

KADINLARDA KARDİYOVASKÜLER SİSTEM HASTALIKLARI

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Aterosklerotik kardiyovasküler hastalık (ASKVH), dünya çapında kadınlarda ölümlerin en az üçte birine neden olan, morbidite ve mortalitenin önde gelen nedenlerinden biridir.(1) 1997'de, yapılan ankete katılan Amerikalı kadınların sadece% 30'u kardiyovasküler hastalığın (KVH) kadınlarda önde gelen ölüm nedeni olduğunun farkında iken; bu oran, 2009 yılında% 54'e yükselmiş ve daha sonra 2012'de plato haline gelmiştir.(2)

Geçtiğimiz otuz yıl boyunca, özellikle > 65 yaş grubunda, hem erkek hem de kadınlar için kalp hastalığı ölümlerinde dramatik bir düşüş gözlenmiştir. Bununla birlikte, son veriler, özellikle genç kadınlar arasında (<55 yaş) koroner kalp hastalığının insidansı ve mortalitesindeki iyileşmelerde durgunluk olduğunu göstermektedir.(3)

Bazı araştırmalar, erkeklerle karşılaştırıldığında, ASKVH'li kadınların, hayat kurtarıcı revaskülarizasyon prosedürlerinde gecikme yaşamlarının (4) ve kalp rehabilitasyonuna(5) maruz kalma ihtimallerinin daha düşük olduğunu veya önerilen koruyucu farmakoterapi alanlarının daha düşük olduğunu göstermiştir.(6) İskemik kalp hastalığı (İKH) olan kadınlardaki bu suboptimal tedavi şekli, daha yüksek mortalite ve erkeklere kıyasla daha kötü KVH sonuçları ile sonuçlanmaktadır.(7) Sigara, obezite ve diabetes mellitus gibi başlıca kardiyovasküler risk faktörlerinin de kadınlarda, erkeklere göre, daha zararlı etkileri olduğu görülmektedir.(8) Araştırma çalışmaları, ASKVH 'li er-

keklere kıyasla, kadınlar arasında hastanede yatış riskinin arttığını ve sağlık harcamalarının arttığını göstermiştir.(9) Bu baskın sonuçlar, kardiyovasküler hastalıklarda cinsiyet ve cinsiyetin etkisine odaklanan araştırmaların yoğunlaşmasına neden olmuştur.(10)

Kadınlarda, anatomik olarak obstrüktif koroner arter hastalığı prevalansının düşük olması nedeniyle, 'iskemik kalp hastalığı' (İKH) terminolojisinin kullanımı, 'KAH' a göre daha faydalıdır, zira benzer yaşta erkeklere kıyasla kadınlarda daha fazla miyokard iskemisi ve buna bağlı ölüm oranları vardır.(11) Araştırmalar kardiyovasküler hastalıklarda cinsiyete özgü farklılıkların anlaşılmasını geliştirmiştir ve ASKVH'e bağlı kadın ölümlerinde ≈% 30 azalma sağlamıştır.(12)

Kadınlarda Geleneksel Aterosklerotik Kardiyovasküler Hastalık (ASKVH) Risk Faktörleri

Diyabet; ABD'de 13,4 milyondan fazla kadın DM tanısı almakta ve bu kadınların% 90 ila% 95'i tip 2 DM (T2DM) tanısı almaktadır.(13) Bununla birlikte, diyabetik olmayan kadınlar KVH'dan nispeten korunurken, bu avantaj diyabette kaybolur ve diyabetin kadınlarda erkeklere olduğu gibi aynı derecede risk oluşturduğu kabul edilir.(14)

850.000'in üzerinde bireyin meta-analizinde, DM'lu kadınlarda KVH için göreceli risk benzer etkilenen erkeklerden % 44 daha fazla bulunmuştur.(15) Artan kanıtlar, bozulmuş endotel bağımlı vazodilatasyon, hiperkoagülabilité, daha kötü ate-

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programıdır.(79) KR, AKS, koroner reperfüzyon sonrası (PKG ve KABG) ve kalp yetmezliği tanıları konduktan endikedir. Kadınlara özgü klinik uygulama kılavuzunda, Sınıf 1, Seviye A endikasyon olarak belirtilmiştir (80) fakat kadınlar KR programlarında yetersiz temsil edilmektedir.(81) Doktorların sevk şekilleri, program yapısı ve hasta tercihleri kadınların KR katılım derecesini etkiler. (81)

