

Sex-specific guidelines are needed to accurately treat women

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Academic researchers are calling for new healthcare guidelines for treating obesity, hypertension and diabetes in women. Currently, there are no sex-specific guidelines for treating or preventing these health conditions, potentially limiting the medical care available to women.

Today, in a new paper published in the *Journal of the American College of Cardiology*, University of Colorado Anschutz Medical Campus faculty Judy Regensteiner, Ph.D., and Jane Reusch, MD, discuss the need for sex-specific health information for the treatment of obesity, hypertension and diabetes.

The authors mention researchers have long understood that the health differences between men and women go well beyond only [reproductive health](#). However, until the early 1990s, the limited research conducted on [women's health](#) focused primarily on diseases affecting fertility and reproduction, and women were excluded from most clinical trials.

"We need to understand how clinical care guidelines can be appropriately targeted to women as well as men in order to accurately prevent, assess and treat cardiovascular disease in both sexes. We are currently using the same guidelines for both men and women. However, we do not have the evidence we need to know if this is justified in all disease states," said Regensteiner.

The prevalence of hypertension is higher in men than in women prior to age 60, but following menopause, hypertension increases in women—and cardiovascular disease is the number one killer of women in the United States. In addition, non-Hispanic Black men and women experience higher rates of hypertension than non-Hispanic white and Hispanic populations.

Also, Regensteiner and Reusch noted that for the first time, obesity rates in men were at the same level as women. However, the adipose

distribution in men and women is often different and has physiological implications—in postmenopausal women this can cause an increased [cardiometabolic risk](#).

With regards to diabetes, any exposure to diabetes, no matter how short—including [gestational diabetes](#)—increases the risk of developing cardiovascular disease in women. This increased risk of [cardiovascular disease](#) in women with diabetes is found even before menopause.

"Women develop diabetes with a different constellation of risk factors than men and it is crucial to understand these differences when making treatment decisions," said Reusch.

For these reasons, it is important for researchers to develop new sex-specific guidelines for obesity, hypertension and diabetes where appropriate. The risk factors, manifestations and time of onset are different for men and women, potentially requiring guidelines that differ by sex.

More information: Judith G. Regensteiner et al, Sex Differences in Cardiovascular Consequences of Hypertension, Obesity, and Diabetes, *Journal of the American College of Cardiology* (2022). [DOI: 10.1016/j.jacc.2022.02.010](#)

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