

# The Yentl Syndrome

While we can only scratch the surface, this part uncovers some of the numbers behind the so-called 'Yentl Syndrome' – a term used to describe the differences in how men and women are treated medically, particularly after having a heart attack.

To help paint the bigger picture, we also look at several other prominent diseases and conditions which present clear disparities in men and women.

**Chapter 1:** Heart disease

**Chapter 2:** Stroke

**Chapter 3:** Autoimmune disease

**Chapter 4:** Dementia

**Chapter 5:** Cancer

**livi**



## Chapter 1

# Heart disease

3.6 million women are living with some kind of heart or circulatory disease in the UK. Research from the British Heart Foundation reveals 8,200 women will die needlessly following a heart attack over a 10-year period because they have not received the same quality of care as men. The charity's briefing sets out the scale of the inequality:



**A woman is 50% more likely than a man to receive the wrong initial diagnosis for a heart attack**



**Women are less likely than men to receive a number of potentially life-saving treatments in a timely way**

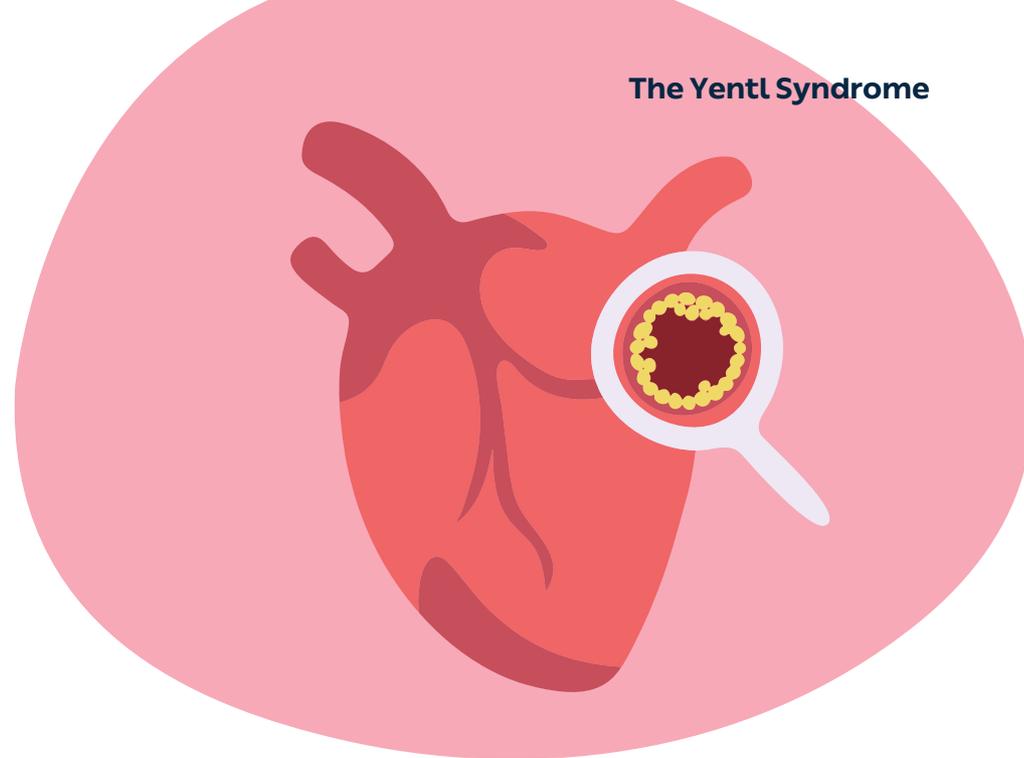


**Women having a heart attack delay seeking medical help longer than men because they don't recognise the symptoms**



**Following a heart attack, women are less likely to be prescribed medications to help prevent a second heart attack**

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With an ageing and growing population and improved survival rates, these numbers are set to rise. Research from the European Society of Cardiology highlights why a woman is more likely to have a missed heart attack diagnosis.

The study examined gender differences in the presentation, diagnosis and management of 41,828 patients admitted to an emergency department with chest pain. The physician's initial diagnosis considered acute coronary syndrome as a more likely cause of chest pain in men than another cause such as anxiety or a musculoskeletal complaint.

Heart attack symptoms can vary from person to person whether you are male or female. Women can have different and sometimes vaguer symptoms to men when it comes to heart disease and heart attacks. These include generalised fatigue, nausea and back, neck and jaw pain. And, despite the differences in a male and female circulatory system (such as the size of blood vessels around the heart), standard testing for detecting heart disease is generally carried out on men.

For more information on research into heart disease, visit the British Heart Foundation's website at [www.bhf.org.uk](http://www.bhf.org.uk).

## Chapter 2

# Stroke

Every 5 minutes, someone in the UK will have a stroke. It continues to be a leading cause of disability and death, which can be preventable with early diagnosis and treatment.

Research has shown around 60% of women die from strokes compared to 40% of men, due to their unique symptoms and increased range of risk factors. What's more, women are 33 percent more likely to be misdiagnosed than men following a stroke.

