



HEART OWNER'S *update*



TEXAS HEART[®] INSTITUTE

at St. Luke's Episcopal Hospital

SPRING 2004

Since 1962, the Texas Heart® Institute and St. Luke's Episcopal Hospital have enjoyed a successful relationship as partners in the advancement of cardiovascular research, education and patient care services. For 13 consecutive years, the Texas Heart Institute at St. Luke's has been ranked among the top 10 cardiovascular centers in the nation by *U.S. News & World Report's* annual "Best Hospitals" survey.

Heart Owner's Update is published by the Texas Heart Institute at St. Luke's Episcopal Hospital. To be added to the mailing list, call the Heart Information Center at (800) 292-2221. Questions and comments about *Heart Owner's Update* can be faxed to the managing editor at (832) 355-4366, or call (832) 355-3242.

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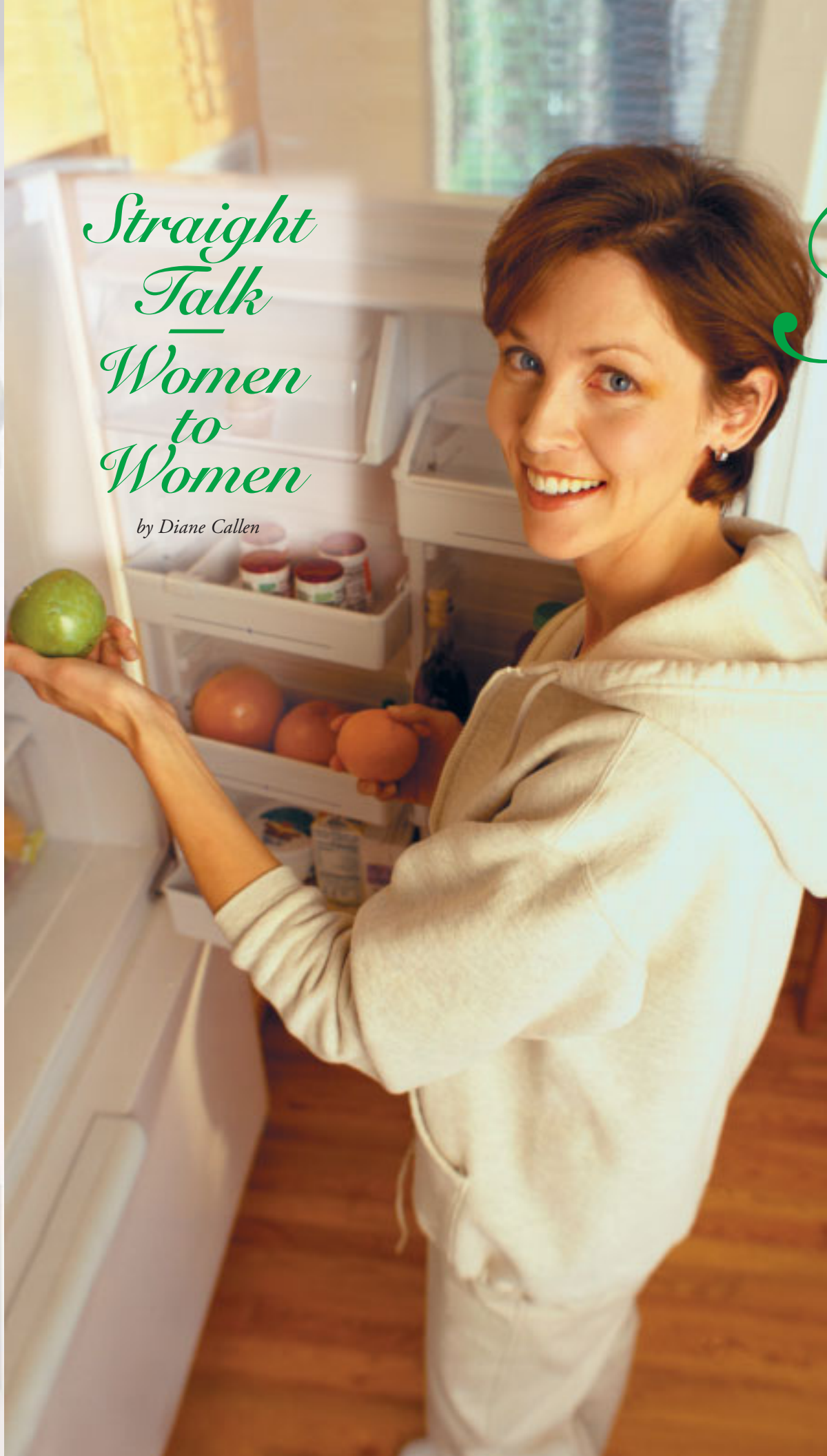
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On the cover: This sculpture is a gift to the Celebration of Hearts collection donated by the actress Polly Bergen.

