

Heart Truth for Women

Elaine Bowen, Ed.D., C.F.C.S., L.D., Extension Specialist – Health Promotion
Shirley C. Eagan, Ed.D., Extension Professor Emerita
Donna Patton, M.A., Extension Specialist

Help women take action now to prevent suffering and death from heart disease, the number-one killer of West Virginia women.

This publication will help participants:

- ♥ learn about heart disease and how it affects West Virginia women
- ♥ assess and understand their personal risk
- ♥ learn to recognize symptoms and respond appropriately
- ♥ take action to reduce risks of heart disease



What is heart disease?

Coronary heart disease (CHD), the most common form of heart disease, is most often referred to as “heart disease.” The heart needs oxygen that it gets through the blood in the coronary arteries. When the arteries get smaller or clogged and can’t get enough blood to the heart muscle, you get heart disease. If the blood supply is completely cut off, it causes a heart attack. The part of the heart that does not get oxygen begins to die, and some of the heart muscle may be damaged permanently. Heart disease develops over time. It can start early in childhood and continue progressing into adulthood. It is a lifelong condition. Once you get it, you always have it. It gets worse unless daily habits are changed and the condition is treated.

Whom does it affect?

Help participants understand that heart disease is more likely to affect them than any other health condition.

Before you hand out Heart Truth for Women WL 470, do this activity.

Make a sign for each of the seven leading causes of death (heart disease, cancer, stroke, etc.) found on the handout Heart Truth for Women WL 470.

- ♥ Ask for seven volunteers.
- ♥ Give each volunteer a sign to hold up in front of the group. Ask the group to put the causes of death in order from #1 (most deaths) to #7 (least deaths).
- ♥ When they finish arranging the causes of death, tell them heart disease kills one in three women. It is the #1 killer.
- ♥ If you have a heart, heart disease can be your problem. Hand out Heart Truth for Women WL 470. Ask participants “How many West Virginia women die every year from heart disease? Stroke? Breast cancer? Alzheimer’s?”

Women are more likely to die from heart disease than anything else, so it is VERY important to do everything you can now to prevent it. That’s the truth – the heart truth. It’s also true that heart disease is “ageless.” Women of every age are affected. Why? Here are important reasons:

- ♥ Physical activity levels drop sharply as girls become teenagers. Inactive girls and teens become inactive women. This raises the chances of having heart disease.
- ♥ Overweight, a common condition among young girls and women, often leads to heart disease.
- ♥ Tobacco use is too high among West Virginia youths and adult women. It damages the lungs and makes it difficult for the heart to get enough oxygen in the blood.
- ♥ At menopause, a woman’s heart disease risk starts to increase significantly. This is partly because a woman’s body stops making estrogen. Postmenopausal hormone therapy (with estrogen alone or with progestin, once thought to lower risk) is not recommended for long-term

– continued –

use to prevent heart disease. It is now even more vital that women take other steps to reduce their heart disease risk.

- ♥ High blood pressure increases the risk of heart disease and other serious problems such as stroke, congestive heart failure, and kidney disease. Blood pressure is considered “high” when it is 140/90 or above. High cholesterol puts many women at risk. Beginning at age 45, more women than men have total cholesterol that is borderline high (over 200 md/dL) or higher. Lowering cholesterol is especially important to keep heart disease and atherosclerosis from worsening.
- ♥ Many women delay getting help for a possible heart attack. They don’t want to bother others. Women and their family members may be unsure about the symptoms and may not speak up about medical treatments, tests, and medications.
- ♥ Heart attacks can happen to women of any age. Women are more likely than men to die within a few weeks of a heart attack. About 35 percent of women who have had a heart attack will have another within six years.
- ♥ About half of women who have had a heart attack will be disabled with heart failure within six years. Heart failure is a life-threatening condition in which the heart cannot pump enough blood to supply the body’s needs.

What are the symptoms?

Know heart attack signs and symptoms. Get help early to prevent lasting heart damage. Women often picture the “Hollywood heart attack,” someone grabbing their chest in pain and collapsing to the floor. Not everyone experiences chest pain during a heart attack although it is the most common symptom. Women often describe milder forms of pain, so it’s critical to get medical help as soon as any discomfort or unusual feelings are noticed. Shortness of breath is the most common sign in women. Also, sweating and pain in one or both arms are common.

