> "Heart disease is the number one cause of death in women."

WOMEN, HEARTS, AND HEALTH

Thanks to high profile awareness programs like the *Red Dress Campaign* and *Go Red for Women* there is increased recognition that heart disease is the number one cause of death in women. We have made great strides in reducing cardiovascular death rates but since 1984, at any age, death remain higher in women than men.

In certain ethnic groups (Blacks, Native Americans and South Asian women) the risk for heart attacks is disproportionally high. Women present later with their heart attacks, are diagnosed later, respond less well to treatments and have more complications. These findings are highlighted in an important scientific statement published January 2016 by the American Heart Association.

Rather than focus on grim statistics there is a lot that women can do proactively to prevent heart attacks. TLC (therapeutic lifestyle changes) is very important. While smoking is declining in the U.S., women have not shown the same rate of decline. Multiple resources to help quit smoking are available and should be tried. Weight gain and obesity are increasing in women and result in a higher incidence of diabetes and heart disease. Carbohydrate restriction, smaller portion sizes, and increased physical activity can reverse this trend. Knowing your blood pressure, cholesterol reading and blood glucose are an important part of prevention. Please take the time to get these checked through your primary care professionals or at health fairs. Psychosocial stressors are a major contributor to heart disease risk. They are often unrecognized and untreated. Depression, marital stress, excessive workloads, physical and sexual abuse are all worrisome risk factors that need to be addressed.

Recognizing symptoms is another important aspect of prevention. The classic descriptions of chest pain (pressure, tightness and squeezing) certainly do exist in women but many other varied presentations also can represent a heart attack. Sharp, aching, soreness in the chest, fatigue, shortness of breath, anxiety, neck and jaw discomfort, indigestion and palpitations should not be ignored if they are severe or recurrent. Women often put family needs above their own which also contributes to delayed presentation and consequently worse outcomes.

On average, heart disease presents seven years later in women than men: but women are not average! If you have risk factors, family history, and symptoms do not ignore them. While your body's own estrogens provide protection to women, unfortunately hormone supplements do not. They actually increase the risk of heart attacks, strokes and blood clots. They should be used sparingly when needed to relieve perimenopausal symptoms.

In general, treatment of heart attacks presently is no different in women versus men. That is not to say that this is correct. Too many of our devices and drugs have not been adequately tested in women. Women are under-represented in most clinical trials thus limiting our understanding. Much of this relates to a lack of family and social support that would allow for greater participation. Similar participation concerns for cardiac rehabilitation have been seen. I encourage women to increase their participation in high quality clinical trials so that future therapies can be tailored more specifically for them.

Women represent more than half the world's population—its time that their heart health take an equally significant importance! ■

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