Straight Talk Women to Women

by Diane Callen



“Ignored” is what Stephanie Coulter, MD, cardiologist on the medical staff at Texas Heart Institute and St. Luke’s, calls the situation.

Too often, women’s heart disease is ignored by primary care physicians, by emergency room staff and by women themselves,” says Dr. Coulter. “Partly that’s because when most people think of heart disease, they think of it happening to men— but fully half of all women die of a cardiovascular condition, including heart attack, stroke, peripheral vascular disease and heart failure.”

Although the average age at which women experience heart problems tends to be later than men, and although the signs and symptoms of women’s heart problems tend to be different than those of men (see related article, “Signs of Heart Attacks: The Female Facts”), the risk factors for heart disease hold steady.

“My goal is first, to alert women to the fact that they definitely are at risk for heart disease, and our risk factors leading to heart disease are exactly the same,” she says. “Second, I want to convince women to modify the risks that are within their power to control.”

The top five risks, in order, are

- smoking
- high cholesterol
- diabetes
- high blood pressure
- family history

About family history, Dr. Coulter clarified that not only do a woman’s genes go into building a family history but also the manner in which she is raised and her socioeconomic status.

“One woman recently told me of her concern that her father had died of a heart attack,” she stated. “But upon further inquiry, I learned that he smoked heavily, had high blood pressure and high cholesterol. She, on the other hand, had never smoked and had normal blood pressure and cholesterol. She had not ‘inherited’ his bad habits.”

The biggest reason that diabetes is so often mentioned as a risk factor is that women with diabetes tend to have a cluster

of traits that propel them toward heart problems. Many are overweight, sedentary, and have high blood pressure and high cholesterol. These, noted Dr. Coulter, don’t just add to a woman’s risks—they multiply those risks. A full 40 percent of women who have cardiovascular (CV) “events” have diabetes.

Being screened for diabetes is an important step all women in their middle years need to take. “We used to have no way of diagnosing early diabetes,” says Dr. Coulter. “Now we can identify insulin resistance before diabetes progresses to a more dangerous level—and when women control their diabetes, they are actually changing their destiny.”

Changing habits ingrained over many years isn’t easy. Should a woman start by going on a diet? by exercising? by taking medication?

“I see the best results when women move more,” declared Dr. Coulter. “If I can encourage a patient to exercise, most often by hearty walking, then very soon I’ll see her feel better, get motivated to eat right and lose weight. So ‘getting a move-on’ is exactly where I’d suggest a woman start toward a strong heart.”

Getting a Move-on!

The hardest part about starting a new exercise routine is just that—starting. You don’t have to run a marathon. You just have to get moving.

Here are a few strategies to get you moving:

- Set realistic expectations. Exercise won’t help you lose huge amounts of weight in a short period of time. Get real and you’re more likely to keep moving.
- Set short-term and long-term goals. Your short-term goal might be to walk a quarter of a mile every day for the first week. At the three-month point, it might be to walk three miles three times a week.

Signs of Heart Attacks:

One out of two. If you're a woman, those are your chances of dying from heart disease or stroke. Your odds of dying from breast cancer are one in 27.

Cardiovascular diseases affect more women than men, and heart attacks are generally more severe in women than in men. Failing to recognize and respond to symptoms of a heart attack may be part of the reason women experience a greater proportion of sudden cardiac deaths than men. That's mostly due to misperceptions on the part of women and their doctors. No wonder. The current warning signs of a heart attack are based primarily on studies of

Traditional Heart Attack Warning Signs (based on men's experience)

- pressure, fullness, tightness or pain in the chest lasting five minutes or longer
- constant indigestion-like discomfort
- chest pain that moves to the shoulders, arms, neck, jaw or back
- lightheadedness, dizziness, fainting, sweating or a sick stomach
- unexplained shortness of breath
- unexplained anxiety, weakness or tiredness
- palpitations, a cold sweat or paleness

white, middle-aged men. While these are important to know, adhering too rigidly to this list may lead to inaccurate diagnoses and delay in treatment for women.

“More and more, we're finding that men and women experience heart disease very differently,” says Frank Smart, MD,

a cardiologist and director of Advanced Heart Failure/Cardiac Transplantation at the Texas Heart Institute and St. Luke's Episcopal Hospital.

“Physicians need to take women's health complaints seriously and understand that not all the guidelines apply to women, whose heart symptoms may appear more non-specific,” he says. “It's important for women to have a good working relationship with their doctor and be aware of their own risk factors for heart disease.”

A recent study sheds new light on just how differently women experience heart attack than do men. A survey of more than 500 women found that 95 percent had specifically new and different symptoms up to a month before their heart attacks. Fatigue and sleeping problems top the list. More than 70 percent of the patients experienced no chest discomfort, as most men do.