Women must realize that their symptoms are likely to be very different than men’s symptoms. Women’s “atypical” symptoms may include:

- ♥ shortness of breath
- ♥ arm, back, neck, or jaw pain
- ♥ nausea or vomiting
- ♥ indigestion
- ♥ weakness
- ♥ fatigue
- ♥ dizziness or lightheadedness

Before a heart attack (from one week to six months before), women may notice “prodromal” symptoms such as:

- ♥ unusual fatigue
- ♥ sleep disturbance
- ♥ shortness of breath
- ♥ chest pain – pressure, tightness, aching
- ♥ indigestion
- ♥ anxiety
- ♥ pain in the shoulder blade or upper back

Get medical help immediately if you have any of these symptoms. Call 9-1-1 and get to a hospital right away. Lifesaving treatments are effective if given within the



first hour after a heart attack begins. Many heart attack patients, especially women, wait two hours or more after their symptoms begin before they get help. This delay can result in death or lasting heart damage.

Know your risks

All women need to know their personal risks. Ask participants to answer questions in Heart Truth for Women WL 470. **Remember, this is personal and confidential information that participants may choose to discuss or not.**

Some factors are beyond control:

- ♥ Family history – having a close blood relative who died of heart disease before age 55
- ♥ Age – being 55 or older
- ♥ Race – African American, Cuban, Puerto Rican, and Mexican American are at higher risk than Anglo American

The good news is there are **many** factors you **can** control. Heart health starts with making a commitment to control your health. Start today by taking these steps:

- ♥ **Talk to a doctor** about your heart disease risk factors and how you can reduce them. If your doctor prescribes medication, be sure you know what it is, why you need it, and how to use it.

Take it exactly as prescribed and at the same time every day. Know possible side effects and report any to your doctor. Never stop taking medicine



without first checking with your doctor. If you have any symptoms or risk factors, ask about tests. Think of your doctor as a partner in your own good health campaign.

- ♥ **Eat smart**, starting with heart-healthy choices such as fruits, vegetables, whole grains, beans, and low-fat dairy



foods. Look for lean meats and poultry. Fish, especially salmon and fatty northern varieties, is good for your heart. Grill or broil. Do not fry. Add as little fat as possible in your cooking and seasoning.

- ♥ **Choose to lose.** If you are overweight, losing as little as 5 to 10 pounds can lower your blood pressure and cholesterol. You may be surprised how you can successfully lose weight and then maintain a healthy weight when you eat nutritious foods and become more physically active.

♥ **Get fit.** Check with your doctor first. Make time every day to do one or more physical activities you really



enjoy. All the muscles in your body—including your heart—will benefit from walking, dancing, biking, exercising with a group, or swimming. Exercise helps reduce stress, too. Start slowly

and set small goals to gradually build up to at least 30 minutes of moderate to vigorous activity every day. If you have shortness of breath, chest pain, dizziness, or weakness, call your doctor immediately.

♥ **If you smoke, stop.** Smoking narrows and damages blood vessels, which may lead to blood clots. Because smoking deprives your heart of oxygen, your heart has to work harder and beat faster, raising your blood



pressure. Stay away from secondhand smoke also. Quitting has many rewards. Just one year after you quit smoking, the risk of a heart attack drops by more than half.

♥ **Control stress.** Identify sources of stress in your life. Then find methods to avoid stress.

Walking, meditating, keeping a journal, social activities, and relaxing hobbies can effectively cut down on life's pressures.



Heart disease has no quick fix. Even with special procedures and the best health care, heart disease will worsen unless treated with lifestyle changes and medication. Women can lower their heart disease risk by as much as 82 percent by leading a healthy lifestyle.

Women of any age should take steps now to improve heart health. For women who have had a heart attack already,



make these important changes now to lower chances of having another one. "It won't happen to me," women may say.

Don't be fooled. Heart disease is a serious threat, even to women with no known risks and no obvious symptoms. Here are two stories of West Virginia women with heart disease.

Ask two participants to read the stories aloud to the group.

Shirley's Story

At 61 years old, I considered myself a healthy, active woman. I had retired six years earlier and was enjoying participating in family activities with my husband and being a volunteer. I had annual physicals, blood tests, and mammograms. All appeared normal. However, I learned that our bodies can fool us.

It all began when I fell on the sidewalk in our front yard, causing shoulder damage. I had two surgeries and also physical therapy. I noticed I was very short of breath as



I climbed steps. I visited my family doctor. X-rays showed I had a light case of pneumonia. I also saw a pulmonary specialist. I did not seem to have any lung problems. However, after a chemical stress test, he called me in near panic. He told me I had had a heart attack resulting in major heart damage. I had had a "silent"

heart attack, which happens without the patient knowing it. We still do not know when the attack occurred. My shortness of breath should have been a warning, but I just thought I was becoming a "couch potato" because of my shoulder surgeries.

