

a  
woman's  
heart

## Women's heart health experts speak out about heart disease symptoms, diagnosis, and treatment.

BY SHARI HELD

Long considered a predominantly male problem, heart disease has emerged as the leading cause of death for American women. According to the National Coalition for Women with Heart Disease, heart disease is responsible for 32 percent of the deaths of U.S. women, and that figure doesn't include deaths caused by other conditions, such as arrhythmias or heart failure, that are related to coronary disease. Heart attacks affect mainly post-menopausal women, with an average age of 70.4.

"At a younger age, women really have less heart disease than men," says Elisabeth von der Lohe M.D., medical director of the Women's Heart Clinic at Indiana University and Clarian Health's Women's HeartAdvantage program. "Hormones protect women from heart disease, so they get it about 10 years later in life than men do. Then it catches up with them: Over age 70, as many women as men die. If you look at the data carefully, the total number of women who die of heart disease is higher than that of men, but the relative percentage is still lower in women than men."

Nevertheless, the numbers don't mean that younger women are beyond heart disease's reach: Nine thousand women under the age of 45 have heart attacks each year.

"We're seeing more heart disease at a younger age in both men and women," says Babu Doddapaneni M.D., a cardiologist with Indiana Heart Physicians who lectures on women's heart health at the St. Francis Heart Center. "It is because of the high incidence of smoking and because diabetes is so rampant in our society."

### ADDING UP THE RISK FACTORS

The risk factors for heart disease are essentially the same for men and women. There's no escaping family history: Women with relatives who have had a heart attack at age 60 or younger are at increased risk of having a heart attack at an earlier age.

But most of the risk factors other than genetics can be reduced or even eliminated.

Smoking is a huge contributor to cardiac problems (along with a myriad of other health conditions). According to the National Coalition for Women with Heart Disease, women who smoke risk having a heart attack 19 years earlier than non-smoking women.

"People don't understand just how damaging smoking is, because they don't see the effects," says Yazid Fadl M.D., a cardiologist with Clarian's Methodist Cardiology Physicians who specializes in preventative cardiology. "Smoking is one of those things that kills you without your knowing it until it is too late. It narrows the arteries in the heart until it is only a matter of time before smokers have a heart attack. Smoking also lowers good cholesterol."

Diabetes is another risk factor for heart disease. Women with diabetes are two to three times more likely to have heart attacks during their lifetime. "It doesn't matter what her age is, I consider a woman with diabetes as a person who has already had a heart attack," Fadl says. "That's how serious it is."

High blood pressure and cholesterol abnormalities are also among the top five risk factors. Obesity is a contributor as well, one that Fadl says comes as part of a "gift set."

"If you are obese, you throw in high blood pressure, cholesterol and diabetes," he says. "These are the friends that obesity keeps. Losing weight can reduce a lot of these problems." In the U.S., 23 percent of white women, 38 percent of black women and 36 percent of Mexican-American women are obese.

Stress is another risk, one that raises the heart rate and increases levels of stress hormones in the blood. That, in turn, puts stress on the heart and vascular system, and can lead to high blood pressure, strokes and heart attacks down the road.

"Risk factors are additive," Fadl says. "If you have three

or more, your risk can more than triple. The more you have, the more significantly worse you get."

#### PIECING THE CLUES TOGETHER

While heart disease's risk factors are the same for men and women, the ways its symptoms present themselves are not necessarily the same. Men tend to have the dramatic version of heart disease—crushing

get to the bottom of the issue," he says. "But diagnosis is tricky. A lot of women present with typical symptoms and we don't find much disease in the coronary arteries. We think this is due to spasm of the arteries, which women tend to have more than men. Either way, physicians have to be more vigilant and cautious and do the right thing."

Stress tests on women can return a false positive result up to 40 percent of the time,

critical where heart disease is concerned.

#### TREATING WOMEN

Even after heart disease is diagnosed and treatment is begun, women do not fare as well as their male counterparts. Statistics from the National Coalition for Women with Heart Disease show:

- 38 percent of women will die within one year of a first recognized heart attack compared to 25 percent of men.

- 35 percent of women heart attack survivors will have another heart attack within six years compared to 18 percent of men.