The Female Facts by Kathy Watson

“Women could easily wave off their symptoms as being signs of stress or aging or simply having a very busy lifestyle. This study should serve as a red flag for women to pay attention to their bodies and look for trends, particularly women with known risk factors,” says Dr. Smart.

Risk factors among study participants were significant in that 96 percent had a family history of heart disease, 62 percent had a personal history of heart disease and 33 percent had diabetes.

“What women really need to notice are sudden changes in symptoms that are persistent over the course of a month. The women in this study described their fatigue and sleeplessness as severe—for example, being unable to make the bed without resting,” explains Dr. Smart.

How women respond to their symptoms could mean the difference between life and death. In the study, some of the women ignored their symptoms, whereas others repeatedly sought medical care only to have their doctors minimize, misdiagnose or ignore their symptoms.

The symptoms women described at the time of their heart attacks were also interesting. Nearly 58 percent had shortness of breath, 55 percent experienced weakness, 43 percent felt fatigue, 39 percent broke into a cold sweat and 39 percent had dizziness.

Notably, 43 percent of them experienced no chest pain. Of those that did, they described the discomfort as pressure, aching or tightness—not pain—and it mostly occurred in the back and high chest.

“The lesson here is to be aware of all the warning signs. Anyone who has any of these signs for five minutes or longer should see a doctor right away. And patients should be assertive in their care,” says Dr. Smart. “The bottom line is if you have a sudden change in symptoms and you’re just not feeling right, go to the doctor.”

Most Common Symptoms Reported by Women in the Month Before Heart Attack

71%	unexplained or unusual fatigue
48%	sleep disturbance
42%	shortness of breath
39%	indigestion
35%	anxiety



MAJOR RESEARCH CONDUCTED RIGHT HERE

During the past few years, the consensus has been growing: much more research is needed about women and heart disease.

One physician researcher and practitioner here is a leader in conducting such research. She is Nancy A. Nussmeier, MD, director of Cardiovascular Anesthesia Research at the Texas Heart Institute and an attending cardiovascular anesthesiologist at St. Luke's Episcopal Hospital.

Dr. Nussmeier is quick to say that many more women need to be included in clinical trials. Now they comprise just 25 percent of those enrolled in CV trials. She reports that the trials that have been completed to date show that, compared to men, women had more heart attack, more strokes, higher mortality, more bleeding and need for transfusions, longer need for ventilation, longer hospital stays, and more depression (judged at the one-month and one-year point) after heart surgery.

She's doing her part to advance research that focuses on women's experience with heart surgery. She is the primary investigator on a study concerning reducing the inflammatory response in women during heart surgery, and a recent grant from The Women's Fund for Health Education and Research funds the prospective study "Can Estrogen Reduce Transfusions and Improve Outcomes in Women Undergoing Heart Surgery?" Previous research by Dr. Nussmeier and her team suggests that hormone replacement therapy (HRT) reduces the risk of death for women who experience a coronary artery bypass graft. That retrospective study at Texas Heart Institute showed 6.7 percent

mortality for women without hormone replacement therapy vs. 2.3 percent for HRT recipients.

"Like previous investigators," she explains, "we found that advanced age, history of congestive heart failure and unstable angina were other independent predictors of mortality, but so was female gender without HRT."

It's clear that estrogen has something to do with women's heart conditions. As Dr. Nussmeier has reported, just passing menopause increases a woman's cardiovascular risk by two-to-four times. "At the same time, research doesn't validate the use of HRT as a primary prevention strategy—although it may be valuable for other reasons."

Another leadership role Dr. Nussmeier plays is heading a task force coordinating a series in *The Journal of Thoracic and Cardiovascular Surgery* concerning how gender differences affect patients undergoing CV surgery. She describes the articles as focusing on "gender differences in disease patterns and responses to therapy, the paradoxes, the possible reasons, and the unknowns," all intended to stimulate dialogue and future studies that help correct disparities in treatment.

Dr. Nussmeier challenges both women and physicians. To women, she urges that they take responsibility for their own health by modifying their risk behavior by reducing their weight, controlling their diabetes, hypertension and cholesterol. To her physician colleagues, she says, "It is important that women are treated as aggressively as men, with early recognition of risk factors and angina, so that women are referred while they are still viable for intervention."



TOP DOC

Dr. George Reul was named a "top doc" by *Good Housekeeping* magazine. The February issue listed the Texas Heart Institute and St. Luke's Episcopal Hospital as one of the leading cardiac centers for women in the U.S.

HEART TIPS FOR EVERY DECADE

Amy L. Woodruff, MD, sees women of all ages come to her cardiology practice for a wide range of heart problems. A young married woman who knows she has a congenital heart problem may want to plan ahead for pregnancy; another woman in her middle years might know she needs blood pressure-, cholesterol-, lipids- and diabetes-screenings. And women of all ages may experience palpitations, angina or other signals that say “Check This Out!”

