

MyCardioAdvocate™

Wear Red for Women

A visit-ready conversation guide for women

Updated March 2026

Why This Matters

Cardiovascular disease is the leading cause of death in women, yet women's CV risk has historically been underestimated. Women present atypically, are referred to cardiology later, and receive guideline-directed therapy less often than men. In **2026, the updated CV risk assessment now includes sex-specific considerations**. The PREVENT risk calculator incorporates sex-specific thresholds, reproductive risk enhancers, and emerging risk factors. This brief is a conversation guide to bring to your doctor.

Why Women's CV Risk Flies Under the Radar

- **Atypical symptoms:** Women more often report chest discomfort, fatigue, dyspnea, or nausea rather than classic chest pain.
- **Risk underestimation:** Guidelines historically used male-based risk models; women were often categorized as lower risk.
- **Reproductive factors forgotten:** Pregnancy history, menopause status, and hormonal factors are now recognized as critical but often overlooked.
- **Sex-specific therapies ignored:** Hormone replacement therapy, aspirin use in primary prevention, and other sex-specific interventions warrant discussion.
- **South Asian heritage:** This is a newly recognized risk enhancer in women and is not always discussed.

What Changed in 2026

Sex-specific risk assessment is now standard:

- The PREVENT calculator incorporates sex-specific thresholds and risk factors.
- Reproductive risk enhancers (preeclampsia, gestational diabetes, preterm delivery, early menopause) are formally integrated.
- South Asian ancestry is recognized as a risk enhancer in women.

These changes mean your risk profile is no longer a unisex calculation—it accounts for your unique biology and life history.

MyCardioAdvocate™ Checklist: Women

1. Bring Your Reproductive History

If you had preeclampsia, gestational diabetes, preterm delivery, or early menopause, mention it. These are risk enhancers.

2. Discuss Sex-Specific Risk Assessment

Ask your doctor: How is my CV risk calculated? Are you using a sex-specific risk model (PREVENT or ACC/AHA guidelines)? This ensures your risk is accurately estimated.

3. Know Your Baseline CV Metrics

BP, cholesterol (especially LDL and non-HDL-C), triglycerides, glucose, and your body mass index should be measured at baseline. Document your targets and current status.

4. Discuss Preventive Therapy, Not Just Symptom Management

Depending on your risk, discuss statins, aspirin, blood pressure targets, and lifestyle modifications. Prevention is the goal, not just treating diseases after they occur.

Key Takeaways

- Women's CV disease presents atypically and is often underestimated; sex-specific risk assessment is now the standard.
- Reproductive history (preeclampsia, gestational diabetes, preterm delivery, early menopause) formally informs CV risk.
- South Asian ancestry is a newly recognized risk enhancer in women.
- PREVENT and 2026 guidelines prioritize sex-specific, individualized risk assessment and prevention strategies.

Next Steps & Related Content

- Calculate your CV risk using PREVENT or the ACC/AHA risk calculator (sex-specific version).
- Bring this brief to your next cardiology or primary care visit to discuss your individualized risk and prevention plan.
- Review related briefs: **Precious Cargo**, **Reproductive Risk Enhancers**, **PREVENT Risk Calculator**.

Disclaimer: This brief is educational and does not replace professional medical advice. Always consult your healthcare provider regarding cardiovascular risk assessment and prevention strategies tailored to your individual health profile.