

# THE *heart* TRUTH FOR WOMEN



## THE HEART TRUTH® FOR WOMEN: AN ACTION PLAN

When you hear the term “heart disease,” what is your first reaction? Like many women, you may think, “That’s a man’s disease.” But here’s *The Heart Truth*: Heart disease is the #1 killer of women in the United States. It is also a leading cause of disability among women. If you’ve got a heart, heart disease could be your problem.

The good news: Heart disease is a problem you can do something about. This fact sheet will help you find out your personal risk of heart disease. Then, it will show you how you can take steps to improve your heart health and reduce your chances of developing heart disease.

### WHAT IS HEART DISEASE?

Coronary heart disease is the most common form of heart disease. Usually referred to simply as “heart disease,” it is a disorder of the blood vessels of the heart that can lead to a heart attack. A heart attack happens when an artery becomes blocked, preventing oxygen and nutrients from getting to the heart.

It is important to realize that heart disease is a lifelong condition—once you get it, you’ll always have it. What’s more, the condition of your blood vessels will steadily worsen unless you make changes in your daily habits. That’s why it is so vital to take action now to prevent this disease.

### Risk Factors for Heart Disease

Why does your lifestyle matter? It affects many of the “risk factors” for heart disease. Risk factors are conditions or

habits that increase the chances of developing a disease or having it worsen. There are two types of heart disease risk factors—those you can’t change and those you can control. One risk factor that cannot be changed is a family history of early heart disease. Also, for women, age becomes a risk factor at 55. That’s because, after menopause, women are more apt to get heart disease. In part, this occurs because a woman’s production of estrogen drops. Also, middle age is a time when women tend to develop other risk factors for heart disease.

But many heart disease risk factors can be controlled by making changes in your lifestyle and, in some cases, by taking medication. (For more on how to reduce risk factors, see “Taking Action.”) Risk factors that you can control include:

**Smoking.** Cigarette smoking greatly increases the risk of heart attack and stroke, as well as lung cancer and other serious diseases. There is simply no safe way to smoke. But the rewards of quitting are enormous. Just 1 year after you stop smoking, your heart disease risk will drop by more than half.

**High Blood Pressure.** High blood pressure can lead to heart disease, stroke, congestive heart failure, and kidney disease. Usually, blood pressure is expressed as two numbers, such as 120/80 mmHg (millimeters of mercury). Blood pressure is considered “high” when it is 140/90 or above. But even prehypertension (120-139 over 80-89) raises your risk of heart disease.



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**High Blood Cholesterol.** Cholesterol travels in the blood in packages called lipoproteins. Low-density lipoprotein (LDL) is often called “bad” cholesterol because too much LDL in your blood can lead to blockages in the arteries—and a possible heart attack. The higher your LDL number, the higher your risk of heart disease. (An LDL level of 160\* or above is high; less than 100 is optimal.) Another type of cholesterol is high-density lipoprotein (HDL), also known as “good” cholesterol. That’s because HDL helps remove cholesterol from your blood. (An HDL level of less than 40 increases your risk for heart disease; 60 or higher is protective.) Another key number is your total cholesterol, which should be less than 200.

\*Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.

**Overweight/Obesity.** If you are overweight or obese, you are more likely to develop heart disease, even if you have no other risk factors. Overweight also increases the risks for stroke, congestive heart failure, gallbladder disease, diabetes, arthritis, and breathing problems, as well as breast, colon, and other cancers.

**Physical Inactivity.** Not getting regular physical activity increases your risk for heart disease, as well as other heart disease risk factors, such as high blood pressure, diabetes, and overweight. And, for older women especially, physical inactivity increases the chances of developing osteoporosis, which in turn raises the risk of broken bones.

**Diabetes.** Diabetes is a major risk factor for heart disease, stroke, kidney failure, and other diseases. The type of diabetes that adults most commonly develop is “type 2.” You are more likely to develop this disease if you are overweight (especially with extra weight around your middle), physically inactive, or have a family history of diabetes. Diabetes can be detected with a blood sugar test.

### **Finding Out Your Risk**

To protect your heart health, it is important to find out your personal risk for heart disease. Be aware that *every risk factor counts*. If you have even one risk factor, you are much more likely to develop heart disease, with its many serious consequences. Having more than one risk factor is especially serious, because risk factors tend to “gang up” and worsen each other’s effects. Fortunately, you have tremendous power to prevent heart disease, and you can start today.

The first step is to see your doctor for a thorough checkup. Tell your doctor you want help in achieving your goal of heart health. And don’t hesitate to ask questions, including those in the box on the next page.

