

Scott Shurmur, M.D.

How prevalent is heart disease among women?

0:06

Despite all of the press that breast cancer gets, for instance, heart disease is still the number one killer among both genders. We used to think a long time ago, 40-50 years ago that coronary artery disease, heart attacks, were a disease of men, middle aged men, but that has certainly been disproven. The incidence of heart attacks is equal between the genders. Women are about 10 years older than men on average when they have their events.

How deadly can it be for women?

0:42

In as many as 25% of coronary events, heart attacks. Sudden Death can be the first symptom. So often there's warning, but many times there is not that an event could occur and sudden death as the first symptom is more common in women than men.

Are women more prone to recurrent heart attacks?

1:07

It used to be that the rate of a second heart attack within 10 years was as high as 20 or so percent. Now it's down as low as 5%. With good medications, predominantly statins and others.

Has there been any decrease in incidents now that people are more aware of how heart disease affects women?

1:24

We're not particularly making progress, the mortality rate has varied a bit in the last five years. The incidence is not declining. For a while it was and then smoking rates actually climbed a bit in women, which leveled off the decline. And now the increasing preponderance of type two diabetes and obesity has pushed the numbers a bit further unfortunately.

Is progress being made through research to help women address the risks of fatal cardiovascular events?

1:59

One thing that I think is good news that we could really cling to there was a paper about six weeks ago, that regular daily exercise reduces fatal cardiac events with greater potency in women than in men. A woman's risk of dying of a cardiac event prematurely drops by 25% if she exercises on a daily basis. For men, there's benefit, but their rate drops only by about 15%. So exercise pays, not only in many ways in terms of independence, balance, mental health, vanity, if that's an endpoint you're looking for, but certainly in preventing fatal cardiac events as well.

Scott Shurmur, M.D.

How important is awareness of family history?

2:51

Your family history is certainly a risk factor. Now obviously, it's not the last name that you're born with. But there are biologic factors that can be identified. And we're identifying more and more specific ones. But the rule of thumb is if a woman in your family had a coronary event before age 65. And certainly if they had one pre-menopausal than that counts as a premature family history. And for men, it's before about age 55 would be considered premature. Now some of that can be colored whether or not they had tremendous risk factors, big smokers who had early events, maybe that's not such a genetic factor, but in many cases, it certainly is. And so what one should be screened for is cholesterol values. Certainly, there are parts of the cholesterol profile, we're learning more and more about there's something called LP little a or lipid Protein A, we always knew about but didn't pay a lot of attention to I think that will become part and parcel of our screening efforts very soon. Because we now have specific therapies. Obviously, never taking up smoking is a tremendously beneficial approach. And staying sufficiently fit to avoid type two diabetes and then managing it well, if you do develop it are very key factors as well.

...continued

4:24

In terms of the lifestyle, though, particularly the exercise may have even greater benefit in women.

What other conditions would prompt a physician to recommend cardiac screening?

4:32

Numerically, there is a greater likelihood if one has high cholesterol and one smokes and one has type two diabetes and one has high blood pressure any or all of those things. Certainly, it's not just additive, they're synergistic effects on one's risk.

Are we seeing more women included in heart disease research?

4:52

Yeah, we are. We did a poor job of enrolling women in clinical trials for a long time. In many studies that really established hallmark therapies, women are only represented 25 or so percent. Now there are efforts, many IRBs insist on efforts to enroll more women in trials. And so we're getting better at that still. rarely if ever crossing 50% though, so we need to keep working in that field.

Scott Shurmur, M.D.

How do symptoms differ among men and women?

5:26

As we touched on, it can just be some fatigue, some nausea, some shortness of breath, doesn't have to be the classic crushing central chest pain that we see in TV and movies. That certainly does happen but not exclusively.

How do risk factors differ among men and women?

5:48

Female gender, particularly birth, gender is protective against coronary events, through menopause. After menopause, the risk of a woman begins to catch up to that of a man. If there is an early hysterectomy, if the ovaries are taken that probably accelerates risk. Although that's not completely clear from the data that we have. But that is protective.

How can women advocate for their cardiovascular health if they have concerns?

6:25

Certainly be insistent. If one is worried about their cardiac health or potential cardiac concerns and their caregiver doesn't seem to be paying attention, then make some noise, ask questions. Remind the practitioner perhaps that this is this is a gender equality issue. And heart disease does not discriminate between genders, that's for sure.

Do you believe the awareness of heart disease in women among other medical professions is still lacking?

6:57

I don't honestly see dismissive attitudes for potential cardiac events, like I did 15 or 20 years ago, I think we're catching up to the idea.

Why is it important for women to not only recognize symptoms but also seek medical care as soon as possible?

7:11

Many women particularly perhaps in more traditional areas, feel that they're the caregiver for the household so they don't take time to care for themselves or acknowledge something that could be going on with themselves. And so keep in mind simple things like staying home an hour longer with a heart attack drops survival in half. So if you're having symptoms, get them checked out before it's too late. And if you're having really troubling symptoms, don't stay home, try not to drive yourself, call an ambulance and get to medical care because that really makes a difference.