Cardiovascular disease (CVD) is the main cause of death and disability globally (Puska, Norrving, & Mendis, 2011). The general public, as well as many physicians, believe that CVD is a “man’s disease,” yet 2-3 women die of heart disease for every 1 man (Gulati, Shaw, & Bairey Merz, 2012). It is the leading cause of premature death for women over the age of 55, and when considering all diseases, women are more likely to die from heart disease than any other type of disease (Heart and Stroke Foundation, 2018). For instance, women are 5 times more likely to die from CVD than from breast cancer (Heart and Stroke Foundation, 2018; Statistics Canada, 2009). Despite this, women’s heart health is still widely misunderstood, even among physicians (Heart and Stroke Foundation, 2018).

This review examined the latest clinical perspectives on women’s CVD, focusing on the biological underpinnings of the disease, risk factors, and related psychosocial issues. Of the psychosocial risk factors related to heart disease in women, particular attention was devoted to the links to depressive disorders, anxiety, low socioeconomic status, and adverse psychosocial influences (such as minority status, discrimination, early life stressors, and loneliness). These psychosocial influences represent chronic stressors which may be perceived to be threatening, uncontrollable, and/or unpredictable, and as such, have implications for the development and maintenance of chronic illnesses (Miller & Blackwell, 2006). Chronic stress is associated with a wide range of adverse health behaviours and outcomes, such as hypertension, obesity, tobacco use, and substance abuse, all substantial risk factors for incident CVD (Murphy & Loria, 2017). On a physiological level, stress alters neuroendocrine, immune, and metabolic functioning, influencing cardiovascular health, especially among women who are more vulnerable to the adverse effects of psychosocial stressors (Albert et al., 2017; Lagraauw, Kuiper & Bot, 2015; Murphy & Loria, 2017; Vaccarino & Bremner, 2016).

The present report integrated knowledge from multiple disciplines to create a biopsychosocial overview of female pattern CVD in order to raise awareness, and to promote positive lifestyle change, early risk assessment, and screening. The dissemination of preventive strategies to women and health professionals is vital to reduce cardiovascular-related morbidity and mortality in Canada. Briefly, at the individual level, reducing one’s risk of CVD involves modifying health behaviours, such as increasing physical activity, being mindful of one’s diet, maintaining a healthy weight, avoiding the use of tobacco, and engaging in early risk assessment and screening (Stampfer, Hu, Manson, Rimm, & Willett, 2000). It is equally important to invest in one’s mental health by seeking support when needed and reducing stress where possible. Nurturing positive relationships is also important for maintaining and improving heart health as research shows that people with positive reciprocal social relationships tend to have lower risk of CVD (Low, Thurston, & Matthews, 2010).

At the societal level, expanding the chronic disease discourse to include social factors known to influence health equity and addressing Canada’s social issues, such as poor living and working conditions, childhood trauma, racism and discrimination would represent a positive step towards reducing the risk of CVD among Canadian women. Rebalancing the inequitable distribution of social determinants of health (e.g., proper nutrition) should likewise reduce the risk of many chronic illnesses, including CVD. Raising awareness among Canadian women is another important action, especially young adults of all backgrounds and ages, in order to influence health trajectories across the lifespan. Lastly, offering health services and interventions to women that are informed by research on women and gender-specific in their execution are important next steps.