

# HEART<sup>of</sup> Hot Springs

YOUR RESOURCE FOR A HEALTHIER HEART

CHI St. Vincent

## Heart to Heart

### MANY WOMEN ARE UNAWARE OF HEART DISEASE RISK FACTORS

One of the most dangerous myths about heart disease is that it's primarily a man's problem. Cardiovascular disease does strike men about a decade earlier in life than women. But once women reach age 50, their risk quickly climbs. Over a lifetime, 1 out of 4 women die of cardiovascular disease—making it the leading cause of death in women.

Public health campaigns like the American Heart Association's (AHA) Go Red for Women are raising awareness of the danger. Donations are collected throughout the year, funding heart checkups for women as well as informational campaigns aimed at educating women about their risks for heart disease and stroke.

**75 percent**  
of women ages 40 to 60 have one or more risk factors for heart disease.

When it comes to increasing awareness, significant progress has already been made. In 1997, only 30 percent of women surveyed knew that heart disease is the leading killer of women. That number has climbed to 56 percent, according to a recent survey conducted by the AHA.

But that still leaves almost half of women in the dark about the real danger heart disease poses. Too

many women don't realize they have risk factors like high blood pressure, elevated cholesterol or early signs of diabetes. Many women who do know they are at risk aren't doing enough to minimize the danger.

One reason may be another dangerous misconception: the widespread belief that many heart attacks strike out of the blue, without warning. In fact, 75 percent of women ages 40 to 60 have one or more risk factors for heart disease. Proactively being aware of your risk factors is important, because almost two-thirds of women who die suddenly from heart disease had no previous symptoms.

Identifying your own risk factors and working with your doctor to modify them could save your life. A recent analysis showed that cholesterol-lowering medications called statins reduce the risk of heart attacks by 25 percent, for example. Doing something as simple as becoming more physically active will also cut your risk for cardiovascular disease significantly.

Heart disease rates have fallen dramatically over the past 25 years. Today, thanks to better diagnostic tests, your doctor can assess your risk of cardiovascular disease more accurately than ever before.

### Women's Heart Health Milestones

The risk for cardiovascular disease begins to climb dramatically in women after menopause. But the lifestyle habits that influence risk are formed much earlier. And their consequences become more and more serious as women age.

#### YOUNGER WOMEN

- Almost 50 percent of young adults are not vigorously active on a regular basis.
- About 25 percent of high-school-age youth report using tobacco.
- A low percentage of women taking oral contraceptives have a small increase in blood pressure; it's not clear if this contributes to CHD.

#### MIDDLE-AGE WOMEN

- Cholesterol levels tend to rise for all adults as they age.
- About 34 percent of women aged 45–54 have high blood pressure.
- More than 10 percent of adults between 45–64 have been diagnosed with diabetes.

#### OLDER WOMEN

- Most women over age 65 have diagnosed heart disease or "silent" atherosclerosis ("hardening of the arteries").
- Heart disease and stroke kill about 25 percent of American women.
- After menopause, women are more likely to have high blood pressure than men.

## Cardiac Care You Can Depend On

You already know the healthy choices that are good for your heart and help prevent heart disease. But sometimes healthy choices aren't enough and symptoms like chest pain can present themselves. That is where we come in.

At CHI St. Vincent Hot Springs, we can provide you with fast access to critical care when time is of the essence through our Heart and Vascular Center's Chest Pain Unit. Located adjacent to the Emergency Department, our Chest Pain Unit is easy

to get to and allows you to be seen immediately by one of our board-certified emergency physicians. Since the Chest Pain Unit is part of the Heart and Vascular Center, you will have access to digital cardiac catheterization labs featuring the most advanced equipment available for diagnosing heart disease.

Our Heart Institute, a 54,000-square-foot facility at our Hot Springs campus, is equipped with everything you need in case of a cardiac emergency. Aside from the Chest Pain Unit, our Heart Institute also offers a cardiac rehabilitation program and access to comprehensive heart care.

Our cardiologists, who have joined the statewide Heart Clinic Arkansas network, will develop a treatment plan for you. The plan may include medication, lifestyle changes or surgery. Your cardiologist will share that treatment plan with your primary care provider so that all your doctors know what care you are receiving.



CHI St. Vincent  
Heart Institute  
in Hot Springs

**See back page for our  
list of cardiologists >>**

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St. Vincent Infirmary  
2 St. Vincent Circle  
Little Rock, AR 72205



# How Heart Disease Differs: **Women**

Coronary heart disease is the No. 1 killer of both men and women in the United States, yet its presentation, diagnosis, treatment and prognosis vary widely between the sexes.

## SYMPTOMS

The timing and symptoms of heart attack, a manifestation of heart disease, differ in women and men. At the time of a first heart attack, women are usually older—70 years on average, compared with 66 years for men—and more likely to have had untreated angina or chest pain prior to the event. Both sexes may present with “classic” chest pain, but women are more likely to have atypical pain and other symptoms (see center image).