Like with other cardiovascular problems, not all strokes are clinically obvious. As well as experiencing non-specific stroke symptoms, women are more likely to have headaches and dizziness of benign causes, adding an extra layer of complexity.

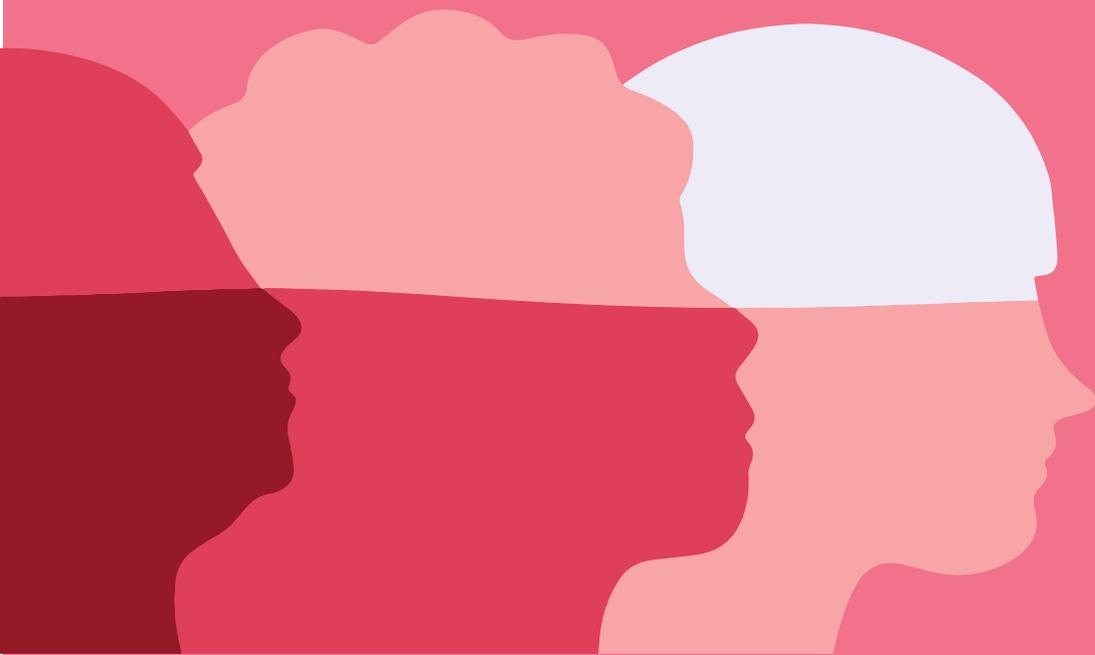
These non-specific symptoms women experience present problems for diagnosing a stroke and increase the likelihood of a misdiagnosis. In a study which analysed 23,809 cases, 9% of all strokes in women were not recognised at first medical contact and 13% of probable strokes were missed.

The biggest risk factors for stroke are obesity, high blood pressure and atrial fibrillation, which apply to both men and women. But because women live longer than men, they are more likely to have a stroke in their lifetime. They are also more likely to die from a stroke, which could be due to lifestyle, medical conditions such as high blood pressure, as well as age.

Alongside this, there are additional risk factors for having a stroke that mostly affect women – hormonal contraceptives, pregnancy, HRT, migraines and lupus, an autoimmune disease which is most common in women.

For more information on research into stroke, visit the Stroke Association website at [stroke.org.uk](https://www.stroke.org.uk)

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## Chapter 3

# Autoimmune disease

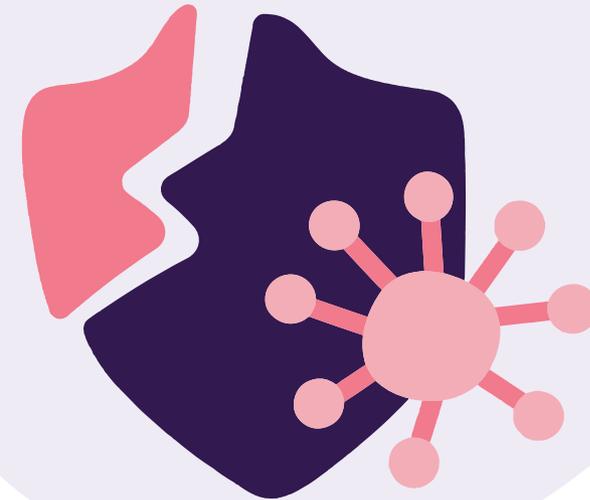
Around 4 million people in the UK have an autoimmune disease and 80% of these are women. In all autoimmune conditions, the immune system attacks healthy cells which impacts the quality of daily life.

Some of the most common conditions include psoriasis, rheumatoid arthritis, type 1 diabetes and MS. Around a third of people with an autoimmune condition are living with more than one, which can lead to very complicated symptoms and health needs.

Research shows it takes women an average of 5 doctors and nearly 4 years to get an accurate autoimmune diagnosis. In a survey of 12,000 patients in Europe, it took an average of 12 months for male patients to be diagnosed with the autoimmune disease Crohn's, compared to 20 months for female patients.



