

Women

Women have a higher incidence of heart disease, generally because they live longer than men and make up the majority of the ageing population. Although women tend to develop heart disease 10 years later in their lives than men, the effects are generally greater. Of particular concern is the fact that, unlike men, women are more prone to die after a heart attack.

Indeed, for women, the symptoms of a heart attack are markedly different from those experienced by men. Approximately 35% of female heart attacks are believed to go unnoticed or unreported, and because of increased age, women are more likely to have other diseases such as diabetes and high blood pressure.

Symptoms of a female heart attack

The typical heart attack symptoms tend not to be the classic 'tightness', discomfort or pain in the chest. Instead, women experience a wide range of sensations, including:

- An uneasy feeling in the chest
- Abdominal pain
- A fluttering heartbeat
- Shortness of breath
- Fatigue
- Nausea
- Dizziness and/or fainting
- Swollen feet

The problem is that these symptoms are easily dismissed as a stomach bug or even hunger. An indication that something more serious may be wrong is if the symptoms worsen when the heart is put under stress e.g. during exercise.

The protective effect of oestrogen

Oestrogen, the hormone produced by the female body, enables women to have children and helps keep their bones healthy. Oestrogen levels are highest during childbearing years and decline with menopause.

It is thought that oestrogen plays a protective role in the development of heart disease in women, but as oestrogen levels gradually decrease, the protection drops off, too.

Menopause increases the risk of heart disease in women by 3 times. After age 60, men and women are at equal risk of developing heart disease.

A hysterectomy (removal of the uterus and ovaries) increases the risk of heart attack sharply, but if menopause occurs naturally, the risk increases more slowly.

Changes in cholesterol levels associated with ageing

Women naturally have higher HDL ('good') cholesterol levels than men. Oestrogen tends to increase HDL cholesterol levels, which helps explain how pre-menopausal women are usually protected from developing heart disease.

Women also tend to have higher triglyceride (another type of fat) levels. As people get older, more overweight or both (which generally happens with increased age), their triglyceride and cholesterol levels tend to rise. With menopause the LDL ('bad') cholesterol level increases and their risk of heart disease increases to that of men.

Low HDL levels are more likely to contribute to heart disease-related death in women than in men. High blood levels of triglycerides may be a particularly important risk factor in women and in the elderly.

What is oestrogen/hormone replacement therapy?

These therapies help relieve the symptoms associated with menopause and protect against osteoporosis (bone disease associated with weakened bones and fractures) or other medical conditions associated with menopause.

Oestrogen replacement therapy is oestrogen, taken usually in pill form. Hormone replacement therapy (HRT) is oestrogen therapy combined with progestin (another hormone) and used for women with an intact uterus. Women who've had a hysterectomy don't need progestin and take oestrogen alone.

Can oral contraceptives do any harm?

Millions of women take birth control pills without complications, yet contraceptive pills could cause:

- High blood pressure.
- Abnormal levels of blood fats.
- Diabetes.
- Blood clots.
- Damage to artery walls.

If a woman on contraceptives has other risk factors such as an unhealthy diet, smoking, being overweight or inactive, high blood pressure or high blood cholesterol, her risk of developing blood clots and having a heart attack is increased, especially after the age of 35.

What about other protective factors of heart disease?

Although the risk for a heart attack is highest for women after menopause, it is the early health habits that ultimately determine the risk. Major risk factors include smoking, high blood pressure, high cholesterol, obesity, lack of exercise and being diabetic.

How do I prevent heart disease?

- Follow a healthy, balanced diet low in saturated fat (consult dietician).
- Don't smoke.
- Maintain your ideal body weight.
- Have the following checked regularly: blood pressure, blood cholesterol and blood glucose.
- Ask your doctor to assess risk factors thoroughly.
- Be aware of the symptoms of a heart attack or stroke.
- Exercise regularly.

Exercise as a protection factor

Some risk factors for heart disease have a stronger predictive value for heart disease in women as compared to men.

Regular exercise may have a positive impact on the cardiac profile of women.

Positive effects of exercise include:

- Lowering risk of the development of diabetes, which appears to be a stronger contributing risk factor for heart disease in women than in men.
- Lowering blood pressure.
- Possible improvements in cholesterol levels.

This is one in a series of brochures. For the full series and more heart smart information call the Heart Mark Diet Line on 0860 223 222 or visit www.heartfoundation.co.za

