

Matters of the heart

Prevention of Coronary Artery Disease in Women

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Cardiovascular disease is the leading cause of death in women. Approximately 1 million women will be diagnosed with coronary artery disease within the next year.

That is because the heart is a muscle that pumps blood throughout the body requiring constant oxygen delivery. The coronary arteries supply this oxygen to the muscle. When these arteries form plaque and become narrowed, the condition is called Coronary Artery Disease (CAD). CAD can then lead to symptoms and eventually a heart attack. Controlling risk factors can contribute significantly to a more positive outcome.

Risk factors include:

- Postmenopausal status
- Diabetes
- Peripheral Vascular Disease
- Typical Anginal Pain
- Hypertension
- Smoking
- High Cholesterol
- Advanced Age (over 65)
- Obesity
- Sedentary Lifestyle
- Family History of CAD (before age 55)
- Stress (or Depression)

Women's symptoms are often quite different than men and sadly enough they are more likely to die within the first year following a heart attack. Many physicians mistake their symptoms for panic disorder, stress and hypochondria.

The Framingham Heart Study found that approximately two-thirds of the women who died suddenly of CAD had no previous symptoms, stressing the need for early detection.

Some common symptoms

include fatigue, sleep disturbance, shortness of breath, indigestion/atypical chest pain, anxiety, heart racing (palpitations), weak or heavy arm(s), lightheadedness, and nausea.

There are several steps to take to lower your risk and prevent adverse cardiac events. These include:

Smoking Cessation- Tobacco smoke contains more than 4,800 chemicals that can damage your heart and blood vessels.

Avoid Sedentary Lifestyle- Regular activity and exercise assist with diabetes, high blood pressure, weight gain and stress.

Consume Healthy Foods- Some examples include whole grains, fruits and vegetables, low-fat dairy products, legumes and omega-3 fatty acids found in fish, such as salmon. Avoid trans-fats.

Maintain a Healthy Weight- This helps with blood pressure, cholesterol and blood sugar control.

Reduce Stress & Treat Depression- Some strategies include: exercise, adequate sleep, relaxation techniques, meditation and psychotherapy.

Although coronary heart disease (CHD) will often develop in women over the age of 65, many studies have shown that atherosclerosis can actually begin very early in life.

Early screening and detection for the following could potentially prevent the onset of CHD:

Homocysteine Level- Elevated levels in patients with strong family history of premature CAD may benefit from the vitamin folate.

C-Reactive Protein- This byproduct of blood vessel inflammation may be a marker for uncontrolled atherosclerosis and prompt the need for changes in

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lipid lowering therapy.

Fasting Lipid Profile- This includes the triglyceride, HDL ("Good Cholesterol") and LDL ("Bad Cholesterol") levels. Bad combinations of these element scans lead to plaque build up and instability. Those patients with strong family history of premature CAD and negative lipid profile above may need advanced testing for Lp-a and small dense LDL.

Blood Pressure Measurement- Major long-term trials have shown benefit of beta blockers and thiazide diuretics in reducing CAD and stroke risks in those patients uncontrolled with diet and exercise alone. Avoid excess salt intake.

EKG (Electrocardiogram)- Your doctor uses the EKG to: assess your heart rhythm, diagnose poor blood flow or a heart attack and evaluate certain other abnormalities of your heart, such as an enlarged heart.

Stress Tests- Those patients with typical or atypical symptoms and/or abnormal EKG should

undergo risk stratification by specialized stress testing and imaging (Nuclear Perfusion studies and Echocardiography in an accredited and standardized facility).

Many diseases and conditions that increase your risk of developing CAD can be successfully managed with medicines and lifestyle changes, but should be discussed in detail with your cardiologist. Early detection and screening remains paramount.

Dr. Louis J. Scala, lead physician at Cardiac Care Group, has been trained in Internal Medicine at Brown University, as well as in Cardiology at Cedars-Sinai Medical Center (UCLA) where he received his board certification. For more information or to make an appointment with Dr. Scala, please call (239) 574-8463 or visit www.FLCCG.com.