

Coronary Heart Disease: A Review on Gender-Neutral Research

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ABSTRACT -The prevention and treatment of coronary heart disease (CHD) is complex. As a result, a number of models have been created and try to understand past patterns and forecast future possibilities. The aim of this systematic review was to assess the advantages and disadvantages of current CHD policy models. Understanding past illness problems are important in preventing heart disease and learning. Eligibility strategies are very important to promote patient understanding and patient perceptions. Since previous studies were not gendered biased, this review focused on gender. The aim is to review standardized literature that assesses what happens to patients with heart disease. This paper also looks at whether the views of female and male patients are incorporated into the literature and summarizes the main themes. The purpose of this paper is to provide a systematic review of studies at the experience level of patients with heart disease, using a gender-sensitive approach. From a practical point of view, it looks at what happens to female and male patients is reflected in published literature and looks at whether the authors are sexually neutral or sexually sensitive to their material. This paper also examines whether female and male patients have similar or different perspectives and experiences with CHD, as stated in the literature.

Keywords: *coronary heart disease, gender-neutral, gender-sensitive, patient, research, health.*

SUMMARY STATEMENT

What do we know about this subject?

- The eligibility method is useful in assessing patients' understanding and illness experience.
- A review of relevant literature for CHD patients, published in 1998, identified only six studies.
- These studies are limited by their emphasis on the men who responded..

What does this paper contribute?

- There has been a substantial improvement in the quality of research in patients with heart disease, and several recent studies can include female respondents.
- The effect of masculinity on health beliefs and behaviour is rarely considered in research affecting both men and women, and studies in male patients fail to address the impact of masculinity on health beliefs and behaviour.

1. INTRODUCTION

Coronary heart disease is the leading cause of death worldwide (Mackay & Mensah, 2004). Despite the fact that men have higher rates of coronary heart disease than women at all ages and women can have it for up to ten years (Sharp, 1994), CHD is the leading cause of death in both sexes: According to the World Health Organization, 3.8 million men and 3.4 million women

die each year around the world (Mackay & Mensah, 2004). Despite recent progress, the United Kingdom has one of the world's highest mortality rates, making coronary prevention a top priority (Office of Scotland, 1999; Department of health, 1999). In recent years, international health policy has become more interested in gender issues. Accepting that medical research was overwhelmingly focused on white male experience, for example, led to gender mainstreaming research initiatives in the United States, Canada, Australia, and South Africa (Doyal et al, 2003). Despite the fact that there are gender differences in incidence, presentation, referral, recovery, and rehabilitation, White and Lockyer (2001) argue that current UK CHD policy is gender neutral, making it ineffective. Uk research has been overlooked due to male biomedical research's focus, while other aspects of the male experience have been overlooked due to a failure to consider the impact of masculinity on men's illness and recovery. As a result, it's important for caregivers of CHD patients to consider the sexual orientation and health status of their patients (White, 2003). Understanding of patients' experiences is necessary in order to enhance CHD prevention and education. Appropriate studies that use less formal research approaches (e.g., less structured interviews, in-depth interview conversations, and participant views) are better suited to elicit more comprehensive patient understanding and expectations than multiple studies that ask patients to demonstrate interest from a limited set of options. Despite the advantages of qualitative methods, an earlier review of the literature (Clark et al., 1998) found that less structured methods of interviewing have not been widely used to study CHD patients' experiences. Clark et al. found only six studies that used these methods. These studies were limited by their focus on myocardial infarction (MI) rather than other types of CHD, as well as their restricted focus on white, married men, according to the researchers. However, as there have been several qualitative studies since the publication of that study, a new review is required.

2. SEARCH METHODS

2.1 Inclusion criteria:

Since it has been argued that excluding research on the basis of 'poor quality' introduces the most significant source of prejudice into qualitative evaluations, the widest possible selection of studies that met the inclusion requirements is included (Sandelowski and Barroso, 2003b). When defining inclusion criteria, we used Sandelowski and Barroso's (2003a) broad concept of qualitative studies: "empirical study with human subjects performed in any research paradigm, using what are generally viewed as qualitative techniques for sampling, data collection, data analysis, and interpretation" (Sandelowski and Barroso, 2003a, p. 227).

