

OTHER FACTORS THAT *affect* HEART DISEASE

POSTMENOPAUSAL HORMONE THERAPY: WHAT EVERY WOMAN NEEDS TO KNOW

As women approach or reach menopause, choosing whether to use hormone therapy (also known as hormone replacement therapy) is one of the most important health decisions they will make. Until recently, many women took an estrogen-plus-progestin medication to try to lower their risk of heart disease. But a recent study indicates that this type of hormone therapy *increases* the chances of developing heart disease and other serious conditions. These findings come from the Women's Health Initiative, a 15-year set of studies on ways to prevent a number of medical disorders in women. In one of the studies, 16,608 healthy, postmenopausal women took either estrogen-plus-progestin or a placebo (a pill that contains no drug) to see if the medication would help to prevent heart disease and hip fractures. The results: Women who took the estrogen-plus-progestin treatment were more likely to have heart attacks, strokes, blood clots, and breast cancer than women who did not take the medication. The hormone treatment also benefited women, by reducing the risks of hip fractures and colon cancer. But overall, the risks clearly outweighed and outnumbered the benefits. (See accompanying box.) If you are currently on postmenopausal hormone therapy, these findings can't help but concern you. It is important to know, however, that the study results apply to a large group of women. For an individual woman, the increased risk of disease is quite small. For example, each woman in the study who took the estrogen plus- progestin treatment had an increased risk of breast cancer of less than 1 tenth of 1 percent per year.

ESTROGEN-PLUS-PROGESTIN: RISKS *and* BENEFITS

The Women's Health Initiative study examined the impact of estrogen-plus-progestin medication on women's health. Results showed that the medicine caused:

Risks

- ♥ 8 more strokes each year for every 10,000 women
- ♥ 7 more heart attacks each year for every 10,000 women
- ♥ 8 more cases of breast cancer per year for every 10,000 women
- ♥ 18 more women with blood clots each year for every 10,000 women

Benefits

- ♥ 6 fewer colorectal cancers each year for every 10,000 women
- ♥ 5 fewer hip fractures each year for every 10,000 women

The postmenopausal hormone therapy that was studied-estrogen plus progestin-is the most commonly prescribed hormone treatment for women who have a uterus. A study is still underway about the benefits and risks of taking estrogen alone, typically taken only by women who have had a hysterectomy. If you currently take estrogen-plus-progestin, or are considering it, what should you do? Here are some guidelines:

- ♥ You should not continue or start this medication to prevent heart disease. Talk with your doctor about other ways of preventing heart attack and stroke, including lifestyle changes and medicines such as cholesterol-lowering statins and blood pressure drugs.
- ♥ If taking, or considering, this medication to prevent osteoporosis, discuss with your doctor the possible benefits against your personal risks for heart attack, stroke, blood clots, breast cancer. Consider alternate treatments that are safe and effective in preventing osteoporosis and bone fractures.
- ♥ If taking, or considering, estrogen-plus-progestin to treat menopausal symptoms such as hot flashes or sleeping problems, consult with your doctor about whether you should continue or start this treatment. The study didn't test the short-term risks and benefits of using this medication for menopausal symptoms. If you decide to take hormone therapy to control menopausal symptoms, use it for as brief a period as possible.
- ♥ Whatever decision you make, review it regularly with your doctor. Your risks for heart disease, stroke, osteoporosis and other conditions may change over time. Safer and more effective treatments may become available. Stay informed.

Stress and Depression

Many women are concerned about a possible connection between stress and heart disease. Many studies do report a connection for both women and men. For example, the most commonly reported "trigger" for a heart attack is an emotionally upsetting event, particularly one involving anger. After a heart attack, people with higher levels of stress and anxiety tend to have more trouble recovering. Also, some common ways of coping with stress, such as overeating, heavy drinking, and smoking, are clearly bad for your heart.

But stress is not the only emotional influence on heart health. Depression, too, is common in both women and men after a heart attack. If you have had a heart attack and find yourself feeling depressed or "blue" for a long time afterward, or if the

sad feelings are severe, talk with your doctor about ways to get help. Also keep in mind that support from family, friends and other heart patients can help to improve mood and adjustment to the recovery process.

The good news is that sensible health habits can have a protective effect. Regular physical activity not only relieves stress and depression, but also can directly lower your risk of heart disease. Recent research also shows that participating in a stress management program following a heart attack lessens the chances of further heart-related problems. Stress management programs, as well as support groups for heart patients, can also help you develop new ways of handling everyday life challenges.

Good relationships count, too. Developing strong personal ties reduces the chances of developing heart disease. Supportive relationships also help to prolong people's lives after a heart attack. Religious or spiritual beliefs and activity are also linked to longer survival among heart surgery patients.

Much remains to be learned about the connections among stress, depression and heart disease, but a few things are clear: staying physically active, developing a diverse circle of supportive people in your life, and sharing your feelings and concerns with them, can help you to be happier and live longer.

Alcohol

Over the last several years, a number of studies have reported that moderate drinkers are less likely to develop heart disease than people who don't drink any alcohol or who drink too much. Small amounts of alcohol may help protect against heart disease by raising levels of "good" HDL cholesterol.

If you are a nondrinker, this is not a recommendation to start using alcohol. Recent studies show that alcohol use increases the risk of breast cancer. And certainly if you are pregnant, planning to become pregnant, or have another health condition that could make alcohol use harmful, you should not drink. But, otherwise, if you're already a moderate drinker, you may be less likely to have a heart attack.

