

JANUARY 2025



2025 Cardiologist Survey

Women's Heart Alliance

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WASHINGTON, D.C.

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The logo for 'Avōq' features the word 'Avōq' in a white, lowercase sans-serif font, with a macron over the 'o'. It is positioned in the bottom right corner of the page, set against a dark blue circular graphic that overlaps the teal background.



Introduction

In 2022 and 2024, Women's Heart Alliance launched ad campaigns aimed at increasing awareness of heart disease in women. The first campaign urged women to know the signs and symptoms of heart disease and get heart-checked; the second focused on the crisis of missed and delayed diagnosis. The success of both campaigns underscored for us the shocking fact that women still aren't aware that heart disease is their #1 cause of death, killing more women every year than all cancers combined.

This new survey builds on earlier Women's Heart Alliance research, which also focused on cardiologists, and also aims to promote awareness. Our goal was to gauge cardiologists' views and mine them for insights to help us understand their female patients' knowledge and attitudes. Ultimately, these insights will inform further awareness-raising campaigns and provide an important window into how to address women's concerns about their heart health.

Women's Heart Alliance is an organization led by and made up of women cardiologists. Our mission is to prevent women from needlessly facing and dying from heart disease. We aim to promote gender equity in heart disease awareness, research, prevention, and treatment. In our work, we walk beside women as they navigate heart disease, providing information and support and shining a light on the disparities and inequities that still characterize this disease.



Survey Background

Women's Heart Alliance surveyed a group of U.S. cardiologists about their views of the profession, training, and patient awareness from 11/5/24 to 1/6/25.

To reach these providers, Women's Heart Alliance engaged with its own Scientific Advisory Board, the American College of Cardiologists, the Association of Black Cardiologists, Women As One (a professional organization for women cardiologists) and numerous individual cardiologists.

There were 94 respondents, including 88 who identified as women. Results from this deck report on results from this latter group of 88.

While we sent the survey to both men and women practicing in the U.S., it is worth noting that only five male cardiologists completed the survey. This group is statistically insignificant and all results focused on the responses of the women only.

Key Insights

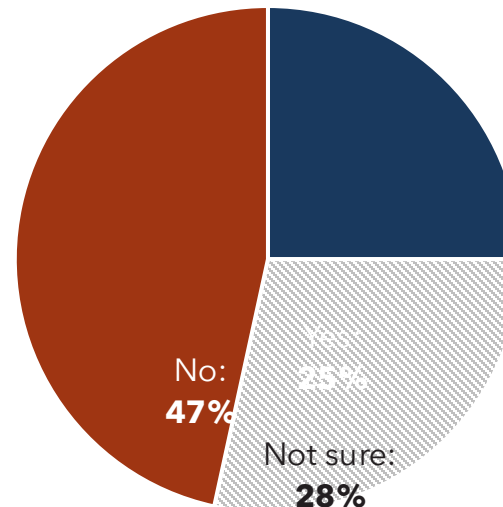
Misconceptions, symptoms,
rampant misdiagnosis



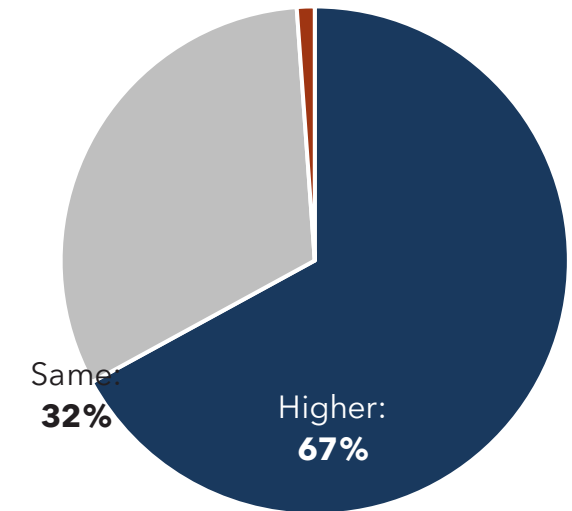
Insight: Few patients know heart disease is #1 cause of death

- Cardiologists estimate just 1 in 4 women they treat know heart disease is the #1 cause of death among U.S. women, and **67% of cardiologists say they're treating more young women than they were five years ago.**

Are the women you treat aware that heart disease is the #1 cause of death among women in the United States?



