

CAYMAN PULSE

A publication of The Heart Health Centre for health care professionals

A Woman's Heart

Dr. Tracy Stevens, MD, and Marcia McCoy, RN, MSN

Cardiovascular disease is the leading cause of death in women, killing more women than all forms of cancer combined. Throughout a woman's life span, one in four women will die from heart attack or stroke whereas one in thirty will die from breast cancer. Women are more likely to die of their first heart attack than men and 60% percent of sudden cardiac death occurs in the absence of preceding warning symptoms.

Clinical symptoms of heart disease in women may be more "atypical" and thus may lead to misdiagnosis. Chest pain is **not** the most common warning symptom in women. Rather, shortness of breath and indigestion are more often reported. Other frequently described symptoms are neck and jaw discomfort, toothache, arm pain and overwhelming fatigue.

Women should take a proactive role in their cardiovascular health by understanding and modifying their risk factors for cardiovascular disease, thereby reducing their risk by over 85%. Important risk factors include:

Unmodifiable: age, family history and race/ethnicity

Modifiable: sedentary lifestyle, nicotine abuse, obesity

Treatable: diabetes mellitus, hypertension, abnormal cholesterol profiles

Inflammation is the basic mechanism that triggers plaque rupture, resulting in obstruction of blood flow in the artery. Oral hygiene can be linked with cardiovascular risk. Evidence exists which correlates periodontal disease with inflammation and plaque formation in our arteries. Gingivitis becomes more prevalent in the post menopausal woman and should be aggressively treated. Sleep disorders, including those related to menopause, restless leg syndrome and sleep apnea can trigger inflammation, warranting evaluation and treatment. Stress and depression carry cardiovascular risk through this inflammatory mechanism as well.

It is important to note women with hypertension and / or diabetes during pregnancy are more likely to have these risk factors later in life. Women with immune system disorders such as lupus, rheumatoid arthritis and polycystic ovary syndrome carry an increased risk of premature heart attack and stroke through inflammatory associated factors. Certain chemotherapies and radiation treatments to the chest may also cause heart disease. Pregnancy and menopause, through suspected hormonal factors, can also be associated with variable cardiac symptoms and clinical conditions.

Preventive habits must begin early. Factors that create inflammation must be recognized and controlled. The most basic message to effectively reduce inflammation and favorably impact all cardiovascular risk factors is to maintain an ideal waistline, healthy nutrition and regular exercise. The cardio protective anti-inflammatory diet is rich in color with quality protein, fruits, vegetables, whole grain and high fiber foods. Exercise releases a hormone that relaxes and preserves the lining of arteries. Understanding that 85% of cardiovascular disease can be prevented, it is imperative that we claim personal responsibility to know and take ownership of our risk factors.



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Our Services

Consultation Services
Diagnostic Testing and Imaging
Electrocardiogram
Treadmill Stress Test
Echocardiogram
Stress Echocardiogram
Nuclear Stress Testing
(Pharmacological and Exercise)

This Month

February 9th-11th Dr. McGhie
(Nuclear Stress Testing Available)

February 23rd-25th Dr. Saeed

Special thank you to Dr. Tracy Stevens and Marcia McCoy as our guest contributors this month. They are colleagues with our physicians at Saint Luke's Mid America Heart Institute in Kansas City, MO.

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