- Journal articles published in English before January 1, 2004 were eligible for inclusion (i.e., excludes theses, books and book chapters)
- Qualitative study based on CHD patients' interactions (MI, angina, cardiac surgery, chest pain, heart failure)
- Qualitative research approaches that enable individuals to express themselves in their own words (i.e., excluding highly structured interviews and focus groups).

2.2 Search strategy:

569 references were found after searching MEDLINE, EMBASE, CINAHL, PREMEDLINE, PsychINFO, Social Sciences Citation Index, and Web of Science for keywords related to CHD (e.g., myocardial infarction, cardiovascular disease, angina, acute heart infarction, chest pain) and the associated 5 research methods. Papers were excluded after scanning the electronic abstracts if they did not meet the inclusion criteria, for example, several papers identified using the keyword "interview" related to the administration of structured psychological instruments rather than qualitative interviews. Ninety-nine papers were retrieved and thoroughly analysed because they seemed to be significant. Citation searches on early influential articles, bibliographies of primary sources, and prior knowledge of the literature contributed to the discovery of additional studies (Cowie, 1976). After a final, detailed study of each of these papers against the inclusion criteria, 60 studies were chosen for inclusion in this review.

3. LITERATURE SURVEY

In recent years, there is a increase in interest in using quality ways to assess the experiences of CHD patients. Two-thirds of the papers cited in this review were published five years ago. However, some criticisms pointed out by Clarke and colleagues remain relevant. When studies focus on specific manifestations of CHD, it may be MI. Similarly, there is little knowledge about the beliefs and experiences of patients from a few backgrounds. Some criticisms made by Clarke et al do not apply to recent research; for example, few studies are now counting their samples from married respondents. The most notable change has been the shift away from the focus only on male responders to female participation in the study, and in many cases, to focus only on women. This one demonstrates a basic recognition in the 1990s that women were removed from biomedical research in CHD (Healy, 1991; Khaw, 1993). Despite recent interest in female patients, health professionals continue to believe that CHD is a "male disease" (McKinlay, 1996; Richards et al., 2000), the general public as well (Ruston al., 1998; LaCharity, 1999) and may have consequences when women take it to show symptoms and when it takes time for symptoms to be treated. A gender-neutral approach by researchers often disadvantages male cardiac patients. Analysis of CHD male accounts is limited by the neglect of the male sex experience. The change from watching men as a homogeneous group to a broader emphasis on multiple masculinities, which emphasizes diversity among men, has sparked a recent concern to regard men as "engendered and engendering individuals" (Gutmann, 1997, Connell, 1985; Schofield et al., 2000). Other wider commentaries on gender and health have addressed these issues; for example, Annandale clearly summarizes the implications "invisibility" for female and "lack of gender" for male: 'Patriarchy has an ironic twist to it: it produces tradition as an ungendered and universal process, it has not only concealed female oppression, but also sidelined men's experience as men. As a result, men have found it difficult to understand the gendered essence of their experience' (Annandale, 1998, p. 140). Several concerns are presented in the study. First, there is debate about whether it is better to file all papers that meet the inclusion criteria or to use some kind of critical assessment to weed out papers that aren't considered high-quality (Campbell et al, 2003). This review used the previous approach because of the difficulty in determining what constructs the optimal structure and complexity of analysis in a research by Barbour in 2003 and in order to decrease bias by removing 'poor' studies. The tables contain information on the sampling strategy and sample size, giving the reader an idea of how each analysis was carried out. Second, although this literature review was systematic and thorough, finding qualitative studies is notoriously difficult (Barbour, 2003), so it's likely

that some important papers were missed. Finally, given the review's focus on gender, it could be argued that using meta-ethnography to synthesise research on male samples and comparing the findings to a synthesis of research on female samples would be a better way to approach the review. The effectiveness of meta-ethnography with many of the papers included in this review is also questionable. However, this could be a indicator of future research, if the reviews were less focused on making the paper number more manageable. The review raises two key gaps in the quality literature on the experiences of CHD patients. First, few studies deliberately included men and women in their samples and explicitly compared their experiences. Second, studies of male patients have never considered the impact of masculinity on health beliefs and behavior. Taking a gender-sensitive approach to CHD research is important to understand the experiences of male and female patients and to improve their care.

