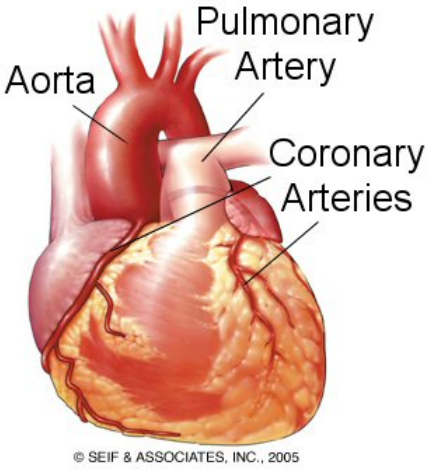
Women and Heart Disease

Heart disease (HD) risk factors for both men and women are similar. Most studies addressing the diagnosis and treatment of heart disease have focused primarily on men. More research is now being done on women and heart disease.

GENDER DIFFERENCES



- Symptoms of a heart attack for women may be more subtle, less typical and harder to identify.
- Women are often slow to recognize heart disease risk factors and symptoms.
- More women than men die from a heart attack before reaching a hospital.
- Results of medical tests can vary by gender, especially electrocardiogram stress testing.
- A common perception is that men are more likely to have heart problems. This is not true, especially in women after menopause.
- Effects of estrogen, birth control and hormone therapy can have unique effects on the heart.
- Women are more likely to be referred for a mental health evaluation of their symptoms.

CAUSES OF HEART DISEASE

Heart Disease may be caused from conditions such as:

- Buildup of fat-like deposits (*plaques*) in the blood vessels (*coronary arteries*) of the heart. The build up of fat-like deposits cause blockages that decrease the blood flow to the heart muscle.
- Blockage or narrowing of the coronary arteries decreases oxygen to the heart muscle.
- Abnormal heart rhythms or problems with the electrical system of the heart.
- Heart muscle that has become enlarged or weak and cannot pump well.
- Abnormal heart valves that either leak or are thickened and do not open and close properly.
- Damage from infection or drugs.
- Heart problems present at birth.

RISKS OF DEVELOPING HEART DISEASE INCLUDE:

- Family history.
- Elevated blood lipid levels (*cholesterol*).
- High blood pressure.
- Diabetes.
- Smoking.
- Inactivity, lack of exercise.
- Weighing 30% more than your ideal weight.
- Age.
- Past history of heart problems.

CLASSIC SYMPTOMS

- Chest discomfort or pressure, which may include the following:
  - Discomfort, fullness, tightness, squeezing in center of chest that stays for a few minutes or comes and goes.
  - Discomfort or pressure that spreads to upper back, shoulders, neck, jaw or stomach.
- Discomfort or tingling in the arms.
- Profuse or clammy sweating.
- Difficulty breathing.
- Nausea.

- Feeling your heart "flutter" or "jump."
- Unexplained feelings of anxiety, fatigue or weakness.
- Dizziness.

DIAGNOSIS MAY INCLUDE A TEST THAT:

- Records the electrical activity of the heart and looks for changes (*EKG* [*electrocardiogram*]) .
- Detects the presence of special proteins and enzymes that may show damage to the heart muscle (*blood tests*).
- Looks at the blood flow through the heart and coronary arteries by using special dyes and X-rays (*coronary angiography*).
- Uses sound waves to examine your heart valves, muscle function and blood flow within the heart (*echo or echocardiogram*).
- Looks for symptoms as your heart works harder under stress (*stress tests*).
- Creates images of the heart by detecting radiation following administration of a radioactive tracer (*nuclear imaging*).
- Records the electrical activity of the heart and helps in detecting abnormalities of heart rhythm (*electrophysiology*).
- Creates an image of the anatomy of the heart (*CT heart scan*).

TREATMENT

- Medications may be used to control your blood pressure, keep your heart beating regularly, reduce pain, and help your breathing.
- If you are admitted to the hospital, the length of your stay depends on the amount of heart damage and any complications you may have.
- Severe heart problems may require open heart surgery. This is a procedure where blocked coronary arteries are bypassed with a vein from your leg.
- If you have a single small coronary artery blockage and no heart damage, you may have a balloon angioplasty. This procedure uses stents that may help open the blockage and restore normal heart circulation. Stents are small, wire, mesh-like tubes that help keep the artery open.
- If needed, blood thinners may be used to dissolve clots.

HOMECARE INSTRUCTIONS

- Follow the treatment plan your caregiver prescribes.
- Keep a list of every medicine you are taking. Keep it up to date and with you all the time.
- Get help from your caregiver or pharmacist to learn the following about each medicine:
  - Why you are taking it.
  - What time of day to take it.
  - Possible side effects.
  - What foods to take with your medication and which foods to avoid.
  - When to stop taking your medication.
- Try to maintain normal cholesterol levels.
- Eat a heart healthy diet with salt and fat restrictions as advised.

PREVENTION

You can reduce your risk of heart disease by doing the following:

- Visit your caregiver regularly and determine whether you are at risk.
- Quit smoking and keep away from those who smoke.
- Get your blood pressure checked regularly and make sure it remains within normal limits.
- Limit salt in your diet.
- Maintain normal blood sugar and cholesterol levels.
- Exercise regularly (walking or another form of aerobic activity, preferably 30 minutes continuously).

- Maintain ideal body weight.
- Reduce stress, anger, and depression.
- If you have already had a heart attack, consult your caregiver about methods and medicines that may help in reducing your risk of having a second heart attack.
- Be aware of the symptoms of heart disease and seek medical care if you develop these symptoms.

SEEK IMMEDIATE MEDICAL CARE IF YOU:

- Have severe chest pain or the above symptoms, call your local emergency services (911 if in U.S.). **THIS IS AN EMERGENCY**. Do not wait to see if the pain will go away. **DO NOT** drive yourself to the hospital.
- Notice increasing shortness of breath during rest, sleeping or with activity.

Insist that providers take your complaints seriously and do a thorough heart evaluation.

Document Released: 06/05/2009 Document Re-Released: 03/14/2011
ExitCare® Patient Information ©2011 ExitCare, LLC.