

Women and Heart Disease

Ignorance is not blissful; what you do not know will hurt you.
Learn what you can do to prevent heart disease.

Do more women die of heart disease than men every year?

Yes. More men have heart attacks than women, and have them earlier in life. But women have lower chances of surviving them because they are older when heart attacks occur. Studies show that 38 percent of women die within a year of a heart attack, compared with 25 percent of men. During the first six years following a heart attack, the rate of having a second attack is 35 percent for women, compared to 18 percent for men.

Do women have the same incidence of heart disease as men?

Yes. However, outcome for women is poor after heart attacks, stenting, and coronary artery bypass grafting surgery. Heart disease typically takes almost a decade longer to show up in women than in men. In women, it usually occurs after age 50, at a time when they are often concerned with other health problems, such as cancer, arthritis, or osteoporosis. These diseases tend to draw attention away from the very real threat of heart disease. As a rule, women have higher HDL (high-density lipoprotein, or “good”) cholesterol levels than men do. As women approach menopause, things change. LDL (low-density lipoprotein, or “bad”) cholesterol and total cholesterol levels start to rise. Loss of natural estrogen may contribute to cardiovascular disease risk after menopause.

Can heart disease be prevented and in some cases reversed?

Yes, by making a few simple changes in diet, such as portion control or perhaps beginning a regular exercise program.

How can women prevent heart disease?

With blood tests, diet, exercise, and medications. First, one needs to get a simple blood test, called the advanced lipid profile. This test measures 18 different factors in the blood. When you correct every abnormality in the blood with the help of medication, you help prevent and reverse heart disease.

We look at other risk factors—such as family history, smoking, obesity, diabetes and hypertension—as well.

If your family history strongly suggests a higher risk of heart disease, find out what risk factors you have inherited by having the necessary blood tests and then change your diet, start exercising, and take the medications your physician prescribes.

If you have a bad habit of smoking, then quit. If you are overweight, start exercising and lose weight. If you have diabetes, be aggressive in controlling your blood sugars and keeping it under control. Also, monitor your blood pressure regularly. The goal is to keep the systolic pressure under 120 goal of and diastolic under 80.

NOTE: Everybody with diabetes and a strong family history should be treated as though they already have heart disease and be aggressive in their approach towards prevention and treating it.

What is the best test to find out if a person has heart disease?

Using a CT angiogram taken by a 64-slice CT scanner; in less than 7 seconds, we can find out if you have plaque or not.

If I find out that I do have heart disease, what should I do?

The best thing would be to get the blood work done. Find out what genetic factors you have inherited and what is abnormal, as it relates to your good cholesterol and bad cholesterol, and start working on them.

Is prevention better than a cure?

Yes, especially in women.

Can regular blood work be done at a doctor's office?

No. In a regular physician's office, the blood work done basically calculates the level of bad cholesterol, which is not an accurate measurement. A better measurement is the Advanced Lipid Profile, which actually measures the levels of both good and bad cholesterol you have, and also determines the size of the particles.

Is this advanced lipid profile done routinely in every doctor's office?

No, only a few doctors in the country do this.

Can diet and exercise prevent heart disease?

No. If you have a strong family history and if you have other risk factors, diet and exercise will help slow the progression, but diet and exercise will not prevent it.

Why is the blood work so important?

If you do not know what you have inherited or what is wrong with your blood, how can you treat what you do not know?

What is the role of the Apo E genotype in advising patients about the diet they need to be on?

Apolipoprotein E (Apo E) is a large part of many lipoprotein particles. Apo E genotyping helps determine which patients need to be on a very low-fat diet and avoid fish oil, and which patients need to be on a high-fat diet. This blood test can even determine who can safely consume alcohol and benefit from it, and those who should refrain from drinking alcohol completely. There are three genotypes: 2, 3, and 4. If you are a 4, you should not smoke or drink alcohol and your diet should contain less than 20% fat, including monounsaturated fat. If you are a 2, you would benefit by consuming alcohol in moderation and increasing your fat intake to 35%.

In a nutshell, how can I prevent and reverse heart disease?

1. If you want to find out whether you have heart disease or not, get a CT angiogram.
2. If you do find out that you have plaques and do have heart disease, then get the advanced lipid profile performed. Find out what is wrong in your blood work and meet with an experienced dietitian who can personalize your dietary requirements. Be aggressive in changing your inherited factors, such as decreasing the level of lipoprotein (a) or Lp (a), which is a deadly cholesterol, and changing the particle size of the bad and the good cholesterol.
3. It would entail being on a combination of medications in addition to being on a low-calorie diet and exercising regularly. The secret is simple. The higher the good cholesterol and the lower the bad cholesterol, the bigger the good cholesterol size and the lower the bad cholesterol size, the lower the chance and incidence of heart disease.

Prevention is better than a cure, especially in women; knowledge is power.

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