

Impacte del Sexe i el Gènere en la Cardiopatia Isquèmica

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Sessions Tècniques del CSC
Salut, Sexe i Gènere: Implicacions per a l'Atenció Sanitària
22 de Gener 2026

- ✓ Visió global de la malaltia cardiovascular a la dona
- ✓ Factors de risc i modificadors sexe/gènere específics
- ✓ Presentació clínica i diagnòstic
- ✓ Fisiopatologia de la c. isquèmica:
 - Mecanismes ateroscleròtics i no ateroscleròtics de malaltia coronària
 - Inflamació/stress i malaltia cardiovascular (circuit neuro-inflamatori-CV)
- ✓ Accions i punts de millora

Dificultats en el diagnòstic i tractament de la malaltia cardiovascular a la dona

menor percepció de risc

- Percepció risc baix en dones
- Poca sensibilització factors de risc sexe/gènere-específics
- Síntomes no interpretats como cardíacs
- Consulta tardana

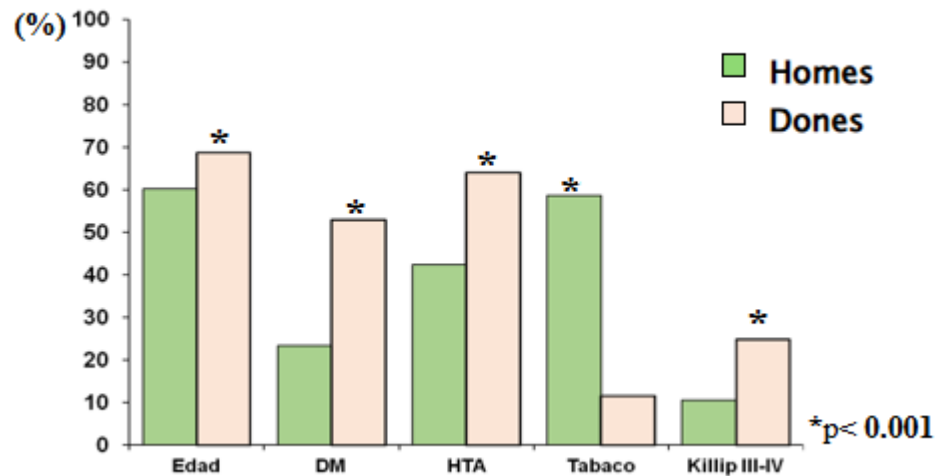
major dificultat
diagnòstica

- Interpretació símptomes
- Menys proves diagnòstiques
- Diagnostic tardà

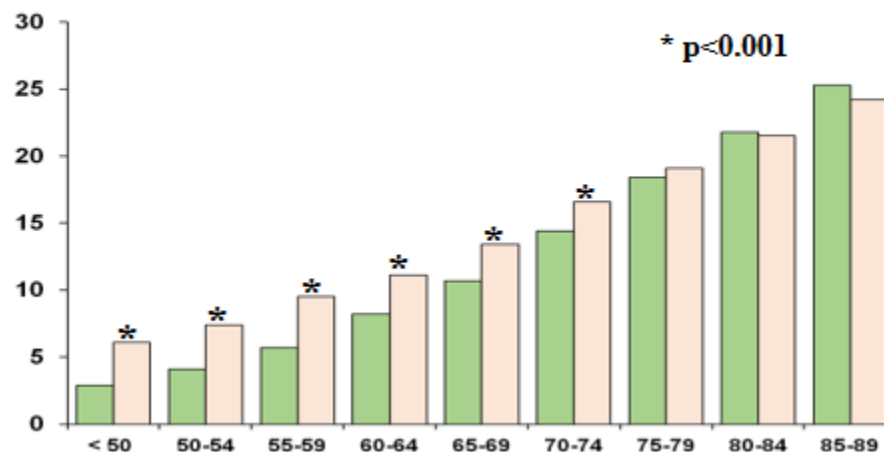
pitjor coneixement
científic

- Major importància factors microvasculars
- Baix % dones als assaigs clínics
- Resposta terapèutica inferida dels homes

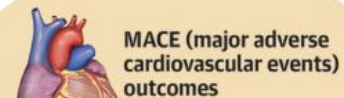
Característiques població IAM



Mortalitat %



Meta-Analysis on Sex Differences



- 32 trials
- 78,846 patients
- 59,491 men
- 19,355 women

Relative Risks in Women Compared to Men

MACE

Short-term
 RR: 1.43, 95% CI: 1.10-1.86
Mid-term
 RR: 1.26, 95% CI: 1.11-1.44
Long-term
 RR: 1.11, 95% CI: 1.01-1.22

All-Cause Mortality

Short-term
 RR: 2.51, 95% CI: 1.70-3.71
Mid-term
 RR: 1.44, 95% CI: 1.21-1.72
Long-term
 RR: 1.29, 95% CI: 1.17-1.42

Cardiovascular Mortality

Short-term
 RR: 2.16, 95% CI: 0.80-5.85
Mid-term
 RR: 1.29, 95% CI: 1.00-1.66
Long-term
 RR: 1.30, 95% CI: 1.11-1.52

Myocardial Infarction

Short-term
 RR: 1.33, 95% CI: 1.00-1.77
Mid-term
 RR: 1.17, 95% CI: 1.06-1.29
Long-term
 RR: 1.05, 95% CI: 0.83-1.34

