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HIGHLIGHTS:

Current heart-related exercise stress testing guidelines used by physicians are based on research conducted in men. But men and women are metabolically different, and a new study published in *The New England Journal of Medicine* suggests that women are being miscategorized. The implications may be widespread, ranging from the way women's disability and insurance claims are decided to whether or not a woman with an undiagnosed heart condition will be referred for diagnostic testing. One of the authors, cardiologist C. Noel Bairey Merz of Cedars-Sinai Medical Center, is available for comment.

EXPERT AVAILABLE FOR INTERVIEW ON STUDY OF NEW HEART-RELATED EXERCISE GUIDELINES FOR WOMEN

LOS ANGELES (AUG. 3, 2005) – An article published in *The New England Journal of Medicine* suggests new heart-related exercise stress testing guidelines for women, noting that current standards are based on a small study that included only men.

“This is a very important test used every day, but the information we have been using to categorize patients as normal or abnormal was a male standard. Until we did this research, we did not know that we were miscategorizing women,” says Cedars-Sinai Medical Center cardiologist C. Noel Bairey Merz, M.D., one of the article's authors.

Exercise stress tests are routinely considered a first diagnostic option because they are relatively inexpensive and simple to perform. The equipment uses mathematical algorithms to estimate “functional capacity,” a patient's ability to exercise under a certain work load.

“Men and women are a little different metabolically, probably for some very good evolutionary reasons. They are metabolically different in a small but meaningful way that makes the algorithm slightly different,” says Bairey Merz, who directs Cedars-Sinai's Preventive and Rehabilitative Cardiac Center and the Women's Health Program, and holds the Women's Guild Chair in Women's Health.

“The implications of the findings may be widespread,” she adds. “Because this kind of stress testing is often used to estimate disability, the new information could make a big difference to a woman in terms of an insurance or worker's compensation claim. It could make a difference in terms of whether or not a woman with an underlying heart disorder would be referred for an angiogram. We know that women are now less likely than men to be recommended for these evaluations.”

Bairey Merz, the primary investigator of the Women's Ischemia Syndrome Evaluation (WISE), a study sponsored by the National Heart, Lung and Blood Institute, says the results reaffirm the need for gender-specific research. “We as health-care providers and the community of women should not assume that tests are designed for women or are working optimally for them.”

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