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Women and the Risk Factors of Heart Disease

Some risk factors affect women differently from men

By DrRich

While many women (and unfortunately, many doctors) apparently still do not know it, heart disease is the number one killer of women. About a half million women die of heart disease each year in the U.S. - indeed, more women than men die from cardiovascular disease. So it is as important for women as for men to control the risk factors that lead to heart disease. Aggressively managing risk factors can prevent or delay the onset of heart disease, even in women with strong family histories. In those who already have heart disease, control of risk factors can delay or even halt the progression of the disease, and strongly improve outcomes.

Non-controllable risk factors:

- Family history of coronary artery disease or stroke
- Age 55 or older
- Being post-menopausal, or having your ovaries removed

A family history of premature cardiac disease (less than 60 years,) especially in a sister or brother, may be a particularly important risk factor in women.

Controllable risk factors:

- Obesity
- Sedentary lifestyle
- Smoking
- Hypertension
- High total cholesterol, and/or reduced HDL cholesterol
- Diabetes
- Metabolic syndrome
- Increased C-reactive protein (CRP)
- Use of birth control pills, especially if also a smoker
- Complicated pregnancy (hypertension, diabetes, low birth weight)

Obesity and sedentary lifestyle: These two risk factors are more common in post-menopausal women than in men the same age. Women tend to be caregivers, and (research suggests) out of a sense of duty have a hard time justifying behaviors that are "just for me," such as regular exercise. As a result older women may be prone to inactivity and obesity, strong risk factors for heart disease and stroke.

Smoking is a particular problem for women, as it accounts for the vast majority of heart attacks in women under the age of 45, and is a phenomenal multiplier of risk in women with family histories of heart disease. And birth control pills make things even worse - the combination of smoking and birth control pills increases the risk of early heart disease by 20-fold.

Hypertension is a major risk factor for heart disease and stroke. It is very common in women over 55, and is heartbreakingly undertreated. But good treatment is well worth the effort - ask anyone who has had a stroke.

Cholesterol abnormalities greatly increase the risk of heart attack and stroke. Low HDL levels are a more important risk factor in women than in men. Evidence is mounting that achieving very low LDL levels, and/or substantially raising HDL levels, can actually halt or reverse coronary artery disease. In many women cholesterol can be controlled with diet and exercise, but often drug therapy with statins or other medicine is also needed.

Diabetes is growing in frequency, right along with one of its root causes - obesity. Diabetes should be thought of as a disease of blood vessels as much as a disease of sugar metabolism, as it greatly increases cardiovascular risk. The risk of heart disease in women with diabetes is increased as much as 6-fold.

Metabolic syndrome, particularly common in post-menopausal women, greatly increases the risk of heart disease and stroke. It is diagnosed by the presence of at least 3 of these 5 features:

- Central obesity (for women, a waist size greater than 35 inches)
- Triglyceride levels greater than 150 mg/dl
- HDL cholesterol ("good" cholesterol) less than 50 mg/dl
- Fasting blood glucose greater than or equal to 110 mg/dl
- Blood pressure greater than or equal to 130/85

Metabolic syndrome is probably an early stage of type II diabetes. While drugs can be used to help control various aspects of metabolic syndrome, the ideal treatment is exercise, diet control and weight loss.

C-Reactive Protein (CRP) is a relatively "new" risk factor that appears to be more important in women than in men. Increased CRP levels indicate active inflammation, and a high CRP level usually can be assumed to mean that blood vessel inflammation is present. Especially in women, inflammation is thought to be a major factor in the erosion or rupture of coronary artery plaques. Recent evidence suggests that reducing CRP levels (with statins) lowers the risk of heart attack in some patients with coronary artery disease. Here is a discussion of when you ought to have your CRP measured.

Finally, it now appears that women who develop certain complications during pregnancy - specifically preeclampsia (significant hypertension), gestational diabetes, or delivering low-birth-weight babies - have a significantly higher risk of early cardiovascular disease and death. Women who develop these complications should begin to aggressively manage all their cardiovascular risk factors, and for the rest of their lives.