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One of the biggest challenges in diagnosing autoimmune diseases in women is the range of complex symptoms such as fatigue, pain, mood changes and digestive issues. These can fall under a spectrum of conditions and often prompt a 'watch and wait' approach that uses a period of time to see whether improvements happen naturally.

While research has been carried out into the causes of these conditions, including lifestyle factors and family history, there are still many unanswered questions. Some studies have shown that the X chromosome, of which men carry 1 and women 2, hold a large number of immune-related genes. By having 2 copies of the gene, there is an increased chance that mutations will occur.

Several charities have joined forces in an attempt to recognise autoimmunity as a distinct area of research science, alongside cancer, dementia and infectious disease. This will hopefully accelerate research into finding a way to prevent these medically challenging conditions.

For more information on research into autoimmune disease, visit the Aims charity website at [aimscharity.org](https://www.aimscharity.org).

## Chapter 4

# Dementia



Women with dementia outnumber men 2 to 1, with Alzheimer's disease being the most common cause. Although women are more likely to live longer than men, their risk of dementia is disproportionately high.

Dementia risk is a vastly complex puzzle, but understanding the biological differences between men and women could help dementia researchers identify other causes and develop new treatments.

Female hormones, like oestrogen, can play a significant role in how a disease is diagnosed and treated. Oestrogen affects a woman's brain, cardiovascular system, liver, mental health and much more. It can also improve cognitive function.



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Some researchers believe this health benefit presents problems for dementia diagnosis. As women tend to have a strong verbal memory, they often do better on the initial memory test for dementia, even if they have underlying cognitive problems. As a result, more and more women are underdiagnosed.

But some research suggests that oestrogen-based treatments could be beneficial for protecting brain cells, and potentially reducing the risk of the disease.

For more information on research into dementia, visit the Alzheimer's website at [alzheimers.org.uk](https://www.alzheimers.org.uk)

According to Alzheimer's UK, studies into the use of HRT to reduce women's risk of dementia have been inconclusive and contradictory.

## Chapter 5

# Cancer

In the UK, a woman is diagnosed with cancer every 3 minutes, and every 7 minutes a woman dies from cancer. We know that treatment is more successful and the survival rate is higher when it is diagnosed at the earliest stage.

Research shows that women are seeking medical help within 2 weeks for symptoms such as an unexplained lump, change in bowel habit or mole, unexplained bleeding or weight loss.

Despite over 90% of women recognising one of the main signs or symptoms of cancer early,

there are also barriers for women seeking medical help. These include:



**Difficulty getting an appointment (45%)**



**Difficulty getting an appointment at a convenient time (46%)**



**Not wanting to talk to the doctor's receptionist about symptoms (46%).**

**These barriers lead to cancer being missed, even with plenty of awareness around regular screenings.**

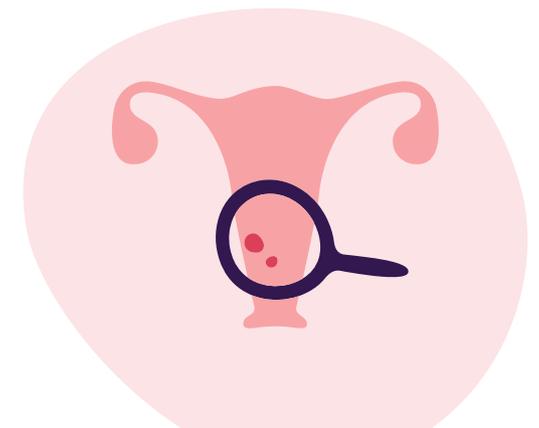


One study found that nearly a third of breast cancer cases are misdiagnosed. A similar problem occurs for ovarian cancer. If diagnosed at the earliest stage, 9 in 10 women will survive. But two thirds of women are diagnosed late, when the cancer is harder to treat.

These symptoms can be easily confused with much more common gastrointestinal issues, food allergies or urinary tract infections. As well as the fact there is no early-detection test, it means a diagnosis comes after the cancer has advanced.

Unlike breast cancer, ovarian cancer can have various subtle and non-specific symptoms such as bloating, abdominal discomfort, indigestion and frequent urination.

For more information on research into cancer, visit the Cancer Research UK website at [cancerresearchuk.org](https://www.cancerresearchuk.org)



Let's  
Talk!

### Sam's story

I got the cancer diagnosis on my 50th last year. I definitely won't forget that birthday.

When I found a lump I knew I had to get it checked, but after not being able to get an appointment with my GP for two weeks I turned to Livi, who got me in to see a doctor the next day.



Despite the doctors thinking they'd caught it early, it had spread to my lymph nodes, so I had to have chemo which had some really difficult side effects. After that, I'll be on hormone treatment for 10 years, which is what I'm worried about most.

Before the diagnosis I went through a lot - an armed robbery and a sequence of traumatic things - and I'd been on antidepressants for a while until my prescription was suddenly stopped. With the chemo and everything else I was dealing with, I was distraught.

I then talked to another amazing doctor on Livi. We were on the video call for a long time and she just listened. She managed to reinstate my medication, and she also referred me to a mental health service for more support. It doesn't sound like much, but it's just the fact she listened, learned my whole backstory and dedicated that time to me.