Because the symptoms of heart disease vary between the sexes, some diagnostic procedures that are accurate in men may be less so in women. Exercise stress testing, for example, may produce a false-positive result in young women who are at low risk for heart disease, whereas single vessel heart disease, a condition that is more common in women than in men, may go undetected on routine treadmill testing.

## TREATMENT AND PROGNOSIS


The difference in treatment between men and women may be due to the lack of information about women and heart disease—women are generally underrepresented when it comes to heart disease studies. Furthermore, treatment options may be more limited in women than in men, because in general, women are more ill when heart attack occurs and often have serious coexisting disorders because of older age at presentation.

After a heart attack, women are less likely than men to receive aspirin, beta-blockers or angiotensin-converting enzyme inhibitors. Surgical heart procedures also are performed less often in women than in men: A recent study found that women are equally as likely as men to benefit from advanced therapies such as left ventricular assist devices, but are less likely than men to be referred for these types of procedures.

In addition, women may derive less symptomatic relief than men from some procedures, such as angioplasty and bypass surgery. In addition, women have an almost twofold greater risk for dying after bypass surgery than do men.

Complications of heart attack, like shock, heart failure and stroke, are also more common in women. Within one year of a heart attack, women are 50 percent more likely to die than men. To protect yourself against heart disease, talk to your doctor and take preventive measures.

### AVERAGE AGE FOR FIRST HEART ATTACK

Men		Women
66		70
years		years

## Symptoms of Heart Disease

- Excessive sweating
- Unexplained anxiety, weakness
- Dizziness, nausea
- Pain in jaw or teeth
- Pain that spreads to neck
- Chest pain
- Shortness of breath
- Pain that spreads to shoulder
- Pain that spreads to arms
- Pain in stomach
- Pain in back

● WOMEN ● MEN

## The Lifetime Risk

After age 40, the lifetime risk for developing coronary heart disease is **33 percent** in women and **50 percent** in men. As women age, the risk approaches that of men.

### Age 40

Men 50%  
Women 33%

## Heart-Healthy Goals for Women

Many of the risk factors associated with heart disease can be controlled, so identifying what constitutes a risk and how to modify it is an essential first step in empowering individuals to take charge of their health.

The major controllable risk factors for heart disease in both men and women are high blood pressure, high levels of cholesterol and triglycerides, smoking, physical inactivity, and being overweight or obese. The American Heart Association (AHA) has established the following specific goals for women:

### AHA GOALS

- **Blood pressure:** less than 120/80 mm Hg
- **Total cholesterol:** less than 200 mg/dL
- **HDL (good) cholesterol:** 50 mg/dL or higher
- **LDL (bad) cholesterol:** range of less than 100 mg/dL to less than 160 mg/dL, depending on risk factors
- **Triglycerides:** less than 150 mg/dL
- **Body mass index:** less than 25
- **Waist circumference:** less than 35 inches
- **Exercise:** at least 30 minutes a day, all or most days of the week
- Don't smoke
- Eat a balanced diet
- See your doctor regularly

For more information, talk to your doctor.

## Hormone Therapy and You

Because estrogen protects premenopausal women against cardiovascular disease, researchers had high hopes that giving women hormone therapy, sometimes called hormone replacement therapy, or HRT, would help stave off heart problems. Many doctors were already prescribing it. In the past 10 years, several large studies have shown mixed results. Some have even found small increases in heart disease for women taking hormone therapy, while others have found no risk or a small decrease. Based on those findings, most national health groups now advise women not to start or continue taking hormone therapy for heart disease prevention. Because the therapy may have other benefits, it's important to talk to your doctor about what's right for you.





# vs. Men

## The Risk Factors of Heart Disease: Test Your Knowledge

- 1 High blood pressure**
- A. usually has no early warning signs.
  - B. increases the risk for heart attack, stroke, eye damage, congestive heart failure, kidney failure and atherosclerosis.
  - C. places an extra burden on the heart, which over time causes it to enlarge and weaken.
  - D. all of the above

- 2 In an adult, high blood pressure is defined as**
- A. a systolic pressure of 140 mm Hg or more and/or a diastolic pressure of 90 mm Hg or more.
  - B. a systolic pressure of 130 mm Hg and/or a diastolic pressure of 80 mm Hg that lasts for an extended period of time.
  - C. a diastolic pressure of 80 mm Hg or more.
  - D. none of the above

- 3 The American Heart Association recommends that individuals ages 20 and older have their cholesterol measured**
- A. monthly.
  - B. every six months.
  - C. at least once every 1–2 years.
  - D. at least once every 4–6 years.

- 4 LDL cholesterol is**
- A. deposited in artery walls, which increases the buildup of plaque.
  - B. the “good” cholesterol that is removed from the body by the liver.
  - C. the most common type of fat in the body.
  - D. Both a and c are correct.

**ANSWER KEY:** 1-d; 2-a; 3-d; 4-a  
If you got most or all of the answers right, you're heart smart!



### Time Is Muscle

Only medical tests can confirm a heart attack. That's why it's important to get emergency assistance—the sooner the better.

If you think you may be having a heart attack, call immediately for help. Calling **9-1-1** may provide lifesaving assistance. Also, chew and swallow an aspirin and drink a glass of water. Aspirin thins the blood, which will help the heart get more blood if you are having a heart attack.