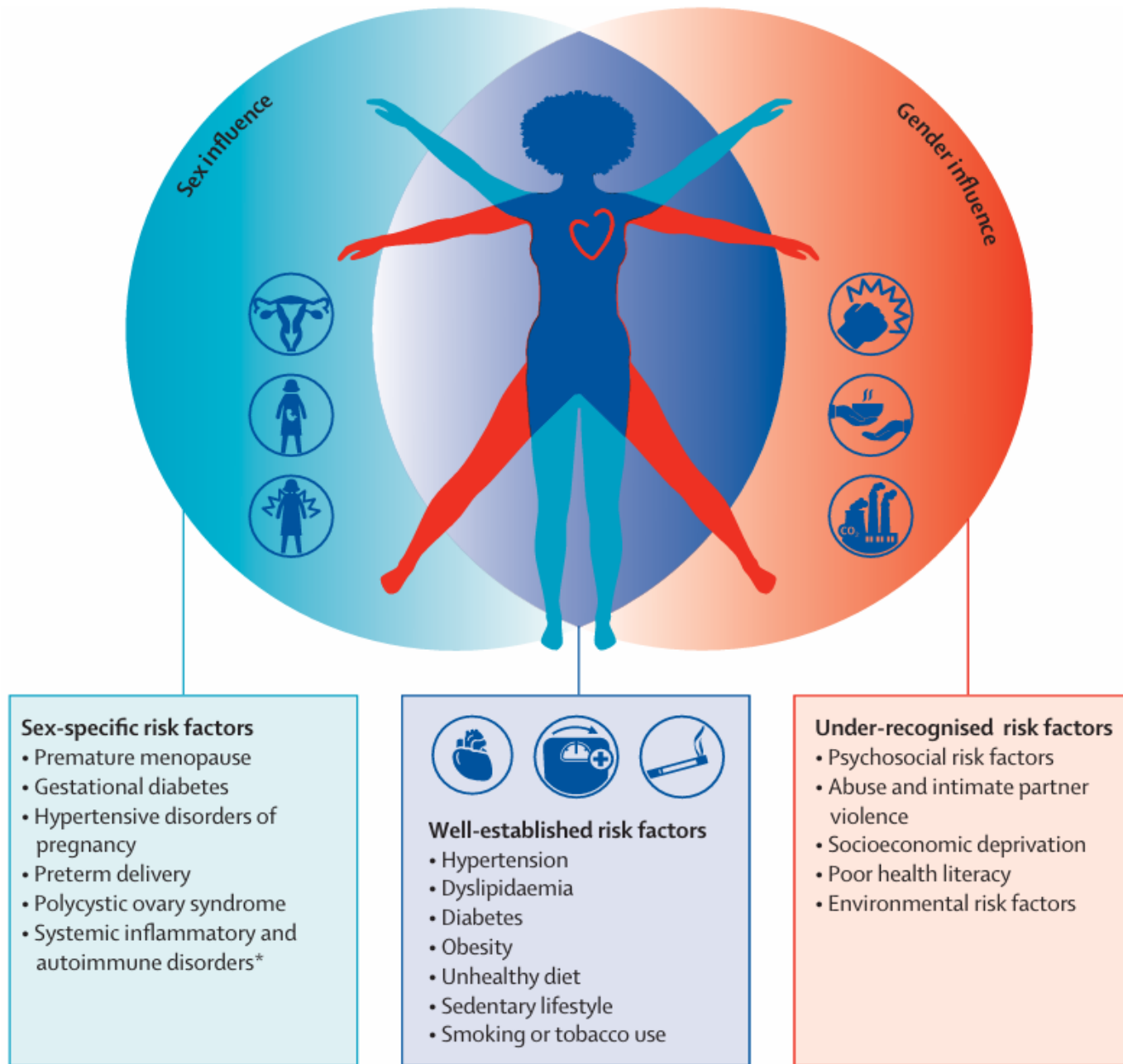
Shojaei, JACC Adv 2025;4:101526

Lichtman JH et al, Circulation 2018;137

Vaccarino et al. NEJM 1999;341:217

Estudio RESCATE JAMA1998;280:1405

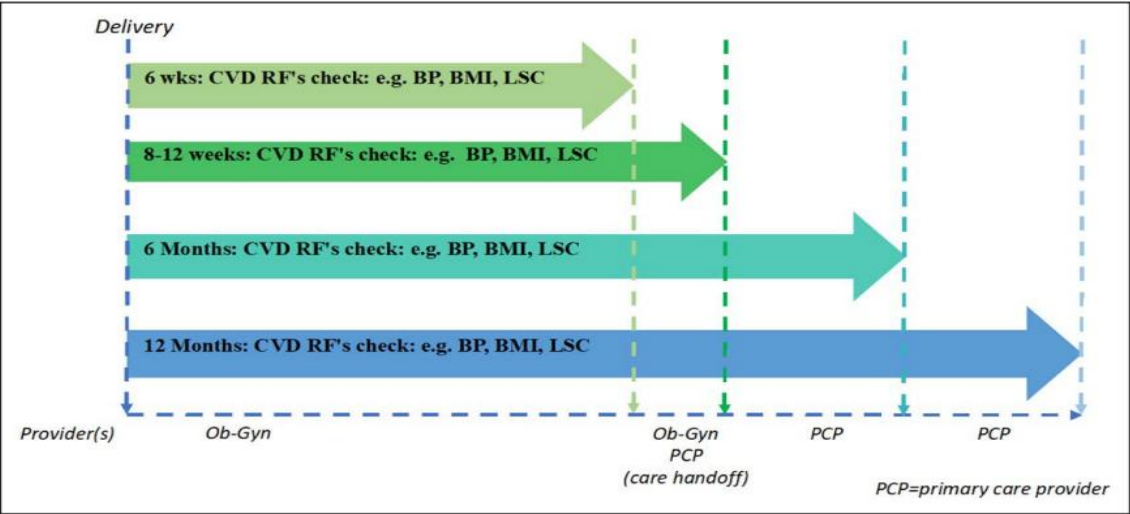
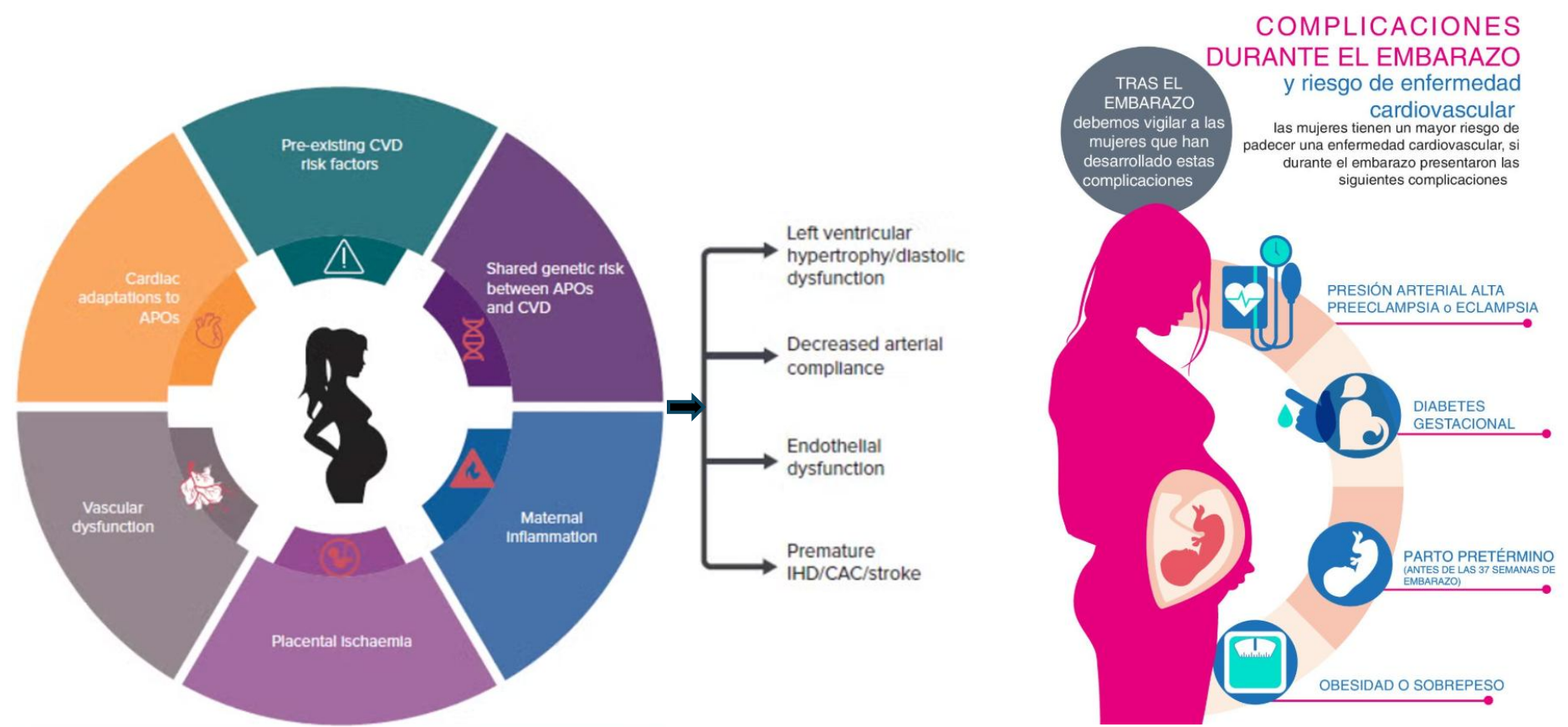
Factors de risc



