

Women & Cardiovascular Disease

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Your Heart & Your Health: Women & Cardiovascular Disease

Overall, 33.3 million women in the United States, about one out of every five, has been diagnosed with some form of cardiovascular disease (CVD). Their specific disease could be high blood pressure, a heart attack, chest pain, peripheral vascular disease (PVD), congestive heart failure, stroke or congenital heart defects.

Like many chronic illnesses, CVD strikes African-American women particularly hard, in part because they are more likely to have risk factors such as high blood pressure and be overweight, and in part because they tend to receive poorer care than Caucasian women. The result? Higher death rates.¹

Cardiovascular Disease Defined

Cardiovascular disease refers to diseases of the arteries within your entire body, including your brain and legs. So a stroke, for instance, is a cardiovascular disease, not a heart disease. Similarly,

problems with the arteries in the leg, called peripheral vascular disease, falls under CVD.

Heart disease affects the heart and the arteries within the heart. So, heart attacks, heart failure, angina and problems with your heartbeat are examples of heart disease. Heart disease is itself a form of CVD.

One main cause of CVD is atherosclerosis, the thickening and hardening of the inside walls of the arteries. This condition develops over time as “plaque,” composed of dead cells, cholesterol and fat, builds up on the inside of your arteries, and restricts blood flow.

Preventing Heart Disease

Study after study has shown that lifestyle changes can be effective at lowering blood pressure, reducing cholesterol levels, minimizing atherosclerosis and, overall, reducing a woman's risk of developing heart disease. These changes include:

- **Quit smoking cigarettes.** Smoking speeds up the development of atherosclerosis, constricts blood vessels, increases blood clot formation and restricts the amount of oxygen the blood supplies to the body.
- **Increase your physical activity.** One major study found that women who

walked briskly for three or more hours per week (about 30 minutes a day) slashed their risk of heart disease 35 percent compared to women who walked less frequently.

- **Follow a heart-healthy diet.** Pack your diet full of fruits, vegetables, whole grains, fiber and lean protein. Cut back on foods high in saturated fat and cholesterol and foods containing hydrogenated oils—a source of trans-fatty acids that also contribute saturated fat to your bloodstream.

Check the label: limit foods containing coconut oil, cocoa butter, palm kernel oil and palm oil, partially hydrogenated oils and foods from animal sources; cut back on eggs and substitute low- and no-fat dairy products for whole milk products.

- **Watch your weight.** Extra weight contributes to heart disease risks, including high blood pressure and diabetes. If you follow the diet and physical activity recommendations outlined above, you should be able to maintain a healthy body mass index, or BMI, (a measurement of height in comparison to weight) between 18.5 and 24.9. Visit <http://win.niddk.nih.gov/publications/tools.htm#bodymassindex> for more information on BMI.

Testing for Cardiovascular Disease

The best way to learn if you have any form of CVD is through regular check-ups, that measures your blood pressure, blood cholesterol and blood sugar. If any one of your tests results is not within acceptable ranges, your heart disease risk could be increased.

Questions to Ask Your Health Care Provider

1. Am I at risk for developing heart disease?
2. Which screening tests should I have to monitor my risk factors for developing heart disease or other cardiovascular diseases?
3. Should I take aspirin to help prevent a heart attack? If so, how much and how often?
4. What lifestyle changes can I make to improve my cardiovascular health?
5. What should I do if I experience chest pain or if I think I'm having a heart attack?

Your health care professional may tell you about tests used to diagnose cardiovascular and heart disease and may recommend one or more for you. These tests include:

- **An exercise echocardiogram** or a treadmill exercise test called a stress test.

Resources

American Heart Association

1-800-242-8721

www.americanheart.org

Provides heart-healthy lifestyle-related information and detailed information on heart disease risks and management.

American Diabetes Association

1-800-342-2383 (English and Spanish)

www.diabetes.org

Offers diabetes-related diagnosis, treatment, management and lifestyle information in a variety of formats.

National Heart, Lung and Blood Institute Information Center

301-592-8573

www.nhlbi.nih.gov

Web site offers wide range of information on diseases of the heart, blood vessels, lungs and blood, and sleep disorders. Information also available by mail and phone.

WomenHeart

The National Coalition for Women with Heart Disease

202-728-7199

www.womenheart.org

National organization founded by women with heart disease; dedicated to reducing death and disability among women living with heart disease.

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Exercise stress tests may be less accurate in women than men, since some women cannot exercise at the intensity or length required by the test because of arthritis or other factors. Additional cardiac diagnostic tests with a stress test may be included to increase the accuracy.

- **Cardiovascular imaging tests**, using ultrasound or other techniques that create images of your heart and arteries to show your doctor if and where any disease is located.

Treating Heart Disease

Today, treatment options for heart disease include surgery and a range of medications, even aspirin. The surgical and medical options you're most likely to hear about include:

- **Cardiac catheterization.** There are two main catheterization procedures:
 - ◆ **Angiograms.** This diagnostic procedure identifies artery blockages. A catheter with a tiny camera at the end is threaded through the groin artery to the cardiac arteries so doctors can get identify any blockage.
 - ◆ **Coronary angioplasty.** This procedure is similar to an angiogram but instead of a camera, the catheter is tipped with a balloon that is inflated to unclog the artery, then deflated and removed. Today your doctor is likely to insert a stent—a tiny metal scaffold—to prop the artery open so it doesn't close again. Newer stents called drug-eluting stents are coated with medication that is slowly

released into the coronary artery to keep plaque from reforming.

- **Medical treatments.** If you have heart disease, expect to be prescribed one or more medications. Among the most common:
 - ◆ Nitrates
 - ◆ Calcium channel blockers
 - ◆ Beta blockers
 - ◆ Platelet inhibitors
 - ◆ Angiotensin converting enzyme (ACE) inhibitors
 - ◆ Angiotensin II receptor blockers
 - ◆ Thrombolytics
 - ◆ Statins

Like any medication, these medications can cause side effects. If medication is recommended, ask about the risks and benefits of the drug prescribed for you, how to take it properly and any concerns you may have about it. Tell your health care professional about other medications you take.

Caution: Diabetes and Heart Disease

If you have diabetes—and 9.3 million women do—you should be as concerned about your heart as you are about your blood sugar. Women with diabetes are three to seven times more likely to develop heart disease and have a heart attack and have a much greater risk of having a stroke than women without heart disease.

In addition to the lifestyle changes outlined earlier, your clinician should also have you take a low-dose daily aspirin, an ACE inhibitor and a statin, considered the standard treatment to prevent heart disease in people with diabetes.

References

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- 3 Mora S, Redberg RF, Cui Y, et al. Ability of exercise testing to predict cardiovascular and all-cause death in asymptomatic women: a 20-year follow-up of the lipid research clinics prevalence study. *JAMA.* 2003 Sep 24;290(12):1600-7.
National Diabetes Statistics. National Institute of Diabetes and Digestive and Kidney Diseases. Nov. 2003. <http://diabetes.niddk.nih.gov>
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