



LOVE YOUR HEART

About one in five women die from heart disease. Here's how to assess—and limit—your risk.

BY LISA ARBETTER

EVERY TIME MY family gets together, my younger brother or older sister takes his or her own pulse and blurts out, "I'm having a heart attack!" No one springs into action to call 911. We barely flinch, just kinda turn in the direction of whom-ever interrupted the conversation and move on. It's a family joke that's been going on for years. Like all good jokes, it's funny because it's based in truth—the dark truth that both my sibs have weight issues and high cholesterol (as do I).

Still, until recently, I only really worried about my brother.

Heart issues are a guy thing, right? Nope. Turns out, heart disease is the leading cause of death for both sexes, according to the Centers for Disease Control and Prevention. About one in five women die from it, while there is a one in 38 chance that she will die from breast cancer.

Why am I just learning about this now?

It's a tough disease to get your head around. There's no single test, no mammogram equivalent, and often no symptoms. Heart disease is multifactorial, meaning a patient has multiple risk factors. And some of those factors—high blood pressure and high cholesterol, for example—you can't feel. Even the way heart attacks strike women can be confounding: While chest pain is common, many women liken their symptoms to the flu, with extreme weakness. Others feel pain in the back, neck, jaw, or stomach; have shortness of breath or nausea; or break out in a cold sweat. And, of course, "women often minimize their symptoms," says cardiologist Nieca Goldberg, MD, medical director of NYU Langone's Joan H. Tisch Center for Women's Health. "They come into my office saying, 'Oh, I had chest tightness, so I just went online to check it out.' We need to get the message out: You should call 911. You shouldn't waste time."

No single test? So what can I do to protect myself?

Get to a doctor—it doesn't have to be a cardiologist—and have your blood pressure checked and your blood tested. Speak up if you smoke, have a family history of heart issues or diabetes, have an autoimmune disease, went through early menopause before age 50, or if you had pregnancy complications, especially preeclampsia. Even if you gave birth years ago, it's relevant. These factors put you at higher risk. If that laundry list

doesn't apply to you, your doctor will calculate your 10-year risk by analyzing your blood work. If you're deemed low-risk, lifestyle changes may be prescribed. High-risk patients may also be given medication, such as a statin. Unclear risk? A coronary artery calcium (CAC) scoring may be in order. This noninvasive test uses a CT scan of the heart to look for calcified plaque in your arteries. Cholesterol, fat, and calcium build up over decades, often without any symptoms, and as this buildup hardens, it can restrict blood flow. The CAC measures the amount of calcium in the walls of the arteries, which may be a sign that you've got plaque. "That means [you're] in a higher-risk group," says Erin Michos, MD, MHS, associate director of preventive cardiology and associate professor of medicine at Johns Hopkins.

But it's curable, right?

"Once you have heart disease, it's considered chronic," Dr. Goldberg says. "You can improve the symptoms through medication. You can prevent a second heart attack with the use of medication and lifestyle changes, like quitting smoking, and diet and exercise. And if someone has a clogged or blocked artery, we can open it up with a stent or do bypass surgery. That improves the blood flow, which is our plumbing, but it doesn't cure the disease."

What if I already have high cholesterol or haven't been tracking my blood pressure?

"The good news is we think 80 percent of atherosclerotic cardiovascular disease [caused by the buildup of plaque in the arteries] is largely preventable," Dr. Michos says. While we can't change some risk factors, such as age and family history, others we can manage. The American Heart Association lays out Life's Simple 7—

things we may improve through lifestyle—in its online tool My Life Check as follows: manage blood pressure, control cholesterol, reduce blood sugar, get active, eat better, lose weight, and stop smoking.

That sounds like a lot of work. Can't I just take an aspirin a day and be done with it?

Bottom line: If you haven't had a heart attack, no. "The benefits cannot justify the risk of bleeding that's associated with taking aspirin daily for such a long period," says Cleveland Clinic cardiologist Chete Eze-Nliam, MD, MPH. As Dr. Michos puts it, "We save aspirin for the highest-risk people who have already had a heart attack."

So no way around it; I have to eat right and exercise. How healthy is healthy enough?

"We in the cardiovascular community are very enthusiastic about the Mediterranean diet," says Dr. Eze-Nliam. "It doesn't force people to completely exclude certain foods."

Specifically, focus your diet on fruits, nuts, whole grains, plant-based proteins, lean animal proteins (preferably fish), and vegetables. Limit consumption of trans and saturated fats and sugar, and be mindful of sodium. Dr. Eze-Nliam warns against Paleo and keto for two reasons: They're not sustainable, and people tend to binge when they go off them. As for exercise, the target is at least 30 minutes of moderate to vigorous intensity, at least five days a week. "This doesn't have to be going to the gym," Dr. Michos says. "It's anything active that moves the skeletal muscles—moderate gardening, brisk walking, dancing, yoga, leisurely cycling, leisurely swimming. All activity counts—even less than the minimum. Anything you can do is better than nothing." 🍷

How Doctors Do It

We asked cardiologists about the everyday things they do to keep their hearts strong.

THEY VALUE THEIR RELATIONSHIPS.

"I host girls' night out on a regular basis. I try very hard to maintain my friendships, because it's been proven that social connections reduce your risk for heart disease. I really encourage women to make time for socializing. It doesn't have to be every week; it could be once a month. But set aside a couple hours to just be with your friends."

—Lori Mosca, MD, MPH, PhD, director of preventive cardiology at New York-Presbyterian Hospital

THEY FIND WAYS TO GET ZEN.

"One important contributor to heart health is having a meditative practice. For me, that's knitting. A meditative practice can lower blood pressure and stress hormones, and slow heart rate. When I am learning a new surgical technique, it's easy for my obsessive nature to come out—but with knitting, no one's life is on the line."

—Sarah Samaan, MD, a cardiologist at Baylor Scott & White Legacy Heart Center in Plano, Texas

THEY OCCASIONALLY FAST.

"Sometimes I skip meals during the day, and then try not to overeat at the next meal. I believe that it is, in fact, healthy to feel hunger. If you look at interventions meant to extend life, few of them actually make us live longer. One that does, however, is eating less. Evolution has given us the ability to not eat for a while and still function very well until our next meal."

—Dennis Bruemmer, MD, PhD, a preventive cardiologist and director of Cardiometabolic Health at the Cleveland Clinic.

THEY WORK OUT WITH A BUDDY.

"Being a multitasker, I try to combine my exercise time with catching up with my husband. We'll get out into nature with the dogs, which allows us to reconnect in a surprisingly intimate way. Or we'll work out side by side on the elliptical or treadmill while watching a movie or binging a series."

—Sharonne Hayes, MD, founder of the Mayo Clinic's Women's Heart Clinic in Rochester, Minnesota