



WOMEN'S CARDIOVASCULAR HEALTH

Northwestern's Bluhm Cardiovascular Institute
Center for Preventive Cardiology

Program for Women's Cardiovascular Health

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Cardiovascular Disease in Women

The No. 1 health threat to women over the age of 25.

Cardiovascular disease is the number one health threat to women over age 25. Each year, six times as many women die of cardiovascular disease than breast cancer. The condition affects 1 in 3 women - approximately 8 million women in all. More women than men die each year from heart attacks, stroke and other cardiovascular conditions, yet women are less likely than men to receive appropriate care.

Research shows that women must be approached differently than men when it comes to cardiovascular health. Women's symptoms for cardiac and vascular disease may manifest differently, and in general, women develop the first signs of cardiovascular disease after menopause, which is about 10 years later than men.



Risk Factors in Women

Modifying your risk factors can improve your quality of life.

Risk factors are habits, traits, or conditions that may increase a person's chance of developing a disease. However, research shows that modifying your risk factors can prolong and improve the quality of your life. The key is to know your risk factors and to modify them.

Risk factors you CANNOT control (non-modifiable)

- Age: As women age, the risk of cardiovascular disease and stroke increases. Specifically, the risk increases as women enter menopause.
- Family History: If your brother or father had a heart attack before the age of 55 or if your mother or sister had a heart attack before the age of 65, you are more likely to develop cardiac disease.
- Race: African-American women are more likely to develop cardiac disease and stroke than white women.

Risk factors you CAN control (modifiable)

- Diabetes: Women with diabetes are 2 to 6 times more likely to develop cardiovascular disease.
- Heart Healthy Nutrition: Reduce your risk of cardiac and vascular disease by making healthy food choices.

Every woman should know what her risk level is and talk to her doctor about prevention goals and the best way to reach them.

- High Blood Pressure: High blood pressure can be silent. The only way you will know your blood pressure is elevated is if your blood pressure is checked on a regular basis.
- High Cholesterol: Cholesterol should be screened at the age of 20. You should discuss your cholesterol levels with your doctor annually to ensure you are achieving your target cholesterol levels.
- Overweight: Being overweight or obese, or having a waist circumference greater than 35 inches, places you at a higher risk of developing cardiovascular disease.
- Inactivity: Those who are physically inactive are twice as likely to develop cardiovascular disease compared with someone who is physically active.
- Smoking: Smoking cigarettes and even secondhand smoke is a major cause of cardiovascular disease in women. Women on the birth control pill who also smoke are at a high risk for a heart attack and stroke.
- Stress Reduction: To improve the quality of your life and to protect your cardiac and vascular health, try to reduce the amount of avoidable stress in your life.

Women often have more subtle symptoms of a heart attack

Women often have more subtle symptoms of a heart attack, labeled as “atypical” (not typical). Although these symptoms are “atypical” for men, they may be very typical in women. Not everyone experiencing chest pain (angina) or a heart attack will have all of the usual warning signs.

The most important thing is that symptoms are recognized as possible heart attack symptoms. Getting help early can prevent lasting heart damage due to a heart attack. **Heart attack is a medical emergency. Call 911 immediately.**

Symptoms in women of a heart attack may include:

- Chest pain: Women often describe chest pain as a pressure, tightness or achiness in the center of the chest. Because chest pain experienced by women is often less severe than what is described by men, women should take milder chest pain very seriously.
- Pain or discomfort lasting more than 20 minutes in other areas of the upper body, including the arms, back, neck, jaw, or stomach
- Shortness of breath even without chest pain
- Breaking out in a cold sweat
- Nausea (feeling sick to your stomach)
- Feeling faint or woozy
- Fast heartbeat
- Unusual tiredness
- Trouble sleeping
- Problems breathing
- Indigestion (upset stomach) or loss of appetite
- Anxiety (feeling uneasy or worried)

Every minute counts for stroke patients and acting **F.A.S.T.** can lead patients to the treatment they need.

Stroke - the third leading cause of death

More than 100,000 women die from stroke each year (nearly twice the number of women who die from breast cancer), and 1 in 5 women can be expected to have a stroke by age 85.

Despite these figures, it is estimated that two-thirds of American women are not aware of symptoms of stroke or what to do when a stroke occurs.

It is important to recognize symptoms of stroke and act quickly. **If you experience or witness any of these symptoms, even if the symptoms only last for a few minutes, call 911 immediately. Stroke is a medical emergency.**

Symptoms in women and men may include:

- Sudden numbness or weakness of face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Symptoms in women may include:

- Sudden face and limb pain
- Sudden hiccups
- Sudden nausea
- Sudden general weakness
- Sudden chest pain
- Sudden Shortness of breath
- Sudden palpitations

Acting F.A.S.T. Saves Lives

Every minute counts for stroke patients and acting **F.A.S.T.** can lead patients to the stroke treatment they need. This simple test will help you detect stroke symptoms and Act **F.A.S.T.**:

F - Face: Ask the person to smile. Does one side of the face droop?

