

# Women with preeclampsia may be at greater risk for cardiac conditions later in life

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Research published online today in *Journal of the American College of Cardiology*, confirms that women who have gestational hypertension or preeclampsia in at least one pregnancy will have higher cardiovascular risk than women without such a history, and that this elevated risk persists at least into their 60s.

"Research over the past decade has shown there are sex-specific risk factors for cardiovascular [disease](#) among [women](#)," said lead author Michael C. Honigberg, MD, MPP, of Massachusetts General Hospital's (MGH) Cardiology Division. "But there were still some significant gaps in our understanding of those risks, and one gap is whether the elevated risk persists long-term after a hypertensive [pregnancy](#), or whether other women 'catch up' as cardiovascular risk increases with age in the population overall."

The study looked at an average of seven years of follow-up data on more than 220,000 women who were recruited between 2006 and 2010 by the UK Biobank, a large research cohort in the United Kingdom. The study made three significant

findings.

First, women with a history of hypertensive pregnancy had stiffer arteries and two to five times the rate of chronic hypertension later in life across age groups, compared to control subjects. Second, they were more likely to develop cardiovascular conditions over time, including [coronary artery disease](#), which prior research suggested, [heart failure](#), and two kinds of valvular heart disease—aortic stenosis and mitral regurgitation—that had not previously been associated with hypertensive pregnancy. Third, the study found that between half and one-third of the risk of coronary disease and heart failure was driven by chronic hypertension, which, said Honigberg, "implies that treating [high blood pressure](#) may be especially important in this population." Future studies, he said, may look at new approaches for treating hypertension or simply treating the condition more aggressively in women who have had at least one hypertensive pregnancy.

"We're still figuring out how to predict and prevent hypertensive disorders in pregnancy," said Honigberg. "But what we can do is look ahead and try to mitigate the risk of these women developing [cardiovascular disease](#) later in life." That includes common-sense heart-healthy modifications such as exercising, eating healthy, not smoking, and controlling weight. Some may additionally benefit from preventive medications.

"You'd be shocked at how few physicians who aren't obstetrician/gynecologists—including cardiologists—ask their female patients if they've had a hypertensive disorder of pregnancy," Honigberg said. "This research really underscores the importance of clinicians asking about this history and of women sharing it."

**More information:** Michael C. Honigberg et al, Long-Term Cardiovascular Risk in Women With Hypertension During Pregnancy, *Journal of the*

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