



## Your Health and Wellness: Women and Heart Disease



Men are at a much greater risk for heart disease, right? Wrong. The American Heart Association is trying to correct this medical myth through education and new guidelines.

More women than men die of heart disease and many are living with the disabilities caused by the condition. One in three women is estimated to be living with this today. In the first year after a heart attack, 38% of women and 25% of men die. Within 6 years, 38% of women and 18% of men will have a second heart attack. Within those same 6 years, 46% of women and 22% of men will be disabled with heart failure. This includes shortness of breath and a decreased exercise tolerance that may remove a woman from a workplace or prevent her from participating in favorite recreational activities. Cardiovascular disease is responsible for 43% of all deaths.— six times as many as those who die from breast cancer. Almost 63% of all heart failure deaths every year are women.

Despite these facts, women receive only 33% of angioplasties, stents and bypass surgeries. They are less likely to receive beta blockers ACE inhibitor or aspirin therapy following a myocardial infarction (MI). In addition, they represent only 25% of participants in heart-related research.

A brand new set of guidelines has been released to help reverse our previous thinking and reduce morbidity and mortality from heart disease including congestive heart failure, heart attack and stroke.

The first noticeable change in the new guidelines is the definition of those at risk, which includes almost every woman. Anyone with one major risk factor is included. These risk factors include such things as smoking, hyperlipidemia, inactivity, diabetes and family history of heart disease. This leaves only 10% of US women no risk factors, or who are at lesser risk of developing future heart disease.

New aspirin protocols are advised. This has been a well-known preventative measure in men. Now, it is also advised for any woman at high risk or for women over the age of 65 regardless of health history after consultation with a physician and in the absence of contraindications. Omega 3 fatty acids are seen as a positive supplement, that shows promise in reducing risk.

Exercise is advised— 30 minutes a day if no weight loss is desired, but 60-90 minutes a day for the 60% of overweight or obese women. This means that we have to consider how we can incorporate more energy into everyday activities, in order to have this be a reasonable guideline to follow. This can be done by finding ways to accomplish the same task in a less sedentary



fashion. For example, we can walk when waiting for someone rather than remain seated, take an extra walk around the store or mall or use family walks or bike rides as rewards instead of outings for treats, McDonalds or ice cream. We need less reliance on driving. If the destination is reasonable, we can walk to the store, to a meeting, or to an evening event. When the distance is too far, incorporate a distant parking spot, or a short walk before getting back into the car following a meal or outing. There has to be time. Our job is convincing the patient that their health is as important as every other appointment they make each day, and cannot be taken for granted.

Dr Lori Mosca, the chair of the panel that wrote the new guidelines, advised, “Our biggest message is don’t wait until you have a risk factor because 40% of the time the first symptom of heart disease for a woman is a fatal heart attack”.

The basics still are the foundation of our prevention. Modify lifestyle to include a healthy low fat diet, exercise regularly and aggressively be aware of and control risk factors such as blood pressure, cholesterol, weight, and tobacco use. See a physician regularly and become partners in your health care.

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