Heart disease is not just a man’s problem

One of the most dangerous myths about heart disease is that it’s primarily a man’s problem. Cardiovascular disease does strike men about a decade earlier in life than women. But once women reach age 50, their risk quickly climbs. Over a lifetime, 1 out of 4 women die of cardiovascular disease—making it the leading cause of death in women.

Public health campaigns like the American Heart Association’s (AHA) Wear Red Day, which is held in February, are raising awareness of the danger. At participating companies nationwide, employees can contribute $5 for heart disease research and education, in return for being allowed to wear jeans and something red.

When it comes to increasing awareness, significant progress has already been made. In 1997, only 30 percent of women surveyed knew that heart disease is the leading killer of women. That number has climbed to 54 percent, according to a 2009 survey conducted by the AHA.

But that still leaves almost half of women in the dark about the real danger heart disease poses. Too many women don’t realize they have risk factors like high blood pressure, elevated cholesterol or early signs of diabetes. Many women who do know they are at risk aren’t doing enough to minimize the danger.

One reason may be another dangerous misconception: the widespread belief that many heart attacks strike out of the blue, without warning. In fact, 80 percent of women ages 40 to 60 have one or more risk factors for heart disease.

Identifying your own risk factors and working with your doctor to modify them could save your life. A recent analysis showed that cholesterol-lowering medications called statins reduce the risk of heart attacks by 30 percent, for example. And two-thirds of people who suffer their first stroke have blood pressure higher than 160/95. Doing something as simple as becoming more physically active will also cut your risk for cardiovascular disease significantly. Heart disease rates have fallen dramatically over the past 25 years. Today, thanks to better diagnostic tests, you can measure the calcium in the walls of these arteries,“ says Sheldon Litwin, MD, a cardiologist at Georgia Regents Heart & Cardiovascular Services. “The test lets physicians calculate a score that helps estimate your heart attack risk and guide treatment options.”

Benefits of the test

The test may allow your physician to detect calcifications in the early stages and develop a strategy to prevent a heart attack. It also reduces the need for more invasive and expensive tests and provides you with peace of mind.

Most insurance plans do not yet cover this valuable test, but the cost of the scan and physician interpretation is just $100. You'll be notified of the results as soon as possible after completing the test. To schedule a scan, call 706-721-9729.

Protect your heart! To schedule an appointment with a cardiologist, call 706-721-2426. To schedule a $100 calcium scan, call 706-721-9729.

Coronary artery calcium scans

What’s the score?

The first step in preventing heart disease is understanding your individual risks, such as high cholesterol, high blood pressure and other factors. But you may be unaware of one risk factor: specks of calcium, called calcifications, in the walls of the coronary arteries that supply blood to your heart.

Are you a candidate?

Anyone who may be at risk for developing heart disease can benefit from calcium screening. But the test is particularly beneficial in men between ages 45 and 75, and in women between ages 55 and 75.

The simple, noninvasive test uses computed tomography (CT) technology to produce images from which a physician will determine your calcium score. The scan takes less than five minutes, and there’s no pain or discomfort.

A Woman’s Risk Through the Ages

The test for cardiovascular disease begins to climb dramatically in women after menopause. But the lifestyle habits that influence risk are formed much earlier. And their consequences become more and more serious as women age.

Younger Women

• More than 30 percent of young adults are physically inactive.
• About 25 percent of high-school-age youth report using tobacco.
• Women taking oral contraceptives have a small increase in blood pressure; it’s not clear if this contributes to CHD.

Middle-Age Women

• Beginning at age 45, more women than men have high cholesterol levels.
• About 37 percent of women aged 45–54 have high blood pressure.
• More than 12 million women have diagnosed or undiagnosed diabetes.

Older Women

• Over the age of 65, 1 in 4 women has some form of heart disease.
• Heart disease and stroke kill more than 43 percent of American women.
• After age 64, women are more likely to have high blood pressure than men.

