

# TRUTHS AND MYTHS: WHAT WOMEN NEED TO KNOW ABOUT HEART DISEASE



## MYTH: HEART DISEASE MAINLY AFFECTS MEN

Heart disease has long been regarded as a disease that predominantly affects men. However, there is growing awareness that it is equally common and even more deadly in women.

For women before menopause, the risk of heart disease is much lower than men of a comparable age, due to the protective effects of estrogen, the female sex hormone. During and after menopause, as the level of estrogen decreases, women's risk of heart disease increases and "catches up" with men. Hence women develop serious heart disease approximately 10 years later than men.

### Truth: heart disease is more difficult to diagnose and treat in women

The hallmark symptom of heart disease is chest pain, which is common in men. In a less severe stage, patients experience angina pectoris due to a narrowing or blockage of the heart's arteries. This is typically a crushing pain in the mid chest during physical exertion, which resolves with cessation of physical activity. When more severe it becomes persistent and often accompanied by perspiration, nausea or breathlessness.

Women, however, commonly have atypical symptoms, such as an aching sensation in the neck, chest or arm, unexplained tiredness, mild breathlessness and indigestion, which may be dismissed as just being generally unwell or unfit. Furthermore, common tests for heart disease such as the electrocardiogram (ECG) or treadmill test is especially prone to show false positive or false negative changes, making a diagnosis more difficult in women.

### Truth: women have a unique form of heart disease

Studies have shown that the majority of women with heart disease may have no significant narrowing of their coronary arteries but still have a high rate of heart attack and adverse outcomes. Hence it has been postulated that heart disease in women is caused by a different mechanism from men, with pathological processes affecting smaller blood vessels (microvascular disease). These abnormal mechanisms are in turn affected by hormonal and lifestyle factors such as a sedentary lifestyle, obesity, diet and cigarette smoking.

Compared to men, women suffer more severe consequences of heart disease. Women tend to develop disease at an older age when they are more frail physically and more likely to have co-existing illnesses such as diabetes or kidney disease.

They are also more prone to develop complications of heart attacks such as heart failure, abnormal heart rhythms and hence higher mortality.

### Myth: heart disease just strikes you out of the blue. It cannot be prevented.

Major risk factors include diabetes mellitus, hypertension, high cholesterol, obesity, a sedentary lifestyle and cigarette smoking. These are amenable to lifestyle modification and evidence-based therapies. Exercise and diet are the key to maintain normal body weight and reduce risk. Appropriate medications are required if risk factors such as hypertension and high cholesterol are present.

Although menopause is identified as a risk factor, the use of hormonal replacement therapy to prevent heart disease is not recommended. It has shown no definite benefit in clinical studies and may even be harmful.

Depending on individual risk profile and age, doctors may recommend prophylactic intake of low dose aspirin for some women for prevention of heart disease.

### Targets for Heart Health

*(Adapted from the Guidelines for Prevention of Cardiovascular Disease in Women published by the American Heart Association in 2011)*

- Total cholesterol < 200 mg/dL
- Blood Pressure < 120/<80 mmHg
- Fasting blood glucose < 100 mg/dL
- Body mass index < 25 kg/m<sup>2</sup>
- Abstinence from smoking
- Physical activity goal : ≥150 min of moderate intensity or ≥75 min of vigorous intensity per week■

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