



What Every Woman Should Know

About Heart Disease & Heart Attacks



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Introduction

What is Heart Disease?

Heart disease is any disorder that affects the heart's ability to function normally. The most common cause is a narrowing or blockage of the coronary arteries that supply blood to the heart. Like any muscle, the heart needs a constant supply of oxygen and nutrients. The results of heart disease can be a heart attack, stroke or heart failure. Peripheral vascular disease (PVD) also can occur.

Some people are at greater risk of developing heart disease than others. Risk factors that you cannot change include race, gender, age and family history. The good news is that you can reduce certain factors, which, according to research, may lower your chances of developing heart disease.

Are Women at Risk?

When it comes to heart disease and heart attacks, men have traditionally been in the headlines more than women. However, if you think you don't have to worry, think again. It's true that before menopause we're somewhat protected, thanks to estrogen.

But once menopause arrives and estrogen production declines, our risk slowly increases. In reality, we are about six times more likely to die of heart disease than of breast cancer. And heart disease kills more women over 65 than all cancers combined.

Dr. P. Phillips Hospital, a part of Orlando Health, is working hard to change this statistic. By educating women about heart disease and heart attacks, we can save thousands of lives every year. This booklet was designed to educate you and provide information on what you can do to protect yourself and your loved ones.

What is a Heart Attack?

A heart attack, also known medically as a myocardial infarction (MI), occurs when a vessel supplying the heart muscle with blood and oxygen becomes completely blocked. The vessel narrows by a slow buildup of fatty deposits, made up mostly of cholesterol. When a clot occurs in this narrowed vessel, it completely blocks the supply of blood to the heart muscle. That part of the muscle will begin to die if the inflicted individual does not immediately seek medical attention.

If an extensive amount of heart cells die, the remaining cells may not be able to keep the heart pumping. So, to minimize damage, it's crucial to get blood flowing again to all areas of the heart as quickly as possible.

Heart disease is the #1 killer of women, claiming more than 500,000 lives a year. And another 8 million of us live daily with the disease. Heart disease kills twice as many women in the U.S. each year than all forms of cancer. In fact, one in every two women will eventually die from heart-related diseases, while one in 25 will die from breast cancer. These are staggering statistics, but the good news is that unless you were born with heart problems, making a few lifestyle changes can add years to your life.

Chest Pain

When is it an Emergency?

Getting treatment as soon as possible after a heart attack can save your life. Just one hour can make a difference. But how can you tell when chest pain requires an antacid or a trip to the Emergency Department? The information below will help you distinguish a temporary twinge from a heart attack (and other pains in between). But remember, it's always best to err on the side of caution whenever you experience troublesome symptoms. Don't wait until it's too late to spare your heart.

Temporary Twinges

Muscle Strain: This usually happens after you've exerted yourself. Let's say you've picked up a heavy box or participated in an intensive exercise class. This kind of chest pain is just like the aching you feel when you've overused muscles in other parts of your body. While it's often very painful, muscle strain rarely is accompanied by other serious complications.

Indigestion: Often mistaken for a heart attack, indigestion frequently follows a heavy, high-fat meal. It's usually accompanied by one or more other symptoms such as nausea, feelings of fullness, belching and bloating.

Food Poisoning: Eating contaminated food will trigger a long list of symptoms in addition to chest pain: nausea, vomiting, sweating, abdominal cramps, diarrhea, thirst, confusion, vertigo and muscle weakness. A sure sign of food poisoning: a dining companion who at the same time has come down with the same symptoms.

Anxiety: Anxiety can cause people with no physical symptoms to complain of chest pain.

Serious Chest Pains

Pneumonia: Coughing, chills, headache and breathing difficulties are signs that the sharp pain you feel in your chest is not a symptom of heart disease.

Pericarditis: After a viral infection, the sac that surrounds the heart may fill with fluid. As the body changes position, the heart rubs against the inflamed membrane. This usually causes a sharp, piercing pain over the center or left side of the chest. However, some people experience a dull pain. Sitting up and leaning forward often relieves the pain, while lying down sometimes aggravates it. Pericarditis is often accompanied by fever, chills, weakness and anxiety.

