

# Diagnosing and Treating Heart Disease in Women

## **The statistics are staggering.**

Each year, approximately 435,000 women in the United States have heart attacks. Eight million women are currently living with heart disease and one out of every three women will die of heart disease. Through clinical trials and patient data, physicians and scientists have gained incredible insight with regard to heart disease, but some aspects about how heart disease affects women remain a mystery.

## **Prevention**

While we know that aspirin is a reliable prophylaxis in men over the age of 45 to prevent a first heart attack (even those who have no heart disease or high risk factors), the same is not true for women. "We have learned there is a gender difference when it comes to heart disease, and women may not benefit from aspirin," says Philip Shaver, MD, Cardiologist, Eisenhower Medical Center. "What I do in my practice is to look at the risk factors. If a patient has high cholesterol, hypertension, family history, or smokes, then I would recommend it. But if there are no risk factors, the evidence for aspirin preventing heart attacks in women is very sparse." Both men and women benefit from aspirin once they have been diagnosed with cardiovascular disease.

## **Symptoms**

A woman suffering a heart attack may present differently than a man. She may have pain in her shoulder, jaw or neck and not her chest. She may have nausea. Shortness of breath more often presents in women than in men.

"I always tell patients to be aware of cold sweating," advises Dr. Shaver. "Sweating on a warm day is one thing, but having a cold sweat is fight or flight time and means something is wrong. It may not be specific to the heart, but it is more serious than a warm sweat."

## **Diagnosis**

Stress tests are often a good indication of a risk of future heart disease. If the test is perfectly normal and an adequate heart rate response is attained, the prognosis is good. If it is abnormal, the next step would be a risk assessment, such as a nuclear stress test.

"If a woman has certain risk factors, I'll do a coronary calcium score — a very low radiation, no dye, five-minute test to determine how much plaque is in the arteries," says Dr. Shaver. "If the patient has a zero (normal) calcium score, her prognosis is quite good. More calcium means more plaque. In March 2011, the American Heart Association® endorsed incorporating the coronary calcium score as a recommended test in women at risk."

Those who have had heart failure are often divided into two groups: systolic (squeezing of the heart muscle) and diastolic (relaxation of the heart muscle). According to Dr. Shaver, diastolic (stiff) heart failure is often found in older women with hypertension. "They present with shortness of breath," says Dr. Shaver. "An ultrasound of their heart often shows that it's contracting normally but has impaired relaxation, and we can appropriately direct therapy. Twenty five years ago we would have thought their symptoms were not cardiac since the systolic function was normal."

Heart failure has many causes. Family history, age, race and ethnicity are all risk factors that cannot be changed, but the good news is what can be done to lower the risk of heart disease. Eating a Mediterranean-style diet consisting of plenty of fruits, nuts and vegetables, limiting sodium to 1,500 milligrams per day, exercising at least five days a week for 30 minutes or more and not smoking are excellent ways to begin, or continue, on a path to good health.