



AGING TODAY

Heart Health and Gender Bias



By Bob Roth, Managing Partner of Cypress HomeCare Solutions

If my 20 year old self could see me now... Living in the Valley of the Sun, where it is bathing suit season 10 months of the year and surrounded by women. Hold on let me explain. I am married to the most amazing woman with three daughters, work in an office with all women, and work in a field dominated by women. So in a tribute to heart health month: To my Valentine sweethearts and the strong capable women in my life and in our community at large, I dedicate this discussion of women's heart health to you. With a special shout out to Dr. Martha Gulati*, who has provided me with the facts to empower women to advocate for their own cardiac health.

In the United States, more women than men have died from heart disease and stroke since 1985. Currently, one out every three women are at risk for developing heart disease with the trend approaching one out of every two women. Are you blown away by that statistic? Women, when you are in line at the ladies room for a concert or sporting event, either you, the person in front of, or behind you is at risk for developing heart disease. As our society becomes increasingly sedentary the risk looks like this. Flip a coin, heads you are at risk, tails you are not.

The fuel that has added to this epidemic inferno of cardiac disease in women is the lack of recognition of risk by women themselves and by the medical community. Heart disease will kill one in three women worldwide, yet awareness of breast cancer prevention is more on our radar which has a death rate of one in 30. Dr. Nanette Wenger, a pioneer for cardiac research in women, called this the 'bikini' approach, looking essentially at the breast and reproductive system, to the exclusion of the rest of the body when addressing women's health. And my comparison to my 20 year old self has now come full circle.

The view through my current lens now sees the women that comprise our culture as selfless. As the backbone of the family, women tend to address their own health last or ignore important warning signs of heart disease. Today's women working outside the home, in the home, and in many cases caring for aging parents put their own health on the back burner. I see this often with family caregivers.

Women who exhibit symptoms of a heart attack tend to underestimate the severity of their symptoms, not wanting to complain about seemingly minor aches and pains. It is not uncommon for women to minimize nagging symptoms to put on their best game face in order to not appear "hysterical." As an aside, the origin of the very word hysterical comes from the Greek word, hysterika, meaning uterus. It is not surprising that women would look to under report symptoms to shed this negative female stereotype.

Women's symptoms of a heart attack can be more subtle than a man's. They don't necessarily present as that classic chest crushing pain that would describe a textbook heart attack in men; and for good reason. The patients described in textbooks were men! Before the early 1990's women were routinely excluded from most of the major cardiology trials.

Women should be aware of the subtle signs of heart disease, such as shortness of breath, jaw pain, back pain, nausea, vomiting, sleep disturbances or fatigue. If activities that are normal for you suddenly become difficult, you could have heart disease and you need to see your doctor and clearly express your concerns.

Certain factors put women at greater risk of getting heart disease. There are modifiable and non-modifiable risk factors. Non-modifiable risk factors are age, family history, and race/ethnicity. We obviously can't change those, but it is important to know about how these risks affect us. We can affect the modifiable risk factors:

- smoking
- high blood pressure
- high cholesterol
- diabetes
- physical inactivity/poor fitness
- metabolic syndrome
- obesity
- stress, depression, anxiety
- sleep apnea
- sleep deprivation

Additionally, emerging research shows that for women who develop diabetes or high blood pressure during pregnancy, heart disease is a long-term threat. Also at higher risk: mothers whose babies were born too small or too soon. Researchers believe pregnancy can mimic the stressors of age. Pregnancy could be a woman's first free stress test.

Even with the inclusion of women in cardiac research, heart disease is still considered a man's disease. Heart disease usually affects women about 10 years later than men, but it does so a whole lot tougher. Compared with men, more women die from the initial heart attack. For those men and women who survive the initial heart attack, more women die within one year of the heart attack. Twice as many women versus men end up disabled as a result of heart disease.

Remember, heart disease is preventable. The cardiology community is still in the infancy of its campaign to really educate women. Women need to advocate for their own heart health by knowing their risks and taking charge of their destiny through action and education.

I lost my mother to heart disease. She was the matriarch of my family and the inspiration to devote my career to caring for our aging adult population. This February 2nd, join me and wear red to support the American Heart Association's Go Red for Women Day. I will proudly don my red on this day in memory of my beloved mother and in celebration of the amazing women in my life.

**Dr. Martha Gulati, Division Chief of Cardiology for the UA College of Medicine – Phoenix and Physician Executive Director for the Banner – University Medicine Heart Institute. The book, Saving Women's Hearts: How you Can Prevent and Reverse Heart Disease With Natural and Conventional Strategies by Dr. Martha Gulati and pharmacist Sherry Torkos.*

This column was published in [Jewish News](#) and [Lovin' Life After 50](#) as Cypress' monthly contribution.