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EXECUTIVE SUMMARY

For nearly two decades, a central message for improving women’s health has been that men and women are different when it comes to heart disease. Today, many women know that heart disease is the leading cause of death for women in the U.S. And there’s no dispute that heart disease is a primary health risk for women.

But for which women and at what point in their life? Simply stated, all women at all ages.

To address the fact that heart disease in women is not uniform and can afflict women for different reasons at different times in their lives, HealthyWomen hosted a one-day roundtable, Women’s Heart Health Across the Lifespan, on February 5 in New York. The meeting brought together experts in family medicine, cardiology, obstetrics and gynecology, aging, mental health and behavioral health to lay out the top concerns of women’s heart health throughout three phases of life: 1) while young during childbearing years; 2) at midlife with the onset of chronic illness; and 3) as they age later in life.

Opening Remarks

Dr. Nieca Goldberg, medical director, Women's Heart Program, and senior advisor for Women's Health Strategy, New York University, Langone Medical Center, set the stage for the need to better understand the differences in how women of different ages and ethnicities need to view heart disease. "Like ice cream, heart disease comes in different flavors," said Goldberg, who served as program chair. "We need to get better at messaging to different populations, because people are confused about where to get their health information and who to trust."

The risk factors for heart disease today go beyond traditional ones like smoking, poor diet and lack of exercise. "We look at autoimmune disorders such as lupus, gestational diabetes and depression, and see an increase risk in women, especially younger women," Goldberg said.

Goldberg emphasized the need for culturally sensitive information and for expanding awareness to all providers who take care of women—not just cardiologists, but primary care providers such as internists, family practitioners and OB/GYNs.

Young Women and Heart Disease: From Birth Control to Giving Birth

In a panel discussion on hormonal contraceptive use and heart health, Dr. Goldberg focused on the use of hormonal contraceptives by women with metabolic syndrome, a cluster of conditions that occur together and increase the risk of heart disease, stroke and type 2 diabetes.
In the late 1980s, metabolic syndrome affected only 25 percent of women. Today, it’s 34 percent, primarily due to the rise in obesity. The odds of developing cardiovascular disease are higher in women with metabolic syndrome, compounded by the complications of many who are obese. “There’s a lot of evidence that hormonal therapy has an effect on the metabolic risk factor,” said Goldberg. “It’s not realistic to say we’re going to advise a woman to stop taking contraception, but we need to balance the right method of contraception with a woman’s overall health.”

Dr. Line Malha, an obstetric nephrologist and assistant professor of medicine at Weill Cornell Medical Center, outlined the ill effects of preeclampsia, a hypertensive disease of pregnancy that can have devastating effects on mother and child. Describing the long-term effects of preeclampsia, Malha said it significantly increases a woman's lifetime risk of stroke, myocardial infarction and the need for bypass surgery. "Most women do not know that high blood pressure during pregnancy changes them for life," she said.

Dr. Malissa Wood, co-director of Corrigan Women's Heart Health Program at Massachusetts General Hospital, talked about the growing awareness of spontaneous coronary artery dissection, or SCAD. SCAD is a rare condition, but is the most common cause of heart attack during pregnancy and the postpartum period. A pregnant woman with SCAD has a 20 percent chance of developing heart failure or cardiogenic shock requiring immediate interventions to help recover the heart's function. "Unfortunately, many cardiologists still do not make an accurate diagnosis," Wood said.

Managing Midlife: Heart Attacks, Chronic Diseases and Lifestyle During the Middle Years

Kathy Berra, past president and founding member of the Preventive Cardiovascular Nurses Association, stressed the important role women play in promoting healthy behaviors among their families and communities. "Over half of the women on the internet are searching for health information for someone other than themselves," she said, emphasizing that being heart healthy is a family affair.

Dr. Icilma Fergus, director of cardiovascular disparities at Mount Sinai Medical Center, talked about the difference between equity and equality and the gaps in treatment that remain for women of color. She attributed some factors, such as low literacy and pride, to the patient; others to providers, such as bias and poor communication; and some to the health care system, including institutional racism and hours of operation.

