

What about Hormone Therapy?

For many years, hormone therapy (HT) was thought to have potential benefits for helping women prevent cardiovascular disease. The initial thinking was based on observations that many of the risk factors for cardiovascular disease in women occurred or increased after menopause, when estrogen levels declined. In fact, once women lose their higher levels of estrogen, they significantly increase their risk of high blood pressure, high cholesterol and, subsequently, increase their risk of heart attack and stroke.

Based on the results of the Women's Health Initiative (WHI) studies on the potential disease-preventing qualities of HT, which showed small increased risks for stroke and heart attack, health experts recommend not using HT for cardiovascular disease prevention. However, some health scientists still question these results, because many of the women enrolled in the WHI studies were started on hormone therapy years after onset of menopause. New analyses suggest that starting therapy close to menopause may minimize the risks. Moreover, in hormone therapy that uses a combination of estrogen and progesterin, the dose and type of progesterin appear to be crucial to preserve and possibly enhance the beneficial effects of estrogens. Women who are considering or currently using HT should discuss the risks versus the benefits with their healthcare providers.

What Steps Should a Woman Take? *Know & Recognize the Symptoms of Heart Disease*

Classic heart attack symptoms include pain, pressure or discomfort in the chest, back, neck, shoulders, upper arms or upper stomach region. For women, heart attack symptoms can be more vague and indistinct, rather than the sharp, severe sensation that one usually feels with an injury due to some type of trauma. Associated symptoms of shortness of breath, indigestion, nausea, sweating, dizziness and increased fatigue are more common in women than the classic heart symptoms.

Talk to your healthcare provider

Review your risk factors for cardiovascular disease including family history, presence of diabetes, exposure to tobacco smoke, hormone therapy, obesity and inactivity. Know your cholesterol levels, including the good HDL and the bad LDL. Monitor your blood pressure and blood glucose (sugar). Review any symptoms that may have you concerned. Discuss whether taking a daily aspirin tablet to decrease the risk of stroke or heart attack should be considered for you.

Regardless of the risk level, the CDC recommends these lifestyle modifications for all women:

- Stop smoking
- Thirty minutes of physical activity most days
- Heart-healthy diet
- Weight maintenance/reduction
- Evaluation and treatment of depression

If you ever have new onset of symptoms that you think might be related to your heart, talk to your healthcare provider at once or go to an emergency room or clinic to be evaluated.

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Women and Cardiovascular Disease: What we don't know can hurt us

Increasingly, attention is being paid to the risks of cardiovascular disease in women as well as in men. While some Americans still think of it as a “man’s disease,” cardiovascular disease is in fact the leading cause of death among women in the United States. Women account for approximately 52 percent of the total cardiovascular disease deaths annually, according to the U.S. Centers for Disease Control and Prevention (CDC). In 2007, the most recent year for which figures are available, cardiovascular disease was the cause of death for nearly 422,000 women in the United States.

Moreover, cardiovascular disease is often perceived as an “older women’s disease,” and in fact it is the leading cause of death among women aged 65 and older. However, it also affects many younger women. Cardiovascular disease is the third leading cause of death among women aged 25 to 44 and the second leading cause of death among women aged 45 to 64, according to the CDC.

The term “cardiovascular disease,” as used by the American Heart Association and the CDC, refers to heart disease and stroke and encompasses a variety of diseases of the heart and blood vessels. These include coronary heart disease, hypertensive heart disease, cerebrovascular disease, pulmonary heart disease, arrhythmia (or irregular heart beat), acute rheumatic fever, chronic rheumatic heart disease, and heart failure.

The most common type of heart disease is coronary heart disease (also known as hardening of the arteries), which is a major cause of heart attack. Although heart attack is still more common in men than in women, more women die from heart attack. Almost two-thirds of the women who die suddenly from coronary heart disease have no previous symptoms.

How to reduce the risk of heart disease and stroke: Know your risk factors

- ◆ **Family History of Vascular Disease:** While none of us can change our family history, knowing if cardiovascular disease is present in your family can be very important in predicting your risk. If someone in your family has had hardening of the arteries (or heart attack, angina, angioplasty, bypass surgery, stroke, or aortic aneurysm) you should inform your healthcare provider. This is especially important if cardiovascular disease developed in a family member at a young age, under 55. Your healthcare provider can then advise you about risk-reduction strategies that can be tailored to your individual needs.
- ◆ **Diabetes:** Women with diabetes are significantly more likely than women the same age without diabetes to have a heart attack or stroke. Diabetes is such an important risk factor for heart disease and stroke that the American College of Cardiology and the American Diabetes Association recommend that other risk factors, such as high cholesterol and blood pressure, should be treated in diabetic

patients as if these patients already have documented heart disease – even if they have no symptoms of cardiovascular disease. Approximately 12.6 million or nearly 11 percent of U.S. women aged 20 or older have diabetes, according to CDC estimates.

- ◆ **Smoking:** Cigarette smoking substantially increases a woman’s risk for both heart attack and stroke, and exposure to second-hand smoke in non-smokers is an important risk factor as well. Smoking is a particularly powerful risk factor for cardiovascular disease in women who use oral contraceptive pills or have diabetes. Smoking is the nation’s leading cause of preventable death and illness.
- ◆ **High Cholesterol:** A high cholesterol level is the most common risk factor for heart attack among Americans. Nearly 54 million adult women – aged 20 or older – (approximately 46 percent of U.S. women) have total blood cholesterol levels above the level that raises the risk of coronary heart disease, 200 mg/dL or higher, according to federal health statistics. The bad cholesterol, “LDL,” increases the risk of heart attack and to a lesser degree stroke. The good cholesterol, “HDL,” is thought to be protective for developing vascular disease. The American Heart Association recommends using the absolute numbers for total blood cholesterol to gauge the need for treatment. However, some health care providers use the ratio of total cholesterol to HDL cholesterol levels to inform treatment decisions. (The ratio is obtained by dividing the total cholesterol level by the HDL level.) For example, if total cholesterol is 200 mg/dL and HDL cholesterol is 50 mg/dL, the ratio would be 4:1. The goal is to keep the ratio below 5:1.

- ◆ **High Blood Pressure:** Hypertension is the most potent risk factor for predicting stroke and an important risk factor for heart attack. In people under 55, high blood pressure is more common in men than women. However, after age 55, the rate of hypertension in women increases significantly. In fact, after 65, higher percentages of women have hypertension than men. More than 70 percent of women aged 65 or older have high blood pressure, according to the CDC.
- ◆ **Obesity and Inactivity:** Being overweight or obese can increase your risk of health problems including heart disease, stroke, diabetes and high blood pressure. More than 60 percent of American women are overweight, and approximately 36 percent are obese, according to the CDC’s National Center for Health Statistics. People who are overweight are more likely to develop high blood pressure, high cholesterol and glucose intolerance, and are at increased risk for heart attack and stroke as a result.
- ◆ **Alcohol Consumption:** Women who consume moderate amounts of alcohol (about one drink per day) appear to have less heart disease than non-drinkers. However, excessive consumption contributes to obesity, altered cholesterol levels, high blood pressure, heart failure and liver disease. There is no study to support the notion that non-drinkers should start drinking alcohol as an approach to lowering the risk for heart disease. Pregnant women should not drink alcohol.