

CVD drastically increases once women reach menopause. A woman who does develop CVD is therefore likely to be around 60 years of age (the equivalent age for men is 50 onwards).

Ignorance about women's risks of CVD has led to delays in diagnoses, inadequate levels of treatment, and a lack of a preventive approach, concluded Dr Stranda-Badialeonce.

### THE RISK FACTORS

Risk factors associated with CVD are well known—a point that was hammered home at the Brussels policy conference.

Smoking and bad diet are associated with about half of all cardiovascular deaths.

Data from some countries which have seen a sharp fall in the incidence of CVD since the early 1980s (such as England and Wales, Ireland, Italy, and Finland) reveal that 40% of the decline can be attributable to the adoption of newer treatments (including drugs that lower cholesterol and blood pressure), while the remaining 60% is related to changes in the above two lifestyle habits.

But if levels of smoking are decreasing among European men, they are rising among women (especially young or poor women). In Finland, for instance, around 18% of the young female population smoked in 1982; by 2002, 26% did. Similar upsurges have been noticed elsewhere in Europe.

Levels of CVD are multiples higher in eastern European countries than in western Europe. Cigarettes are still relatively cheap in eastern Europe, and few countries in the region have even thought about implementing the European Commission's recommendations to ban smoking in public places.

Ms McGuire mentioned that women also exercise less than men. Young girls are increasingly opting out of games and sport at school.

### INTERVENTION STRATEGIES

In March 2005, the ESC launched its 'Women at Heart' initiative. One of the elements of the campaign was a 'Policy Conference on Cardiovascular Diseases in Women', held by the ESC in September 2005. The conference collected expert opinion, examined state-of-the-art thinking, and looked at gaps in scientific knowledge. The effort produced several recommendations:

- ▶ Gender-related health issues need to benefit from more systematic data collection across Europe. Surveys must be conducted on subject areas low in data, such as stroke.
- ▶ The scale of sickness and death that can result from women's CVD needs to be conveyed to the public and to a wide range of healthcare stakeholders.
- ▶ Since much of the scientific evidence on prevention is derived from studies on men, more gender-sensitive research is necessary, to pinpoint optimum public