To these and all women, Dr. Woodruff has plenty of heart advice to offer. But, she says, if she could give just one tip to women in each decade of their lives, she’d choose these:



Dr. Amy L. Woodruff

20s: IN YOUR 20s: COMMIT TO HEALTHY HABITS

“Women who smoke probably started in their teens,” Dr. Woodruff notes. “Becoming a non-smoker in young adulthood, before a great deal of damage is done, is the most important healthy habit. Rounding out the top three good habits are regular exercise and smart eating.”

30s: IN YOUR 30s: TEAM WITH YOUR DOCTOR TO ASSESS YOUR RISKS

High blood pressure and high cholesterol often show up during a woman’s 30s. “Many young adult women rely on their OB/Gyn as their primary physician—which is understandable, but now it’s also time to choose an internist with whom you have good rapport,” says Dr. Woodruff. “Together you can pinpoint any lifestyle changes you need to make.”

40s: IN YOUR 40s: DON’T LET YOUR BUSY LIFE SIDETRACK GOOD HABITS

By this decade, most women have completed their childbearing and have every minute filled with career and family obligations. “Exercise and healthy eating may fall victim to your time crunch if you don’t make a point of keeping your health a high priority. At the same time, don’t be reluctant to begin taking any cholesterol or blood pressure medication you may need.”

50s: IN YOUR 50s: KNOW YOUR NUMBERS

One big eye-opener for women in their 50s is the multiple medications their doctor may prescribe. “This is the time when women need to truly ‘take ownership’ of their own cholesterol, blood pressure, lipids and blood-sugar levels,” advises Dr. Woodruff. “It’s also not too late to put primary prevention measures into practice, so don’t hesitate to start exercising and eating right.”

60s (AND BEYOND): IN YOUR 60s (AND BEYOND): STAY ON TOP OF ANY DEVELOPING HEART ISSUES

Cardiovascular disease typically takes decades to hit full force, and after a woman passes 60, symptoms such as angina or shortness of breath may show up. “The 60s is the most likely decade to see a first clear manifestation of heart disease, so pain or any other sign needs to be taken seriously. Don’t wait!”

TIP FOR ANY TIME AND ALL TIMES: STAY ACTIVE

If you’re active now, keep up the good work. If you’re not active, explore your exercise options—and start now.

HEALTHY NUMBERS TO KNOW

St. Luke’s and the Texas Heart® Institute offer information, classes, and programs for your good health.

HEART INFORMATION CENTER
Whether you visit our recently opened Heart Information Center on the first floor of Texas Heart Institute at St. Luke’s Episcopal Hospital–The Denton A. Cooley Building, or call (800) 292-2221, you can find answers to your questions on heart disease and its prevention at the Center.

PHYSICIAN REFERRAL
(832) 355-4343
(800) 872-9355

STROKE PREVENTION AND TREATMENT PROGRAM
Stroke-related information and services. (832) 355-6000.

THE CENTER FOR CARDIAC ARRHYTHMIAS AND ELECTROPHYSIOLOGY
Information on arrhythmia diagnosis and treatment. (800) 238-4212

HEART FAILURE CLINIC AND PROGRAM
A comprehensive program for patients living with congestive heart failure. (832) 355-3961
(888) 293-6901
chf@slh.com

ST. LUKE’S NUTRITION CLINIC
Nutrition consultations by registered dietitians. (832) 355-2013

CHECK THE WEB
Find a wealth of health information by clicking on the Texas Heart Institute website at www.texasheartinstitute.org or visit the St. Luke’s home page at www.stlukestexas.com

GET CONNECTED
The Texas Heart Institute at St. Luke’s offers frequent educational events and learning opportunities for the public. If you wish to receive email notification of these events, please send an email to www.his@heart.thi.tmc.edu with the subject line: THI event list. Please provide your name and the email address where you wish to be notified. Other contact information such as a mailing address or phone number is optional.



My husband was prepared
for heart disease.
He just wasn't prepared for
it to happen to me.

THE #1 KILLER OF WOMEN ISN'T WHAT YOU THINK.

Since 1984, more women have died of heart disease than men. That's why Texas Heart Institute at St. Luke's Episcopal Hospital offers the *HerHealthyHeart* program as a way to educate women on risk factors, screening approaches and prevention. To learn your risks and take positive steps, schedule a *HerHealthyHeart* consultation at 1-800-292-2221, or attend our free seminar.

HerHealthyHeart Seminar - Saturday, June 26
Register at herhealthyheart.com or 1-800-292-2221.

visit herhealthyheart.com • 1-800-292-2221



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