Angina: Usually felt as a tight sensation in the mid-chest, angina pain—a symptom of heart disease—may shoot out to the left arm and fingertips. The discomfort, which lasts no more than five minutes, may also be felt in other areas, such as the jaw, teeth and between the shoulder blades. Angina pain generally is brought on by exertion, and stopping the activity usually brings immediate relief.

Women's Symptoms Are Different

Although women go to the doctor more frequently than men, we typically wait longer to call for help during a heart attack. That's partly because we aren't sure we're having a heart attack.

Heart attack symptoms vary widely. Your symptoms may be different from those experienced by a friend or relative. For instance, you may have only minor chest pain while someone else has excruciating pain. Additionally, women often have different heart attack symptoms than do men.

One thing applies to everyone, though: If you suspect you're having a heart attack, immediately dial 911. Don't waste time trying to diagnose the symptoms yourself.

Typical Heart Attack Symptoms for Women (Emergency)

Symptom	Description
Chest discomfort or pain	This discomfort or pain can feel like a tight ache, pressure, fullness or squeezing in the center of your chest, lasting more than a few minutes. This discomfort may come and go, and may not ease with rest.
Upper body pain	Pain or discomfort may spread beyond your chest to your shoulders, arms, back, neck, teeth or jaw. You may have upper body pain with no chest discomfort.
Stomach pain	Pain may extend downward into your abdominal area and may feel like indigestion or heartburn that doesn't go away even after taking an antacid.
Shortness of breath	You may pant or try to take in deep breaths. This often occurs before you develop chest discomfort.
Anxiety	You may feel a sense of impending doom or feel as if you're having a panic attack for no apparent reason.
Lightheadedness	You may feel dizzy or feel like you might pass out.
Sweating	You may suddenly break into a sweat with cold, clammy skin.
Nausea and vomiting	You may feel sick to your stomach or vomit.

Typical Warning Signs for Men

Classic symptoms for men include tightening in the chest, often accompanied by pain with numbness down the left arm. For women, sensations might be more subtle.

If you experience these symptoms and can still function, act quickly; immediately dial 911. Do not try to drive yourself. Painless diagnostic tests can detect narrowing and clots.

The Golden Hour

The Golden Hour

When it comes to treating a heart attack, just one hour can separate those who live from those who die. This “golden hour,” as it’s sometimes called, is that period during which heart tissue begins lacking necessary oxygen. Although the tissue is still alive, it will die unless oxygen is restored. If medical intervention takes place within the golden hour, the chance for survival is excellent.

Generally, when patients suffering from a heart attack arrive at Dr. Phillips Hospital, they receive thrombolytic, or clot-dissolving treatment. Half of the patients treated within the first hour do not yet have permanent damage. The patient may have a complete blockage, but the thrombolytic therapy dissolves the clot before part of the heart muscle dies.

If you or someone else may be having a heart attack:

- Seek help immediately. Do not ignore chest pain or discomfort. Time is of vital importance. Dial 911 for emergency transport to the hospital. Do not try to drive yourself.
- If you have regular-strength or baby aspirin available and you are not strongly allergic, chew and swallow one regular aspirin or a baby aspirin. At this dose, aspirin may help maintain blood flow through a clot-filled artery by inhibiting blood clotting. Chewing gets the aspirin into your system faster than swallowing it whole.
- If you have a prescribed heart medication, such as nitroglycerin, take it. However, **DO NOT** take someone else’s medication or give yours to someone else.

Heart Failure

Contrary to how it sounds, heart failure does not mean your heart suddenly stops. Heart failure is a chronic condition that develops slowly over time as the heart loses the ability to pump. Congestive heart failure is often used to describe all types of heart failure, yet congestion or fluid buildup is just one feature of the disease and may not occur in everyone.

Heart failure is a symptom of underlying heart disease and is closely linked with major risk factors for heart disease.

Women with diabetes have a greater risk of heart failure than men with diabetes. Part of the risk comes from diabetes’ association with other risk factors, such as high blood pressure, obesity and high cholesterol levels.

