

Heart of a Woman

Your heart can “break” before you even know the signs

BY LINDA MEIERHOFFER

If you came face to face with a serial killer in your community, what would you do? If you're lucky and could make an escape, you'd get to a phone and call for help in a real hurry. But hundreds of thousands of women live intimately and unwittingly with just such a killer every day of their lives, without ever calling for help. Or else they wait until it's too late or nearly so.

This deadly threat is heart disease. And this is your wake-up call, ladies, because it's the number one killer of women, leading to more of our deaths than the next six causes combined. It's taking nearly 500,000 of us every year in this country. Worse, if you're over 50, heart disease will be the cause of death for every other one of you. And, if you are an African American woman,

your risk of dying of cardiovascular disease is substantially higher than Caucasian women's risk in this country; high blood pressure and diabetes are contributing factors. Know all your risks so that you won't become the next statistic.

IN THE NICK OF TIME

Judith Cassity's fatigue was bone deep. Her exhaustion, coupled at times with the feeling that someone was sitting on her chest, shortness of breath and transient jaw pain, made her almost reclusive. She saw four different doctors over a two-year period in Arizona, but still there was no diagnosis of the cause.

It wasn't until she moved to La Quinta and saw Lynna Young, a physician's assistant in her new doctor's office, that answers started to come. "Lynna really listened to me," says Cassity, age 65. "I thought I had a problem with my lungs, but a chest x-ray ruled that out," she says. A complete blood panel followed, which showed that Judith had a high C-reactive protein, indicating she was at increased risk for developing heart disease.

"When I was referred to Dr. Stellar, a cardiologist, and he told me that I had heart disease, I almost fainted," Cassity said. To confirm his diagnosis, Stellar ordered a nuclear stress test that indicated two arteries to Judith's heart were 100 percent blocked. Cardiothoracic surgeon Joseph Wilson performed Judith's double bypass surgery at Eisenhower Medical Center in May. After four days in the hospital, Judith has spent the past few months easing back into walking with her husband and enjoying her grandkids. She says she feels better than she has in years, and is eager to return as a volunteer docent at The Living Desert. "If I had not had the surgery when I did, I may very well have had a heart attack and died," she says. "Finally, someone listened."

NOT YOUR FATHER'S HEART DISEASE

Cassity's original doctor in Arizona never put her on any type of cardiovascular treatment, but readily prescribed cholesterol-lowering drugs and anti-hypertensives for another patient...Cassity's husband. "That doctor kowtowed to my husband and ignored me," she said. Her experience may not have been an isolated incident. Carolyn Warner, 63, of Palm Desert describes what a fireman in another community said to her as he loaded her into an ambulance: "Honey, did you have an argument with your husband this morning? He thought I was having an anxiety attack," Warner says.

Since Warner had a family history of coronary artery disease, as well as previous angioplasties and stents to improve blood flow to her heart, she knew she was having a cardiac event when she became fatigued and short of breath while making her bed. "I knew my body, and that's why I called 911. We as women can't be overlooked by first responders and the medical community," she says now. "And once you have heart disease, it's an ongoing issue. You need to



A Mended Hearts of the Desert meeting.

be aware of the latest and greatest techniques and treatments." Warner stays informed by volunteering at Mended Hearts of the Desert meetings, a support group to educate cardiac patients and their families and/or caregivers about heart disease.

Although Wilson characterizes Judith Cassity's angina symptoms, or pressure in her chest, as "classic," women with heart disease may exhibit other symptoms, such as trouble sleeping, indigestion, feeling anxious, a burning in the chest or a pain in the neck, back or shoulders. These harder-to-diagnose symptoms help explain why women are more likely to die from heart attacks than men. Experts also note additional risks that plague women:

- Clinical studies have historically been conducted with men, not women.
- The estrogen protection women have before menopause leaves us vulnerable to a jump in cholesterol when our estrogen levels drop.
- Mental stress and depression appears to play a greater role in the health of women's hearts than in men's.
- The National Institutes of Health Women's Ischemia Syndrome Evaluation (WISE) found that the gold standard for diagnosing heart disease, the

coronary angiogram, might not pick up the plaque buildup in the smaller arteries of women's hearts.

"For women, a nuclear stress test like Judith Cassity had is the most accurate tool for diagnosing coronary artery disease," says Wilson. During this test, a safe amount of a radioactive substance is injected into the bloodstream, followed by a scan that shows the areas of the heart where there's inadequate blood flow during rest and during exercise. The test may run \$1,000 more and would usually require pre-authorization if part or all of the cost were covered by a patient's insurance.

"Another thing that patients do now is get a cardiac scan and get a calcium score," according to Dr. Wilson. "For younger people who want to know their risk factors for coronary disease, I think a calcium score with a CT scan gives you direction on whether or not you should do further testing," he says. Heart scans measure the amount of calcium in the walls of your coronary arteries that supply blood to the heart so that doctors can identify blockages. A cardiac calci-



um scan may cost several hundred dollars and is often not covered by health insurance.

MAKE A TO-DO LIST FOR YOU

Don't stand by and let this killer take your life without doing something. Protect yourself by learning the most important numbers in your life—cholesterol, triglycerides, blood pressure, blood glucose, C-reactive protein—the test levels that indicate your degree of risk for heart disease (see box at right). Knowing these test levels—and your body's signals, like shortness of breath or atypical pain—can mean the difference between life and death.


How can you aim to get your numbers in a healthy range? The experts agree that the route is a straightforward one (and you've already heard it before): quit smoking, follow a healthy eating plan (like DASH or TLC, see



box), lose weight if you're overweight, reduce your stress levels, get treatment if you're depressed and finally, get moving. "I tell people to have at least 30 minutes of physical activity on most days of the week," says Wilson.

What are you waiting for? After your doctor gives you the OK, take the stairs instead of the elevator. Ride a bike. Get a pedometer to measure your daily steps. If you log 4,000 steps a day, aim for 2,000–3,000 more. People who are considered "active" typically take 10,000 steps/day,

which offers them the added benefit of weight loss.

Start moving now and you'll immediately start lowering your risk for a heart attack in the future. In fact, you might want to take part in the 2008 Coachella Valley Heart Walk, leaving from Palm Desert Civic Center Park on October 18. For details, go to cvheartwalk.com. Your family will thank you. 

THE HEALTHY HEART

Aim for life-saving numbers:

- 1.** Fasting Lipoprotein Profile
Total Cholesterol <200 mg/dL
HDL (Good) Cholesterol >59 mg/dL
LDL (Bad) Cholesterol <100 mg/dL
Triglycerides <150 mg/dL
- 2.** C-reactive protein <1.00 mg/L
- 3.** Blood pressure <120/80 mm Hg
- 4.** Fasting blood glucose (test for diabetes) <100 mg/dL

(Source: American Heart Association, americanheart.org)

Get the Support

Mended Hearts of the Desert support group for heart patients, their families and caregivers: Call Chapter President Bill Stark for more information 772-1461

For facts about the DASH Eating Plan or The TLC Program, go to nhlbi.nih.gov



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