- Women are almost twice as likely as men to die after bypass surgery.

"All things being equal, women do as well as men," says Peter Walts M.D., a cardiac surgeon with CorVasc MD's. "The problem is that historically, all things have not been equal, which leads to statistics like those. It's a complicated issue, and one of the factors involved is that women tend to present later in life with more advanced disease and other high-risk factors. In other words, they present more as emergencies rather than as

## One of the biggest impediments to the diagnosis and treatment of heart disease in women is that very little past heart-disease research involved women in sufficient numbers and in appropriate age groups.

chest pain that leaves no doubt that something is wrong. Pain may radiate to the left arm and the person may sweat profusely.

Women may have these classic signs, but they are more likely to present with subtle, atypical symptoms that can have other causes, such as extreme fatigue, shortness of breath during exertion, heartburn or upset stomach and palpitations. The reasons why women present differently remains a medical mystery.

"The lesson is that if you experience anything out of the ordinary—shortness of breath or any new sensation above the waist—you should have it checked out," says Andrew Fouts M.D., cardiologist with The Care Group who practices at the St. Vincent Heart Center of Indiana.

Proper diagnosis of heart disease in women is an art that depends on more than symptoms alone. "If a woman has extreme fatigue all of a sudden and has risk factors, then she should seek medical attention," von der Lohe says. "She should go to her doctor and say, 'Could this be heart disease? Can we do a stress test or further evaluation to find out if I have heart disease or not?' But a 40-year-old woman who is not overweight, doesn't smoke, has normal blood pressure and cholesterol, if she is all of a sudden very fatigued, it is most likely not heart disease. You have to have both risk factors and symptoms."

Doddapaneni agrees that the determination to proceed with a specific treatment depends on the entire picture. "If I have a high degree of suspicion of coronary artery disease, I go straight to heart catheterization to

according to von der Lohe. "Again, we don't know why. The fact is, there are differences between men and women, and we have to recognize that."

A correct and swift diagnosis is an elemental part of the treatment process. While that is true with most every disease, it is

## NOT SO HOT

Getting smoke-free and staying there.

By Anne D. Purcell

Who says it's always bad to be a quitter? From just about any perspective, tobacco smoking is bad for you, and any number of smoking cessation products promise instant deliverance from tobacco addiction. It's hard to know which products or methods will actually keep you smoke-free. However, the people at Indiana Tobacco Prevention and Cessation, a state agency created to help Hoosiers quit smoking, can help anyone make smoking a part of their past.

To counteract the marketing power of the tobacco industry, the ITPC funds a variety of public education campaigns to encourage adults and youth to quit smoking, such as *WhiteLies* ([whitelies.tv](http://whitelies.tv)) and *Voice* ([voicetv](http://voicetv)). The ITPC also maintains coalitions in 84 of Indiana's 92 counties to provide 8-week cessation meetings for smokers wanting to quit. Each class costs only \$20, and attendees receive free nicotine patches and support for making the break. Pinpointing your "triggers" is one of the most important quitting factors discussed during the sessions, says Peggy Voelz, Bartholomew County's coordinator of tobacco prevention programs. "If you're used to getting in your car and lighting a cigarette, make sure you have a bag of pretzels or some other snack there to replace the smoking," she says. "Let family and friends know you're quitting, and when, for support and accountability."

In addition to cessation meetings, the ITPC has implemented a new toll-free Quitline, 1-800-QUIT-NOW, available 7 days per week from 8 a.m. to midnight. Smokers using the service can speak with a trained cessation coach, who can assemble a cessation plan tailored to the individual smoker and arrange follow-up calls as needed. In addition, each caller receives a free two-week supply of nicotine patches. Based on one-year follow-up surveys, 30 percent or more of Quitline participants have stopped smoking, but ITPC executive director Karla Sneegas hopes that percentage will increase over time.

New drugs show promise for smokers wanting to quit: Zyban, as well as the new drug Chantix, are antidepressants used to help reduce withdrawal effects in smokers. Where nicotine gum and patches control nicotine's flow in the body, the antidepressants reduce the pleasure cigarettes provide by affecting the brain. Often doctors will prescribe these drugs a week or two prior to the smoker's quit date.