Compared to five years ago, are you treating a higher or lower share of young women?



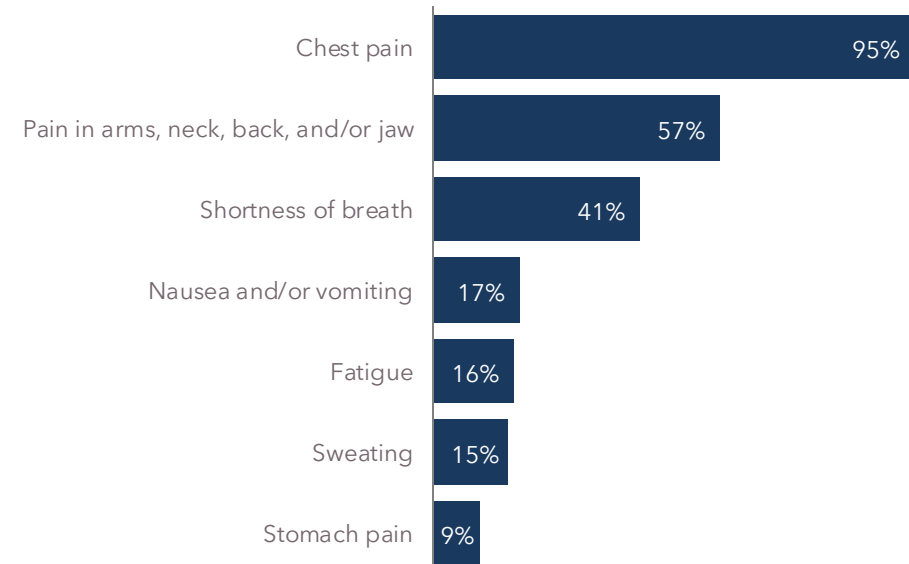


Insight: Patients recognize chest pain— but few other signs of heart attack

- Female cardiologists guess nearly all their patients know chest pain is a sign of heart attack, but almost none are aware nausea, fatigue, sweating, or stomach pain can be signs of heart disease in women. And only about half guess their patients know shortness of breath and pain in the arms, neck, back or jaw might be associated with heart attack.
- Just 19% of cardiologists think the women they treat are *very proactive* in addressing their heart conditions.

While cardiologists think women’s awareness of heart disease has increased, most women don’t know it is the #1 cause of death among women, and many can’t identify the signs or symptoms of heart disease.

Which of the following signs of heart attack in women would you say most of your female patients are familiar with?





Insight: Nearly all cardiologists are treating misdiagnosed patients

Across all levels of experience and geographies, women in cardiology say they are treating women who have been misdiagnosed by other providers.

In the last year, have you treated female patients whose heart health issues were misdiagnosed by other health care providers?





Insight: Most female cardiologists agree women are better off when seen by women

- While most female cardiologists surveyed agreed women receive better care when treated by women, no single reason dominated.
- Only 1 respondent said “no”, but many felt it depended on the specific provider and their attentiveness to patients. Respondents on both sides said research supported their position; some who weren’t sure wanted to know the data.

Do you believe female patients receive better care when treated by a female cardiologist? Why or why not? [Open-end]	%
Yes	59%
<i>Listening / Connection</i>	19%
<i>Familiarity</i>	10%
<i>Risk factors</i>	7%
<i>Other</i>	10%
<i>No reason given</i>	13%
It depends / Not sure / No	23%
Skipped	18%

Among those who said “Yes”

“Yes, several of my patients specifically choose me as they feel they are being heard and less likely to be dismissed. In fact I have many male patients who say the same and have only female physicians.”

Among those who weren’t sure

“It is not the gender of the provider as much as the awareness of the differences of heart disease in women.”



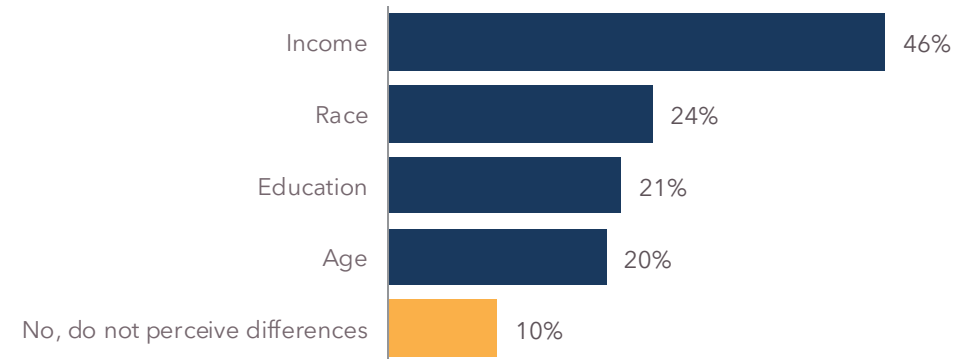
Insight: Cardiologists named income as a key factor more than any other trait

Open-ended responses were coded manually.

