Clinical Clues in Cardiovascular Disease: Enhancing Detection and Patient Monitoring

Atypical Heart Failure & Stroke Symptoms

Up to **60%** of cases misdiagnosed

- **Atypical signs:** confusion, vertigo, vomiting or appetite loss
- **Old age:** non-specific symptoms in older patients should raise suspicion
- **NT-proBNP/BNP test** can rapidly rule out cardiac causes

Detect Early, Act Early

Only **1 in 5** home monitors are accurate

- Blood pressure (BP) should be checked from age 18, Atrial fibrillation (AF) from 65+
- Home monitoring with dual BP/AF devices can overcome barriers to care
- Patients must use validated options – **check at STRIDE BP**

Cardiac Anatomy: Male vs Female

Men's and women's hearts are **not the same**.

- **Women's smaller hearts and arteries** require adjusted thresholds to accurately detect hypertrophy and atrial enlargement
- **Early recognition of changes** is vital and preclinical disease can be reversible
- Men and women have an **equal lifetime heart failure risk of 24%**
- Women often blame breathlessness on age, weight, or inactivity, leading to **underdiagnosis**

Silent Signals

ESC guidelines recommend **annual BP checks** using devices that also record pulse.

- Hypertension is a leading CVD risk factor
- **Early control is key:** Treating BP >140/90mmHg cuts stroke risk by up to 70% and heart failure risk by 25-50%
- **BP screening is vital for women** with pregnancy complications

Empowering Patients

Hypertension & AF are often undiagnosed until major events occur.

- Averaged readings from dual BP/AF monitors enable early and accurate detection
- Hypertension promotes AF and raises stroke risk; combined screening is optimal
- Patients need guidance on device use, measurement and timely follow-up

Schnabel R, Gerdts E, Schutte A, Javaid Y, Osman F, Clinical Clues in Cardiovascular Disease: Enhancing Detection and Patient Monitoring, *Radcliffe Cardiology* 2025

OMRON

This series is sponsored by OMRON Healthcare Europe BV