

Global Push to Close Critical Gaps in Women's Heart Attack Care
Experts call for better awareness, diagnosis, and research to save lives

SYDNEY, 5:00am AEDT Wednesday, 4 February 2026 – A major global review has revealed critical gaps in how heart attacks in women are diagnosed and treated – particularly for premenopausal women. The American Heart Association (AHA) today released a new scientific statement led by Australian cardiologist Professor Jason Kovacic, warning current clinical practices may be costing women their lives.¹

Despite heart disease being the leading cause of death overall and the second in Australia, experts reveal premenopausal women (typically women aged under about 50) who experience acute coronary syndromes (ACS) including heart attacks can be misdiagnosed or undertreated because they don't fit the traditional risk profile.¹⁻³ Studies show these women face significantly worse outcomes, including a higher likelihood of death or complications, compared to men of the same age.⁴

Professor Jason Kovacic, Director and CEO of the Victor Chang Cardiac Research Institute said, “Too many women are missing out on timely diagnosis and treatment for heart attacks because the system isn't designed to properly recognise these patients. We need urgent action to close these gaps.”

The AHA statement outlines several key priorities to close these critical care gaps:¹

- Increased awareness of how heart attacks can present in women
- More representation of women in research and clinical trials to address poor outcomes.
- Faster, more accurate diagnosis for premenopausal women

Current clinical guidelines are typically lacking in detail related to the various causes of heart attacks in premenopausal women, particularly non-atherosclerotic causes.¹ This refers to cases that aren't driven by the usual risk factors such as high cholesterol, high blood pressure, or fatty plaque buildup, which can lead to missed or delayed diagnosis and suboptimal care pathways.⁵

Two key examples are:

- **Spontaneous coronary artery dissection (SCAD):** A tear in the coronary artery which is the leading cause of heart attacks in women under 50, accounting for approximately 25% of cases.⁶
- **Myocardial infarction with no obstructive coronary arteries (MINOCA):** A heart without major blockages showing on scans.⁷

Although these conditions are recognised as major contributors to heart attacks in younger women, they remain under-represented in existing clinical guidance – in part due to a lack of scientific evidence as to how best to manage these conditions.¹ As a result, and because they are somewhat less common conditions, women are less likely to receive an accurate diagnosis and therapy after presenting with ACS, contributing to poorer outcomes compared with men the same age.^{4,8}

“We often see heart attacks in premenopausal women that don't look like the classic picture doctors expect. We need better recognition and more clinical research focused on women to

ensure these different presentations are understood and incorporated into guidelines, so that every woman gets the correct diagnosis and optimal treatment,” said Professor Jason Kovacic.

Delays in care can often stem from low recognition of women’s heart attack symptoms both by women themselves and in emergency settings. While chest pain is the most common sign, women may experience subtler symptoms such as jaw or back pain, nausea, sweating, fatigue, or simply feeling “not right.”⁹⁻¹¹ These atypical signs are easily missed at home and during triage, making greater symptom awareness and improved emergency pathways critical to closing care gaps.¹

The statement also calls for stronger follow-up care to address common secondary risk factors as well as issues linked to pregnancy.¹ It recommends cardiac rehabilitation programs as these are proven to help recovery and improve long-term health. The statement also highlights mental health support, particularly for depression and anxiety after a heart attack, as an essential part of care.¹²⁻¹⁴

“This AHA scientific statement is an urgent call to action to drive further research and to address the poorer outcomes that are often seen in these young women. We know the gaps, and now we need to close them. Heart disease does not have an age limit, and premenopausal women deserve the same urgency and quality of care as any other patient with a suspected heart attack,” said Professor Jason Kovacic.

– ENDS –

Issued on behalf of Victor Chang Cardiac Research Institute by HAVAS Red

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About Victor Chang Cardiac Research Institute

The Victor Chang Cardiac Research Institute is dedicated to finding cures for cardiovascular disease through world-class and cutting-edge medical research. The Institute's team seeks to discover better ways of understanding, diagnosing, treating, and preventing the onset of heart disease. It is committed to ensuring its research breakthroughs are rapidly translated into advances in clinical care.

The Institute has more than 250 [scientists](#), doctors, and [staff](#) working together across 26 [laboratories](#) nationwide. It is renowned for the quality of its [scientific discoveries](#) worldwide.

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