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Trends In Women's Heart Health

June webinar provides good advice and fresh perspectives

In the 1980s, the American Heart Association did not neglect talking to women about heart disease, launching an advertising campaign that asked the question "If your husband had a heart attack in bed tonight, would you know what to do?"

Offering this valuable historical perspective, Tracy L. Stevens, M.D., reminds us that it was just a couple of decades ago when heart disease was considered strictly a man's disease, and even though we've come a long way, physicians are still practicing medicine based on studies performed on mostly on white, middle-aged men. Dr. Stevens, a leading cardiologist at the Muriel I. Kauffman Women's Heart Center at Saint Luke's Mid America Heart Institute, addressed WomenHeart members at a webinar in June that looked at what health care providers have learned about the treatment of women's heart disease and how women can take control of their heart health.

"We've not had enough time yet to do research and assess the results and then change the behavior of health care providers and physicians," says Dr. Stevens. She strongly advises women to pay attention to their risk factors and be proactive: "We can prevent 85% of heart attacks and stroke simply by being on top of basic risk factors." Common risk factors include smoking, hypertension, diabetes mellitus, dyslipidemia (abnormal cholesterol), waist circumference above 35 inches, menopause, and family history.

Although women are the number one health care decision makers in U.S. households, they are also less likely to take care of their own health, instead choosing to put children and other family members at the forefront. Dr. Stevens calls men "more compliant" when it comes to following treatments prescribed by their physicians, while only one-third of women will fill a new prescription for blood pressure or cholesterol-lowering medication. Just one-third of those women will even bother to have the prescription refilled, a real concern in a culture where women are already seriously undertreated for risk factors like high cholesterol.

Items that Dr. Stevens think should be found in every household include a blood pressure cuff and a measuring tape, allowing women to monitor their blood pressure on their own time and keep track of waist size. It's also a great idea to check your blood pressure both before and after exercise — the results can be dramatic and may help women to recognize what a positive difference exercise can make in reducing blood pressure.

A major factor in the lack of heart studies on women in the past was the frequent hormonal changes that women go through each month, which physicians feared would complicate studies. It turns out that the female hormone estrogen is very important to

heart function; the heart contains estrogen receptors which bind estrogen to them and help to release nitric oxide, which regulates blood flow. As women approach menopause, estrogen production slows, reducing nitric oxide and allowing the heart muscle to stiffen. "Even normally healthy women will find they get shortness of breath with quick exertion," says Dr. Stevens, "like running up the steps with something in their arms." Women who generally have no trouble with regular exercise but find this type of occasional shortness of breath should look into getting an echocardiogram to measure diastolic function.

Hormonal cycles may also cause heart palpitations in younger or perimenopausal women, according to Dr. Stevens, who wondered "Is there a cyclic pattern?" Turned out that, nearly all the time, there was: women were experiencing skipped heart beats during the week before their periods. Palpitations can also be related to stress, which raises adrenaline: "Women have very dense adrenaline receptors on their heart muscle," explains Dr. Stevens, "and it makes them more prone to these skips. It can be frightening, but we can check it out with an ultrasound or echocardiogram."

Regarding the use of hormone replacement therapy (HRT) for menopausal women, Dr. Stevens says that she and her colleagues are not pulling women off of HRT if they are already on it, but they are also not starting women on HRT either, as there is still a certain amount of "muddiness" regarding hormone replacement therapy on the heart. Stevens especially cautions women who both smoke and have heart disease to stay away from HRT because it can be a dangerous combination.

Birth control pills offer another area of uncertainty for cardiologists, especially since the American College of Obstetricians and Gynecologists recently recommended that birth control pills be prescribed all the way to menopause and then reassessed. Dr. Stevens is unsure of how this recommendation could possibly affect women as they age, saying "We're concerned about the age group of women between 35 and 45 years of age, who are more likely to be on birth control pills, that we'll see a rise in premature coronary artery disease."

Many women are aware that plaque clogging their arteries is a bad thing, but seldom make the connection between that kind of plaque and the kind found on their teeth. "There's a definite relationship between plaque in the mouth and coronary artery disease," warns Dr. Stevens, "and post-menopausal women are more likely to have gingivitis as they lose estrogen," so women are advised to pay particular attention to their dental health. Plaque is an insidious foe, which a colleague of Dr. Stevens' likens to a "pimple on the artery" because of its tendency to become inflamed and then rupture, causing a "scab" or blood clot to form at the ruptured site. Women with autoimmune disorders like lupus or arthritis should be mindful that flare-ups related to those conditions are often associated with an increase of plaque ruptures or "cracks" in the artery. "I like to tell people that it's not the plaque but the crack that causes the heart attack" says Dr. Stevens.

How can you be proactive about your heart health?

- Stick with a healthy diet and avoid dietary medications, many of which may not be approved by the FDA, if you are trying to lose weight. "We just don't know enough

about these (medications)," cautions Dr. Stevens, "and we feel that they could be dangerous from a cardiac standpoint."

- Exercise 2.5 hours per week for the average woman and 1 hour daily for women seeking to lose weight (and inches); besides aerobic activities like walking, Dr. Stevens advises additional strength training, reminding women that "We have to do exercise that focuses on core abdominal muscles." Women can even help keep their waistlines in check by lifting their knees up toward their chests 50 to 100 times while seated at a desk.
- A daily aspirin for women over 65 — just 81 grams, and it's even okay to take it every other day. If you have high blood pressure, don't take any aspirin until it's under control, or it could cause dangerous complications.
- Eat fish twice a week or supplement with 1000 mg. of Omega-3 fish oil. Dr. Stevens is definitely a fan of its benefits, saying "Omega-3 stabilizes electrical membranes in our hearts."
- Get your vitamin D levels checked, advises Dr. Stevens, who thinks that this essential vitamin is seriously underrated. In a recent program involving 600 women, Dr. Stevens and her colleagues found that 97% of participants were deficient in vitamin D; low levels of the vitamin have been linked to marked increases in heart disease. When the women took supplements, they reported feeling more energy as their D levels increased.
- Pay attention to how you feel and trust your instincts. Women typically disregard symptoms until it is too late, because they think they are just run down or have a touch of the flu. "A frightening symptom that often goes unrecognized is new overwhelming fatigue," Dr. Stevens warns. A good rule of thumb: if it doesn't feel right, check it out.
- Above all, be a good role model, says Dr. Stevens, especially because the next generation now has a lower life expectancy than their parents. The only way to help our kids to improve their odds is by showing them how to have good health.