Heart attacks among women

Estimated heart attacks among women every year

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 45</td>
<td>9,000</td>
</tr>
<tr>
<td>Ages 45 to 64</td>
<td>74,000</td>
</tr>
<tr>
<td>Age 65 and older</td>
<td>352,000</td>
</tr>
<tr>
<td>Total</td>
<td>435,000</td>
</tr>
</tbody>
</table>

To schedule a scan, call 706-721-9729.
Coronary heart disease is the No. 1 killer of both men and women in the United States, yet its prevention, diagnosis, treatment and prognosis vary widely between the sexes.

Symptoms

The timing and intensity of heart attack, a manifestation of heart disease, differ in women and men. At the time of a first heart attack, women are usually older—70.4 years on average, compared with 65.8 years for men—and more likely to have had previous angioplasty or chest pain prior to the event. Both sexes may present with “classic” chest pain, but women are more likely to have atypical pain and other symptoms (see center image). Because the symptoms of heart disease vary between the sexes, some diagnostic procedures that are accurate in men may be less accurate in women. Exercise stress testing, for example, may produce a false-positive result in young women who are at low risk for heart disease, whereas single-vessel heart disease, a condition that is more common in women than in men, may go undetected on routine treadmill testing.

Treatment and prognosis

The difference in treatment between men and women may be due to the general lack of information about women and heart disease—only about 37 percent of participants in heart-related studies are women. Furthermore, treatment options may be more limited in women than in men, because in general, women are more at risk when heart attack occurs and often have more coronary artery disease in presentation. After a heart attack, women are less likely than men to receive aspirin, beta-blockers or angiotensin-converting enzyme inhibitors. Surgical heart procedures also are performed less often in women than in men. Women receive only 34 percent of angioplasties, stents and bypass surgeries, 26 percent of implantable defibrillators; and 36 percent of open-heart surgeries.

Women may derive less symptomatic relief than men from some procedures, such as angioplasty and bypass surgery. In addition, women have an almost fivefold greater risk for dying after bypass surgery than do men.

Complications of heart attack, like shock, heart failure and stroke, are also more common in women. Within one year of a heart attack, women are 50 percent more likely to die than men. To protect yourself against heart disease, talk to your doctor and take preventive measures.

Heart disease accounts for 25% of male deaths.

the risk factors of heart disease: how much do you know?

1. High blood pressure
   A. usually has no early warning signs
   B. increases the risk for heart attack, stroke, eye damage, congestive heart failure, kidney failure and atherosclerosis.
   C. places an extra burden on the heart, which over time causes it to enlarge and weaken.
   D. all of the above

2. In an adult, high blood pressure is defined as
   A. a systolic pressure of 140 mm Hg or more and/or a diastolic pressure of 90 mm Hg or more
   B. a systolic pressure of 130 mm Hg and a diastolic pressure of 80 mm Hg that lasts for an extended period of time.
   C. a diastolic pressure of 60 mm Hg or more
   D. none of the above

3. The American Heart Association recommends that individuals ages 20 and older have their cholesterol measured
   A. every six months
   B. yearly
   C. at least once every two years
   D. at least once every five years

4. LDL (bad) cholesterol is
   A. deposited in artery walls, which increases the buildup of plaque
   B. the “good” cholesterol that is removed from the body by the liver
   C. the most common type of fat in the body
   D. both a and c are correct

WOMEN: YOUR HEART-HEALTH LIFELINE

0-25 YEARS

Get more sleep in 2040, only about 35 percent of American adults engage in regular physical activity.

25-40 YEARS

Don’t smoke. Cigarette smokers are 2-3 times more likely to develop heart disease than non-smokers.

40-55 YEARS

Get tested for diabetes. Approximately 2.3 million American women have the disease and don’t know it.

Learn more about HRT. Women should discuss the pros and cons of hormone replacement therapy (HRT) with their physicians.

Grow old gracefully. Hormone replacement is a risk factor that cannot be changed. That’s why it’s important to focus on the risk factors you can control like smoking and inactivity.

