studies important?

- Acknowledge these disparities do exist in various countries
- Provides basis for new research on Canada's HealthCare system
- Provide implications for new research on finding an answer to Why/How?
- Allowing an answer to the following: **Why are there gender disparities regarding the treatment and diagnosis of CHD/CAD in Canadian women?**

Methods

Thematic Qualitative Content Analysis

Qualitative content analysis consists of systematically conceptualizing textual meaning that requires interpretation. One variant of content analysis is thematic, meaning, looking at the larger themes and applying some sort of conceptual abstraction (Schreier, 2019). In which, MAXQDA software was utilized to conduct the coding and data analysis portion of this project.

Coding Frame:

Category 1: Why do these Disparities Exist (Subcategories: see figure 1.1).

Category 2: What do these disparities look like (Subcategories: patients themselves unaware of symptoms [1], dismissal of symptoms [2], lack of diagnosis [3], lack of adequate treatment [4], death [5]) .

Documentary Data – YouTube Videos

Public-facing data from the social media site: YouTube.

Purposive Criterion sampling or including data that matches a previously defined profile consisting of set characteristics (Schreier 2018).

Predefined Characteristics: Canadian published videos (would click on the profile and ensure it was based in Canada) + the discussion of gender disparities regarding CHD/CAD + stopping data collection when all searches containing the previous characteristics found no new Canadian videos.

Following these characteristics: the final sample size consisted of 9 videos ranging from 5-15 minutes long.

Results and Discussion

Results

- Most coded subcategory: **lack of information on female symptoms.**
- Almost always correlated to **lack of focus on female symptoms in research/clinical trials** .
- **Lack of research on female symptoms + increased lack of information on female symptoms:** recognized as the ultimate reason these gender disparities exist today.

"About two-thirds of all research on heart disease focuses on men. "

"Everyday women are misdiagnosed by a system not equip to deal with them."

"Women are up to 50% less likely than men to attend cardiac rehab programs often because they don't get referred to one."

"There is still research being done that excludes women"

Instances of Subcategory Codes

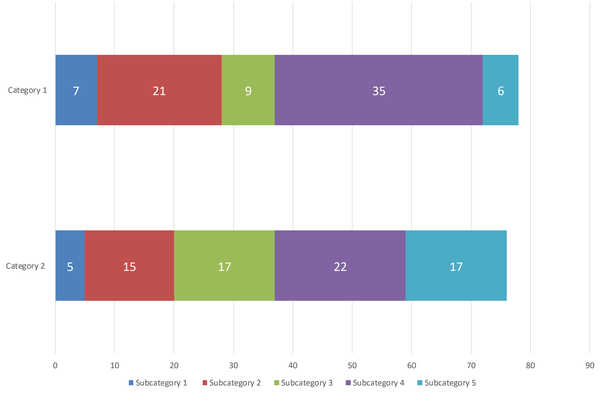

Figure 1.2

What Does this Mean?

- The ultimate lack of information and awareness on female symptoms has the most influence on these gender disparities
- This is a result of early research/clinical trials failing to include enough women!
- With early research studies and trials having been estimated to include over 2/3 male participants, and the requirement that women also be included not being enforced until the 1990s.

Main Category 1 - Why/How do these Gender Disparities Exist

Category 1	Common Themes/Subcategories
1	Tests Designed for Males
2	Lack of focus on females in research/clinical trials
3	Medical professionals failing to look for female symptoms in the diagnosis process
4	Overall lack of Information on Female Symptoms
5	Stigmatization that it is a 'man's disease'

Figure 1.1

Conclusions

The ultimate reason these gender disparities exist in Canada today is ultimately a lack of early research failing to include women. In which, these early studies heavily influenced much of the medical model and information surrounding CHD/CAD and female symptoms today. This failure on part of history has led to an overall lack of information and has contributed to the emergence of any other reasons/subcategories for **WHY** these disparities exist. Furthermore, it has contributed to various medical tools, tests, and treatments currently used today, that have not been studied regarding the effects on women. Meaning, that majority of the treatments utilized today to treat CHD/CAD has only been tested on males. Or in other words the basis of all treatments for CHD/CAD have not been established as being effective in women, but there is also no basis of understanding if these treatments are harmful to women on top of not being an 'effective treatment.' Moreover, this exclusion of women in early research has led to diagnostic technologies or 'stress tests' that are simply not adequate in revealing diagnostic imaging of this disease in women compared to men, meaning: How are women even supposed to be diagnosed yet alone adequately and equitably treated when majority of the modern-day diagnostic tests and treatments were only studied and sufficient in dealing with male patients?

Implications to the Medical Field:

- More research on female symptoms! And discovering adequate diagnostic tests and practices sufficient in diagnosing CHD/CAD in women + mandating it throughout the healthcare system.
- As well as researching and implementing treatments suitable for how CHD/CAD presents itself in females compared to men

Limitations:

Due to limited time constraints, there was not enough time to collect more data and apply a more rigorous data analysis on women's personal experiences with the healthcare system.

References

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