Medical myths die hard, and one of the biggest is that heart disease is a problem mostly for men. This isn’t close to being true. In this Heartbeat, we’ll try to reverse this faulty thinking and present a plan to drive down mortality rates of cardiovascular disease (CVD) in women.

CVD is the number one cause of death in women in the United States, accounting for nearly 400,000 deaths annually—more than all cancers combined. Although mortality from CVD has been declining overall, this decline has lagged for women compared with men. Among the youngest women (younger than 55), there has been an increase in death from CVD. Women usually develop CVD 10 years later than men (> 55 years old).

**Awareness is Low, and Stigma is High**

CVD is the leading killer of women in the U.S., but surveys have revealed that most women are not aware of this fact. To evaluate current-day awareness and attitudes, researchers surveyed both practicing physicians and non-physician women in 2014.

The 200 primary care physicians (PCPs, including 50 obstetrician/gynecologists) and 100 cardiologists from an online invitation-only database were surveyed about their knowledge of CV risk, risk assessments and treatment. About 1,000 randomly selected, nationally representative women (age range, 25–60; response rate, 43%) were surveyed about CV risk, health practices and health behaviors.

Overall, 45% of women were not aware that CVD is the foremost killer of women. Women with personal connections to heart disease had greater awareness, but only about 10% knew a woman who died from CVD. About 25% felt that having CVD was “embarrassing,” and 45% reported that they had canceled or postponed a medical appointment because of self-consciousness about their weight. Fewer than 40% of PCPs rated CVD as their top concern; weight and breast health received higher rankings. Furthermore, only 20% of PCPs and 40% of cardiologists reported being well-prepared to assess CVD risk in women. Most physicians did not carry out the risk assessments recommended by the American Heart Association.
In addition to decreased CV risk, people with the most simple 7 health factors had the lowest risk of developing chronic kidney disease and dementia.

We may look for breakthroughs in heart disease prevention, but it seems that most of what we need to know is already known. **Lifestyle is the foundation of CVD risk reduction efforts**, and developing healthy lifestyle habits early will pay dividends over a lifetime.  

**Diet**: We give our patients a dietary handout which is based on our August 2016 *Heartbeat.* We discourage eating carbohydrates (refined grains, starches, sugar) that are worse for the CV health than fats and encourage eating more fatty fish, seeds, nuts, high-fiber whole grains and non-starchy vegetables. We urge all to eat less meat, which is bad for our health and the planet.

**Exercise**: We then discuss exercise and “survival of the fittest.” All activity is good, whether 10,000 steps/day (pedometer) or 150 minutes/week. *Exercise is medicine and dose related.* It is important to emphasize that if weight loss is a goal, that diet and calories are the most important part of any weight-loss program.

**So, What’s the Plan?**

Years of CV prevention research have identified the lifestyle habits and risk factors that cause CVD. Multiple clinical trials have also established that controlling these risk factors reduces CVD risk in women as well as men.  

We think the plan should include education of women and physicians, and be based on the American Heart Associations **“Life’s Simple 7.”**

**Life’s Simple 7** are the ideal CV health factors/goals that include healthy blood pressure (BP), cholesterol, blood sugar, diet, body weight, enough physical activity and not smoking.
The use of evidence-based preventive medication will have the greatest measureable impact on reducing incident CVD events in higher-risk women (primary prevention) and recurrent events in women living with CVD (Table 1). This table is based on current guidelines.\textsuperscript{12,13}

**BP:** We continue to tweak the goals for BP, cholesterol and blood sugars. Updates for plans for each of these were covered in detail in separate Heartbeats earlier this year, pending new guidelines (www.sjhg.org). We believe goal BPs will be decreased back to 130/80 mmHg, except for those over 75 years (140/90) in the new guidelines.

**Cholesterol:** Additionally, we believe lipid goals will be brought back with the new cholesterol guidelines, as they are helpful for both doctors and patients, and the newer data support even lower is better.

Primary prevention statin and aspirin therapy requires estimation of 10-year atherosclerotic cardiovascular disease (ASCVD) risk.\textsuperscript{14} The Pooled Cohort Equations used in the American College of Cardiology (ACC)/American Heart Association (AHA) ASCVD calculator perform quite well in both white and African-American women in the general U.S. population.\textsuperscript{15,16} Statins reduce the risk of stroke as well as CHD in women, with similar reductions in overall CVD risk in women and men.

Presently, we’re recommending aspirin in all for secondary prevention, but only in those at very high risk—> 20% equal to those with known CVD, like diabetes and chronic kidney disease, with additional risk factors for primary prevention—because of downside bleeding risk. We’ll discuss consideration for aspirin usage with intermediate-risk patients.

**Conclusion:**
Awareness of CVD remains largely inadequate in both women and among physicians. Our goal is to improve awareness both among women and physicians and increase risk factor control in women, as well as men. We urge lifestyle intervention for all and strongly recommend calculating 10-year CHD risk (ACC/AHA CV Risk Calculator [2013] in Qx Calculate—on your cell phone) and to treat your patients accordingly.
References