

Women and Cardiovascular Disease

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Cardiovascular disease is the leading cause of death in women in the United States. It kills almost twice as many women as all forms of cancer combined. Although women are more aware and afraid of breast cancer, it kills an estimated 1 in 25 women, while 1 in 2 women die of cardiovascular disease including stroke. Women, however, do not perceive cardiovascular disease as their primary health concern in surveys. The total economic burden of cardiovascular disease is estimated at more than 250 billion dollars. These factors emphasize the need to minimize the impact of cardiovascular diseases on American women.

Since 1984, the number of deaths related to cardiovascular disease in women has exceeded that for men. This trend continues to date. In 1995, cardiovascular diseases caused over half a million deaths in women compared with just over 455,000 deaths in men. This may be due in part to the fact that women live longer than men.

The two major causes of cardiovascular diseases in women are coronary heart disease and stroke. Both of these could be prevented with proper screening and risk factor modification. Modification of risk factors may be one of the most effective ways to prevent women from dying of coronary disease. Three risk factors that are strongly associated with the development of coronary disease cannot be modified: age, gender and a family history of coronary disease.

Fortunately, modification of some risk factors can mitigate the risk. Pursuing an active lifestyle with exercise, stopping tobacco use, controlling diabetes mellitus, eating better and losing weight can decrease the risk. The risk of coronary disease in both men and women is strongly associated with hypertension and advanced age. In addition, older women have a problem with isolated systolic hypertension. This affects nearly a third of women over the age of 65. Obese women and those with family history of hypertension are also at high risk of developing hypertension.

Diabetes remains a major risk factor for coronary disease in women. Women who have diabetes have more abnormal cholesterol profiles (deranged lipoprotein levels, higher triglycerides, and lower HDL cholesterol) than women without diabetes. The annual incidence of coronary disease in women increases with the total cholesterol to HDL cholesterol ratio. Women with diabetes had a greater than six fold increase in fatal and nonfatal episodes of coronary disease compared to non-diabetic women. This was further amplified when combined with tobacco use, obesity and hypertension. The death rate from coronary disease in women with diabetes is 3 to 7 times that of non-diabetics. Therefore, women with diabetes should have close medical care with interval screening for coronary artery disease as well as predisposing cholesterol abnormalities, and all women over the age of 45 should be screened for diabetes mellitus. Women should perhaps be tested sooner if they are overweight, have family members with diabetes mellitus or abnormal cholesterol and triglyceride levels.

The United States Preventative Services now recommends periodically screening women of all ages for high blood pressure, diabetes mellitus, obesity, cholesterol abnormalities, and presence of family history of coronary disease. A prudent diet, smoking cessation, and a daily regimen of moderate exercise are also strongly advised. Visit your physician today and get more information on your risk.

We need to raise awareness of the increased risk of adverse cardiovascular events in women.