

Your Mother's Heart Disease... or Yours

By Barry Bertolet, M.D.

One in two Mississippi women WILL DIE of heart disease or stroke. This fact alone is surprising to many, but it is more so if you consider that the primary health concern of most women is breast cancer, which has a much lower fatality rate - one in 30. Heart disease *is* the No. 1 killer of women. In the United States, 42.1 million females are living with cardiovascular disease and even more females are at risk of developing heart disease. Experts estimate that heart disease, stroke and all other cardiovascular diseases cost the U.S. economy \$431.8 billion in health care expenses and lost productivity.

The good news is that heart disease is largely preventable, yet most women are unaware that they are at risk. Many women dismiss their risk of heart disease for several reasons, including the false assumption that heart disease is mainly a male disease. In Mississippi, "Momma" usually takes care of everyone in the family first before thinking of herself. Therefore, the first step in preventing heart disease is recognizing your risk.

New guidelines published by the American Heart Association suggest that preventing heart disease in a woman requires assessing her lifetime risk, not just focusing on the short term. Highlighted is the need for women and their health care providers to assess their risk of developing heart disease preventing it by adopting a healthy lifestyle and treating any risk factors that may be present – even at a young age.

At-risk women include those with end-stage or chronic renal disease, diabetes mellitus, history of cigarette smoking, poor diet, physical inactivity, obesity -- especially abdominal obesity, family history of heart disease or stroke, high blood pressure, abnormal cholesterol (LDL > 100 mg/dl, HDL <50 mg/dl, triglyceride > 150 mg/dl), coronary calcification noted on CT scan, metabolic syndrome or poor exercise capacity. Women with one or more of these risk factors should undergo aggressive risk factor modification and treatment.

The recommendations for these at-risk patients are grouped into lifestyle interventions and drug therapies to lower the levels of risk factors. Lifestyle recommendations include:

- maintain or lose weight through an appropriate balance of physical activity, caloric intake and formal behavioral programs when indicated to maintain/achieve a waist circumference of less than 35 inches and normal body weight
- increase physical activity by accumulating a minimum of 30 minutes of moderate-intensity physical activity (such as brisk walking) daily. Women who need to lose weight or sustain weight loss should accumulate a minimum of 60 to 90 minutes of moderate-intensity physical activity daily
- drink alcohol in moderation (no more than one drink per day)
- eat less salt and sodium-containing products; include fresh fruits, vegetables and low-fat dairy products in their diet and consume fish, especially oily fish such as salmon, at least twice a week
- stop smoking and seek counseling, nicotine replacement and other forms of help to achieve that goal.

Drug therapies include:

- as an adjunct to diet, omega-3 fatty acids (fish oil) in capsule form (approximately 850 to 1,000 mg of EPA and DHA) may be considered, and higher doses (2 to 4 g) may be used for treatment of women with high triglyceride levels
- consider screening women for depression and refer or treat when indicated
- encourage an optimal blood pressure of less than 120/80 mm Hg through lifestyle approaches such as weight control, increased physical activity and diet. Medications are needed when the blood pressure is greater than 140/90 mm Hg. Usually a combination of two to three medications is required.
- utilize cholesterol lowering drug therapy simultaneously with lifestyle therapy in women with heart disease, stroke, vascular disease or diabetes to achieve an LDL less than 100 mg/dL. In other at-risk women, use drug therapy with lifestyle changes to achieve a LDL level less than 130 mg/dL. Utilize niacin or fibrate therapy when HDL-C is in at-risk women after the LDL goal is reached
- lifestyle and pharmacotherapy should be used as indicated in women with diabetes to achieve an Hemoglobin A1C of less than 7 percent.
- in women 65 years or older low dose aspirin may be beneficial for prevention of stroke

Additionally, the guidelines **recommend against** taking hormone replacement therapy or selective estrogen receptor modulators to prevent heart disease — although they may be prescribed for other reasons. They also note that antioxidants such as vitamin E, C and beta-carotene, and other vitamin supplements such as folic acid have not been shown to prevent heart disease and should not be used as preventive agents. Women under age 65 who are healthy should not use aspirin to prevent a heart attack.

Sadly, for many women the first sign that they suffer from heart disease is a heart attack. That's why it's so important for women to be able to recognize the symptoms of their own heart disease. The sooner you recognize the signs of heart attack, the sooner you can seek treatment. And in the midst of a heart attack, time is the difference between life and death.

Some women do experience what is thought of as the "classic" heart attack symptom: crushing or squeezing pain in the chest. But most women experience some of the lesser known symptoms:

- *Nausea and vomiting*
- *Unexplained weakness and fatigue*
- *Light-headedness*
- *Burning sensation in the upper abdomen*
- *Pain in the stomach, arm, back or jaw*
- *Discomfort between the shoulder blades*
- *Breaking out in a cold sweat*

If you think you may be having a heart attack, call 911 immediately.

The bottom line: Women of any age should seek ways to reduce the risk that they will develop heart disease or stroke during their lives. The risk is real, but changing the way

you live your life and talking to your health care provider about your risks can help you avoid a heart-related disaster.

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