

The Heart of Women’s Health Lies Deep Within the Chest

By Elizabeth Juneman, MD

When it comes to women’s health, should we be looking more deeply into matters of a women’s chest, not just the breast? For millennia, women’s breasts have been the focus of cultural attention. When you consider today’s medical and social focus on breast cancer prevention, you have to wonder whether this creates tunnel vision when it comes to women’s health.

While breast cancer is an important concern, are we misdirecting our point of focus? After all, heart disease is the leading cause of death in women.

Consider the statistics: 1 in 31 female deaths are from breast cancer while 1 in 3 was from cardiovascular disease, according to the National Center for Health Statistics (2013 data). Heart disease doesn’t discriminate; it is the leading cause of death whether you’re black, white or Latina.

If you think this is your grandmother’s health concern, bear in mind that heart disease occurs in 1 in 9 women ages 45 to 65. At every age from 45 up, more women die from heart disease than from cancer.

Are you ready to go beyond the “bikini” view of women’s health; beyond the focus on the breasts and reproductive organs?

Start Young: Know and manage your risks

Guidelines recommend screening for heart disease risk begins at age 20.

Screening	When to have it
Weight and body mass index (BMI)	Each healthcare visit beginning at age 20
Waist circumference	Each healthcare visit if BMI is 25 or more
Blood pressure	Each visit or at least once every two years
Cholesterol levels	Every four to six years for normal-risk people; more often for those with elevated risks factors for heart disease
Glucose levels	At pregnancy or least every three years after age 45
Smoking, physical activity and nutrition	Each healthcare visit

Women also have modifiable risk factors related to estrogen status. If you’re post-menopausal, talk with your doctor to evaluate the risks and benefits of hormone replacement therapy. By the time women reach age 65, 20 percent have two or more risk factors and 40 percent have multiple risk factors.

The Usual and Unusual: Know heart attack symptoms

The **usual heart attack symptoms** include discomfort or pressure type feeling behind the breastbone. This may be a burning, heavy or squeezing feeling. This discomfort may intensify with exertion, stress or emotions, and be relieved by rest or nitroglycerin pills.

Women are more likely to have unusual symptoms:

- Pain in the back, abdomen, jaw or arm, which may be sharp or fleeting, or repeated or very prolonged
- Shortness of breath
- Nausea or vomiting
- Unrelated to exercise
- Not relieved with nitro pills or rest
- Relieved with antacids
- Palpitations without chest pain

How women and men differ when it comes to heart disease:

- Since 1984, the number of heart disease deaths for females has exceeded those for males.
- Heart disease typically strikes at an older age in women compared to men
- Women are **more likely** to have untreated high blood pressure - less than 1 in 3 are controlling it and only 3 of every 4 women with high blood pressure know they have it.
- Women who suffer a sudden cardiac arrest are **more likely** to die prior to arriving at the hospital, to die in the year following a heart attack, to have a second heart attack, and to have heart failure.
- Women are **less likely** to have large blocked arteries, but can have disease in the smaller arteries.
- Women with heart disease have a **higher mortality** compared with similarly aged men.
- Women also are **more likely** to have microvascular dysfunction, called Cardiac Syndrome X, which causes chest pain with decreased blood flow to heart tissue but normal coronary arteries.
- Women are **more likely** to have stress cardiomyopathy, also called “Takotsubo” or “Broken Heart” syndrome – heart muscle weakness caused by intense mental stress, emotional pain or trauma.
- Women are **less likely** to be evaluated for heart disease, undergo stress testing, cardiac catheterization and receive medication for control of risk factors.

Be Your Best Advocate

Make sure your doctor doesn't have a “bikini” view of women's health. Discuss your risks for heart disease and ask your doctor about the biological differences between men and women when it comes to heart disease symptoms, tests and complications.

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Save the Date – Nov. 3!

Women & Heart Disease Luncheon

Dr. Juneman will be the featured presenter at the UA Sarver Heart Center's Luncheon focused on women and heart disease on Friday, Nov. 3 at Skyline Country Club

<http://heart.arizona.edu/sarver-heart-center-lunch-and-learn>