

Heart disease: What a woman doesn't know and her doctor doesn't tell her can kill

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Many women are oblivious to their grave risk for heart disease.

They have no idea what heart-attack symptoms would feel like.

They ignore the danger signs and carry on.

They delay going to the emergency room until it's too late.

And then, to make matters worse, they frequently receive substandard care.

That's the problem. You would think that Debbie Smith, a registered nurse at Kent County Memorial Hospital, might have been an exception.

But the myth that women do not get heart disease is entrenched in our society.

And Smith, like so many others, ignored her early symptoms. She just went to work one Saturday, in the midst of an episode.

She did ask another nurse to check her blood pressure, saying, "I feel like my head is going to blow up. It's like a vice grip, tightening and tightening."

Later that day, when her sudden, severe headache continued, along with a drastic rise in blood pressure, she called her doctor. The physician's assistant on duty told her to take Excedrin Migraine, and to call the doctor on Monday.

After suffering all weekend, she did just that.

Over the next five weeks, she had a battery of tests, including an MRI. Doctors hypothesized that she had either multiple sclerosis or a rare kidney tumor.

Her ordeal began with a symptom typical of women's heart disease: a general malaise.

"It was nothing I could pinpoint. I didn't feel great, so I went back to bed, which I rarely do," she says.

She awoke with pain that she thought was indigestion. Later, her symptoms became more traditional. The pain moved from her abdomen to her chest, she became sweaty, and she had trouble breathing.

Smith, 49 at the time, called out to her daughter: "You have to call Daddy and then call 911,

because I think I am going to die."

The emergency technicians administered aspirin and nitroglycerin before taking her to the hospital.

By the time she arrived, she was symptom-free and feeling foolish for being there. And because her cardiogram and her blood work were normal, her health-insurance company refused admission. Her physician kept her overnight for observation, and called in a cardiologist.

Smith was also in denial. Even though she lay in the cardiac unit hooked to machines that monitored her heart, she rejected the notion of a heart attack. She attributed the numbness developing in her left arm to carpal-tunnel syndrome.

Smith was released with instructions to get a stress test, which took weeks to schedule. Five minutes into the test, she had to stop. She was having trouble breathing. The test showed her heart wasn't getting enough blood.

The cardiologist summoned her to his office. Reality was setting in, Smith says: "It's never a good call that the doctor wants to see you."

He told her that she had blockage in her heart, and he had already scheduled her for cardiac catheterization.

The blockage could not be removed. An angioplasty specialist was added to the team, and, three days later, he cleared a small block and inserted a stent.

Smith avoided a heart attack and has no heart damage.

"I was probably lucky that the rescue guys gave me nitro, because it may have gone further. I may have had a heart attack if they hadn't done that," Smith says.

A WOMAN'S HEART is new territory for many physicians.

Knowledge about heart disease in women simply has not been available because women were excluded from early heart research.

Over the past decade, new studies have revealed that women's heart attacks manifest in unique and subtle ways. Also, it's been learned that women's risk factors are different.

Having received little training in women's heart disease, doctors are unprepared to counsel women on prevention, to monitor them for risks, and to diagnose their heart disease accurately.

Dr. Stephen Sinatra, a cardiologist at his New England Heart Center, in Manchester, Conn., and author of *Heart Sense for Women*, reflects, "I never saw a woman in the cardiac-care unit

when I was in medical school."

Back in the '70s, he didn't consider that women got heart disease, because he didn't see them.

Were they missing or misdiagnosed?

Statistics suggest the latter. Since 1984, more women than men have died of cardiovascular diseases. Sinatra says that unintentional "collusion" exists between women and doctors about heart disease.

"Women don't even think about it and delay seeking help. Then, if the diagnosis is delayed you have a disaster on your hands. Denial on both sides of the stretcher makes a deadly situation," he says.

JANE NATALE, a retired Warwick banker, walked around for days not realizing she had had a heart attack. She had a stressful job and two brothers with heart disease, but she never considered herself at risk.

One Friday, she developed back pain, but proceeded to the Philharmonic: "I went to the rehearsal, not the regular, because I wasn't feeling well."

Later, she had her hair done and shopped at the Warwick Mall. She never mentioned her dizziness to the hairdresser and remained undaunted in the face of fatigue that forced her to rest at every bench in the mall.

After church, Natale vacuumed, changed her bed sheets, and washed everything in hot water, telling her sister: "I think this must be my allergies. It must be the dust mites."

Finally, "just not feeling right," she went to the emergency room, still on her own power. A heart attack had not crossed her mind.

Natale's blood work revealed she had suffered a heart attack. It appeared to have been small, but her cardiologist opted for a catheterization, just to be safe.

He had promised he would talk to her throughout the procedure, and he did in the beginning. Suddenly, he stopped talking and left the room to report his grave findings to her sister.

She knew then something was wrong. Her cardiologist reassured her: "The good news is that you never smoked and you never abused your body."

