

# Heart smarts

THE LATEST WISDOM ON  
PREVENTING CARDIOVASCULAR  
DISEASE IN WOMEN

By Laurie Budgar

Up to six times more women die of heart disease than of breast cancer; in fact, heart disease is the number-one killer of women, and the number-three killer of women under 45. Surprised? Given a lack of awareness about gender-specific risks, even women who think they practice good heart health may be relying on outdated or mistargeted information. Here, experts answer several common questions you may have about women's cardiovascular health.





## What's the connection between hormones and heart disease?

"We do know heart disease risk increases after menopause," says Lorna Vanderhaeghe, MS, nutritionist and author of *A Smart Woman's Guide to Heart Health* (Fitzhenry & Whiteside, 2010). Within a year of a woman's last period, bad LDL levels rise, good HDL levels drop, and some women develop more of the dangerous small LDL particles. Moreover, lipoprotein(a), a glue-like type of cholesterol, goes sky-high during menopause, says Patrick Fratellone, MD, an integrative cardiologist in New York. Scientists aren't entirely sure what causes these changes, but fluctuating levels of estrogen and other hormones are thought to play a role. Low thyroid often causes higher total cholesterol, Vanderhaeghe says—and can lead to hypertension, according to a 2009 study.

## Do statin drugs work as well for women as for men?

Statins like Lipitor or Crestor effectively lower LDL and total cholesterol. But they're not great at reducing heart attacks, cutting the rate by only 30 percent for men and 20 percent for women, says William Blanchet, MD, a prevention-focused physician in Boulder, Colorado. And because cholesterol is rarely a woman's primary risk factor, statins alone usually are not adequate treatment for at-risk women. Fratellone prefers to treat high lipoprotein(a), which is strongly linked to heart attacks, with 1,500 mg each of the amino acids proline and lysine; plus 500 mg niacin, 200 mg coenzyme Q10, and 2,000 mg vitamin C daily, adjusting the dose of the latter as needed if loose bowels result.

In addition, red yeast rice (RYR), which contains a family of statinlike compounds called monacolins, can help women with high LDL and total cholesterol. A recent study found 3,600 mg daily of RYR was an effective, well-tolerated dose.





## Can taking calcium supplements harm my heart?<sup>9</sup>

A controversial research review published last summer in the *British Medical Journal* indicated taking calcium supplements alone (without important cofactors magnesium and vitamin D) may calcify women's arteries, putting them at risk for heart disease, and theoretically outweighing the mineral's bone-health benefits. Although it's true calcifications are often first detected in small breast arteries on mammograms (and their presence doubles heart attack risk), evidence that calcium from food or supplements can cause or increase these deposits is weak to nonexistent, says *Delicious Living's* medical editor, Robert Rountree, MD. In fact, studies show both calcium and magnesium supplements may improve some cardiovascular risk factors. In a new Harvard study, women with the highest magnesium blood levels had a 37 percent reduced risk of sudden heart failure compared with those with the lowest levels. To reduce risk for both heart disease and osteoporosis, eat calcium- and magnesium-rich foods such as milk, yogurt, tofu, beans, nuts, seeds, and green leafy vegetables and supplement as needed. Take 500 mg calcium citrate, aspartate, or glycinate along with 250 mg magnesium and 2,000 IU vitamin D daily, says Vanderhaeghe.



### HEART DISEASE PREDICTORS: WHICH TESTS ARE BEST?

Beyond measuring cholesterol and blood pressure, it's important to talk with your doctor about additional tests, especially if you have a genetic history of heart disease or risky lifestyle factors such as smoking, stress, or inactivity, says Patrick Fratellone, MD. Blood tests can measure important heart disease markers including **lipoprotein(a)**, a genetically influenced type of cholesterol linked to heart attacks; **C-reactive protein**, an inflammation marker; **fibrinogen**, a protein that helps blood form clots; **homocysteine**, an amino acid that in excess may increase risk for blood clots and narrowing of arteries; **vitamin D**, deficiency of which is strongly correlated with heart disease; and even **insulin resistance**. The **cholesterol fractionation test** determines cholesterol particle size. And a **coronary calcium scan**, an ultrafast CAT scan, can pinpoint calcium deposits in the coronary arteries, an early sign of heart disease.



## My cholesterol, blood pressure, and stress-test results are normal. Am I still at risk?

You might be. A 2010 study found traditional risk factors like high cholesterol and blood pressure failed to identify two-thirds of women with the highest risk: those whose heart X-rays showed “substantial” narrowing of the arteries. In the 6,800-person Multi-Ethnic Study of Atherosclerosis (MESA), researchers found a third of the “low risk” female subjects in fact had heart disease. Cholesterol numbers can be deceiving partly because when it comes to LDL (bad) cholesterol, size matters, says Fratellone. Small, dense LDL particles block arteries; large, fluffy ones float. “A woman could have normal cholesterol but the wrong particle size, and she could have a heart attack,” he says. Ask your doctor for a cholesterol fractionation test, also called a VAP or NMR test.

Stress tests also aren't reliable. To fail a stress test you need at least a 70 percent blockage in at least one artery. But the vast majority of heart attacks (86 percent) occur in blood vessels with less than 70 percent blockage, says Blanchet. This phenomenon is slightly more common in women because they have less obstructive disease (when cholesterol blocks the whole artery) and more plaque lining vessel walls (where it can break off to form a blood clot and lead to heart attack). And because most women don't become hypertensive until after menopause, blood-pressure readings tend not to raise red flags, either. ❧

Laurie Budgar is a Longmont, Colorado-based freelance writer who takes the experts' advice to heart.

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