I immediately saw a cardiologist and had a heart catheterization. Two arteries were 95 percent blocked. Two stents were implanted. I began taking several medications. I began a 12-week cardiac rehabilitation program. I began building my strength and endurance on the stationary bike, treadmill, and rowing machine. About eight weeks into the program, my heart rate speeded up for a short time when I increased the values on the treadmill. My cardiologist ordered an echocardiogram and another stress test. I learned my heart was not repairing itself with the medicines I was taking. In fact, when put under stress, my heart was not functioning as it should because of the heart damage. I was referred to a second cardiologist who implanted a defibrillator in my chest. I call it my insurance policy because, although I have not needed it, it is there ready to function should my heart speed up too much. In fact, it is also a pacemaker and can regulate my heart should it slow down too.

Today, over a year later, I feel good! My stamina is not what it once was, but I am able to do about what I want. I walk several days a week, watch my food choices closely, and avoid stress. I take several medications, see all my doctors regularly, and have blood tests done regularly.

– continued –

Donna's Story

I woke up and got ready for work as usual. I had an important work meeting planned, so I knew the day would be full of last-minute activities. In the shower, I felt chest pain and nausea. As I finished getting ready, I lay down for a couple of minutes and felt anxious. I told my husband I wasn't feeling right and I had pain under my right breast. We both shrugged it off and I left for work. It just so happened that a friend was riding with me to work. I drove about 10 miles and then asked my friend to drive the rest of the way. When we were near St. Frances Hospital, I asked my friend to drop me off at the Emergency Room. I told her I had to get something for my indigestion so I could get all my work done.

I walked into the hospital and explained I was having heart burn. Emergency room staff hooked me up to the EKG machine and announced that I had had a heart attack.



It was unbelievable. The pain was not at all what I had imagined. It was nothing like the "Hollywood heart attack." I thought, "How could this be happening to me? I'm 47 years old. I've never had any medical problems. I've never even stayed overnight in a hospital, unless you count when I was born. I'm not overweight; I don't have high blood pressure or high cholesterol. My

parents, older brother, and older sister have no heart-related problems. I'm extremely active and I don't smoke. I'm not a diabetic. How could this be happening to me?"

I was transported to Charleston Area Medical Center for a heart catheterization. The cardiologist was unable to get a stent through the blockage in my left anterior descending artery. A balloon pump was used to relieve the heart of additional stress and to reduce the chances of additional damage. During my weeklong hospital stay, every test imaginable was done. I believe it was a puzzle for the cardiologist. The only risk factor found was a high level of Lp(a). Lipoprotein (a) is a cholesterol-rich particle found in human plasma. The normal level of Lp(a) is less than 10 mg/dL. Lp(a) levels of greater than or equal to 30 have been equated with a total cholesterol level of 240. My Lp(a) level was 61. Later, another cardiologist attempted to get a stent through the blockage, but he was unable to do this. The blockage is located near the apex of the heart. A small area of the heart was damaged by the heart attack. Other than that, no other blockages are apparent.

My doctor prescribed exercise, more healthful eating, and a full regime of drugs. I enrolled in a 12-week cardiac rehabilitation course. It helped me build confidence that I wasn't going to have a heart attack while exercising. I also received advice on nutrition and stress reduction.

Today, nearly 18 months after the heart attack, I'm feeling fine. I like to view my heart attack as a lifesaver. I'm trying to make the best of it and institute some badly needed lifestyle changes. Without this rude awakening, I would still be traveling down a sugar-coated, fat-glazed road carrying an insurmountable load of stress. Instead, I'm trying to exercise at least three days a week, watch how much fat I consume, and reduce stress in my life. I take my medications daily, visit my physician and cardiologist regularly, and track my cholesterol levels.

Before teaching this topic, consider these ideas to make the topic relevant to your participants:

- ♥ Identify women in the group or community who have had a heart attack. Ask one or two if they would be willing to share their story with others.
- ♥ Explore community resources and programs and share the information with the group. Walking programs, healthy cooking demonstrations, screenings, and other programs can support participants in practicing healthy behaviors.
- ♥ National Wear Red Day for Women is the first Friday in February. For materials, check the Web: (www.nhlbi.nih.gov/health/hearttruth/wrd/resources.htm)
- ♥ Women's Health Month is May. Watch for special community events and encourage friends and family members to participate.

Learn more about heart health:

American Heart Association

(www.americanheart.gov, 1-888-MY HEART)

National Heart, Lung, and Blood Institute

(www.hearttruth.gov, 301-592-8573, TTY: 240-629-3255)

Office on Women's Health, DHHS

National Women's Health Information Center

(www.4woman.gov, 1-800-994-WOMAN, TDD: 1-888-220-5446)

WomenHeart: The National Coalition for Women

with Heart Disease (www.womenheart.org, 202-728-7199)

2006: 1M