



ESC Patient Forum member Julie Harris

I'm not anxious, I'm having a heart attack!

There are common misperceptions around heart disease in women that can be deadly, and my story will tell you why.

Try to conjure this image in your mind: a small 52-year-old, 50 kg female, taking daily exercise, with no significant risk factor for heart disease. This was me the day I was struck down by a heart attack.

The day in question was not typical as I was heading out for a short holiday. Approximately 1.5 hour before, I started to feel breathless but dismissed this as I was rushing to get to the airport. Whilst waiting in the lounge, a searing pain between my shoulder blades suddenly hit me. I had no idea what was wrong, but I knew it was serious. Help was summoned and an airport paramedic arrived shortly after. Prior to his arrival, it began to dawn on me that I was having a heart attack. By now I was on the floor because the pain radiated from my back giving me a crushing sensation in my chest, a tightness up my neck and jaw, and down my left arm. The first paramedic was superb and after confirming with a portable electrocardiogram that there were some changes typical for a heart attack, he gave me aspirin followed by a tablet under my tongue to treat the chest pain (glyceryl trinitrate, GNT) which alleviated my symptoms within minutes, leaving me with just discomfort between my shoulder blades.

Fast forward 30 minutes to the arrival of a paramedic crew. They questioned me about feeling anxious. As I lay on the floor, a paramedic stood over me and made a gesture with his hand twirling it towards his head and asked: 'Do you often overthink things'? Because my pain had eased, I began to doubt myself and quickly came round to this paramedic's narrative. The journey to the hospital was slow, there was no sense of urgency from the crew and during the trip the paramedic spoke to my husband about how many calls they attend at the airport to pick up people for panic attacks. At the hospital, the doctor ordered blood tests just to be sure and was confident that we would soon be on our way to get a later flight to our holiday destination. Prior to arriving at the hospital, I had removed the GTN tablet that made me dizzy and the pain between my shoulder blades was getting worse. The doctor shrugged his shoulders and said it was probably tension.

The rest is history now. It turned out that I was having a heart attack caused by a rare condition called SCAD (spontaneous coronary artery dissection), which predominantly affects women. Luckily, the first paramedic realised that there was something more serious going on and treated me accordingly. The follow-up team however made assumptions on what they saw: a small, 50 kg female who did not fit the brief for a heart attack (admittedly I was more relaxed at the point of their arrival as the pain had subsided considerably). In doing so, they ignored many red flags.

Sadly, my story is not unique. Women are often dismissed as being anxious when in fact they are experiencing cardiovascular events. The perception around women and cardiovascular disease needs to change. Instead of seeing a small, 50kg female with no risk factors, health professionals should assume the worst: that this person could be having a heart attack. If that is the starting point, statistics around female cardiovascular health will surely improve.