Condicció	%
Preeclampsia	2-8
Hipertensió gestacional	2-3
Trastorn hipertensiu de l'embarç	6-8
Diabetes gestacional	2-10
Abruptio placenta	1
Part prematur	10
Baix pes	8
SGA	10
LGA	8-13
Restricció del creixement intrauterí	5-15
Avortament tardà	3-4

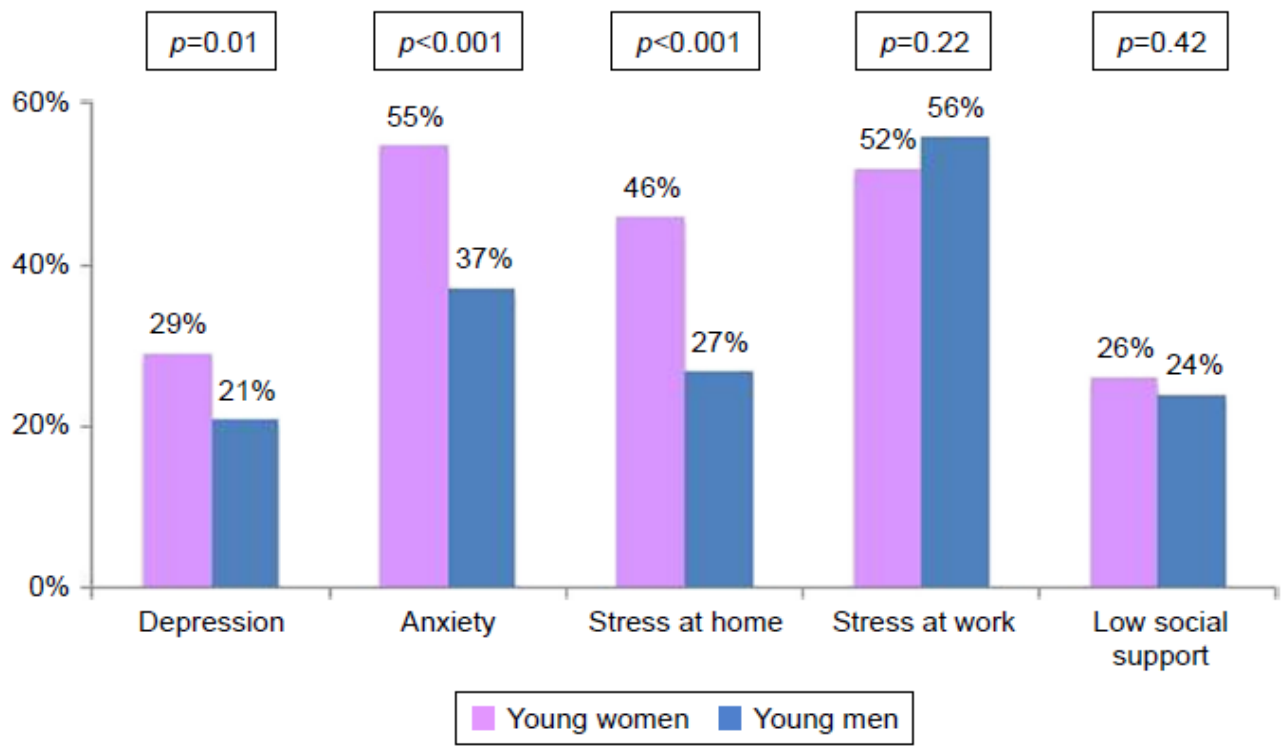
	Acute Myocardial Infarction	Stroke	Any Cardiovascular Event (Stroke OR Acute Myocardial Infarction)
Preterm birth	1.4 (0.3–6.6)	4.4 (1.7–11.9)	2.9 (1.3–6.6)
Preeclampsia	4.0 (0.5–31.8)	4.2 (0.9–19.0)	4.4 (1.3–15.0)
Late miscarriage	13.6 (1.5–121.9)	3.1 (0.4–24.0)	5.1 (1.1–22.2)
Stillbirth	16.1 (2.0–129.1)	--	5.6 (0.8–41.6)
Any APO	2.3 (0.9–5.8)	2.6 (1.3–4.9)	2.5 (1.5–4.4)

European Cardiology Review 2021;16:e31
 Healthcare 2025; 13,728
 Circulation 202;143:e902-916.