Sneegas and Voelz urge smokers to talk with their employers about health-care benefits available for quitting smokers. Voelz is encouraged by the number of employers that now maintain non-smoking environments: "There comes a tipping point where everyone says, 'We've got to do something about this.'" ●



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electives, and therefore may not do as well. Also, it is technically more challenging to operate on older women with smaller coronary arteries. And there's been some inappropriate reluctance to refer women for surgery as early as men are referred, based upon the perception that women don't do as well in surgery."

One of the biggest impediments to the treatment of heart disease in women is that very little past research involved women in sufficient numbers and in the appropriate age groups. "Therefore, they got the notion that heart disease is a man's disease," von der Lohe says. "But when they started including more women and women at an older age in the studies, they realized it was a female's disease as well."

**MEDICATIONS AND THERAPIES**

"The medical therapy for heart disease has advanced as well," Walts says. "A huge advantage of recognizing coronary disease earlier is that patients are able to benefit from preventative strategies such as statin drugs, aspirin, and beta blockers."

An aspirin a day has long been touted as a preventative strategy for men in their forties and fifties. In women younger than 65, aspirin doesn't appear to affect heart disease, although it may help prevent strokes.

"We don't routinely recommend aspirin for primary prevention until age 65 for women who don't have any heart attack or stroke history," Fouts says. "Of course, all of that changes if they have had a heart attack or stroke. No one, especially women, should start taking aspirin without talking to their physician about the risks and benefits. Even though it is over-the-counter, it certainly has side effects."

Prescribing medications for women can be difficult without sufficient research into women's heart disease. "Frequently the amount of medication we use for men is too much for a woman's body size," she says. "So, especially for elderly women, we have to adjust our medication more than we did in the past."

When it comes to therapies, perhaps nothing has been more controversial than the role Hormone Replacement Therapy (HRT) plays in women's heart disease. Originally thought to provide added protection from heart disease for post-menopausal women, its benefits were found to be negligible, if not detrimental.

"Initially when a woman is going through menopause, hormone replacement therapy helps her through that transition," Fadl says. "After a certain period of time, prolonged hormone replacement therapy then starts to affect the heart in ways that are not quite clear yet, but it seems to cause an outcome that is unfavorable. It may be a cumulative effect that just takes time."

The therapy still has its place, however. "Some women who are at low risk or intermediate risk for heart disease can still take estrogen or a combination of estrogen with progesterone if they have hot flashes, even if they have few risk factors," von der Lohe says. "But this is an individual decision and it has to be discussed with their physician."

**PREVENTION: THE BEST OPTION**

"It's never too late or too early to start minimizing your risks," Fadl says. "Sooner is better, because these effects could become permanent the longer you wait."

Doddapaneni says doing three things can keep most people out of the hospital: engaging in regular exercise, eating a proper diet and developing good lifestyle habits, such as not smoking and maintaining an appropriate weight. "It's nice for patients to have a primary-care physician and receive general health maintenance, so that they have a baseline of how they feel," he says. "At the same time, they have to pay more attention to their own health."

When it comes to smoking cessation, there's good news from the Nurses Health Study reported by the Journal of the American Medical Association this May. The 25-year study on more than 100,000 women found that there was a 47 percent reduction in cardiovascular incidents in just five years after the participants stopped smoking. "The lesson being, even if you've smoked for a long time, stopping will have benefits in the short-term," he says.

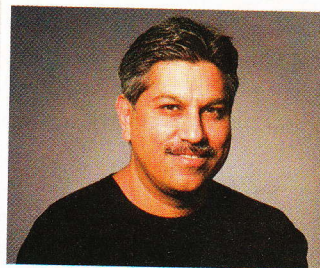
"Unfortunately, a lot of women don't make any lifestyle changes," von der Lohe says. "It takes a combination of diet and exercise. And some women have to exercise regularly for six months before they see any weight loss in combination with diet. It's very tough to do, but what disappoints me is that many women don't have the discipline to continue. Most women now know that heart disease is the leading cause of death, but there is a huge disconnect between this knowledge and acting on it."



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