

The Heart to Heart Talk Women are Missing

What raises a woman's risk?
What are the warning signs?
How to change your odds!

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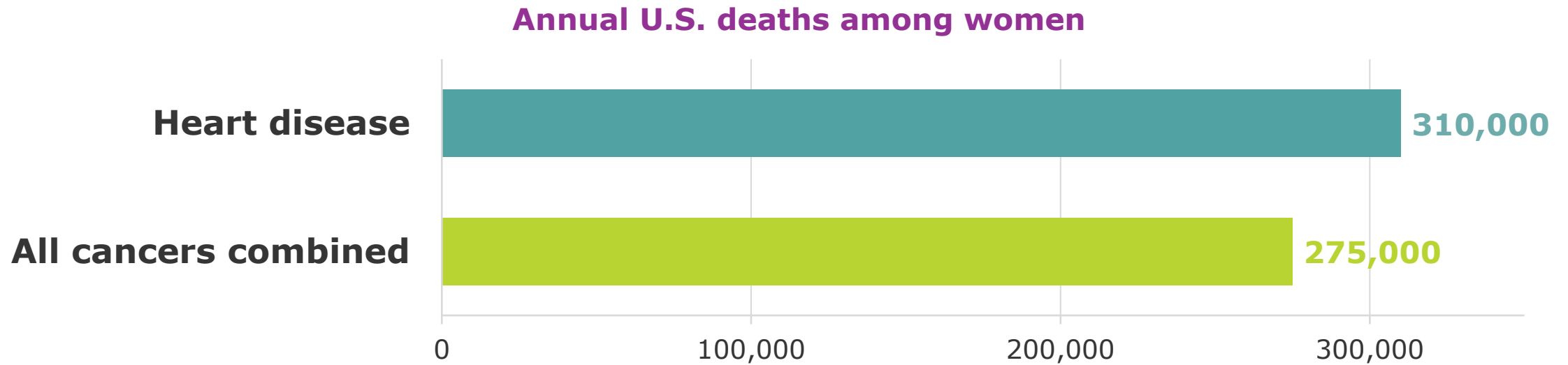
Why This Talk

The women of our heart surgery team —
in their real lives, out of their scrubs.

**Today is about improving the health
of women in our community.**



The problem is big: Heart disease kills more women than all cancers combined



THE VIEW FROM MY OR

The cost of delaying prevention

Heart disease takes decades to develop.

In the operating room, we are making a literal work around — not a cure.

Everything in this talk is about not getting here.



THE QUESTION

**Women's hearts,
men's hearts.
Is there really a
difference?**



Women and men — there is a gap in heart care.

Less Diagnosis

Women's warning signs are more often missed — or put down to stress, anxiety or indigestion.

Less Treatment

Women are less likely to get the recommended tests, procedures and medicines — and they wait longer for them.

Worse Outcome

Women are more likely to be seriously harmed, or to die, after a heart attack.

2021: Women were **2x more likely to die** in the hospital after a major heart attack compared to

men

THE GOOD NEWS

Prebuilt pathways for dealing with heart attacks have improved care. Disparities have improved.

ER or prehospital STEMI activation

ECG diagnoses
severe heart
attack



One call brings in
the whole team



Patient goes
straight to cath
lab table



Measurement:
medical contact to
balloon time

This talk is not really about disparities. It's about how women get better cardiac care.