- 90% of cardiologists who responded believe that at least some factors, such as education, income, or race, influence heart health awareness among their patients.
- Most of those who agreed there were differences, about half named income, with far fewer mentioning any other trait.

Do you perceive difference in heart health awareness by age, income, race, or ethnicity? If so, in what ways?

% naming each factor



Includes people who named multiple factors.

“I initially treated a population of low SES and poor health literacy with several barriers to care (financial, transportation, language, economic, etc). Many of these barriers are removed however misinformation is prevalent and challenging.”

“Younger women and those in under-resourced communities are less aware.”

“Yes. Lower SES / people of color have lower awareness.”



In their own words

What are your female patients' biggest misconceptions about heart disease?

48% of those who responded said their patients' biggest misconception was that heart disease **happens to someone else**

"Not very common"

"Only affects men"

"It only happens to older women / 'unhealthy' women"

Another 23% mentioned low awareness of **risk factors**

"The special risk that women have from pregnancy such as pre-eclampsia, preterm birth, as well as the risk of early menopause."

What is one thing you wish female patients better understood about heart health?

43% of those who responded mentioned **prevention**

"Everyone is 'at risk' and it is never too early or too late to make important lifestyle changes."

"How much of it is preventable, even if it requires medication along with lifestyle changes."

"That heart disease can present at younger ages, and we need to prioritize prevention."



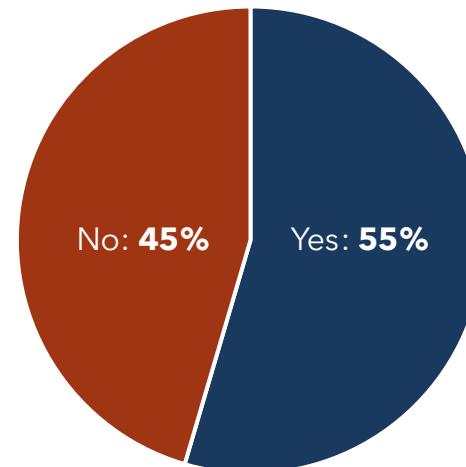
Insight: Most providers lacked specific training

- While most female cardiologists felt prepared to assess female patients' risk of heart disease, fewer recalled receiving sex-specific training.
- 60% did not feel fully prepared or lacked proper training. Across both measures, 4 in 10 said they both received sex-specific training and felt prepared to assess female patients' risk of heart disease.

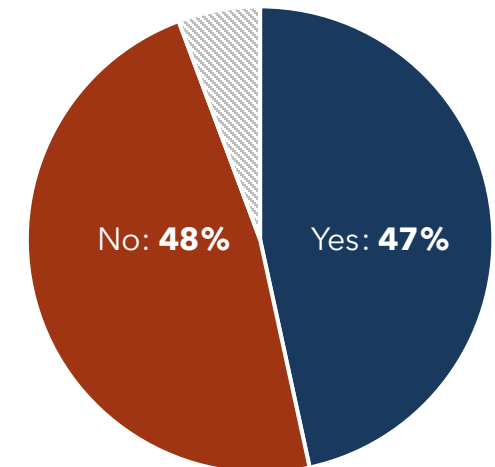
40%

Received sex-specific training and felt it prepared them to assess female patients' risk of heart disease

Did your medical training prepare you to assess female patients' risk of heart disease?



When you received your medical training, do you recall receiving any sex-specific training around women's heart disease?





Insight: High optimism about GLP-1 drugs

- Most female cardiologists surveyed expressed a *great deal* of optimism about the ability of drugs like Ozempic and Zepbound to improve heart health in the United States.
- Just 17% did not believe these drugs would improve heart health at least somewhat.