Treatment for a heart attack works best when it is given within 1 hour of the initial symptoms.

**EVERY  
34**  
seconds, someone  
in America has  
a heart attack.

## GUIDELINES FOR GREAT HEART HEALTH

**Grow old gracefully.** Increasing age is a risk factor that cannot be changed. That's why it's important to focus on the risk factors you can control like smoking and inactivity.

**Get moving.** In 2015, only 49 percent of American adults met the Centers for Disease Control's recommended guidelines for physical activity.

**Don't smoke.** Studies show cigarette smokers reduce their risk for coronary heart disease by 50 percent or more after quitting smoking.

**Watch your weight.** Obesity rates are on the rise, especially among women of color. More than 50 percent of African-American women are obese.

**Fit physical activity into your everyday life.** Take a walk, ride your bike, enjoy a game of tennis or a round of golf.

**Get tested for diabetes.** Over 13 million women in America have diabetes, and more than 25 percent of those women don't know they have it.

**Check your cholesterol.** By age 55, more women than men have cholesterol levels that are borderline high or higher.

**Comply with your physician's treatment and medication directions.**





# Cardiologists Team up with Heart Clinic Arkansas

lifesaving diagnostic procedures, such as cardiac catheterization, and therapeutic

In January, the CHI St. Vincent Hot Springs Cardiology Clinic officially became part of Heart Clinic Arkansas. This partnership enhances and expands cardiology services for patients in Hot Springs and the entire region.

Heart Clinic Arkansas, which became part of CHI St. Vincent in 2012, is the state's largest network of cardiologists and subspecialists for heart-related issues. More than 40 cardiology specialists serve in 20-plus communities throughout the state.

The team of four cardiologists in Hot Springs helps patients manage a variety of conditions—from blood pressure to life-threatening heart attacks, congestive heart failure and irregular heart rhythms. They also perform

procedures, such as angioplasty and stent placements. Pacemaker and defibrillator implantations are performed along with various tests and procedures dealing with peripheral vascular disease.

If additional care is needed, the cardiology team can turn to their colleagues in Little Rock for complex issues, including valve replacement, advanced heart failure and atrial fibrillation. The CHI St. Vincent Heart Institute now includes hospital facilities in Little Rock, Sherwood and Hot Springs.



Our clinic is located at 200 Heartcenter Lane.

For more information, or to make an appointment, please call **501.625.8400**.

## Meet Our Heart and Vascular Team



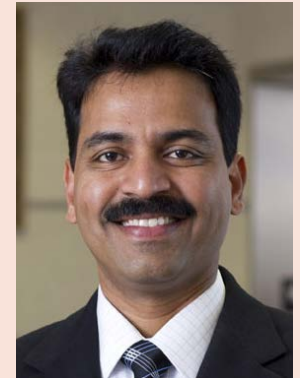
**Yuba Acharya, MD**  
Cardiology



**Michael A. Fraiss, MD**  
Cardiology



**Oyidie Igbokidi, MD**  
Cardiology



**Srinivas Vengala, MD**  
Cardiology

## Heart Clinic Arkansas and Hospital Locations



## Get Going Again with Cardiac Rehab



Our goal for you is long-term heart health; that's why we strongly recommend you enroll in our outpatient Cardiac Rehab Program following a cardiac event or diagnosis.

The proper treatment of heart disease extends beyond the medical treatment we provide during an inpatient stay. And our team is focused on providing you with the highest quality cardiac rehabilitation so you can achieve the best long-term benefits.

Our mission is to help you meet your goals and keep you and your family healthy. Most community fitness centers lack the training or technology to appropriately care for you following a cardiac event. Our Cardiac Rehab program provides medically trained staff who use cardiac monitoring equipment to evaluate your heart health while you exercise, so we can catch heart abnormalities that might otherwise go unnoticed. The staff's extensive background in risk-factor modification can assist you in making lifestyle changes. It is our goal to go above and beyond simply providing you with an exercise routine.



For more information about our Cardiac Rehab program or to enroll, please call **501.622.2112**.

If you have been diagnosed with or treated for congestive heart failure, angioplasty or stenting, coronary artery bypass, stable angina, or had a heart attack or valve replacement surgery, you are perfect for the program. We offer three classes on Mondays, Wednesdays and Fridays and two on Tuesdays and Thursdays so you can exercise when it is convenient for you.

Once you complete cardiac rehab, the benefits will last a lifetime. If you participate in our program, it will improve your longevity following a cardiac event and will also help you reduce your risk for heart disease.

If you have already completed the Cardiac Rehabilitation program or simply want to improve your health and fitness in a supervised environment, we also offer a Maintenance Exercise Program.

## Request a Free Well-Fed Me Booklet



We know that the basics of good health begin in the kitchen so we want you to get a copy of our 2017 Well-Fed Me booklet! It is packed full of helpful recipes, lifestyle tips and health information to help you live a healthier life. Keeping you well is our goal and we know that together we're healthier!



Visit [wellfedarkansas.com](http://wellfedarkansas.com) to request your free booklet today!