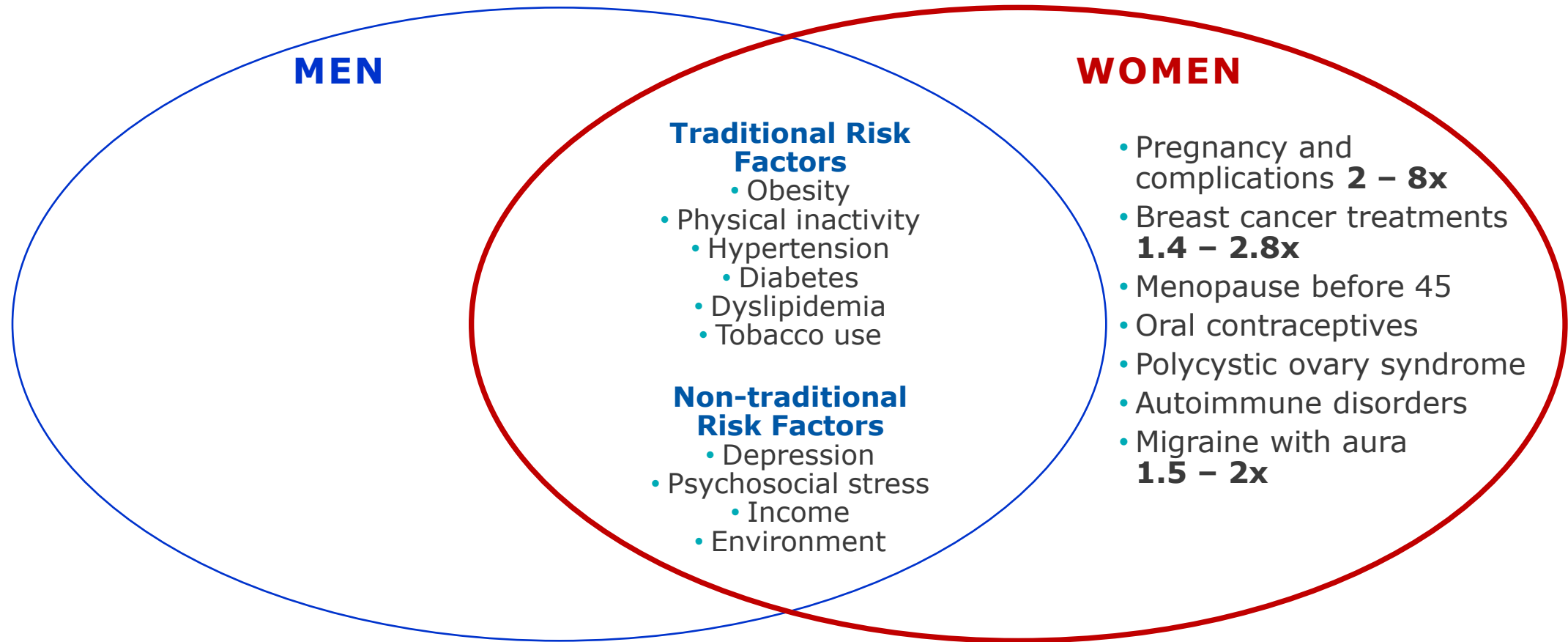
Risk Factors

What actually puts a woman at risk — and what no one asks about.



RISK FACTORS NOBODY ASKS WOMEN ABOUT

Are women's cardiac risk factors really different?



WHY DOES MENOPAUSE CHANGE YOUR CARDIAC RISK?

Shifts in your body that change due to menopause

Cholesterol

LDL cholesterol climbs in the year or two around your last period.

Belly fat

Fat moves inward, to the waist and around the organs. Muscle drops.

Blood pressure

It creeps up through midlife — the single biggest risk factor for women.

Sleep

Hot flashes and night sweats fracture sleep, and poor sleep feeds the other three.

**Menopause is an important time
to check your numbers
and act on them.**

THE QUESTION EVERYONE ASKS

“Should I take hormones?”

Mostly it depends on when you start

The 2002 alarm came from a trial that does not apply to women during menopause.

OK TO TAKE WINDOW

Under 60, or within 10 years of your last period

For most healthy women with menopause symptoms, benefits outweigh risks.



AFTER THE WINDOW

More than 10 years out, or over 60

The balance tips: more heart disease, stroke, clots, dementia.

How it's given matters: a patch instead of a pill, at a lower dose, appears to carry less clot and stroke risk.

Hormone therapy isn't prescribed for your heart — but started <60, it doesn't harm and might benefit your heart.

If symptoms are affecting your life, it's ok to take estrogen.

Warning Signs

What it feels like when you have a heart attack — and what to do in the first five minutes.



95% OF U.S. ADULTS KNOW TO CALL 9-1-1 — ONLY HALF CAN NAME THE SYMPTOMS

What does a heart attack feel like? And how women differ.

WHAT YOU MIGHT FEEL

- 1 Chest pain or discomfort
- 2 Pain or discomfort in the arms or shoulder
- 3 Pain or discomfort in the jaw, neck or back
- 4 Feeling weak, lightheaded or faint
- 5 Shortness of breath

MORE COMMON IN WOMEN

- Jaw, neck or upper-back pain
- Unusual or sudden fatigue
- Nausea or indigestion
- Shortness of breath
- Dizziness or palpitations
- A sense of dread

Women are less likely than men to lead with chest pain.

You don't need chest pain to be having a heart attack — but if you have it, never explain it away. New, unexplained, won't go away, anywhere from your jaw to your belly button.

SCAD

Spontaneous coronary artery dissection

1 in 3

**heart attacks in women
under 50**

and the top cause around pregnancy

The most common cause of heart attack in women under 50 is something you have never heard of.

What it is

A tear not a clog — no cholesterol plaque involved.

Who it hits

90% women in their 40s-50s, usually no classic risk factors.

Why it's missed

She looks like the last person who should be having a heart attack, so nobody checks her heart.