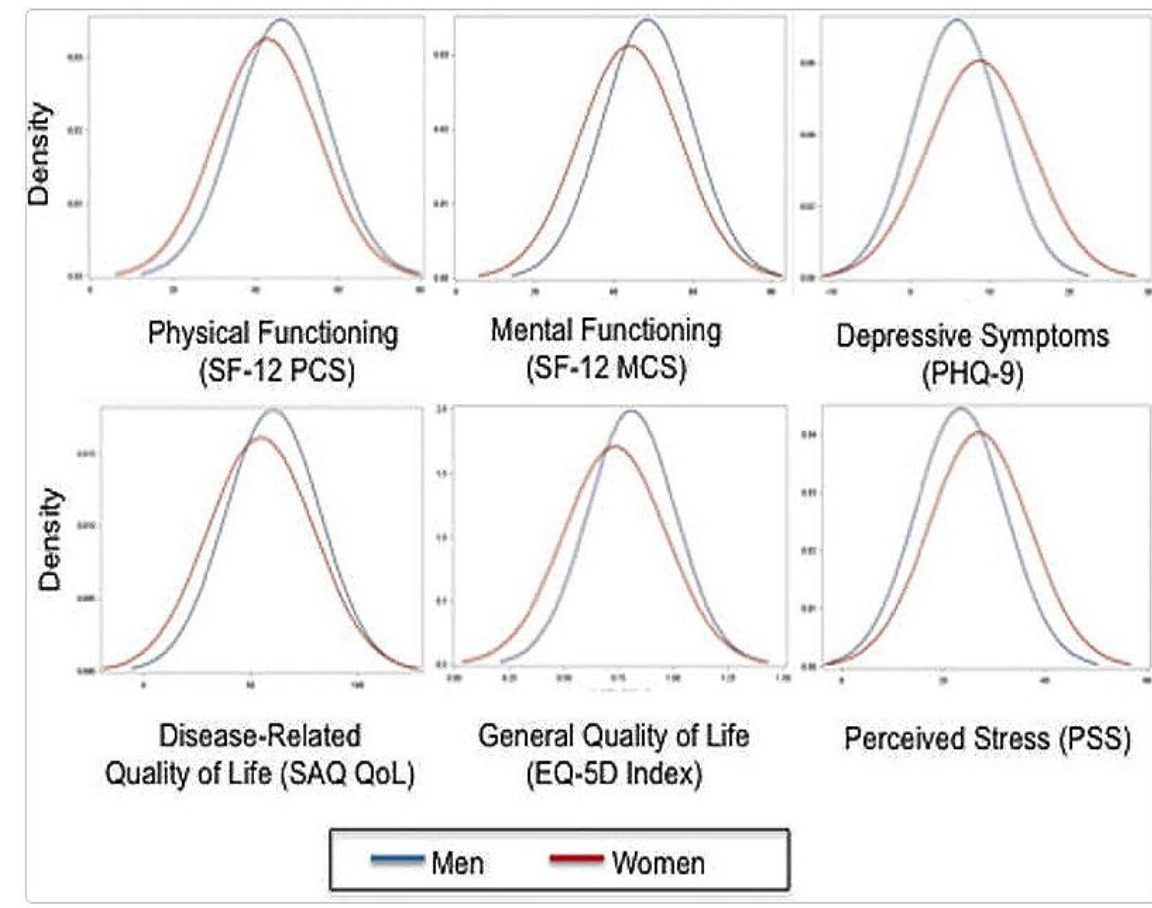


Factors de risc psico-socials

Estudi GENESIS-PRAXY - Impacte dels FRCV no tradicionals en IAM 18-55 a



Estudi VIRGO - Diferències psico-socials basals en IAM<55 a

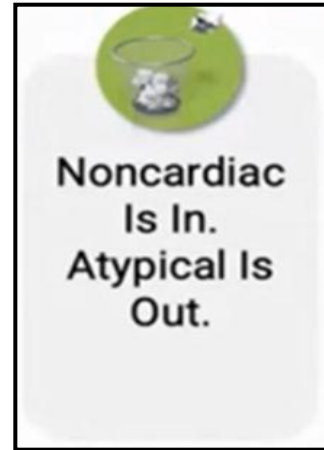


Redefinició del dolor toràcic

2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain: Executive Summary: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

Circulation

Volume 144, Issue 22, 30 November 2021; Pages e368-e454



 Chest pain should not be described as atypical, because it is not helpful in determining the cause and can be misinterpreted as benign in nature (Class 1).

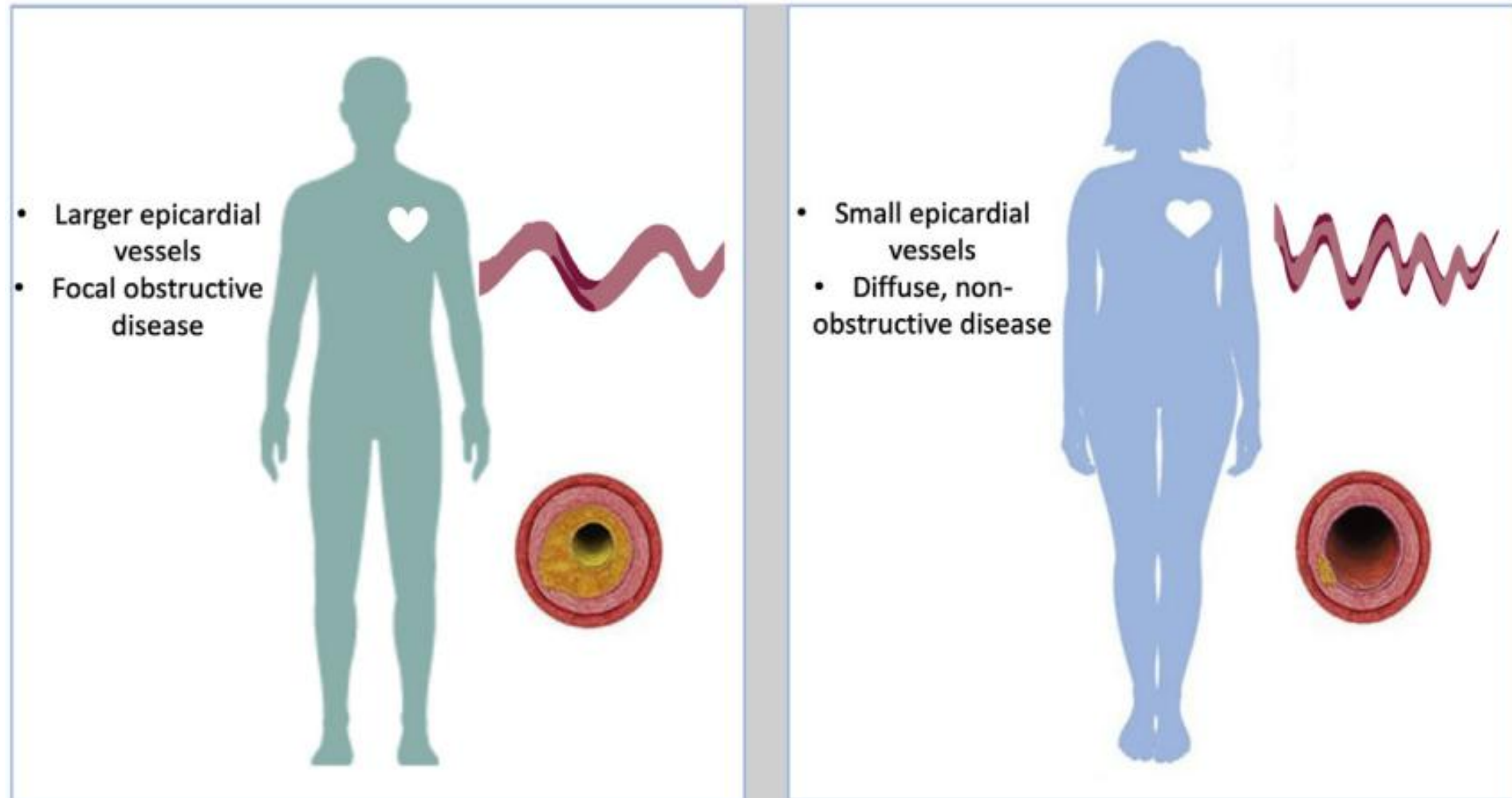
 Chest pain should be described as cardiac, possibly cardiac, or noncardiac because these terms are more specific to the potential underlying diagnosis (Class 1).