A - Arms: Ask the person to raise both arms. Does one arm drift downward?

S - Speech: Ask the person to repeat a simple sentence. Are the words slurred?

T - Time: If you observe any of these signs, call 911 or go to the emergency room.

CARDIOVASCULAR DISEASE AND CANCER THERAPY

Northwestern's CardiOncology Program is a collaboration between the Bluhm Cardiovascular Institute and the Robert H. Lurie Comprehensive Cancer Center. Due to the known correlation between cardiovascular disease and cancer therapies, the goals of this program include:

- Screen all cancer patients for cardiovascular disease.
- Assess the risk of developing cardiovascular complications from cancer therapy.
- Provide comprehensive cardiovascular care, specific to the unique presentation and needs of cancer patients.

Healthy women should participate in 30 minutes of moderate-intensity physical activity on most days of the week.

Exercise & the Woman's Heart

Quite simply, exercise can be a lifesaver for women with heart disease.

Your heart is a muscle. Like any muscle, it becomes stronger with exercise and pumps blood through the arteries to the body more efficiently. At the same time, exercise also improves the performance of the muscles in the rest of your body. Research shows that the specific benefits of regular exercise may include:

- Relieve or decrease the symptoms of chest pain (angina)
- Lessen fatigue, shortness of breath and perceived exertion during physical activity

- Prevent the build-up of blockages in the coronary arteries (vessels that supply blood to the heart)
- Reduce cardiovascular risk factors such as high blood pressure, diabetes and high cholesterol
- Help lose and maintain a healthy weight, especially when you also make healthy changes to your diet
- Reduce stress and improve your sense of well-being
- Improve overall cardiovascular functioning

For women with cardiovascular disease, it is necessary to achieve reasonable exercise goals, as well as receive appropriate pre-participation screening and explicit advice about your exercise program.



It is important that women with heart disease have a complete preconception evaluation prior to becoming pregnant.

Heart Disease & Pregnancy

What about pregnancy?

Often young women with cardiovascular disease are told that they should not become pregnant, when in fact, they may be able to undergo a safe pregnancy successful for both mother and baby.

At Northwestern Memorial Hospital, the Heart Disease and Pregnancy Program has nearly 25 years experience managing all forms of heart disease during pregnancy. The purpose of the Heart Disease and Pregnancy Program is to provide specialized, appropriate care for the pregnant women with heart disease.

Pregnancy places unique demands on the mother's circulatory system, which may cause problems if there is underlying heart disease.

Heart problems during pregnancy may develop because of the cardiac changes associated with pregnancy or the pregnancy itself may be affected by the underlying heart problem.

It is important that the women with heart disease have a complete preconception evaluation prior to becoming pregnant. This evaluation can be lifesaving and will help to promote a successful pregnancy and delivery.

HEART DISEASE AND PREGNANCY PROGRAM

It is important for all women of childbearing age who have heart disease and are considering pregnancy to receive a complete preconception health evaluation prior to becoming pregnant. The Heart Disease and Pregnancy Program takes a multidisciplinary approach involving specialists from maternal-fetal medicine (high-risk obstetrics), anesthesia, obstetrics, genetics and other medical subspecialties to provide comprehensive care for pregnant women with heart disease.

Women that will benefit from this program include women born with heart disease, those that acquire heart disease prior to their childbearing years and/or those that develop heart disease during pregnancy. Over 3000 women have been followed in this program with all types of heart disease.

If you want more information about pregnancy and heart disease, contact Northwestern's Heart Disease and Pregnancy Program. This program provides specialized care for pregnant women with heart disease. **Marla A. Mendelson, MD**, is a cardiologist and the program's founder and director.

She is known for her research on:

- Heart disease during pregnancy
- Heart disease in women
- Adult congenital heart disease

Please call **312-NM-HEART (664-3278)** or visit us at heart.nm.org for more information about our Heart Disease and Pregnancy Program or to schedule an appointment.

How We Help Women With Cardiovascular Disease

Program for Women's Cardiovascular Health.

Northwestern's Program for Women's Cardiovascular Health is founded on the principles of prevention, early detection, accurate diagnosis and leading-edge cardiovascular treatments and research.

Marla A. Mendelson, MD, medical director and **Vera H. Rigolin, MD**, associate medical director of the Program for Women's Cardiovascular Health and their fellow cardiologists are committed to meeting the needs of women affected by cardiovascular disease through a multidisciplinary team approach.

Together these cardiologists are dedicated to promoting women's awareness of cardiovascular health, addressing risk factors including stress, tobacco use, nutrition, and exercise and committed to conducting research clinical trials to advance the knowledge of cardiovascular care for women.

The Program for Women's Cardiovascular Health is developing a standard of care that recognizes the unique needs of women and tailors treatment strategies to optimize their specific cardiovascular needs.