## **MENOPAUSAL HORMONE THERAPY AND HEART DISEASE PREVENTION: WHAT YOU NEED TO KNOW**

Until recently, many postmenopausal women were prescribed menopausal hormone therapy to help prevent heart disease. Menopausal hormone therapy can involve the use of estrogen plus progestin or estrogen alone.

Research now shows that estrogen plus progestin therapy increases the chances of developing heart disease, stroke, blood clots, and breast cancer. It also doubles the risk of dementia and does not protect women against memory loss. Research on estrogen-alone therapy shows it increases the risk for stroke and blood clots but has no effect on heart disease and colorectal cancer, and an uncertain effect on breast cancer. Estrogen alone gives no protection against memory loss. If you are on this medication to prevent heart disease or another chronic condition, such as osteoporosis, talk with your doctor about other approaches.

If you are taking, or considering estrogen plus progestin or estrogen alone to relieve menopausal symptoms, consult with your doctor about whether you should start or continue the treatment. If you decide to go ahead with it, use the lowest dose for as brief of a period as possible.

Also, neither estrogen plus progestin nor estrogen-alone therapy should be used to lower cholesterol. Talk with your doctor about an alternative cholesterol-lowering medication.

### **TAKING ACTION**

Now you’re ready for action. Research shows that women can lower their heart disease risk enormously—by 82 percent—simply by leading a healthy lifestyle. In most cases, that means following a heart healthy eating plan, getting regular physical activity, maintaining a healthy weight, and not smoking. Some women also may need to take medication to control heart disease risk factors. In the “To Learn More” section of this fact sheet, you’ll find more resources on how to protect your heart. To get started, read on.

### **Eat for Health**

You can greatly improve the condition of your heart by eating healthfully. The *Dietary Guidelines for Americans*, which has a Food Guide Pyramid, helps you make healthy food choices. The *Dietary Guidelines* tell you to: choose a diet low in saturated fat and cholesterol, and moderate in total fat; choose a variety of grains daily, especially whole grains; choose a variety of fruits and vegetables daily; choose beverages and foods to moderate your

intake of sugars; choose and prepare foods with less salt; and if you drink alcoholic beverages, do so in moderation. The *Dietary Guidelines* also emphasize that you should aim for a healthy weight, be physically active each day, and keep food safe to eat.

If you have high blood pressure or high blood cholesterol, you may need to make some additional lifestyle changes.

**Blood Pressure and the DASH Eating Plan.** If you have high blood pressure or high normal blood pressure, you can help to lower it by adopting the DASH eating plan. DASH, which stands for “Dietary Approaches to Stop Hypertension,” emphasizes fruits, vegetables, whole-grain foods, and lowfat dairy products. It is rich in magnesium, potassium, and calcium, as well as protein and fiber. It is low in saturated and total fat and cholesterol, and limits red meat, sweets, and sugar-containing beverages. Salt (sodium chloride) and other forms of sodium affect blood pressure. You should consume no more than 2,400 mg of sodium a day—1,500 mg per day is even better. If you follow the DASH diet *and* cut down on sodium, you will get even greater blood pressure benefits.

**High Blood Cholesterol and the TLC Program.** If you need to lower your LDL cholesterol, you may want to consider a program called TLC, which stands for “Therapeutic Lifestyle Changes.” The TLC program calls for increased physical activity, weight control, and a special eating plan. On the TLC eating plan, you should have less than 7 percent of your day’s calories from saturated fat, less than 200 milligrams of dietary cholesterol per day, and just enough calories to achieve or maintain a healthy weight.

### Learn New Moves

Regular physical activity is a powerful way to keep your heart healthy. To get benefits, you need only do about 30 minutes of moderate-level activity on most, and preferably all, days of the week. Examples are brisk walking, gardening, or bike riding. If necessary, you can choose shorter periods of at least 10 minutes each, as long as you total about 30 minutes of activity that day.

Further, from midlife on, women can particularly benefit from weight-bearing activities, which keep bones healthier. Good weight-bearing activities include walking, lifting hand weights, and carrying groceries. Also helpful are activities that promote flexibility and balance, such as T’ai Chi and yoga.

## QUESTIONS TO ASK YOUR DOCTOR

Getting answers to these questions will give you vital information about your heart health and what you can do to improve it. You may want to bring this list to your doctor’s office.

1. What is my risk for heart disease?
2. What is my blood pressure? What does it mean for me, and what do I need to do about it?
3. What are my cholesterol numbers? (These include total cholesterol, LDL, HDL, and triglycerides, a type of fat found in the blood and food.) What do they mean for me, and what do I need to do about them?
4. What are my “body mass index” and waist measurement? Do they mean that I need to lose weight for my health?
5. What is my blood sugar level, and does it mean I’m at risk for diabetes? If so, what do I need to do about it?
6. What other screening tests for heart disease do I need?
7. What can you do to help me quit smoking?
8. How much physical activity do I need to help protect my heart?
9. What is a heart healthy eating plan for me?
10. How can I tell if I may be having a heart attack? If I think I’m having one, what should I do?