What to do

Sudden, severe chest pain is a 911 call. Say the words: "I think I could be having a heart attack."

The good news

Most torn arteries heal on their own. When she is stable, stents are usually avoided.

Hayes SN, et al. Spontaneous Coronary Artery Dissection: Current State of the Science. A Scientific Statement From the American Heart Association. *Circulation*. 2018;137:e523–e557.

USUALLY NO ONE CALLS THIS OUT- EXCEPT THIS TIME THEY PUT IT IN THE GUIDELINE!

“Call 9-1-1 if symptoms are unimproved or worsening after 5 minutes, despite feelings of uncertainty about the symptoms and fear of potential embarrassment.”

~ ACC/AHA guideline, Class I recommendation

**Do not delay because you are uncertain or embarrassed.
Time is muscle — minutes decide how much heart you keep.**

Five minutes, then call.

If it isn't better — or it's worse — call.

**Never drive.
Never be driven.**

The ambulance starts treating you at the curb.

It is never embarrassing.

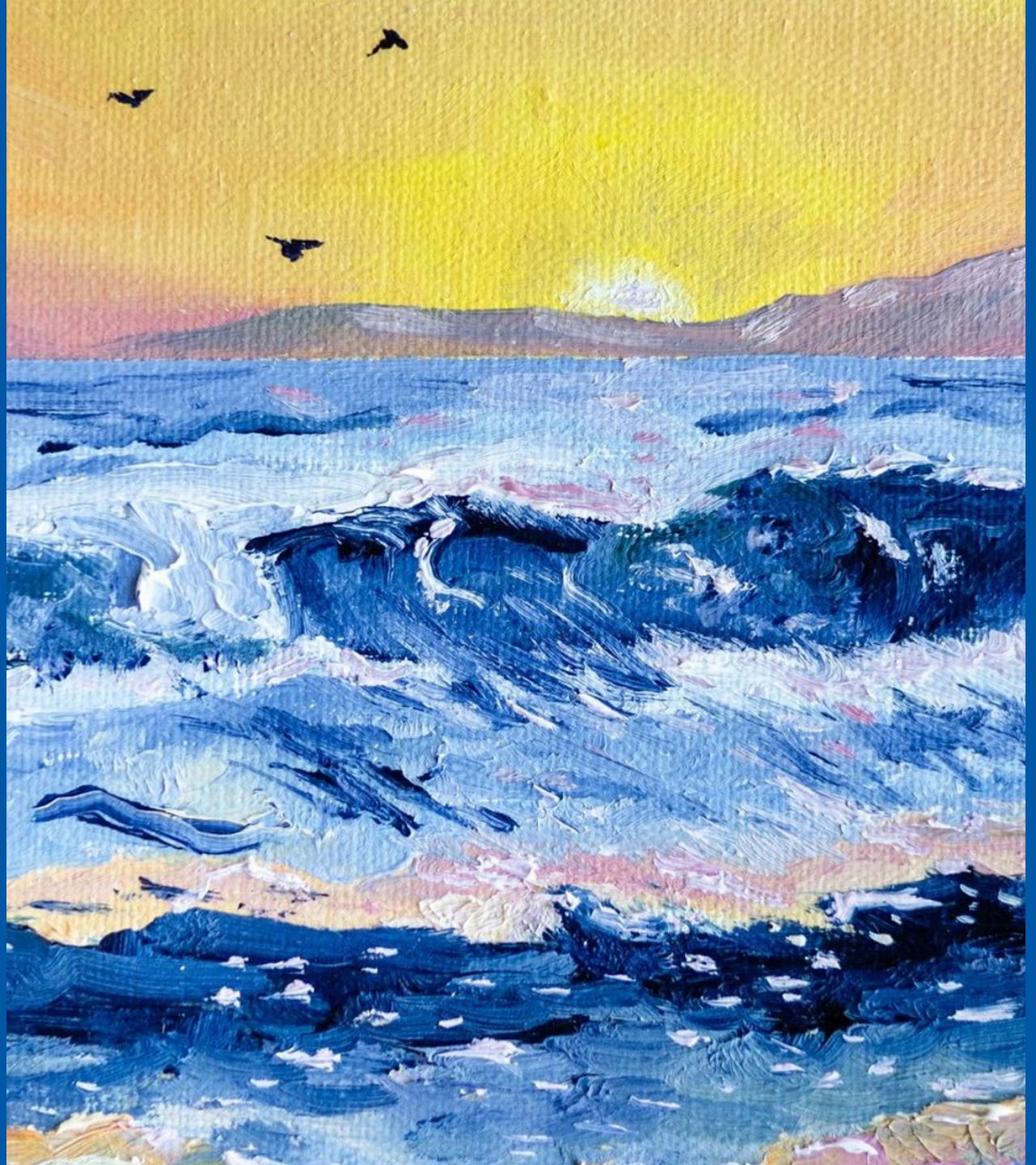
A false alarm is a good outcome.

