

WOMEN STRUGGLE FOR PARITY OF THE HEART

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Women are thought to be far more concerned about affairs of the heart than men. But when it comes to diseases of the heart, women and their doctors are paying far too little attention.

According to recently published studies in *Circulation*, the journal of the American Heart Association, women are inadequately cared for in terms of preventing heart disease and in diagnosing and treating it.

One study, published in the journal in February, was conducted online among 500 randomly selected physicians — 300 primary care doctors, 100 obstetrician/gynecologists and 100 cardiologists.

It revealed that women at risk of developing heart disease were more likely than men to be assigned to a lower risk category and thus were less likely than men to receive recommendations to change their living habits and take medications to help prevent heart attacks.

Earlier studies have repeatedly shown that when women with symptoms of heart disease go to doctors, the significance of their symptoms is often missed or misattributed to a less serious disorder. Yet, when a heart attack occurs, women are less likely than men to survive it — or the postcoronary bypass surgery.

Getting Over It

Even women who survive heart attacks are underrepresented in rehabilitation programs. A recent study at the Mayo Clinic shows that women are less likely than men to participate in postcoronary exercise and health-improvement programs.

Among 1,821 men and women studied who had heart attacks from 1982 to 1998, the women's participation rate in rehabilitation programs — 38 percent — lagged far behind the men's rate of 67 percent, the study found. This in turn increased the women's risk of having second and often fatal heart attacks.

Thus, among the men and women who took part in cardiac rehabilitation programs, the survival rate after three years was 95 percent, while the survival rate for nonparticipants was only 64 percent.

For much of the 20th century, heart disease was considered mainly a disease of men middle-aged and older. For many, especially those who smoked, the first symptom was sudden death from a heart attack. Many victims were working men in their 40's and 50's with families that were devastated by the loss.

Much research was done, mostly among men, to identify risk factors and find ways to control them. Gradually, the studies revealed that besides smoking, a person's risk of a heart attack



was increased by high cholesterol, high blood pressure, Type 2 diabetes and obesity, along with a diet rich in animal fats and sedentary living.

Further studies (again, mostly among men) showed that by controlling such factors, the risk of heart disease and sudden cardiac death could be greatly reduced. In fact, the era of preventive medicine was born with the diagnosis and treatment of coronary risk factors.

But along the way, heart disease in women was sorely neglected, even though more women than men have died of cardiovascular disease in the United States since the mid-1980's. And while the mortality rate in men has dropped significantly since 1980, in women the death rate from this disease has continued to rise for most of the last quarter century.

Today, cardiovascular disease is the No. 1 killer of American women. Half a million women die of it each year, more than the next seven causes combined. If these deaths were evenly distributed, every minute of every day, a woman in this country would die of heart disease.

Heart disease in women tends to become apparent about 10 years later than in men. The risk to women generally remains low until after menopause, a pattern that fostered the belief, now known to be untrue, that taking postmenopausal hormones would continue to protect women's hearts. By age 75 and beyond, the percentage of women with diagnosed heart disease exceeds that of men. The same pattern applies to heart disease deaths.

Knowing Your Numbers

To Dr. Lori Mosca, director of preventive cardiology at New York-Presbyterian/Columbia hospital, these data scream out a critically important message. Women, she says, "must know their numbers, including their blood pressure, cholesterol, glucose levels and body mass index, as well as their overall risk level for heart disease."

She adds that women also must "take charge" and not rely on their doctors to order the tests that can provide them with the data that may suggest a need to change their habits or to get protective medication.

Doctors should routinely check a patient's blood pressure, no matter what the reason for the medical visit. High blood pressure is on the rise in America, thanks to expanding waistlines. A reading of 120 over 80 or lower is ideal. Losing excess weight, reducing dietary salt and exercising regularly can help. If necessary, dozens of pressure-lowering prescription drugs are available.

And no matter what kind of doctor a woman sees on an annual basis, she can request that her blood be completely analyzed for cholesterol and triglycerides. Women, as well as men, should strive for a level of damaging L.D.L. cholesterol no higher than 100 milligrams per deciliter and a level of protective H.D.L. cholesterol of 50 or higher.

Making Good Choices

A healthy triglyceride level is under 150 milligrams per deciliter.

If adopting a diet low in saturated fats and exercising regularly cannot by themselves achieve these goals, medication may be in order.

A minimum of 30 minutes a day of moderately intense physical activity on most days, and preferably all days, is the current recommendation for those seeking a healthy heart.

As for diet, a healthy eating pattern includes a variety of fruits, vegetables and whole grains, along with low-fat or nonfat dairy products, fish, dried beans and peas (cooked, of course). Lean

meats and poultry may also be included. As much as possible, avoid trans fats, which are found in most processed foods that contain hydrogenated vegetable oils.

For those who will not or cannot eat fish, a supplement of omega-3 fatty acids is considered beneficial.

Diabetes, an elevated level of blood glucose, is readily detected and must be treated to prevent heart and other debilitating diseases.

Need I say anything about smoking beyond "don't" or about weight beyond striving to achieve and maintain a weight that results in a body mass index from 18.5 to 24.9 and a waist less than 35 inches?

This may surprise some: Women (and men) with untreated depression are at increased risk of heart disease. Depression can and should be acknowledged and treated.

Another possible surprise: There is insufficient evidence to support advice to take antioxidant vitamin supplements (vitamins C or E) to prevent heart disease. But a supplement containing folic acid may help, especially for those with high levels of the amino acid homocysteine in their blood.

For women with a risk of heart disease that's higher than normal, a daily tablet of low-strength enteric-coated aspirin is recommended.