55-75 YEARS

Don’t eat sugar. Sugar-sweetened beverages are often the ideal 3-year-old’s go-to snack, but add up to 300 extra calories per day.

75+ YEARS

Fit physical activity into your daily life. Take a walk in the park, ride your bike, enjoy a game of tennis or a round of golf.

Comply with your physician’s treatment and medication directions.

For more information about Georgia Regents Heart & Cardiovascular Services, call 706-721-2426 or visit www.gru.edu/cardio.
speedy recovery

ACCELERATE YOUR RECOVERY WITH CARDIAC REHAB

Georgia Regents Cardiac Rehabilitation Center offers safety, security and equipment you’ll need to exercise after a heart attack. The center’s professionals will design an exercise plan just for you, monitor your heart as you exercise and submit monthly reports to your physician. You can also take classes about smoking cessation, stress management, nutrition, blood pressure, diabetes and cholesterol control.

What makes our Cardiac Rehabilitation Program different?
• A board-certified physician who works directly in the center, something no other area cardiac rehab center offers
• An exercise physiologist who will design an individual exercise plan for you
• A registered nurse specializing in cardiac care who will monitor your heart as you exercise
• Advanced exercise equipment and an indoor walking track
• A built-in support group of others affected by heart disease
• A convenient location on the GRU campus with free street-level parking right outside the building

For more information or to have a staff member contact your physician about a referral, call 706-721-9055.

Q&A

Why does heart disease risk increase later in life for women than men?

Women are protected by the female hormone estrogen, which is produced at high levels until women reach menopause. For more on estrogen’s healthy benefits, see “How Estrogen Protects,” at right.

In addition, prior to menopause, a woman’s uterus also churns out chemicals called prostaglandins, which widen blood vessels, lessening the chances that a blood clot will form and block an artery.

After menopause, levels of estrogen and prostaglandins fall—and heart disease danger increases rapidly. Among women of the same age, those who have gone through menopause have heart disease rates two to three times higher than premenopausal women, according to the National Heart, Lung and Blood Institute. For information on hormone replacement therapy, see the inside pages.

How much weight do I need to lose to lower my heart disease risk?

Not much. In fact, dropping just a few pounds, even if you are seriously overweight, will reduce your cardiovascular risk. A recent study found that obese women who lost just 6.5 percent of their body weight in a six-month program of exercise and diet—that’s just 13 pounds for a 200-pound woman—lowered their blood pressure, triglycerides, total cholesterol and LDL cholesterol.

Because it’s not easy to lose weight, psychologists say it’s important to set a reasonable goal. Something else worth remembering: Eating a low-calorie diet rich in fruits, vegetables and whole grains, and increasing your level of physical activity will lower your heart disease risk—even if you don’t lose much weight.

HOW ESTROGEN PROTECTS

• Estrogen is believed to increase levels of high-density lipoprotein ("good" cholesterol) and reduce levels of low-density lipoprotein ("bad" cholesterol).

• Estrogen also boosts levels of a chemical called tissue plasminogen activator, or TPA, which dissolves blood clots.

After menopause, heart disease rates are 2–3 times higher.

Breaking news

are you hip?

The size of your hips could be a predictor of your heart disease risk. A recent study showed that women with a high hip-to-waist ratio were 91 percent more likely to develop heart disease than those with a smaller ratio.

To calculate your hip-to-waist ratio, divide your waist measurement by your hip measurement. Ideally, women should have a ratio of 0.8 or less. If yours is higher than 0.8, consult with your physician for an overall assessment of your heart disease risk.

close your mouth

A simpler version of CPR—one that skips mouth-to-mouth resuscitation—may be just as effective as standard CPR, according to recent studies. According to the American Heart Association, less than one-third of out-of-hospital cardiac arrest victims receive bystander CPR, even though it can double or triple the victim’s chances of survival.

Bystanders are often hesitant to perform mouth-to-mouth resuscitation, but chest-compression-only CPR can be just as effective and may increase the percentage of victims who receive the lifesaving help they need.

For appointments, please call 706-721-2426.

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