Prevention

What information should I take to my doctor?

What tests will they consider?

What can I do?



PREVENTION — WHAT TO ACTUALLY ASK FOR

What numbers actually matter?

Blood pressure	Under 130 / 80
LDL cholesterol	Under 100 mg/dL
ApoB	Under 90 mg/dL
Lipoprotein(a)	Under 125 nmol/L — measured once
Triglycerides	Under 150 mg/dL
HbA1c	Under 5.7%
BMI and waist	Under 25, and under 35 inches
Kidney function	eGFR 60 or above; urine albumin under 30
hs-CRP (consider)	Under 2 mg/L

Targets per the 2026 ACC/AHA multisociety dyslipidemia guideline and the 2017 ACC/AHA blood pressure guideline. Your own targets may differ — discuss them with your clinician.

TAKE THIS HOME

American Heart Association PREVENT Calculator

IF YOU HAVE NO KNOWN HISTORY OF HEART DISEASE, USE THIS CALCULATOR!

- Measures your risk of heart disease, stroke and heart failure over the next 10 and 30 years
- Categorizes into risk
- Data on more than 6 million U.S. adults
- For ages 30 to 79 with no known heart disease

INFORMATION YOU NEED

- Your age
- Your blood pressure
- Your cholesterol
- Your height and weight
- Kidney function, from a routine blood test
- Medical, medication history
- HgA1C

professional.heart.org/en/guidelines-and-statements/prevent-calculator

American Heart Association PREVENT™ calculator. An estimate is a starting point for a conversation with your clinician, not a diagnosis.

THE CONVERSATION TO HAVE WITH YOUR DOCTOR

How do I know if I should be on aspirin or statin?

Your PREVENT score

The starting point — your 10- and 30-year risk

A coronary calcium score

The tiebreaker when the score sits on the fence

Family history

Especially a parent or sibling with early heart disease

Pregnancy history

Preeclampsia or gestational diabetes count — say so

Lipoprotein(a)

One blood test, once in your life



ABOUT ASPIRIN

If you have never had a heart attack or stent:

- 60 or older — do not start it for prevention
- 40 to 59 — only if your risk is 10% or higher, and only after weighing bleeding risk

Already had one? Different rules — keep taking it unless told otherwise.

STRESS AND THE HEART

Stress acts on the blood vessel itself

WHAT STRESS DOES TO THE ARTERY

- The small arteries clamp down
- The vessel lining stops relaxing
- Inflammation rises and platelets get stickier
- Blood flow to the heart decreases — even when the big arteries are clear

In women, this vascular response predicts future cardiac events.

THE EXPOSURES THAT ARE WORSE IN WOMEN

Caregiving load, job strain, violence at home — layered on depression and anxiety, both more common in women.

WHAT TO DO ABOUT IT

- Treat depression and anxiety as cardiac risk
- Name the caregiving load to your clinician
- Move the numbers you can — BP, ApoB, A1C

Heart Disease Prevention Guide

FIRST, WITH YOUR DOCTOR

- ✓ Know your risk factors
Pregnancy history, breast cancer treatment, autoimmune disease, PCOS, migraine with aura
- ✓ Know your numbers
Blood pressure, cholesterol including apoB and Lp(a), weight, kidney function, HbA1c
- ✓ Decide if you need aspirin or a statin
PREVENT score, and maybe a coronary calcium score
- ✓ Optimize blood pressure and blood sugar

THEN, EVERY WEEK

- ✓ Manage stress — and name the caregiving load
- ✓ Maintain your weight and waist
- ✓ Alcohol: one drink a day at most
- ✓ Move: 150 minutes a week, plus strength training twice a week
- ✓ Sleep: 7 to 9 hours

BEFORE YOU GO

Take Homes

1 Heart disease is the leading killer of women, not a men's disease.

Heart disease takes more women's lives each year than all cancers combined.

2 The gap is real — in diagnosis, treatment and outcome.

Women are about twice as likely as men to die in the hospital after a major heart attack.

3 Know your risk factors and numbers, and discuss them with your doctor.

Take the PREVENT test if you have no known heart disease. Then blood pressure, apoB, A1c, kidney function and blood sugar — and Lp(a) once.

4 Know the signs of heart disease — and never explain them away.

Jaw to belly button, new, unexplained, won't go away. Five minutes, then 9-1-1. Never drive.

It is never embarrassing to be checked.

Thank You!
Questions?

