



# Know the Risks: Heart Health and Women

## Risks

About 70-75% of heart disease is preventable, so it is important to know the risks in order to make necessary lifestyle changes. Dr. App advocates especially for women to understand their risk. Both men and women are affected by the traditional risk factors, including diabetes, smoking, being obese or overweight, physical inactivity, high blood pressure, and abnormal lipid results in blood work. But women have other risks.

As an OB/GYN and a menopause certified provider, Dr. App is aware of the additional risks of heart disease that affect women compared to men. “The American Stroke Association is including early menopause in their guidelines for increased stroke risk. The American Heart Association includes pregnancy risk factors such as gestational diabetes, pregnancy-induced hypertension, preeclampsia, recurrent pregnancy loss, and preterm birth.”

Why are pregnancy and menopause considered risk factors? Dr. App answered, “Pregnancy-induced hypertension and recurrent pregnancy loss can put you at risk of hypertension and diabetes as you age. You should still be monitored no matter when you had your pregnancy.” As for menopause, “Menopause has the declining estrogen. Overall cholesterol rises, LDL rises. This is not always acknowledged by general physicians. Hormone therapy, for the appropriate patient, can be used safely in menopause. Research suggests it is believed to be protective of heart disease because it slows down the progression of plaque and calcification of plaque.”

According to Dr. App, “Risk factors are all on the rise. 85% of women will be pregnant, but 100% will have menopause. We can treat heart disease, but we need to put in the work. Women are living 30 years after menopause. Older women want to live well and strong. It can be done.”

Dr. App recommends a diet rich in fruits, vegetables, and whole grains; fish or fish oil, vitamin D supplements if your vitamin D levels are low, decreased alcohol consumption, and hypertension management. She also recommends reviewing your risk assessment with your provider or scheduling an appointment with one of the doctors at NorthShore Health Center. Most importantly, “Advocate for yourself.”

NorthShore Health Center is a healthcare provider for anyone, whether they are insured, uninsured, or underinsured. With over 20 locations in Lake, Porter, LaPorte, and Jasper counties, they are working to meet the healthcare needs of the people in Northwest Indiana. From health centers to small clinics, they are making it possible for residents to have access to quality, affordable health care. NorthShore Health Center is caring for the hearts and well-being of its patients, whether it is primary and preventative health care to specialties like obstetrics and gynecology.

**H**eat disease is the leading killer of men and women, but that is where the similarities end.

The symptoms of a heart attack in men are typically obvious to see and cannot be ignored: sudden onset of chest pain, pain radiating down the left side and arm, and, in some cases, collapsing and going unconscious.

Dr. Megan App of NorthShore Health Center specializes in OB/GYN and women’s health. She has over 20 years in the healthcare field, including serving as senior gynecologist at Stroger Hospital in Cook County and OB/GYN at the University of Illinois at Chicago. Her experience treating women from their childbearing years through menopause is connected with understanding the guidelines of cardiovascular disease in women.

“Women are biologically different,” App said. “Most of the research was done on men. It was only until the 1990s that more research included women.

In 1993, Public Law 103-43 was signed by President Clinton. The National Institutes of Health (NIH) Revitalization Act of 1993 mandated the inclusion of women and minorities in all NIH-funded clinical research. Today, research shows how women’s symptoms are different, symptoms that were dismissed as something else and delayed treatment for heart attack symptoms.

## Symptoms

Dr. App listed the symptoms: “Fatigue, feeling rundown, chest pain comes and goes, flu-like symptoms. All of these can be written off as something else. Women are programmed to take care of everybody else and they themselves can find a reason why they feel fatigued or run down but likely not think it is related to heart disease or a heart attack. What happens is that because women have atypical symptoms of a heart attack, they are not taken as seriously as someone with sudden chest pain and collapsing.”

When not taken seriously, delays can cause more problems for women. “Women present differently,” Dr. App explained. Since women have more vague, non-specific symptoms, medical providers may not recognize it as heart attack and relate their symptoms to anxiety or something else, “women are already delaying in diagnosis and even management.” Men typically have larger blockages in their arteries, and their symptoms are noticeable upon exertion. Women are likely to have microvascular disease with smaller plaque buildup in smaller vessels. It means less blood flow, less blood supply, and less oxygen to the body. “It is because women tend to have microvascular disease, which is why they present differently than men.” Dr. App pointed out that the delay in care and management can be more devastating to women. “Women are more likely to die after their first attack, more likely to develop cardiac failure, and more likely to be disabled.”

In the emergency room, diagnosis is as easy as running a cardiac enzyme test. The enzyme troponin is released into the bloodstream when the heart muscle is damaged.

