HEART DISEASE IN WOMEN

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One of the greatest myths in medicine is that heart disease is a male disease. On the contrary, it is the leading cause of death in women, far exceeding deaths from female cancers. Cardiovascular disease accounts for nearly 500,000 deaths in American females each year. Three major factors play a role in the disease process.

FACTOR1: MENOPAUSE & ORAL CONTRACEPTIVES

Firm evidence from the Framingham Heart Study suggests that while few pre-menopausal women die from coronary disease (blocked arteries to the heart), once beyond menopause, their rate of coronary disease equals the rate for men.

Estrogen, which is secreted by the ovary, appears to reduce “bad” LDL cholesterol and raise “good” HDL cholesterol. Evidence suggests low dose estrogen combined with progestin reduces heart disease risk in post menopausal women (those who have had a natural menopause or a hysterectomy with removal of both ovaries). The progestin also helps protect against uterine cancer. Hysterectomy without removal of both ovaries does not carry a risk; however, premenopausal women who use birth control pills do have a greater risk for blood clots.

FACTOR 2: CHOLESTEROL

Most heart attacks that occur in women under 40 are associated with high levels of cholesterol (a level less than 200 is desirable) and triglycerides (a form of “bad” cholesterol that is considered an independent risk factor for coronary disease in females). These women appear to inherit a tendency for elevated blood cholesterol.

FACTOR 3: SMOKING

Smoking, which is on the increase among young women, is associated with reduced levels of “good” cholesterol and increased tendencies to form blood clots. It is a major cause of heart disease in young, middle-aged females. Smoking more than 25 cigarettes a day increases a woman’s risk for fatal or non-fatal heart attacks by 500%. The damage can be reversed once smoking ceases.

THE ROLE OF THE OB/GYN

As primary care physicians, OB/GNY’s are often the first to identify these 3 major risk factors. Early risk factor intervention, strategies for preserving ovarian function (such as hormone replacement and not removing both ovaries when possible), and use of oral contraceptives should be discussed thoroughly, so that a low risk/high benefit approach is achieved.