It is important, though, to weigh benefits against risks. Talk with your doctor about your personal risks of breast cancer, heart disease, and other health conditions that may be affected by drinking alcohol. With the help of your physician, decide whether moderate drinking to lower heart attack risk outweighs the possible increased risk of breast cancer or other medical problems. If you do decide to use alcohol, remember that moderation is the key. Heavy drinking causes many heart-related problems. More than three drinks per day can raise blood pressure, while binge drinking can contribute to stroke. Too much alcohol also can damage the heart muscle, leading to heart failure. Overall, people who drink heavily on a regular basis have higher rates of heart disease than either moderate drinkers or nondrinkers. **What is moderate drinking?** For women, moderate drinking is defined as no more than one drink per day, according to the U.S. Dietary Guidelines for Americans. Count as one drink:

- ♥ 12 ounces of beer (150 calories)
- ♥ 5 ounces of wine (100 calories)
- ♥ 1 1/2 ounces of 80-proof hard liquor (100 calories)



"I LEARNED THAT MY HIGH CHOLESTEROL PUTS ME AT RISK FOR HEART DISEASE, SO I'VE STARTED MAKING CHANGES. I'M MAKING AN EFFORT TO AVOID FATTY FOODS, AND I AM ALSO EATING LESS RED MEAT AND MORE FISH. I KNOW THAT MY DAILY WALKS ARE IMPORTANT. I AM MORE CONSCIOUS ABOUT MY HEALTH, AND I'M REALLY TRYING TO TAKE CARE OF MYSELF. MY HUSBAND FOUND OUT THAT HE HAS HIGH CHOLESTEROL TOO, SO WE'RE BOTH TRYING TO MAKE CHANGES IN OUR LIVES. IT HELPS HAVING EACH OTHER THERE FOR SUPPORT."

- Julie

Birth Control Pills

Studies show that women who use high-dose birth control pills (oral contraceptives) are more likely to have a heart attack or stroke because blood clots are more likely to form in the blood vessels. These risks are lessened once the birth control pill is stopped. Using the pill also may worsen the effects of other risk factors, such as smoking, high blood pressure, diabetes, high blood cholesterol, and overweight.

Much of this information comes from studies of birth control pills containing higher doses of hormones than those commonly used today. Still, the risks of using low-dose pills are not fully known. Therefore, if you are now taking any kind of birth control pill or are considering using one, keep these guidelines in mind:

- ♥ **Don't mix smoking and the "Pill."** If you smoke cigarettes, stop smoking or choose a different form of birth control. Cigarette smoking boosts the risk of serious health problems from birth control pill use, especially the risk of blood clots. For women over 35, the risk is particularly high. Women who use oral contraceptives should not smoke.
- ♥ **Pay attention to diabetes.** Levels of glucose, or blood sugar, sometimes change dramatically in women who take birth control pills. Any woman who is diabetic, or has a close relative who is, should have regular blood sugar tests if she takes birth control pills.
- ♥ **Watch your blood pressure.** After starting to take birth control pills, your blood pressure may go up. For most women, this increase does not go above normal. But if your blood pressure increases to 140/90 mmHg or higher, ask your doctor about changing pills or switching to another form of birth control. Be sure to get your blood pressure checked at least once a year.
- ♥ **Talk with your doctor.** If you have heart disease, a heart defect, or if you have suffered a stroke, birth control pills may not be a safe choice. Be sure your doctor knows about these or other serious health conditions before prescribing birth control pills for you.

Sleep Apnea

Sleep apnea is a serious disorder in which a person briefly and repeatedly stops breathing during sleep. People with untreated sleep apnea are more likely to develop high blood pressure, heart attack, congestive heart failure, and stroke. Women are more likely to develop sleep apnea after menopause. Other factors that increase risk are overweight, smoking, use of alcohol or sleeping pills, and a family history of sleep apnea. Symptoms include heavy snoring and gasping or choking during sleep, along with extreme daytime sleepiness. If you think you may have sleep apnea, ask your doctor for a test called polysomnography, which is usually performed overnight in a sleep center. If you are overweight, even a small weight loss—10 percent of your current weight—can relieve mild cases of sleep apnea. Other self-help treatments include quitting smoking and avoiding alcohol and sleeping pills. Sleeping on your side, rather than on your back, also may help. Some people benefit from a mechanical device that increases air pressure through the nasal passages. For very serious cases, surgery may be needed.

NEW RISK *factors??*

We know that high blood cholesterol boosts heart disease risk. Yet many people who have heart attacks have normal cholesterol levels. To find out why, researchers are studying other factors that might contribute to heart disease, including inflammation of the artery walls. Inflammation can lead to the formation of plaque that is especially likely to rupture. When plaque bursts, blood clots can result. Several "emerging risk factors" appear to be involved in this process, though we don't know for sure yet whether they lead to heart disease, or whether treating them will reduce risk. Ask your doctor whether you should be tested for any of these emerging risk factors:

Homocysteine. High blood levels of this amino acid may irritate and damage the arteries, making the blood more likely to clot, and/or make blood vessels less flexible. For women, homocysteine levels tend to rise after menopause. It may be possible to lower elevated levels of homocysteine by getting plenty of folic acid, B6, and B12 in your diet.

Chlamydia pneumoniae. A common cause of respiratory infections, chlamydia pneumoniae also may inflame and damage blood vessel walls. Antibiotics may reduce inflammation.

Lp(a) protein. This is a lipoprotein that may cause too much blood clotting. It also may worsen inflammation. Niacin, a lipid-lowering drug, may help to lower Lp(a) protein levels.

C-reactive protein (CRP). High levels of C-reactive protein indicate inflammation in artery walls. A simple blood test can measure the levels of CRP in the blood. Aspirin and statin drugs may help to reduce high CRP levels.