Table:- Comparison chart of the literature review

Title	Author	Year	Outcomes
An Imperative Diagnostic Model for Predicting CHD using Deep Learning	Lalith Bharadwaj B et.al.	2020	Patients with chronic coronary artery disease were helped to live longer lives.
Early growth and coronary heart disease in later life: longitudinal study	J G Eriksson	2001	The negative effects of rapid childhood weight gain on the risk of coronary heart disease.
Pulse pressure correlates with coronary artery calcification and risk for coronary heart disease: a study of elderly individuals in the rural region of Southwest China	Xinhua Wu et.al.	2019	The average PP was significantly higher in the CAC-positive group than in the CAC-negative group.
Relationship between non-high-density lipoprotein cholesterol/apolipoprotein A-I and monocyte/high-density lipoprotein cholesterol ratio and coronary heart disease	Li, Ya* et.al.	2019	The non-high-density lipoprotein cholesterol.

Table:- Comparison chart of the literature review

Title	Author	Year	Outcomes
The association between uric acid levels and different clinical manifestations of coronary artery disease	This is an open-access article licensed under the Creative Commons Attribution-Noncommercial-No Derivatives License.	2017	The presence and severity of coronary artery disease have been linked to uric acid (UA).
Effects of different strategies on high thrombus burden in patients with ST-segment elevation myocardial infarction undergoing primary percutaneous coronary catheterization	Department of Cardiology et.al.	2019	Thrombus aspiration and intracoronary-targeted thrombolysis are effective.
Acute coronary syndromes in patients with HIV.	Seecheran et.al.	2017	The technique used is very helpful for the patients to live longer than expected.
Relationship between left coronary artery bifurcation angle and restenosis after stenting of the proximal left anterior descending artery	Konishi et.al.	2016	According to this study, a large LMT-after pLAD artery stent implantation.
Additional roles of diastolic parameters in the diagnosis of obstructive coronary artery disease	Seoul National University College of Medicine	2020	The addition of septal e velocity to TE may improve its diagnostic value.

4. DISUSSION AND CONCLUSION

Sixty findings (reported in 66 papers) analysed patients' perceptions of coronary heart disease using qualitative approaches. Almost two-thirds of the studies were conducted in the United States or the United Kingdom. About a half-dozen (30) focused on patients with MI, and about a quarter (13) on patients with more general CHD; very few looked at patients with angina (4), chest pain (3), or heart failure (3). (4). Just one paper (Webster, 1997) reported that the primary goal was to examine CHD in ethnic minority patients, and only seven sampled purposively to ensure ethnic diversity.

The implications of this paper for nursing practice are important. Gender-neutral research is likely to result in gender-neutral policy and care. (White & Lockyer, 2001). Conversely, gender-based research should inform gender-sensitive policy and care, which aims to increase the efficiency and effectiveness of services by understanding gender differences and thus improve the health and well-being of women and men. Gender care therefore requires an understanding of 'patterns of death and illness and sensible information through relevant research that assesses men and women's health and illness status in their social settings' (Miers, 2002, p. 72). This qualitative literature review aims to provide such information on the gendered aspects of illness. This knowledge is useful for nurses involved in cardiac treatment and rehabilitation who want to know how male and female patients interpret symptoms and seek support, as well as how group roles play a role in recovery. Nurses may use knowledge about the gendered nature of CHD to refute myths of CHD being a male disease.

5. FUTURE RESEARCH DIRECTIONS

Many of the differences that exist with CHD in minority groups can be attributed to persistent gaps in the socio-economic status and the level of the health care system. Adding to the discrepancy is the fact that minorities and ethnic groups made up 55% of the population unconfirmed prior to the passing of the Affordable Care Act. These gaps contribute to an increasing level of risk factors for heart disease and a decrease in access to both primary care and inadequate treatment options when diseases begin. While social and economic inequalities may be outside the medical system, health care reforms have already increased the number of patients who are able to access care. Since the introduction of the Affordable Care Act, the Department of Health and Human Services estimates that the unconfirmed African-American population has dropped by 9.2% (2.3 million) and 12.3% (4.2 million) in Hispanics .

To a lesser extent, there are spread providers who are beginning to focus more on primary protection in the CHD area. Using University of Michigan staff as students, Burke measured the effectiveness of mindfulness-focused interventions. They questioned whether the targeting intervention in the development of risk factors would be better to save costs by identifying fewer staff or another high-risk CHD employee. It was found that while these speculative interventions could lead to better cost savings for high-risk workers, 75% of CHD cases for African and American workers could also be prevented due to the increased increase in CHD risk factors for fewer people.

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