## Aim for a Healthy Weight

If you are overweight, taking off pounds can directly reduce your chances of developing heart disease. If you’re overweight, even a small weight loss will help to lower your risk of heart disease and other medical conditions. At the very least, try to avoid gaining added weight.

When it comes to weight loss, there are no quick fixes. Lasting weight loss requires a change of lifestyle, which includes adopting a healthy, lower-calorie eating plan and getting regular physical activity. Aim to lose no more than  $\frac{1}{2}$  to 2 pounds per week. If you have a lot of weight to lose, ask your doctor, a registered dietitian, or a qualified nutritionist to help you develop a sensible plan for gradual weight loss.

## **PORTION DISTORTION: HOW TO CHOOSE SENSIBLE SERVINGS**

It's very easy to "eat with your eyes" and misjudge what equals a serving—and so pile on unwanted pounds. This is especially true when you eat out, because restaurant portion sizes have been steadily expanding. To keep portion sizes sensible:

- When eating out, choose small portions, share an entrée with a friend, or take some of the food home (if you can chill it right away).
- Check a product's Nutrition Facts label to learn how much food is considered a serving and how many calories, fat grams, and so forth are in the item.
- Be especially careful to limit portion sizes of high-calorie foods such as cookies, cakes, and other sweets, french fries, and oils.

## **Kick the Smoking Habit**

There is nothing easy about giving up cigarettes, but with a plan of action, you can do it. Become aware of your personal smoking "triggers"—the situations that typically bring on the urge to light up—and replace them with new activities. Eat healthfully, get regular physical activity, and ask friends and family for support. You also may want to participate in an organized program to help people quit smoking, offered by many hospitals, health organizations, and workplaces. Also, several medications are now available to help people stop smoking. Ask your doctor whether you should try any of these medicines.



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## **TO LEARN MORE**

Contact the National Heart, Lung, and Blood Institute (NHLBI) for information and publications on heart disease and heart health.

NHLBI Health Information Center  
P.O. Box 30105-0105  
Bethesda, MD 20824  
Phone: 301-592-8573  
TTY: 240-629-3255  
Fax: 301-592-8563

## **Web Resources from NHLBI and Other Sources**

NHLBI Web site: [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

*The Heart Truth: A National Awareness Campaign for Women about Heart Disease:* [www.hearttruth.gov](http://www.hearttruth.gov)

*The Healthy Heart Handbook for Women:* [www.nhlbi.nih.gov/health/hearttruth/material/material.htm](http://www.nhlbi.nih.gov/health/hearttruth/material/material.htm)

To Quit Smoking:  
[www.nlm.nih.gov/medlineplus/smokingcessation.html](http://www.nlm.nih.gov/medlineplus/smokingcessation.html)

Your Guide to Lowering High Blood Pressure: [www.nhlbi.nih.gov/hbp/index.html](http://www.nhlbi.nih.gov/hbp/index.html)

Facts About the DASH Eating Plan:  
[www.nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm](http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm)

High Blood Cholesterol: What You Need to Know:  
[www.nhlbi.nih.gov/health/public/heart/chol/hbc\\_what.htm](http://www.nhlbi.nih.gov/health/public/heart/chol/hbc_what.htm)

Live Healthier, Live Longer (on how to lower elevated blood cholesterol): [www.nhlbi.nih.gov/chd](http://www.nhlbi.nih.gov/chd)

Introduction to the TLC Diet: [www.nhlbi.nih.gov/cgi-bin/chd/step2intro.cgi](http://www.nhlbi.nih.gov/cgi-bin/chd/step2intro.cgi)

Menopausal Hormone Therapy: [www.nhlbi.nih.gov/health/women/index.htm](http://www.nhlbi.nih.gov/health/women/index.htm)

Aim for a Healthy Weight: [www.nhlbi.nih.gov/health/public/heart/obesity/lose\\_wt/index.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm)

Diabetes: [www.nlm.nih.gov/medlineplus/diabetes.html](http://www.nlm.nih.gov/medlineplus/diabetes.html)

American Heart Association: [www.americanheart.org](http://www.americanheart.org)

National Women's Health Information Center, Office on Women's Health, U.S. Department of Health and Human Services: [www.4woman.gov](http://www.4woman.gov)

WomenHeart: the National Coalition for Women with Heart Disease: [www.womenheart.org](http://www.womenheart.org)