Women who present with chest pain are at risk for underdiagnosis, and potential cardiac causes should always be considered (Class 1).*

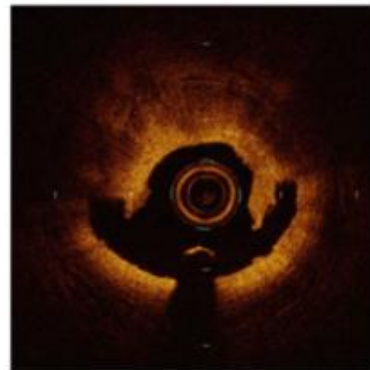
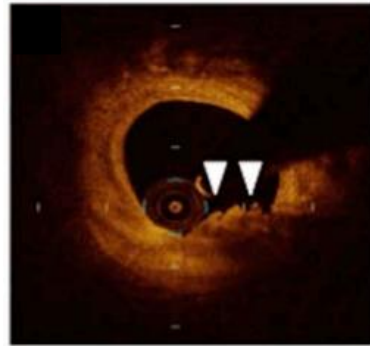
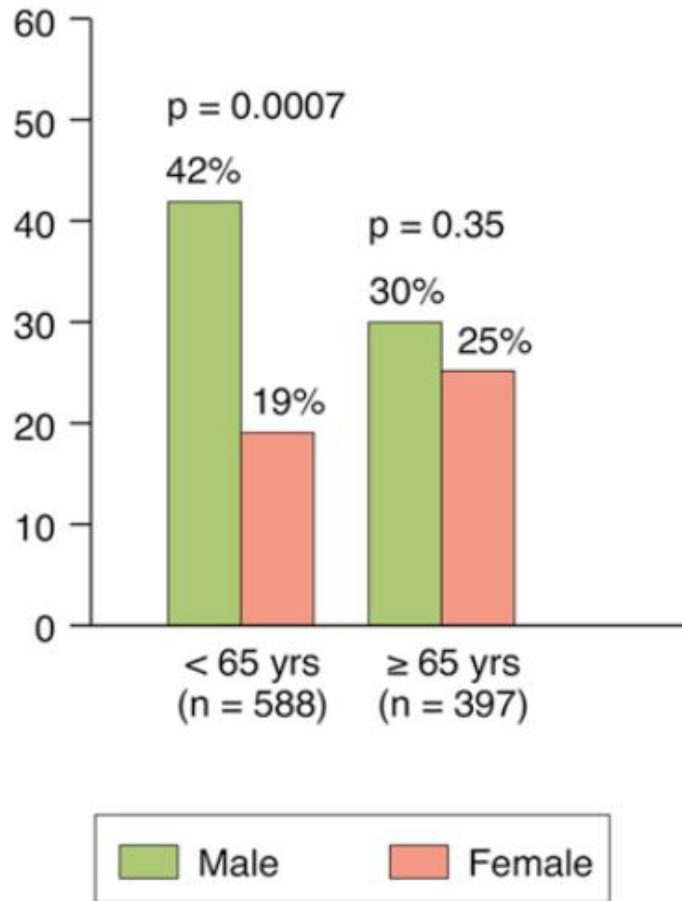
In women presenting with chest pain, it is recommended to obtain a history that emphasizes accompanying symptoms that are more common in women with ACS (Class 1).**

- PRODROMS (mes previ)
 - Fatiga inusual
 - Trastorns son
 - Dificultat respiratòria
- FASE AGUDA
 - Malestar /dolor toràcic
 - Dificultat respiratòria
 - Debilitat
 - Fatiga
 - Nausies
 - Dolor EESS
 - Diaforesi
 - Dolor irradiat a coll
 - Dolor abdominal
 - Palpitacions

