

WOMEN, HEART DISEASE AND STROKE

Heart disease isn't just a man's disease. Heart attack, stroke and other cardiovascular diseases are devastating to women, too. In fact, coronary heart disease, which causes heart attack, is the leading cause of death for American women. Many women believe that cancer is more of a threat, but they're wrong. **Nearly twice as many women in the United States die of heart disease and stroke as from all forms of cancer, including breast cancer.**

The American Heart Association has identified several factors that increase the risk of heart disease and stroke. The more risk factors a woman has, the greater the chance that she will have a heart attack or stroke. Some of these you can't control, such as increasing age, family health history, and race and gender. But you can modify, treat or control most risk factors to lower your risk.

What are the risk factors for heart disease and stroke?

- Increasing age - The chances of developing heart disease increase as women grow older. As women approach the age of menopause, their risk of heart disease and stroke begins to rise and keeps rising with age. The loss of natural estrogen as women age may contribute to this higher risk after menopause.
- Sex (Gender) - Men have a greater risk of heart attack than women, and they have attacks earlier in life. Overall, the incidence and prevalence of stroke are about equal for men and women. However, more than half of total stroke deaths occur in women.
- Heredity (family history) - Both women and men are more likely to develop heart disease or stroke if their close blood relatives have had them. Race is also a factor. Black women have a greater risk of heart disease and stroke than white women - in large part because African Americans have higher average blood pressure levels. Compared with whites, African-American men and women are more likely to die of stroke.
- Previous heart attack or stroke or TIA - Women who've had a heart attack are at higher risk of having a second heart attack or a stroke. Women who've had a stroke are at much higher risk of having another one or having a heart attack. A transient ischemic attack (TIA or "mini-stroke") also is a risk factor and predictor of stroke.

Most risk factors can be modified, treated or controlled by focusing on lifestyle habits and taking medicine, if needed.

- Tobacco smoke - Smoking is the single most preventable cause of death in the United States. Women who smoke cigarettes or cigars have a much higher risk of death from heart disease or stroke. Constant exposure to tobacco smoke at work or at home (secondhand smoke) also increases the risk, even for nonsmokers. Women smokers who use oral contraceptives (birth control pills) have a higher risk of heart attack and stroke than nonsmokers who use birth control pills.
- High blood cholesterol - High blood cholesterol is a major risk factor for heart disease and indirectly increases the risk of stroke. Studies show that women's cholesterol is higher than men's from age 55 on. High levels of LDL (low-density lipoprotein) cholesterol (the "bad" cholesterol) raise the risk of heart disease and heart attack. High levels of HDL (high-density

lipoprotein) cholesterol (the "good" cholesterol) **lower** the risk of heart disease. Research has shown that low levels of HDL cholesterol appear to be a stronger risk factor for women than for men.

- High blood pressure - High blood pressure is a major risk factor for heart attack and the most important risk factor for stroke. Women have an increased risk of developing high blood pressure if they are 20 pounds or more over a healthy weight (for their height and build), have a family history of high blood pressure, are pregnant, take certain types of birth control pills or have reached menopause. About 60 percent of all women ages 65 to 74 have high blood pressure.
- Physical inactivity - Various studies have shown that lack of physical activity is a risk factor for heart disease and indirectly increases the risk of stroke. Overall, they found that heart disease is almost twice as likely to develop in inactive people than in those who are more active. When you're inactive and eat too much, you can gain excess weight. In many people overweight can lead to high blood cholesterol levels, high blood pressure, diabetes and increased risk of heart disease and stroke.
- Obesity and overweight - If you have too much fat - especially if a lot of it's located in your waist area - you're at higher risk for health problems, including high blood pressure, high blood cholesterol, high triglycerides, diabetes, heart disease and stroke.
- Diabetes mellitus - Compared to women of the same age without diabetes, women with diabetes have from **three to seven times** the risk of heart disease and heart attack and are at much greater risk of having a stroke. People with diabetes often have high blood pressure and high cholesterol and are overweight, increasing their risk even more. And diabetes doubles the risk of a **second** heart attack in women but not in men.

What other factors contribute to the risk of heart disease and stroke in women?

- Menopause and estrogen loss - Many scientists believe that estrogen, a hormone produced in a woman's body, offers some protection against heart disease, but the ways it might do this are still under study. There is less evidence that estrogen may protect against stroke. Several population studies show that the loss of natural estrogen as women age may contribute to a higher risk of heart disease after menopause. If menopause is caused by surgery to remove the uterus and ovaries, the risk rises sharply. If menopause occurs naturally, the risk rises more slowly.
- Birth control pills - Today's low-dose oral contraceptives carry a much lower risk of heart disease and stroke than the early Pill did. The exception is in women who smoke or have high blood pressure.
- High triglyceride levels - Triglyceride is the most common type of fat in the body. A high triglyceride level often goes with higher levels of total cholesterol and LDL, lower levels of HDL and increased risk of diabetes. But scientists don't agree that it's a risk factor for heart disease by itself. Research suggests that having high triglycerides may increase the risk for women more than for men.
- Excessive alcohol intake - The risk of heart disease in people who drink moderate amounts of alcohol (an average of one drink for women per day) is lower than in nondrinkers. However, it's **not** recommended that nondrinkers start using alcohol or increase the amount they drink! Excessive drinking and binge drinking can contribute to obesity, high triglycerides, cancer and other diseases, raise blood pressure, cause heart failure and lead to stroke. Pregnant women should not drink alcohol in any form.

Individual response to stress - Research hasn't yet defined the role stress plays in the development of heart disease. People respond differently to situations they find stressful. Unhealthy responses to stress may lead to other risk behaviors like smoking and overeating.