There are two main types of heart failure:

Systolic heart failure occurs when the heart is too weak to pump with enough



Heart Failure

force to push blood into circulation. Blood coming into the heart from the lungs may back up and cause fluid to leak into the lungs.

Diastolic heart failure occurs when the heart cannot properly fill with blood because the muscle has become too stiff to relax. This form may lead to fluid buildup, especially in the feet, ankles and legs.

Peripheral Vascular Disease

Peripheral vascular disease (PVD) often goes hand-in-hand with heart disease—if plaque builds in one area, it's common to find it in others.

PVD is a buildup of plaque in the vascular arteries outside the heart (peripheral)—that reduces the flow of blood from the heart. As a result, some parts of your body don't get enough circulation.

Plaque buildup often is not limited to one artery, but may involve arteries in other areas as well. More commonly affected areas are the legs, arms, kidneys and brain. Some people may have both coronary artery disease and peripheral vascular disease.

Symptoms

PVD symptoms depend on which artery is affected and how severely blood flow is reduced. The following are common:

- Cramping, aching or burning in your calves, hips and buttocks when you walk, but that stops while you're at rest
- Swollen and/or painful feet and legs
- Changes in the color or loss of hair on your feet and legs
- Sores on your feet and legs that will not heal
- Leg pain at night (not leg cramps)
- Lack of feeling (numbness) or tingling sensation
- Coolness
- No detectable or faint pulse in the legs, ankles or feet
- Thick and brittle toenails

Risk Factors for Heart Disease:

What Can I Do to Protect Myself?

While you can't do much about your family history, or your age, you can make lifestyle changes to avoid many real factors. Your family doctor can assess your risk for heart disease and help you make a plan to avoid or minimize many risk factors.

High Blood Pressure

Blood pressure is the amount of force applied by blood flowing against artery walls every time your heart beats. This pressure helps your blood carry vital oxygen to all limbs and organs in your body. When your blood pressure is too high, damage occurs.

Risk Factors for Heart Disease

High blood pressure is called the silent killer because there are no symptoms. The higher your blood pressure, the greater your chance of having a heart attack, heart failure, stroke and kidney disease. An estimated 1 in 4 American adults have high blood pressure.

What You Can Do

Have your blood pressure checked at least every two years, and if you have elevated levels, take steps to control it. Increase your physical activity, realize stress levels, and if you're going to drink alcohol, do so in moderation. Lose excess weight and take medication exactly as prescribed.

Blood pressure measurements consist of two numbers:

Systolic – pressure of blood against your artery walls when the heart has just finished pumping (contracting). It is the first or top number of a blood pressure reading.

Diastolic – pressure of blood against your artery walls between heartbeats, when the heart is relaxed and filling with blood. It is the second or bottom number in a blood pressure reading.

Blood Pressure Guidelines			
	Normal	Prehypertension	Hypertension
Top # (Systolic)	Less than 120	120–139	Greater than 140
Bottom # (Diastolic)	Less than 80	80–89	Greater than 90

High Cholesterol

Cholesterol is a wax-like, fatty substance made mainly by the liver. Your body uses it to produce certain hormones, vitamin D and bile acids that help digest fat. It takes only a small amount to meet these needs. If you have too much, the excess is deposited into arteries including the coronary arteries, where it contributes to narrowing and blockages that cause heart disease.

If your heart does not receive enough oxygen-carrying blood, you may feel chest pain called angina. If the blood supply to a portion of your heart is completely cut off by a total blockage of a coronary artery, the result is a heart attack. This is usually due to a sudden closure from a blood clot forming on top of a previous narrowing.

Cholesterol	Low Risk	Borderline High Risk	High Risk
Total Cholesterol	Less than 200	200–239	240 or over
HDL (good cholesterol)	40 and above	Less than 40	Less than 40
LDL (bad cholesterol)	Less than 100	130–159	160 and over

If you are diabetic or have one or more risk factors, check with your doctor because your cholesterol level goals may change.



Risk Factors for Heart Disease

Triglycerides

Most of your body fat comes in the form of triglycerides (lipids), which circulate in your bloodstream. Blood triglycerides are derived from two sources: the foods you eat (mainly sugar, animal products and saturated fats) and from your liver, especially during times when dietary fats are not available. High triglyceride levels may increase your blood's tendency to form clots, another important factor in clogged arteries. A high triglyceride level alone—with no other risk factors—raises your risk for coronary artery disease by 50 percent compared to people with normal levels.