Patrons de malaltia coronària en dones i homes



Ruptura vs erosió de la placa – SCA

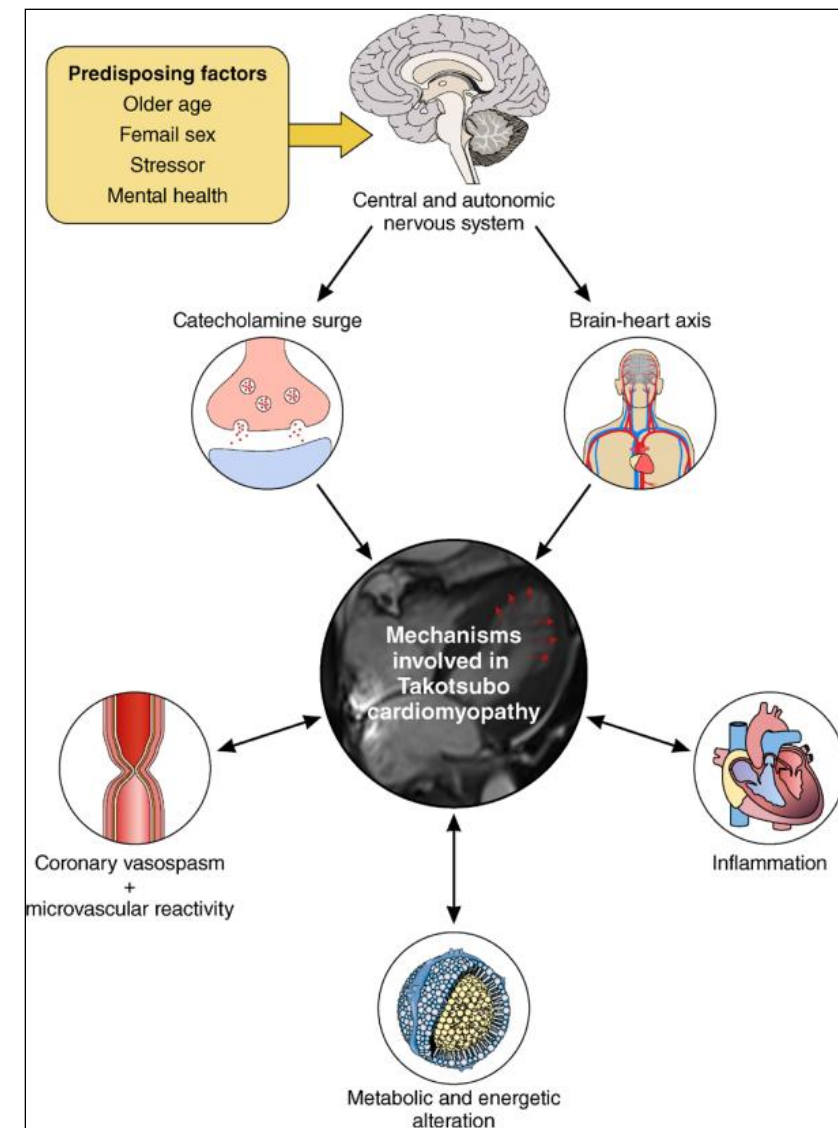
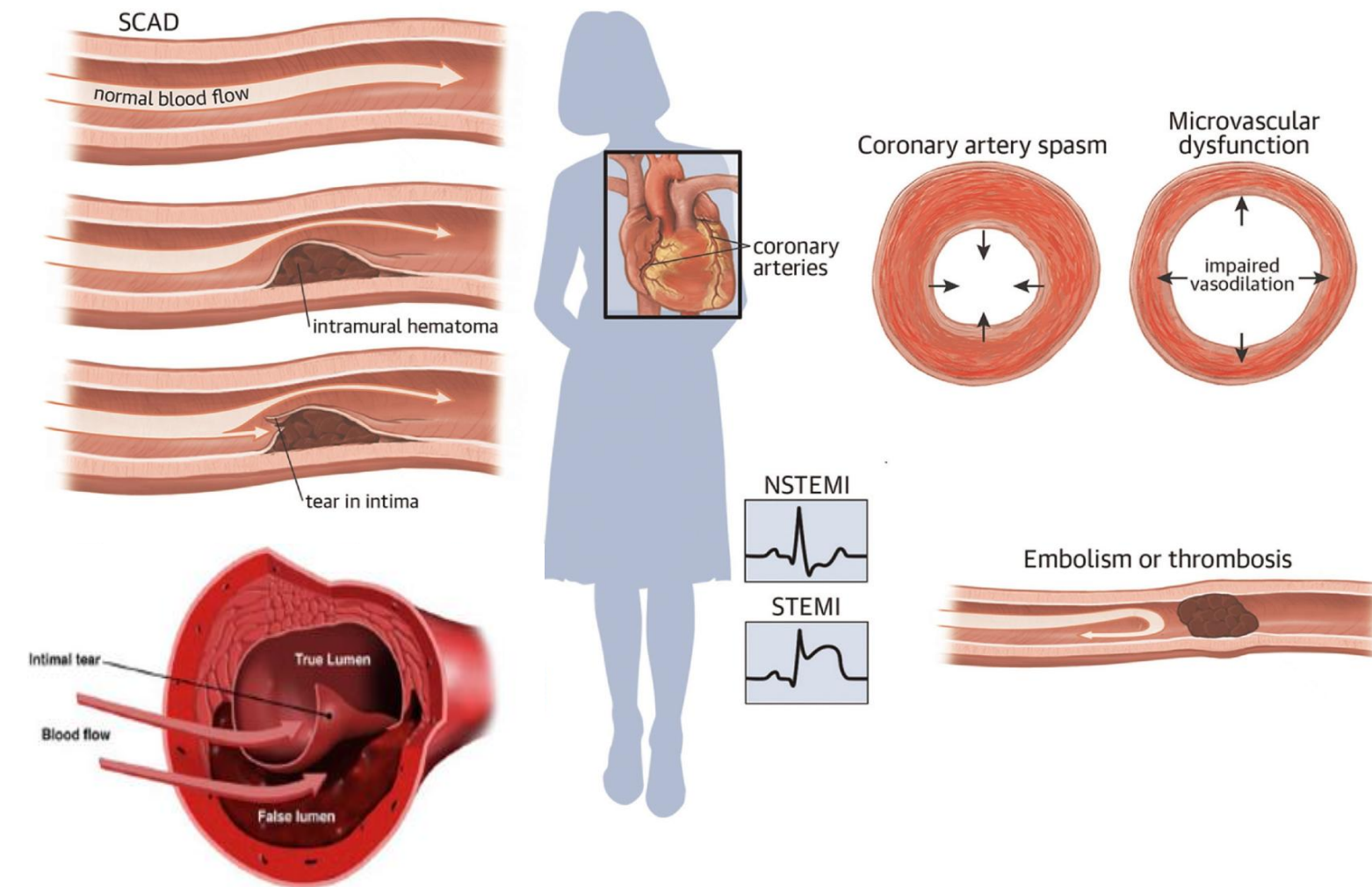