Kadınlarda Diğer Vasküler Hastalıklar

İnme; Amerika Birleşik Devletleri'nde, yeni veya tekrarlayan inmelerin% 53,5'inin kadınlarda meydana geldiği öngörülmekte ve kadınlarda erkeklere göre 55.000 daha fazla inme olayı yaşanmaktadır.(82) Kadınlarda menopoz sonrası inme riskinde keskin bir artış olması nedeniyle, kadınlarda erkeklere kıyasla yaşam boyu inme insidansı daha yüksektir. Atrial fibrilasyon (AF) insidansı kadınlarda erkeklere göre daha düşüktür; (83) ancak AF'ü olan kadınlar, erkeklere göre daha fazla inme sıklığı ve daha yüksek ölüm oranı göstermektedir. Yayınlanan bir meta-analizde, 4,371,714 katılımcı ile 30 çalışma değerlendirildi ve AF'un, erkeklere kıyasla kadınlarda tüm nedenlere bağlı ölüm, inme, KV mortalite, kardiyak olaylar ve kalp yetmezliği riskinin daha yüksek olmasıyla ilişkilendirildi. (84)

Özellikle 75 yaş üstü kadınlarda AF taraması yapmak için birinci basamak sağlık hizmetlerinde kalp hızı düzensizliği tespit edildiğinde EKG çekilerek doğrulanması önerilir. (85) Kadın cinsiyet, yaygın olarak kullanılan CHA2DS2-VASc skorunda inme için bir risk faktörü olarak ifade edilmesine rağmen, AF kadınları ve erkekleri farklı şekilde etkilemektedir.(84) İnme için bazı risk faktörleri kadınlara özgü, daha yaygın veya daha farklı olduğu için AHA, son zamanlarda kadınlarda inme için özel bir risk skorunun geliştirilmesini önerdi. (85)

Periferik Arter Hastalığı; Şiddetli olmayan semptomlarla birlikte 200 milyondan fazla insanın dünya çapında PAH olduğu tahmin edilmektedir.(86) SYNTAX skoru kullanılarak yapılan bir çalışmada ayak bileği-brakiyal indeks (ABI) ile tahmini koroner arter hastalığı ciddiyeti arasındaki korelasyon bulundu.(87)

Aterosklerotik PAH'ın, KAH ve inmeye eşit morbidite ve mortalite ile ilişkili olduğu ve yaşam kalitesini önemli derecede azalttığı bilinmektedir. (88) Son araştırmalar, özellikle aşırı yaştaki (> 80 yaş ve <40 yaş) kadınlarda PAH prevalansının yüksek olduğunu göstermiştir.(89) İnvaziv olmayan ABI alt ekstremite PAH'ı teşhis edebilir.(90) ABI <0.90 anormaldir ve PAH varlığını gösterir. (90) ABI 0,90-1,0 PAH için sınır değerdir, ancak KVH için artmış riski temsil etmektedir.(89)

Abdominal Aort Anevrizmaları; Abdominal aort anevrizmaları (AAA) erkeklerde kadınlardan dört ila altı kat daha sık görülür.(91) Endojen östrojen veya östradiolun (E2), premenopozal kadınlarda hipertansiyon ve ateroskleroz gibi kardiyovasküler hastalıklar bağlamında genel olarak vazoprotektif olduğu bilinmektedir;(92) bu nedenle AAA'ları kadınlarda erkeklerden yaklaşık 10 yıl sonra gelişir.(93)

Koroner kalp hastalığında olduğu gibi, AAA'lı kadınların daha kötü prognoz gösterdiğine dair kanıtlar var. Bir meta-analizde AAA çapı için düzeltme yapılmamış olsa bile, büyük AAA (≥5 cm çapında) rüptür riskinin kadınlarda yıllık % 18 iken erkeklerde % 12 olduğu gösterilmiştir.(94) Rüptüre olan AAA' sını olan kadınların yaşlarına bakılmaksızın hastaneye kabul edilmeleri daha az olası saptanmıştır.(95) Kadın cinsiyet, rüptüre AAA için cerrahiye alınan hastalarda, hastane içi mortalite için bağımsız bir öngördürücü olarak saptanmıştır.(96)

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