

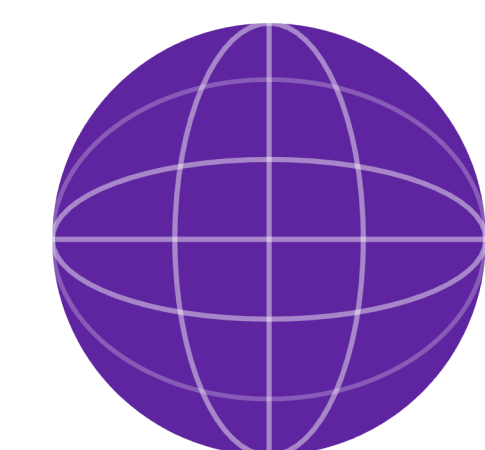
# ACCESS CHALLENGES IDENTIFIED BY WOMEN WITH CARDIOVASCULAR DISEASE:

Preliminary findings from the second phase of the patient-led Insights and Patient Experiences with Cardiovascular Disease (IPEC2) initiative

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**Patient-led  
Global Study**

Co-designed and led by people with lived experience

## Objectives

- Cardiovascular disease (CVD) remains the leading cause of morbidity and mortality among women, despite effective therapies and prevention strategies.
- Women with atherosclerotic cardiovascular disease (ASCVD) frequently experience delays in diagnosis and treatment.
- While quantitative studies document these disparities, they do not fully capture patient-reported barriers, limiting the ability to design patient-centered interventions.
- This **patient-led study** examines the experiences of women with ASCVD; here, we report preliminary findings that identify key barriers and generate early insights to inform more equitable care and policy decisions.

## Methods

### PARTICIPANTS

Adult women with physician-confirmed elevated LDL-C AND prior ASCVD hospitalization (MI, unstable angina, or ischemic stroke)

### GEOGRAPHIES

Canada, China, Italy, Germany, United States

### SAMPLING AND DATA COLLECTION

- Purposive sampling
- Virtual focus group discussions
- Conducted in the predominant language of the country
- ~90 minutes each
- Semi-structured discussion guide

### ANALYSIS

- Iterative thematic analysis

### ETHICS

- Advarra advisory review
- Protocol: Pro00089336
- Exempt under 45 CFR 46.104(d)(2)

## Results

Number of focus groups	Current Age Median (Q1 – Q3)	Age at event Median (Q1 – Q3)	ASCVD events	Concurrent conditions
10	58 (55 – 63)	56 (51 – 61)	Myocardial infarction <b>36 (47%)</b> Ischemic stroke <b>23 (30%)</b> Unstable angina <b>17 (22%)</b> MI and stroke <b>1 (1%)</b>	High blood pressure <b>45 (58%)</b> Type 2 diabetes <b>19 (25%)</b> Chronic kidney disease <b>1 (1%)</b>

**Figure 1.** Theme presence across focus groups, by country (N=77 participants)

Theme	CANADA		CHINA			DE	ITALY			US
	CA-01	CA-02	CH-01	CH-02	CH-02	DE-01	IT-01	IT-02	IT-03	US-01
Contributing circumstances										
Family situations or responsibilities	■	○	○	■	■	○	■	■	■	■
Ignored signs and symptoms	○	○	○	■	■	■	■	○	○	○
Work or school responsibilities	○	○	○	○	■	○	■	○	○	■
Symptoms low severity or improved	○	■	■	■	■	○	○	○	○	○
Menopause or perimenopause	○	○	○	■	■	○	○	○	○	■
Thought symptoms related to another dx	○	○	○	○	■	■	○	■	○	○
Social or cultural obligations	○	○	■	■	○	○	○	○	○	○
Systems barriers										
Age (Perceived as too young)	■	■	■	■	■	○	■	■	○	○
Misdiagnosis (Anxiety)	■	○	○	○	○	■	■	■	○	○
Felt symptoms were dismissed	○	■	○	○	○	○	○	○	○	■
Apprehension to medical visits	○	■	○	○	○	○	○	○	○	■
Insurance or prior authorization	○	○	○	○	○	○	○	○	○	■
Medication experience										
Compliant with LDL-C medicines	○	■	■	■	■	■	■	■	○	○
Experience side effects	■	■	■	■	■	■	○	■	○	■
Describe forgetting doses	○	○	○	○	■	■	■	○	■	○
Complexity and/or polypharmacy burden	■	○	○	○	■	○	○	○	■	○
Information and knowledge gaps										
No knowledge of ASCVD before event	○	■	■	○	■	■	■	■	■	○
Insufficient information available	○	○	■	○	○	○	○	■	■	○
Information available confusing or unhelpful	○	○	○	○	○	■	○	○	■	○

Abbreviations: DE: Germany; US: United States; LDL-C: low-density lipoprotein cholesterol; ASCVD: Atherosclerotic Cardiovascular Disease

- Women reported their symptoms were frequently dismissed or misattributed (e.g., anxiety, asthma)
- Improved access to diagnostic procedures and cardiology typically occurs after hospitalisation
- Delays to help-seeking from gender-specific factors such as perimenopause / menopause and competing roles (work, caregiving, menopause) hospitalization
- Women also described how medication burden and side effects present challenges
- Barriers consistent across countries for women despite different systems

## Conclusions

- Contributing circumstances and system barriers create access constraints and affect the assessment of symptomatic women with ASCVD, contributing to delayed treatment initiation, which may contribute to avoidable acute care utilization and downstream costs.
- Our findings highlight opportunities to explore further the economic value of earlier evaluation and improved access to diagnostic services and therapies for women.

## Disclosures

Global Heart Hub's Insights and Patient Experiences with Cardiovascular Disease (IPEC) study is a patient-led initiative made possible with the support of Amgen Inc, Daiichi Sankyo Europe, and Novartis Pharmaceuticals Corporation.

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