

Is Heart Failure More Common Among Women Than Men?

Age and additional risk factors from complicated medical histories may make women more prone to cardiac failure following a heart attack.

December 3, 2020 By [Alicia Green](#)

After a heart attack, women are at greater risk for heart failure than men. This is due to older age at the time of a first heart attack as well as other chronic illnesses they may have, according to new findings published in the [American Heart Association](#)'s journal *Circulation*.

For the investigation, researchers studied more than 45,000 men and women in Alberta, Canada, hospitalized for a first heart attack between 2002 and 2016. (Individuals were followed for an average of 6.2 years.)

Specifically, scientists focused on two types of heart attack: a severe, life-threatening heart attack called ST-segment elevation myocardial infarction (STEMI) and a less severe type called non-STEMI, or NSTEMI, which occurs more often.

Results showed that men were more likely than women to experience both types of heart attack, but women were more likely to suffer a greater risk for heart failure from these conditions. Furthermore, more women died in the hospital from both STEMI and NSTEMI heart attacks. (That gap narrowed significantly once researchers adjusted for several factors).

Researchers found that women were usually about 10 years older than men when they experienced a heart attack (72 versus 61 years old). Women were also more likely to have conditions that could contribute to heart failure, such as hypertension, diabetes, atrial fibrillation and chronic obstructive pulmonary disease.

In addition, scientists noted that women didn't see cardiovascular specialists as often as men did (73% versus 84%) and weren't prescribed medications at the same rate.

"Identifying when and how women may be at higher risk for heart failure after a heart attack can help providers develop more effective approaches for prevention," said the study's lead author, Justin A. Ezekowitz, MSc, a cardiologist and codirector of the Canadian VIGOUR Centre at the University of Alberta in Edmonton.

Ezekowitz added that reducing cholesterol, controlling hypertension, increasing exercising, eating healthier and quitting smoking could save thousands of lives.

Researchers suggested that the next action is to assess whether people—especially women—are receiving quality care in order to develop interventions that target gaps in medical services and follow-up.

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