For a complete list of all our cardiovascular specialists at Northwestern, visit heart.nm.org/find-a-cardiovascular-doctor.

Research

Ensuring our patients receive the most innovative care.

Patients treated at the Program for Women's Cardiovascular Health also benefit from clinical research trials that are ongoing at the Bluhm Cardiovascular Institute. The focus of these research trials are varied in our attempt to understand what predisposes women to cardiovascular disease and developing new, less invasive means of treatment.

CLINICAL OUTCOMES

Our expertise is why people come to the Bluhm Cardiovascular Institute - not because we claim to be the best, but because the results have proven we are.

At the Bluhm Cardiovascular Institute, we evaluate our clinical outcomes so that we can fully understand how our treatments and procedures benefit our patients. We regularly review and evaluate our clinical outcomes and, based on the results, develop methods to monitor and improve the healthcare we offer to our heart and vascular patients.

To learn more about our clinical outcomes, visit clinicaloutcomes.nm.org.



Northwestern Medicine and Bluhm Cardiovascular Institute

Recognized for providing exemplary patient care and state-of-the-art advancements.

Northwestern Medicine® is the collaboration between Northwestern Memorial HealthCare and Northwestern University Feinberg School of Medicine around a strategic vision to transform the future of healthcare. It encompasses the research, teaching, and patient care activities of the academic medical center.

Sharing a commitment to superior quality, academic excellence and patient safety, the organizations within Northwestern Medicine comprise a combined workforce of more than 25,000 among clinical and administrative staff, medical and science faculty and medical students.

The entities involved in Northwestern Medicine remain separate organizations. Northwestern Medicine is a trademark of Northwestern Memorial HealthCare and is also used by Northwestern University.

Northwestern Medicine ranks #11 in the *U.S. News & World Report* 2015-16* Honor of America's Best Hospitals. The hospital is recognized by *U.S. News & World Report* in 13 of 16 clinical specialties in #1 Illinois and Chicago in their state and metro rankings, respectively.

*U.S. News & World Report, America's Best Hospital, 2015-16

Northwestern Medicine has nursing Magnet Status, the nation's highest recognition for patient care and nursing excellence. For 15 years running, Northwestern Medicine has been rated among the "100 Best Companies for Working Mothers" guide by Working Mother magazine. The hospital is a recipient of the prestigious National Quality Health Care Award and has been chosen by Chicagoans as the Consumer Choice according to the National Research Corporation's annual survey for 15 years.

The Bluhm Cardiovascular Institute is a world-class heart and vascular program that is a destination for those requiring highly specialized cardiovascular care. Our clinical excellence, comprehensive programs and superior clinical outcomes have again been recognized at the national level.

In 2015-16 *U.S. News & World Report* ranked our Cardiology and Heart Surgery program #9 in the nation for the last eight years, the top ranked program in Illinois and the nation.

Need a second opinion?

The cardiologists, cardiac surgeons and vascular surgeons at the Bluhm Cardiovascular Institute are available for second opinion consultations on your medical and surgical treatment options for cardiac and vascular disease.

Please call **312-NM-HEART** (664-3278) to arrange a second opinion consultation or visit nm.org/secondopinion.

HEART HEALTH: WHAT TO ASK YOUR DOCTOR

Take healthy steps toward preventing cardiovascular disease by learning the risk factors, recording your personal numbers, and knowing your family history. The best way to use this form is to take it with you to your next appointment and discuss these items with your doctor.

Blood Pressure	Systolic/Diastolic _____ / _____ (Normal is less than or equal to 120/80)
Cholesterol	Total cholesterol _____ (This should be less than 200) HDL (good)cholesterol _____ (This should be greater than 50) LDL (bad) cholesterol _____ (This should be less than 100) Triglycerides (bad) levels _____ (This should be less than 150)
Test for Diabetes	Fasting blood glucose _____ (This should be between 60-99)
Smoker	Yes _____ Amount _____ (packs per day) No _____
Body Mass Index (BMI)	BMI _____ (Normal:18.5-24.9; Overweight:25-29.9; Obese: 30 or greater)
Waist Circumference	_____ inches (Women's waist circumference should be less than 35 inches)
Height and Weight	Height: _____ Weight: _____
Exercise	Am I getting a minimum of 30 minutes of moderate-intensity physical activity on most or all days of the week? Yes _____ No _____
Family History	Do I have any first-degree relatives (mother or sister before age 65, brother or father before age 55) with high blood pressure, high cholesterol, diabetes, heart disease, valve disease, heart attack, stroke, or sudden cardiac death? If yes, list relative and age when affected:

Ask your physician these questions:

1. Am I at risk? Yes _____ No _____

2. What can I do to reduce my risk?

Concerns to discuss with my physician: (Examples include chest pain during activity or at rest, lack of activity, etc): _____

For more information, please call: **312-NM-HEART (664-3278)**