

self of the center of referral for gender medicine at the Italian National Health Institute and consulting the Standing Conference for State-Regions relations. The other will set out, together with the Italian Ministry of Education, the National Training Plan aimed to ensure the dissemination of the knowledge of gender and sex differences in research, prevention, diagnosis and treatment. Everything must be done within twelve months of the entry into force of the law.

We should not be frightened by the need to draw up new decrees, because gender medicine has already had several experimental applications throughout the country and it is possible to refer to these to draw up the necessary texts and expedite the decree process. For example, as regards university training, in December 2016, the Standing Conference of Presidents of Degree Courses in Medicine and Surgery, in line with the text of the original draft bill on gender medicine, unanimously shared a motion, which originated the pilot project that sees the application of knowledge attentive to sex and gender differences, already from the current 2017/2018 academic year.

I am satisfied and frankly gratified by the achieved objective, not at all taken for granted, which I wish to share with the members of institutions, scientific societies and associations, whom I have had the opportunity to meet and appreciate in recent years, people whose competence has given me the necessary energy to face and overcome the many small and large obstacles encountered on the road to the approval of the law.

#### **Ms Paola Boldrini**

##### **Italian Chamber of Deputies**

Delegation to the Government in the field of clinical trials on medicinal products as well as provisions for the reorganization of health professions and health management at the Ministry of Health.

#### *See also*

Gender Medicine. We need a law. Interview with Paola Boldrini. *Ital J Gender-Specific Med* 2016; 2(3): 130-2.

### **“Monzino Women”: in Milan, a center dedicated to cardiovascular prevention in women**

Cardiovascular diseases are the leading cause of death in women and their recognition and early diagnosis are instruments for effective prevention. In Italy, cardiovascular diseases cause the death of over 123,000 women each year.

Until now, the relevance of cardiovascular diseases in women was scarcely considered and women were under-represented in clinical trials relating to heart disease. Moreover, although the manifestations of the disease are similar in both sexes, a clear understanding of the pathophysiological mechanisms of cardiovascular diseases in women is still lacking. Although heart diseases are more often fatal in women than in men, the treatment of these pathologies in women has been so far based on the results of medical and pharmacological research carried out on male subjects. It follows that some elements are still unclear:

1. differences in cardiovascular disease biomarkers between men and women;
2. impact of pregnancy and pathologies of pregnancy on the development at a later stage of cardiovascular pathologies in the newborn child and mother;
3. socio-economic determinants of health and their effect on the cardiovascular outcome in both sexes;
4. correlation between non-conventional cardiovascular disease risk factors and heart disease (e.g., autoimmune systemic diseases, endocrinopathies);
5. effect of psychosocial factors such as anxiety and stress in everyday life on the development of cardiac symptoms in women.

Increasing aging of the female population calls for a broader reflection on the importance that should be attached to the knowledge, awareness and prevention of cardiovascular disease, even in terms of socio-econom-

ic impact. Women have cardiovascular peculiarities that are not only sex-specific, but also an age-dependent. The incidence of cardiovascular diseases is lower compared to men during fertile age, catches up with men in menopause, ultimately surpassing them after 75 years of age. All this stems from endocrine and metabolic changes that occur with the loss of estrogen protection. Young women are less likely to become ill but have increased mortality and complications in case of the onset of ischemic disease.

Inadequate awareness of the incidence of cardiovascular diseases in women is their worst enemy. It is therefore essential that women gain awareness of their individual cardiovascular risk that may be even higher than that of men. The female sex is also more exposed to stress and depression which represent many favoring conditions. In women, the new emerging cardiovascular risk factors (pathologies of pregnancy, eclampsia, recurrent miscarriage, polycystic ovary syndrome, endometriosis, pre-term pregnancies as well as vitamin D deficiency and autoimmune diseases) should be taken into consideration as potential predisposing factors for the future development of cardiovascular diseases. Therefore, correct information and prevention need a better relationship between research, guidelines and dissemination.

