



HEARTFELT DIFFERENCES BETWEEN MEN AND WOMEN

6 Life-Saving Tips for a Heart-Healthy Lifestyle

by Wendy Elliman

The Hollywood Heart Attack

As every movie-buff knows, heart attacks strike stressed portly men in their 60s and frail older men in their 80s. A Hollywood heart attack is familiar and unmistakable: a man gasps with sudden searing pain, he clutches at the left side of his chest, groans wretchedly and falls to the floor, at best comatose and at worst dead.

Although this cliché persists on the silver screen, we now know that it is, in fact, only partially correct — an error for which movies bear no more than minimal blame. Hollywood took its cue from doctors, who “for decades believed that heart failure was a man’s disease, in whom it often presents very much as movies show,” says Prof. Chaim Lotan, 63, past president of Israel’s Heart Society and director of the Cardiovascular Division at the Hadassah Medical Organization (HMO) in Jerusalem. “For women, it was thought breast cancer posed a far greater risk. Even as our understanding of heart disease grew and therapies improved, men remained the focus of research, statistics, diagnosis and treatment.”

For generations of physicians, chest pains in men indicated a precarious heart condition, whereas in women they most likely signaled a simple panic attack. “It’s only in the past decade that the medical profession has recognized its built-in bias,” says Lotan.

This recognition, he explains, has shed bright light into the previously ill-lit area of heart disease in women. “We know now that heart disease kills as many women as it does men, if not more,” he says. “It is, in fact, the primary killer of women in the developed world, claiming one in four female deaths in the US — fully double the number of those felled by breast cancer, and more than those killed by all cancers

combined. We've also learned that women usually reach a far more advanced disease-stage than men before seeking medical help, which makes their risk of complications correspondingly higher. And, perhaps most significant of all to cardiologists, we've discovered that heart disease presents differently in the two genders. That is, men and women with the same condition suffer different symptoms."

Not Like Men

Contrary to Hollywood's dramatic portrayal, women with heart disease often experience no more than vague discomfort, or as a HMO patient named 'Tamar' puts it: "not pain that really hurts."

Tamar was admitted to HMO's Heart Institute late one Friday in October 2015. US-born, she had moved to Israel 25 years earlier and was an apparently healthy 49-year-old woman — a mother of four, a non-smoker and a vegetarian, who watches her weight carefully and exercises regularly. "I'd had a tingling in my chest for about two months before it became the actual pain that brought me to the ER," she says. "My family doctor had thought it was stress-related (two of my children are currently doing their military service), and he'd given me Valium, but my feeling of unwell-ness persisted..."

Despite Tamar's worsening chest pains, even the ER team thought that stress was the likely cause. But they ran the routine chest-pain tests and came up with ECG changes and elevated cardiac enzymes — more than enough to send Tamar for coronary angiography first thing Sunday morning. "Angiography clearly showed a tight stenosis or narrowing of the patient's left coronary artery — one of the heart's major blood pipelines which feeds the left side of the heart muscle," says Prof. Haim Danenberg, 57, director of Interventional Cardiology at HMO's Heart Institute and Secretary of Israel's Association for Interventional Cardiology. "We unblocked the artery and stented it via cardiac catheterization."

“The moment they opened the vessel, the symptoms that had plagued me for months disappeared!” says Tamar.

“Fortunately, there was no damage to the patient’s heart, but that was sheer luck,” says Danenberg. “Tamar, it turned out, has two brothers with heart disease. She should have had a cardiac scan or stress test years earlier — or at very least when she experienced the tingling. But she was female and under 50...”

While women were once thought to develop coronary disease five to 10 years later than men, younger women are now known to be equally at risk. Many physicians, however, have yet to catch up: even with 8.6 million women globally dying each year from heart disease, some doctors are still eager to identify stress as opposed to heart disease in their younger, female patients. So what should women be doing to help themselves?

Six Symptoms

First, says Lotan, all women should realize their potential risk, even those who are relatively young and have heart-healthy lifestyle habits — non-smokers who exercise regularly, drink modestly, eat nutritiously and control their weight, blood pressure, cholesterol and stress levels. And, second, all women should be aware of the vague and sometimes silent symptoms of heart attack in their gender so they can rapidly seek appropriate help. The symptoms are these:

- ▶ Most common is *discomfort or pain anywhere in the chest*. While it can feel truly unpleasant like a tightening vise, the sensation of squeezing or fullness is more ambiguous than the excruciating pain experienced by men on the chest’s left side.
- ▶ Women experience *pain in their arms, back, neck or jaw* more commonly than men — gradual or sudden pain that can come and go before growing intense.
- ▶ *Abdominal pain or pressure* (“like an elephant sitting on your stomach”) is another signal, one often confused with heartburn, flu or stomach ulcer.

▶ *Difficulty breathing, nausea or lightheadedness* when inactive can indicate that a heart attack is underway.

▶ *Sweating* — a cold sweat that feels stress-related, rather than one which comes from heat, exercise or hot flashes.

▶ *Fatigue*, even when sitting still. A walk to the bathroom feels like a challenge.