Dr. Lauren Baldassarre, director of the cardio-oncology program at Yale Cancer Center, said there is a growing practice of cardio-oncology, a multidisciplinary approach to caring for people with cancer and heart disease. "Cancer treatment can be toxic to the heart," she said, "and it can be difficult to tease out what is causing what." She recommended that women undergoing cancer treatments ask their health care professionals about possible harm to their heart. "Specifically, ask your oncologist if you should see a cardiologist," she emphasized. "The synergistic link between the two is well-known."
Dr. Lisa Larkin, founder and CEO of Ms. Medicine, talked about the common symptoms of menopause and reviewed the Women’s Health Initiative that ended abruptly in 2002 setting off a “firestorm of media attention that has changed the landscape of hormone replacement therapy forever.” Women reacted swiftly: 52 percent of women taking hormone therapy stopped taking it without consulting their health care professionals. “However, 18 years after the study ended, the follow-up data show there’s no increase in all-cause mortality, cardiovascular mortality, or coronary heart disease mortality in women, regardless of which arm of the study they were randomized to.”

Larkin believes there is an "estrogen window" when hormone replacement is beneficial. She recommends that women advocate for themselves and get gender-specific care.

Dr. John Dodson, director of the geriatric cardiology program at New York University, Langone Medical Center, studies people over age 70 and noted that there’s a difference between chronological age and biologic age. "They can be completely different in different women," he said. The goal is to slow the aging process down, which he believes largely involves being proactive about your health in your 40s, 50s, and 60s. “The first thing is to get your cholesterol checked and know your numbers,” Dodson said adding, “because twenty to thirty percent of women between the ages of 40 to 65 have an elevated LDL, which is also known as bad cholesterol, and one-third of these cases may be undetected.” Other factors such as diet, smoking cessation, and proper exercise were discussed; however, Dodson’s main message for maintaining cardiac health was for women to make sure they are tested for high blood pressure and elevated levels of cholesterol and seek proper treatment.

Dr. Anthony Aizer, program director, clinical cardiac electrophysiology fellowship at New York University, Langone Medical Center, reviewed common myths and misconceptions surrounding atrial fibrillation, or AFib, a condition associated with a "racing" heart. It's the most common cardiac arrhythmia in men and women. "While it's thought to be a benign disease, it's not," he said. Contrary to myth, it cannot be prevented by just eliminating alcohol and caffeine. Over time, atrial fibrillation alters your heart, making treatments such as ablation or medical therapy less effective, he explained. And being a woman puts you at higher risk of stroke, a major complication with AFib.

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The Patient Perspective

Two women representing Women Heart, the National Coalition of Women with Heart Disease, talked about their personal experiences being diagnosed with heart disease and the effects it had on their lives. Now a 31-year heart disease survivor with type 1 diabetes, Debora Grandison recounted the 20-plus years she was misdiagnosed with mitral valve prolapse and the challenges of getting consistent care. She urged women to "be your own best advocate and know your body better than anyone."
Robin Olson, a respiratory therapist by training, told of surviving a heart attack in 2008. Over time, she had open heart surgery and a total of 15 stents placed to open clogged or misfunctioning coronary arteries. Today, she runs a support group in Philadelphia for women with heart disease and speaks as a Women Heart Champion to raise awareness.

Conclusion

HealthyWomen’s Women’s Heart Health Across the Lifespan roundtable provided a robust and informative look at how heart disease can impact a woman’s life regardless of her age, family history, or lifestyle choices. Joining in the discussion was an audience of practitioners, patient advocates, industry, health communicators, media, and researchers. Collectively, the group discussed recommendations for diagnosing manageable conditions, standards for testing, and benefits of new innovative technologies. Personal stories, panel discussions, audience polling, and case studies highlighted the real-world implications of what it takes to thoroughly address heart health in women.

The prevailing theme was that women need to look beyond their traditional concerns of caring for others and put themselves and their health at the forefront, especially when it comes to heart disease. In doing so, they will be better prepared to recognize how managing the health of their heart is central to their overall health and wellbeing.

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