If you have both high triglyceride levels and high levels of LDL cholesterol, you have a 300 percent greater risk of coronary artery disease. Add high blood pressure (140/90 mmHg or greater) and your risk increases to 500 percent.

Triglyceride Levels			
Normal	Borderline High	High	Very High
Less than 150 mg/dL	150–199 mg/dL	200–499 mg/dL	500 mg/dL or higher

Diabetes

Diabetes is a disease in which your body does not produce enough insulin or doesn't use insulin properly. Your body needs energy or fuel to function, so for this reason it makes a type of sugar called glucose. Insulin (a hormone produced by the pancreas) helps move glucose into cells where it is needed. If the pancreas does not make enough insulin, glucose stays in the bloodstream and your body does not receive the fuel it needs. The disease process in diabetes also damages the heart muscle.

Type I Diabetes – is usually diagnosed at birth or in childhood and requires daily insulin use. For some, Type I Diabetes has shown improvement through exercise and diet, enabling those with this type of diabetes to lower their insulin dose.

Type II Diabetes – once known as adult-onset diabetes, Type II Diabetes usually develops in adults and may be prevented or managed through diet and exercise.

What You Can Do

The symptoms of diabetes can go unnoticed for years while the disease takes its toll. That's why it is a good idea to have an annual screening after age 45. If you already have diabetes, regular exercise, weight control, a low-fat diet and regular doctor visits are a must. Diabetic women have a greater risk of heart disease and heart attacks.

Smoking

- A woman's breathing ability improves twice as well as a man's after she stops smoking.
- Secondhand smoke has been proven to cause cancer in humans, and is responsible for at least 3,000 lung cancer deaths annually. It is also the cause of more than 35,000 cardiovascular deaths and the aggravation of asthma and lower respiratory tract infections.



Risk Factors for Heart Disease

The health effects of smoking may take years to show up but will cause plaque to build in the arteries, heart disease, lung cancer and chronic obstructive pulmonary disease (COPD), including emphysema.

What You Can Do

Smoking is the number one preventable cause of disease and death in the U.S. A variety of methods are available to help you kick the habit. Any can work when used as part of a comprehensive, doctor-promoted cessation program. The key is to choose a method and replace the time spent smoking with other healthy activities.

Here's How to Quit

- Cold turkey
- Nicotine replacement therapy
- Nicotine gum
- Nicotine patch
- Nicotine nasal spray
- Nicotine inhaler
- Non-nicotine medication

The following organizations offer tips/programs to help you quit smoking.

M. D. Anderson Cancer Center Orlando, a sister facility to Dr. Phillips Hospital, offers smoking-cessation classes for a nominal fee. To learn more, call 321.841.7246.

The American Lung Association offers a free, online smoking cessation program called Freedom from Smoking at lungusa.org. For a free copy of other materials on quitting smoking, call any of these toll-free numbers:

Agency for Healthcare Research and Quality
800.358.9295

Centers for Disease Control and Prevention
800.CDC.1311 (800.232.1311)

National Cancer Institute
800.4.CANCER (800.422.6237)

Obesity

- Nearly 31 percent or 59 million American adults are obese.
- The prevalence of obesity, defined as a body mass index greater than 30 kg/m² has increased from 12.8 percent in 1976-1980 to 30 percent in 1999-2000.
- More than 64 percent of the U.S. adult population have a BMI greater than or equal to 25 kg/m².

Even without other risk factors, carrying extra pounds is enough to jeopardize your health. That's because high blood pressure, diabetes and cholesterol are all linked to obesity. The good news: a weight loss of just 10 to 20 pounds is enough to improve your outlook, even if you're still overweight.

Obesity is determined using the body mass index (BMI), based on a weight-to-height ratio. Anyone with a BMI of 30 or greater is considered obese.

Waist Circumference

An excess of abdominal fat, when out of proportion to total body fat, is considered a predictor of risk factors related to obesity. Women with a waist measurement of 35 inches or more are at risk of developing obesity-related health problems and heart disease.

