

HEART DISEASE IN WOMEN

An Old Problem with a Few New Twists

Robert M. Lavery MD, FACC

Hear disease in women has become a fashionable topic in recent years and has led to the creation of programs for the detection and treatment exclusively in the female gender. Still, greater awareness of heart disease in women is badly needed as one in every three women has some form of cardiovascular disease. For over 20 years, the number of cardiovascular deaths in women exceeds the number in men. Nearly twice as many women die from heart disease and stroke than from all forms of cancer, including breast cancer. Cardiovascular disease ranks first among all disease categories in hospital discharges for women.

The difference between men & women

At Elliot Hospital, our cardiologists and primary care providers are well aware of the importance of cardiovascular disease in women and take an aggressive approach to its diagnosis and treatment. We know it's the same disease process that affects men, but often presents differently and has features that require special awareness. For example, heart attacks in women typically occur about ten years later than in men. This is partly due to the protective effect of hormones in premenopausal women. Coronary heart disease rates in postmenopausal women are two to three times those of premenopausal women the same age.

Studies show that beginning at age 45, a higher percentage of women than men have a cholesterol of 200mg/dl or higher. Low HDL (good cholesterol) seems to be a stronger risk factor for women. While hormone replacement therapy can have beneficial effects on cholesterol levels, studies have not shown an overall benefit, likely because hormone therapy may increase the risk of blood clots, breast and uterine cancer.

When coronary artery disease and heart attacks occur in women, there are special challenges. Detection can be more difficult because symptoms are often atypical compared to the classic symptoms of chest, arm or jaw pain in men. And even when classic symptoms occur in women, they may be less reliable in predicting the presence of coronary artery disease. Certain types of stress tests may be less accurate and false positive tests occur more frequently.

Women in general have smaller blood vessels, presenting a challenge during bypass surgery, angioplasty and stenting procedures. Incredibly, 38% of women who have an initial heart attack die within a year compared to 25% of men. Within 6 years of a heart attack, 35% of women will have another heart attack, 11% will have a stroke, 6% will experience sudden cardiac death and 46% will be disabled with heart failure.

Each year, about 46,000 more women than men have a stroke. There are currently over three million female stroke survivors, many of which suffer from disability, making up a large percentage of our nursing home population.

A woman's role in her treatment

So what can be done? At Elliot, our team starts with awareness and prevention, working with you to reduce your risk. This includes treatment of high blood pressure and diabetes. Weight loss with diet and exercise combined with medications to lower cholesterol are also proven strategies. For every 1% reduction on cholesterol, your cardiovascular risk is reduced by 2-3%!

Smoking cessation is one of the most important things you can do to reduce your risk at any age. Even younger women who smoke and use birth control pills have a significantly increased risk of heart attack and stroke. Our doctors can help you establish a plan of behavior modification and medication, when needed, to increase your chances of being smoke-free. Second-hand smoke is also taken into consideration.

When heart disease occurs, our cardiologists and vascular specialists are committed to treating you with the latest technology and with a personal and ongoing plan of care. We are committed to the concept of lifelong care. We stay with you and work with you and your primary care physician to return you to a full and active lifestyle and to reduce your risk of future events. Our Cardiovascular Fitness Programs and our Dare to C.A.R.E. vascular screening program are just two examples of our commitment to reduce the complications or cardiovascular disease in our community.

Reference: American Heart Association (americanheart.org)



Dr. Lavery is the Chief of Cardiology at Elliot Hospital and has been with Elliot for over 26 years. He has been named Top Cardiologist several times by NH Magazine.

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