Microestructura de la placa aterosclerótica

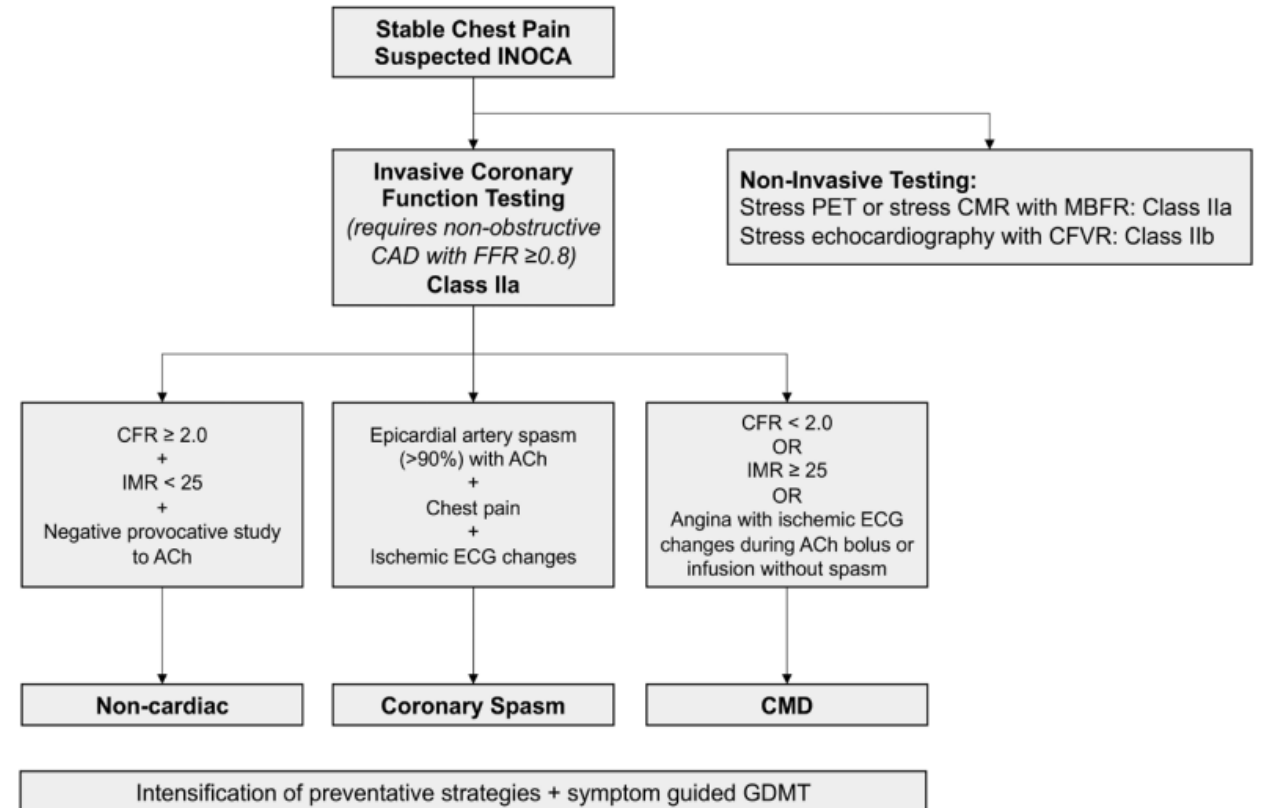
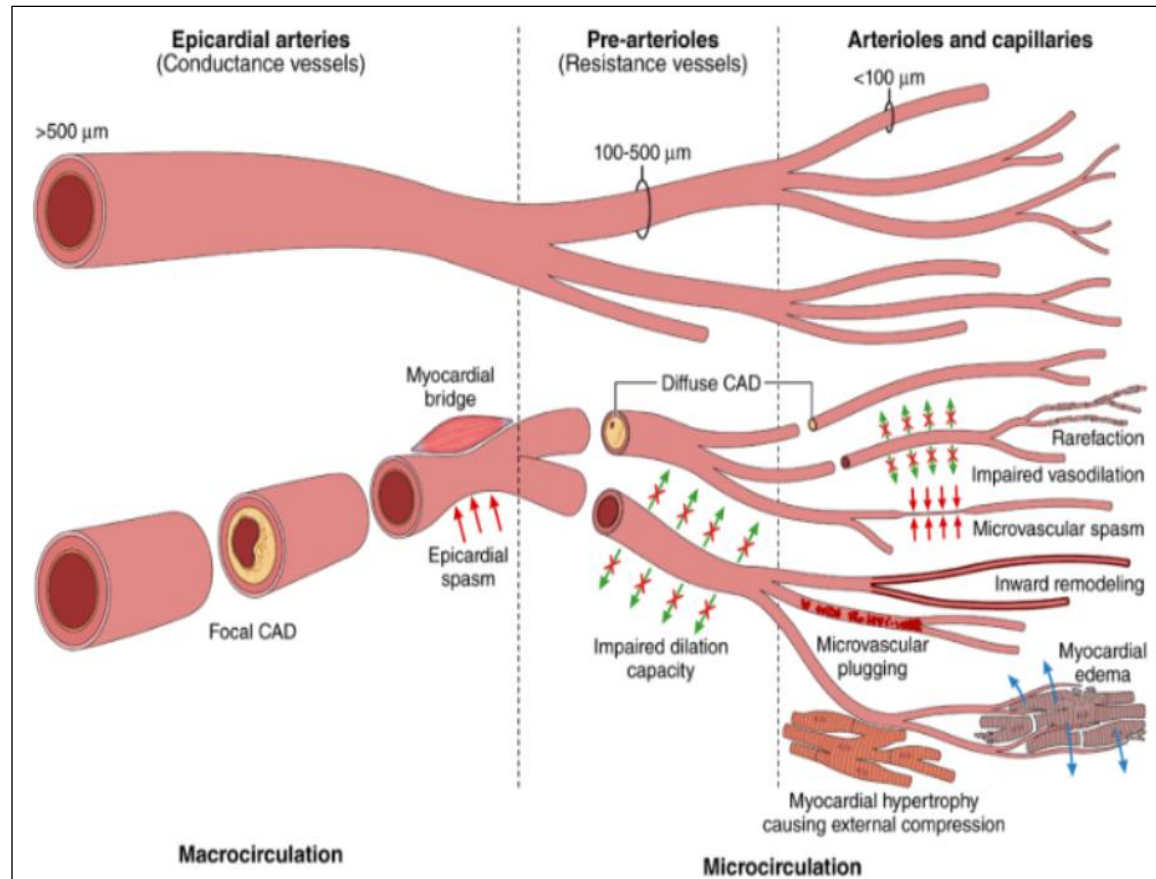
FD-OCT measures in patients with ACS	Men (n=152)	Women (n=70)	P Value
Comparison of FD-OCT measures adjusting for clinical characteristics	Men	Women	P Value
Averaged lipid arc, °*	201.8±30.8	164.1±34.5	0.08
Plaque rupture, %*	11.1	1.4	0.04
Plaque erosion, %*	0.6	10.0	0.04
Cholesterol crystal, %*	32.8	21.4	0.03
Calcification, %*	26.3	10.0	0.02

Les dones <65a amb STEMI o NSTEMI/angina inestable tenen menys prevalença de ruptura de la placa que els homes.

SCAD/ MINOCA / INOCA/Sd. Takotsubo



Malaltia coronària microvascular



Female Determinants of CVD

Enhanced amygdalar metabolism is linked to myocardial ischemia.

High amygdalar metabolism is a strong predictor of MACE.

Strong inflammatory response to emotional stress and myocardial ischemia is frequently observed.