He placed her on life support and rushed her to Rhode Island Hospital for an emergency bypass.

Her surgery was successful, she began cardiac rehabilitation, but four months after her bypass, she had another heart attack.

That is not unusual. Women are more likely than men to have a second heart attack within a year of their first.

Other things tested her courage. "When you look in the mirror for the first time, it's so horrible what you see," she says.

Women do not realize that heart surgery can be disfiguring. Natale, 64, had a line of stitches the entire length of her leg and an incision scar on her chest, which after eight years is now barely visible.

THE PHYSICAL SCARS aren't the only challenge after a heart attack. Natale, a dedicated and successful career woman, saw her life change forever. "You have to go on the best you can with heart disease. You have to take your medication and watch your diet. Once you have it, it's daily," she says.

After her surgery, Debbie Smith had to reclaim her confidence and her life.

"I was afraid to leave the house, terrified to go back to work," she says.

She was depressed, a common companion to heart disease. In fact, one can cause the other.

She credits a 13-week clinical program at the cardiac-rehabilitation program at the Care New England Wellness Center for helping her defeat depression. She went twice a week for a program of exercise, nutrition, behavior modification, and cardiac maintenance.

She is not reserved about the program's contribution to her recovery.

"I didn't know it was there. Thank God I went through it," she says.

LIKE SMITH AND NATALE, a lot of people are living with heart disease.

According to Dr. Kenneth Korr, a professor of medicine at Brown University Medical School and director of the Cardiac Catheterization Laboratory at Miriam Hospital: "People don't die suddenly these days. They live a long time with heart failure as a chronic disease, just as cancer is a chronic disease."

Still, many women mistakenly ignore their heart-disease risks, believing that because death is inevitable at least a heart attack is quick, and preferable to the alternative, breast cancer.

That couldn't be further from the truth.

Korr explains: "We have a lot of elderly who have survived heart attacks, but still have heart disease and congestive heart failure."

The incidence of people dying of heart attacks is falling, but congestive heart failure is ultimately responsible for the high mortality rates.

Both Natale and Smith underestimated their risk for heart disease. "Denial can be a woman's greatest enemy," Sinatra warns.

* * *

* FOR HER

One in every two women

will die of heart disease.

All forms of cancer combined do not kill as many women as heart disease. Yet most women fear breast cancer more.

After menopause, women have more heart attacks than men.

Sixty-three percent of women who die of a heart attack have no prior evidence of disease.

Forty-four percent of women die within a year of a heart attack.

Women have different risk factors than men.

Women go to the emergency room up to one hour later than men, and are less likely to mention cardiac symptoms.

SYMPTOMS

Subtle, progressive, variable symptoms, often after emotional upsets.

Pain in abdomen, back, or jaw.

Cold sweats.

Nausea, indigestion.

Fatigue, weakness, dizziness.

* * *

* FOR HIM

One in every three men will die of heart disease.

50 percent of men who die

of a heart attack have no prior evidence of disease.

Twenty-seven percent of men die within a year of a heart attack.

SYMPTOMS

Sharp, sudden onset of distinct symptoms, often after physical activity.

Pain in the center of the chest, radiating to shoulders, neck, or arms.

Lightheadedness, fainting, sweating, shortness of breath.

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* You might be at risk because of:

Cigarettes: Even one a day can triple your risk.

Diabetes: Type 2 diabetes is a greater risk factor for women than for men.

High blood pressure: Anything over 140/90 can be dangerous.

High cholesterol: Low HDL, the good cholesterol, might be more of a risk for women.

Physical inactivity: A healthy lifestyle can reduce heart disease.

Weight: Being overweight is a danger.

Age: Womens risk increases with age, especially after menopause.

Race: African-American women have double the death rates of white women. Heart disease is the leading cause of death in African American African-American women aged 30 to 39 years.

Whats a woman to do?

Stop smoking: Smoking is the number-one risk, and female smokers on birth-control pills are at extreme risk for heart disease.

Get moving: Regular physical activity improves cardiovascular fitness. Thirty minutes a day,

divided into segments, is fine.

Know your numbers: Get your cholesterol, blood pressure, and blood sugar tested.

Chill: The most commonly reported incident preceding a heart attack is an emotionally upsetting event, one that involves anger.

Stay informed: Educate yourself, family, and friends.

Heart disease 4-1-1

The American Heart Association: (888) MYHEART

www.women.americanheart.org

Heart-healthy programs:

Care New England Wellness Center, 732-3066

The National Heart, Lung, and Blood Institute: order the Healthy Heart Handbook for Women (\$5.50), by calling (301) 592-8573 or going online to www.nhlbi.org/

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* HEART SMART: Jane Natale, of Warwick, above, volunteers for the American Heart Association and speaks to groups about women and their risk of heart disease. At left,

Debbie Smith, a registered nurse, suffered a blockage in her heart.

Journal photos/MARY MURPHY

PICTURE CAPTION

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