How much, if at all, do you believe the class of drugs including semaglutide, Wegovy, Ozempic, Mounjaro, Zepbound, etc. will improve heart health in the United States?

■ A great deal ■ Somewhat ■ Not too much ■ Not at all

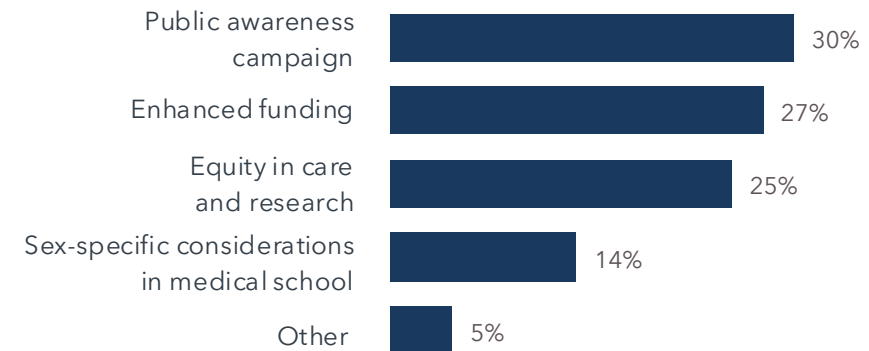




Insight: Little consensus about how to improve health equity and outcomes

- When asked whether awareness campaigns, funding, equity in care and research, or sex-specific considerations in medical school were important—allowing respondents to choose all that apply—63% chose all four.
- When asked a follow-up question probing for their top priority, responses were spread across three main areas: public awareness campaigns, enhanced funding for female-specific heart disease research, and greater advocacy for equity in care and research.

Which of these is most important when it comes to improving health equity and outcomes for women with heart disease?



Conclusions

Training, new drugs, and the
role of equity and awareness
campaigns



Key Takeaways

- **Awareness remains dangerously low.** While cardiologists believe most women they treat recognize chest pain as a symptom of heart attack, few believe women know heart disease is the #1 cause of death among women.
- **The misdiagnosis of women's heart disease is alarming.** 84% of female cardiologists said they had treated patients in the last year who had been misdiagnosed by other providers, and two-thirds said they were treating a higher share of young women than they did five years ago.
- **Women cardiologists believe a revitalized public awareness campaign is needed to save lives.** Female cardiologists believe their female patients' biggest misconception about heart disease is that it happens to someone else (men, older women), and many wish women knew more about how to prevent disease.



What's Next? The Time to Act Is Now

- **Women are still in the dark about heart disease.** There's an urgent need for a revitalized national campaign that reaches down into communities and is inclusive of women of all ages and ethnicities, so we can improve cardiovascular care for all women.
- **Empowering women** to know the unique signs and symptoms of heart disease is critical. When women know what's going on with their bodies, they can advocate for better care.
- **We urgently need to reach young women** and normalize cardiovascular care from a young age. We know that the earlier heart disease is treated, the better the outcome.
- **Medical school training must adapt** and integrate sex and gender specific education into the curriculum to ensure evidence-based care for women. For too long, medical schools have not focused on sex-specific differences in heart disease, leading to a lack of preparedness in the diagnosis/screening and treatment of women with [CVD](#). Cardiology classes should incorporate curricula that focuses on biological differences between men and women.



Key Stats

- **Cardiologists say that only 1 in 4 of the women they treat know heart disease is the #1 cause of death among U.S. women**
- **67% of cardiologists say they're treating more young women than they were five years ago**
- **84% of women in cardiology say they have treated women who were misdiagnosed by other health care providers in the last year**
- **43% of cardiologists who responded wish their female patients better understood prevention**



About Women's Heart Alliance

Our Mission:

Prevent Women from Needlessly facing and dying from heart disease and stroke

What We Do:

Promote gender equity in heart disease awareness, research, prevention, and treatment

How We Do It

- **Change** research practices, so that women are equally represented in the lab and the clinic as research subjects and as investigators.
- **Improve** the sex-specific quality of care women receive for their heart health – so that every woman can access the support she needs, and every health care provider knows how to provide it.
- **Empower** women to take their heart health into their own hands – especially younger women and minorities – through access to screening, detection, treatment and prevention measures.
- **Advocate** for meaningful policy change to make all of these goals possible
- **Educate** doctors about women's unique symptoms and encourage medical schools to include in training curriculum