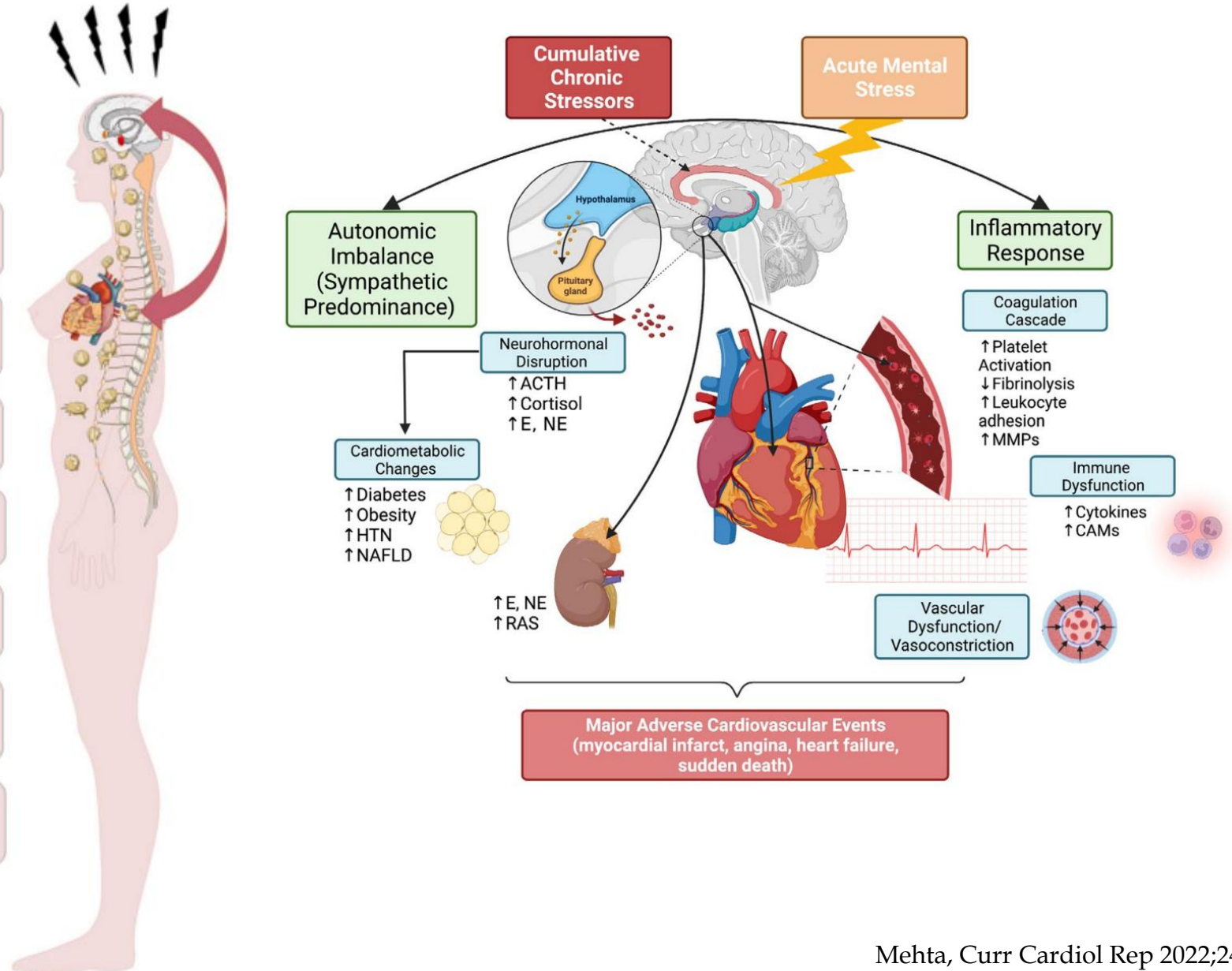
Stronger associations of CVD with psychosocial stress in women, as compared to men.

Young women <55 years of age with ACS show excess cardiovascular mortality → psychosocial stress?

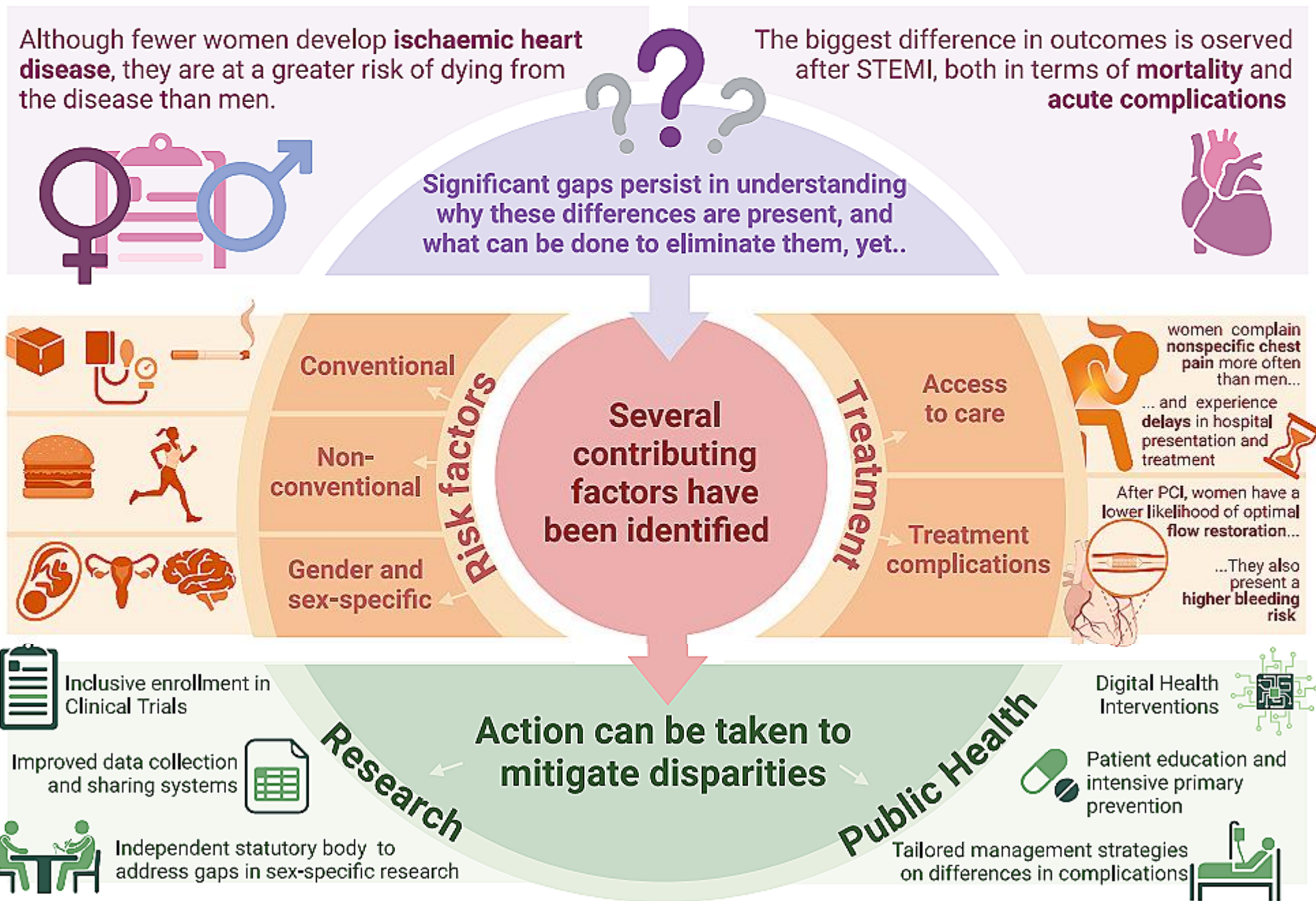
Women have a higher prevalence of HFpEF → link to the heart-brain axis?

Obesity is associated with high sympathetic activity, both risk factors for CVD.

90% of Takotsubo cardiomyopathies are observed in women.



Take-home messages



Gràcies per la vostra atenció!

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