Despite these premises, women are still indicated as “special” populations in many guidelines relating to the prevention and treatment of cardiovascular diseases, although they constitute the majority of the general population. Women are different, in cardiovascular disease, also when it comes to therapy which is often started late because they themselves (and often times their attending doctors) underestimate the early signs of disease.

In early 2017, at Centro Cardiologico Monzino in Milan, “Monzino Women” was launched, with the aim of providing quality care through targeted attention to prevention, treatment and management of cardiovascular health issues in women in syn-

You can find the Internet page of "Monzino Women" at: <https://www.cardiologicomonzino.it/it/page/monzino-women-il-cuore-della-donna-al-centro/156/>

ergy with male and female specialists in endocrinology, diabetology, gynecology, lipidology, nutrition and psychology. The clinical activity is targeted at women between 35 and 60 years through a preliminary outpatient clinical evaluation, targeted instrumental diagnosis and second-level counseling, to achieve a prospective evaluation of a patient, considering her age, prior history, lifestyles and risk factors to which she is most exposed. Women also receive a questionnaire on their state of health that includes the assessment of anxiety and depression personality traits as aspects of a broader psychosocial

framework targeted at analyzing physical and cognitive symptoms associated with depression. General and sex-specific cardiovascular risk factors are analyzed together with the results of genetic, metabolic, inflammatory, and first-level diagnostic tests, combined with a patient's psychological evaluation.

Therefore, "Monzino Women" brings together super-specialized skills and innovative technologies already present in the hospital, and integrates them with multi-disciplinary collaborations. In addition to male and female specialists in clinical cardiology, hypertension, arrhythmol-

ogy, and hemodynamics, where necessary, male and female specialists in gynecology, diabetology, endocrinology, lipidology, nutrition, and psychology interact.

Preliminary data of the first two hundred women examined at "Monzino Women", all without symptoms or previous cardiovascular events, confirm a framework that deserves our full attention: 30% had serious risk factors, mainly hypertension and hypercholesterolemia, and there was a significant presence of anxiety, depression and stress. So, we decided to investigate further the psychosocial risk factors also through an ad-hoc study.

“Monzino Women” also helps to develop and increase awareness among women of their own risk through seminars, lectures, and debates for women and family doctors to make them more cognizant of early prevention. The education and awareness-raising process should also serve to provide the tools for better estimating individual risk.

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The Monzino Women team.

#### Concorsi

##### L'AMMI promuove il **Settimo Bando di Concorso sulla Medicina e Farmacologia di Genere** per il conferimento del supporto finanziario per un progetto di ricerca di Medicina e Farmacologia di genere

Il Concorso è promosso dall'**Associazione Mogli Medici Italiani** con lo scopo di premiare il progetto di ricerca più innovativo e significativo di Medicina e Farmacologia di Genere che verrà svolto da un/una ricercatore/ricercatrice presso le Università o Aziende ospedaliere, o altro ente di ricerca italiano. L'obiettivo dell'AMMI è incentivare la ricerca in questo ambito, al fine di arrivare all'appropriatezza e alla personalizzazione della diagnosi e della cura e di conseguenza ad una medicina basata sull'evidenza per ambedue i generi.

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Il supporto finanziario di 10.000 euro sarà attribuito al progetto di ricerca risultato migliore tra quelli giunti **entro e non oltre il 4 giugno 2018** a insindacabile giudizio di una Commissione giudicatrice composta da esperti nominati dalla Presidente Nazionale AMMI e da lei presieduta.

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La domanda di partecipazione al concorso, corredata dei documenti richiesti, deve essere inviata via e-mail a: [concorso@ammi-italia.org](mailto:concorso@ammi-italia.org) in formato word o PDF.

Il progetto presentato dovrà essere in italiano.

Per ulteriori informazioni si prega di contattare: [presidenza@ammi-italia.org](mailto:presidenza@ammi-italia.org) cell. **339 1879217**



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