“Not everyone experiences all these symptoms,” says Danenberg. “But if a woman has discomfort in her chest, and especially if she has any of the other indications with it, she should get herself to an emergency room — ideally in an ambulance. A friend may not get her there fast enough, and driving herself is clearly a bad idea.”

Phyllis Somers, a slender, fit 70-year-old Bostonian, is someone who took these warning symptoms... well, to heart. She is among 10,000 women reached by Hadassah’s US heart-health program, *Every Beat Counts*, in the two years since its launch. Preparing for her twice-weekly Zumba class, she felt odd pain in her face, neck and lower chest. Remembering what she had learned at the EBC session a few days earlier, she headed for the hospital. “I was embarrassed to call an ambulance, so I got a friend to drive me,” she says. When she was told her arteries were clear, she felt more embarrassed still — until the doctor added: “But your left ventricle isn’t working properly,” and promptly hospitalized her.

Why are Men and Women Different?

The new understanding that heart disease is as frequent in women as in men has raised central questions. One is, “Why does the disease present differently in the two genders?” And another, “Why do the risk factors differ?”

The answers are not yet in. Researchers have learned that many traditional risk factors for heart disease — smoking, diabetes, depression and metabolic syndrome (fat round the abdomen with high blood pressure, blood sugar and triglycerides) — pose greater risk to women than to men, but they do not know why.

Other factors belong exclusively or largely to women. Pregnancy's complications, such as hypertension and diabetes, may foreshadow heart disease. Estrogen, that most female of hormones, has also been fingered: its reduced levels after menopause may be a significant risk factor for cardiovascular disease of the smaller blood vessels — something not picked up by standard coronary disease tests, so possibly explaining why heart disease mortality has dropped more sharply for men than for women in the past 30 years. Estrogen comes up again in the research findings of a British team, published in late 2015: they showed that women with a certain version of the BRCA 1 gene (the gene that also predisposes to breast cancer) are more likely than women without it to have heart attacks and strokes — unlike men with this gene, who have no increased risk. The researchers believe the gene combines with naturally occurring estrogen in women and may raise risk of heart disease.

Caring Women

As well as these physiological differences between men and women, health researchers are taking note of sociological differences in the development of heart disease. “Speaking generally, women don’t take good care of themselves,” says Danenberg. “This is particularly true in certain communities, such as the ultra-Orthodox Jewish and Arab populations here in Jerusalem. In both, women tend to have many pregnancies and look after large families, often neglecting their own nutrition, weight and fitness. Add passive smoking and diabetes, both of which are high in these groups, then factor in under-diagnosis and under-treatment — and it’s small wonder that we see many women from these backgrounds with advanced heart disease as early as their 50s and 60s.”

Even among secular Western women, he says, the tendency is to nurture family rather than self. “How many women know their blood pressure and cholesterol numbers? This is something we should all know about ourselves.”

The Faster, the Better

Once diagnosed, there is little difference in how men and women are treated — with women benefitting immeasurably from the revolution of recent decades in treating this ‘man’s disease.’

“When I was a young physician, we hospitalized heart attack patients for three to four weeks, then sent them home for a long recovery,” says Danenberg. “A third died within the year. Today, catheterization opens clogged arteries within hours, saves heart muscle and gets patients back to work in days. Mortality is down from 30 to 3 percent. And whereas age 70 to 75 was once considered the upper limit for catheterization, we now perform it successfully in patients in their 90s and or even over 100.”

Effective interventions are available, but women have to know about them to benefit. In the US, Hadassah’s *Every Beat Counts* reaches thousands of women with educational events and programs nationwide. In Britain, *The Woman’s Room* is an online community established by the British Heart Foundation where women share experiences and put questions to experts. In Israel, HMO has opened community clinics in Jewish and Arab neighborhoods, whose primary aim is early detection. But most effective of all is for women to take control of their own health, and consciously keep their hearts healthy.

What Should Women Do To Reduce Their Risk Of Heart Disease?

As with every other health issue, prevention will always surpass cure. “Every step walked, every cigarette un-smoked, every calorie uneaten contributes to heart-health,” says Lotan. “An estimated 60 to 70 percent of heart attacks can be prevented by a healthy lifestyle.”

The ways to minimize the risk of heart disease, he says, are these:

- Be aware that heart disease is the no. 1 killer of Western women.

- Be aware of its symptoms and that they differ in men and women.
- Quit or don't start smoking.
- Exercise regularly — walking is probably simplest, but stairs instead of elevators, a bike instead of a car, sit-ups or push-ups while watching TV are all useful, too.
- Watch your weight. A BMI of 25 and above or a waist circumference greater than 35 inches (89 cm) indicate overweight.
- Avoid saturated fats, cholesterol and salt.
- Take prescribed medications appropriately (blood pressure medications, blood thinners, aspirin).
- Manage high blood pressure, high cholesterol and diabetes.

With men from Mars and women from Venus, is it any surprise that their hearts beat to different drummers?

For more information about Hadassah's Heart Health initiatives, please contact

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