

FAQ's about Heart Disease

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February may have been American Heart Month, but spreading awareness of heart disease in women needs to be done throughout the year. As an active member of the "Go Red For Women" campaign, I wanted to share some of the most frequently asked questions I hear so that you, too, can help yourself or someone you love.

What is meant by the term "heart disease?"

Although the term "heart disease" is used to refer to any of the diseases of the heart including those of heart muscle, valves and arteries, it usually means blockages of the heart's arteries when cholesterol plaque is deposited onto the artery wall from cholesterol in the blood.

Other terms such as coronary heart disease, coronary artery disease, atherosclerosis and arteriosclerosis are sometimes used interchangeably. An older term is "hardening of the arteries," which comes from the tendency of the arteries to become firmer and less pliable as the plaque build-up progresses.

Cholesterol plaque increases over the years, eventually cutting off the blood supply to the heart, leading to angina and heart attacks, unless steps are taken to lower the level of cholesterol in the blood.

Heart disease is both genetic and environmental. However, it is estimated to be 80 percent preventable if steps are taken to reduce one's risk.

How is it that someone can have severely blocked arteries but not have a heart attack?

Cholesterol from the blood is deposited on the walls of the arteries over time, causing cholesterol "plaque," which in turn, reduces blood supply to heart. After the plaque causes about 60 percent or more of an artery to be blocked, a symptom known as "angina" may occur with any activity that causes the heart to pump faster.

While typical angina is a heaviness or tightness in the chest, other signs of angina include pain in the arm, shoulder, jaw, throat, or back, or even heartburn during activity, which then goes away with rest. Women are felt to have more of these atypical anginal signs.

A heart attack may occur when the heart's blood supply is suddenly and completely blocked by a blood clot at the site of a previously partially blocked artery, a process known as "plaque rupture". While this is felt to be the cause of heart attack in most men, only about half of women who suffer heart attacks have been found to undergo a different process known as "plaque erosion." This may account for different symptoms ascribed to women.

Unfortunately, a heart attack is the first sign of heart disease in both men and women, either because they do not recognize the early signs of angina or because they never develop this warning sign.

I had a calcium scan that showed a score of zero. Does this mean I do not have any coronary artery disease?

The presence of calcium in arteries signifies that cholesterol plaque is present on the wall of the coronary artery to some degree. However, it is only a very rough estimate of the amount of coronary artery blockage.

While the presence of calcium in an otherwise healthy person without risk factors (such as family history, high cholesterol, elevated blood pressure or glucose) probably signifies the presence of some amount of blockage, it may be small. On the other hand, some women - younger and middle-aged - do not seem to develop calcium as much as same-aged men and, thus, may have "soft plaque" without calcium deposits.

For this reason, a calcium scan should not substitute for knowing your other risk factors. Rather, it is best used in combination with other risk factors such as cholesterol, blood pressure and blood glucose to determine the probability of having a heart attack in the future.

A high calcium score usually should be followed up with a stress test to determine whether a significant coronary blockage exists. All plaques tend to grow over time unless steps are taken to prevent this process. Since LDL, or "bad," cholesterol is the component of cholesterol which is felt to be most responsible for the plaque buildup, reducing this number to less than 100 is now recommended for everyone, especially those with other risk factors, such as high blood pressure, high blood glucose, family history, smoking and sedentary lifestyle.

No matter your genetics, always remember that heart disease is mostly preventable!

Pamela Marcovitz M.D. is the director of the Ministrelli Women's Heart Center at Beaumont Hospital, Royal Oak. Opened in 2002, the Ministrelli Women's Heart Center is the first and only cardiac center in Michigan designed expressly for the prevention, diagnosis and research of women's heart disease. This state-of-the-art facility features on-site diagnostic capabilities, including stress tests, EKGs and echocardiograms (heart ultrasounds). To receive more information on heart disease or the Ministrelli Women's Heart Center, please call 248-898-4760.