A sound weight loss and management program begins with a visit to your doctor. He or she can assess your eating and exercise habits, and help you formulate a plan to lose weight in a safe manner. Additionally, the following sections on nutrition and exercise can help you get started.

Tips for Better Heart Health

Eat a Low-fat Diet

Eating nutritious, heart-healthy meals is simple because of choices available today. Many restaurants offer an array of salads and broiled chicken sandwiches, so eating right on-the-go is easier. To help you make informed choices, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture have put together some dietary tips.

About Fats

Less than 30 percent of the total calories you need daily should come from any type of fat and less than 10 percent of the total calories needed per day should come from saturated fat. Choose the right type of fat for better health.

Best – *Monounsaturated*: Olive, natural peanut, canola oils, avocados

Fair – *Polyunsaturated*: Safflower, sunflower, corn, soybean, sesame

Worst – *Saturated and trans fats*: Animal meats and fats (butter, sweet cream, cheese, whole milk), hydrogenated fats, vegetable oil or shortening, tropical oils, processed foods, non-dairy creamers

7 steps to better health

- 1) Eat a variety of foods to get the energy (calories), protein, vitamins, minerals and fiber needed for good health.
- 2) Maintain a healthy weight to reduce chances of having high blood pressure, heart disease, a stroke, certain cancers and Type II Diabetes.
- 3) Choose a diet low in fat, saturated fat and cholesterol.
- 4) Eat plenty of vegetables, fruits and grains that provide needed vitamins, minerals, fiber and complex carbohydrates.
- 5) Use sugar in moderation.
- 6) Use salt and other forms of sodium in moderation.
- 7) If you drink alcoholic beverages, do so in moderation.

Exercise

According to dozens of scientific studies, exercising regularly can reduce the risk of heart disease by 30 to 50 percent.

Take a walk – Brisk walking is one of the easiest and most enjoyable exercises you can do. Best of all, it's free! You can fit in a good walk practically anytime or anywhere.

Limber up – There's nothing like a good stretch to work out the kinks. And there are dozens of videos, books and classes available on stretching and Eastern exercises such as yoga and tai chi. The martial arts also offer an excellent way to limber up and gain self-confidence, not to mention learn to protect yourself.

Kick your feet up – Central Florida offers a wide variety of places to enjoy an evening of dancing. Some even offer free lessons. Community centers, technical schools, colleges and private facilities offer dance lessons. Don't forget about aerobics and Jazzercise classes, too.

Pump it up – Developing strength is an important part of any exercise program. Research shows that women need strength training in addition to aerobic exercises to lower the risk of osteoporosis.

Orlando Health's Wellness Center offers a comprehensive, personalized exercise program that begins with an evaluation by a certified exercise physiologist and includes nutrition counseling upon request, and a variety of fun classes. Start a new tradition today. For more information or to join, call 407.237.6351.

If you are over the age of 35, have high blood pressure, high cholesterol, been sedentary for awhile, feel weak or out of breath, or have any other medical complications, you should see your doctor before you begin any new fitness program.

Cardiac Care at Dr. P. Phillips Hospital

Dr. Phillips Hospital is home to a comprehensive cardiac program that provides a wide range of heart care services right here in our community. Our cardiologists are highly trained. Our technology is state-of-the-art, including a 64-slice CT scanner. And our facility features an advanced Chest Pain Program.

Our services include:

Chest Pain Program

- Expert cardiac care
- Rapid diagnosis and treatment of chest pain and heart attack symptoms
- State-of-the-art diagnostic equipment to quickly identify the causes of chest pain
- Rapid discharge of patients who do not have cardiovascular disease

Inpatient and Outpatient Diagnostics & Intervention

- Peripheral arterial CTA and MRA
- Carotid and peripheral vascular ultrasound
- Electrocardiography
- Holter monitoring
- Stress testing
- Cardiac catheterization
- Elective and emergent coronary angioplasty and stenting
- Permanent pacemaker insertions
- Arterial and venous studies

If you are experiencing chest pain or other symptoms of a heart attack, dial 911 immediately.



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