

## Young Women's Hearts at Risk

By JANE E. BRODY APRIL 13, 2015 5:45 AM April 13, 2015 5:45 am 31 Comments

PERSONAL HEALTH

Jane Brody on health and aging.

Attention, American women, especially young women: Have you got the heart to save yours?

Although long thought of as a man's disease, heart disease afflicts as many women, though women tend to develop and die from it about 10 years later. And while coronary mortality rates have declined over all, there are signs that the disease, its precursors and its potentially fatal consequences are increasing among young women.

A 2007 study in *The Journal of the American College of Cardiology* referred to the rise in cardiovascular risk factors among young women as "the leading edge of a brewing storm."

While so many women worry about cancer, only slightly more than half realize that heart disease is their No. 1 killer, according to the Centers for Disease Control and Prevention. More women in the United States die from cardiovascular causes — heart disease and stroke — than from all forms of cancer combined.

Numerous campaigns by the American Heart Association and other organizations have raised awareness among women of their mostly self-inflicted risks and of symptoms that are typically far more subtle in women than in men.

“Even if they believe they’re having a heart attack, 36 percent don’t call 911,” said Dr. Holly S. Andersen, director of education and outreach at the Perelman Heart Institute at Weill Cornell Medical College, citing the latest heart association national survey. “Women are more likely to wait when they have symptoms and, when they get to the hospital, say that they have indigestion, not chest pain — a big mistake.”

Rather than crushing chest pain, women in the throes of a heart attack more often experience discomfort in the neck, jaw, shoulder, upper back or abdomen, dizziness, nausea, right arm pain, shortness of breath, and sweating or unusual fatigue. Almost two-thirds of women who die suddenly of a heart attack had no prior symptoms.

Doctors too often fail to take a woman’s risk seriously and treat it aggressively, or to provide adequate recommendations for prevention, Dr. Andersen and other experts say. “This is especially true for young women,” she said. Yet, she added, “among women between the ages of 29 and 45, it looks like the incidence of heart disease is rising.”

There are ample reasons. Stress, for example, is a known, though not often cited, risk factor, “and the youngest women in this country are more stressed than ever,” she said. “They’re always ‘on’ and self-comparing.”

Smoking — marijuana as well as cigarettes — is a coronary risk. And while smoking has declined among older women, “young women are the ones still smoking,” Dr. Andersen said. Women on birth control pills who smoke are especially at risk.

Two other major risk factors, obesity and diabetes, are more rampant than ever, especially among Hispanic women born in the United States, half of whom develop diabetes by age 70.

“We’re good at treating heart disease, but we’re failing at prevention,” Dr. Andersen said. As Dr. Nanette K. Wenger, a professor emerita at the Emory University School of Medicine, noted in 2010, the steady annual decline in heart disease deaths among women since 2000 resulted more

from better care than from prevention.

“A particular unmet need is prevention at younger age, the subset of women less likely to undertake preventive behaviors,” she wrote. Yet decades ago, heart disease was found to originate in the teenage years or early 20s and gradually worsen unless preventive measures were undertaken.

When women with high levels of artery-damaging LDL cholesterol are prescribed statins, the treatment often provides “false reassurance” that the drugs “can compensate for poor dietary choices and a sedentary life,” Dr. Rita F. Redberg, a cardiologist at the University of California, San Francisco, and editor of JAMA Internal Medicine, wrote last year. In one study she cited, “statin users significantly increased their fat intake and calorie consumption, along with their B.M.I. (body mass index), in the last decade. Focusing on cholesterol levels can be distracting from the more beneficial focus on healthy lifestyle to reduce heart disease risk.”

A diet rich in fruits and vegetables, which contain natural antioxidants that statins don’t provide, is more important, Dr. Andersen said. “So is getting regular aerobic exercise, spending time with friends and getting a good night’s sleep — six to eight hours,” she said. “Chronic lack of sleep doubles the risk of heart disease.”

Coronary risk is also greater among women who carry extra weight around the abdomen — the so-called apple shape. Abdominal fat is metabolically active and can result in high blood pressure and diabetes, even if a woman is otherwise slender.

“One’s waistline is more important than B.M.I.,” Dr. Andersen said. “Skinny people with big waists are less likely to live long.”

Depression and lack of social support, more common among older women, are also often underappreciated risk factors. “Social isolation is detrimental,” she said. “Women who regularly spend time with close friends live longer and have less heart disease.”

A positive outlook on life — laughing a lot, having a sense of humor, being optimistic and seeing the glass as half full — is also protective, Dr. Andersen said, adding that “15 minutes of laughter is equivalent in preventive value to 30 minutes of aerobic exercise.”

Although “marital stress increases a woman’s risk of coronary heart disease,” having a compatible partner or a pet is beneficial, she said.

Several factors that women may experience early in life, especially two pregnancy-related conditions — pre-eclampsia and gestational diabetes — have been linked to a greater coronary risk years later. Additional risk factors now emerging for women include migraines with aura and inflammatory diseases like lupus and rheumatoid arthritis.

Two other conditions more prevalent among women cause symptoms that are often overlooked by them and their doctors as likely due to heart attack. Women are more prone to develop blockages in the small vessels that feed the heart, which can cause pressure or tightness in the chest rather than crushing pain, according to the National Heart, Lung and Blood Institute.

They are also far more susceptible to “broken heart syndrome” brought on by events like the sudden loss of a loved one, the loss of a job or money, divorce, a bad accident, a natural disaster, or even a surprise party. The resulting intense stress reaction of chest pain and shortness of breath, although usually temporary, can mimic a heart attack, though it rarely causes one.