

Women and Cardiovascular Disease

Irish Heart Foundation Factsheet.

There are many diseases that can affect the cardiovascular system including diseases of the valves of the heart, diseases of the heart muscle and diseases of the arteries and of the veins. By far the most common occurs as a result of hardening of the arteries, 'atherosclerosis', which most often leads to a heart attack, and to stroke.

Prevalence

Cardiovascular disease (CVD) is the primary cause of death in Ireland. In 2004, 5,214 women and 5,394 men died from diseases of the heart and circulatory system⁶.

General

Women tend to fear risk of breast cancer more yet their risk of heart disease is higher than breast cancer¹.

There is a relative lack of data on women and heart disease – prevention and treatment - as much of the research has been conducted on men.

Women and health professionals may not recognise the symptoms of heart disease; women are less likely to present with the classic chest pain and are only half as likely to undergo cardiac testing for symptoms.

The rate of heart disease in women is similar to that of men, but onset in women is on average 10 years later than in their male counterparts and the incidence of heart attack in women can lag behind that of men by almost 20 years.

Risk Factors

Smoking, raised blood pressure, raised cholesterol, overweight, diabetes and physical inactivity are risk factors, which women can change or modify to help reduce their risk.

Women who smoke 40+ a day increase their risk of heart disease 20-fold and even light smokers (1-4 cigarettes a day) have twice the risk of heart disease as non-smokers.

The recent World Health Report (2002)² suggests that the risk associated with raised blood pressure has been underestimated. Women who have high blood pressure have a risk of developing CHD that is 3.5 times that of a female with normal blood pressure.

A study of over 1,000 people in Cork and Kerry carried out in 1998 shows that of the women sampled (aged 50-70 years), almost 80% had high cholesterol and over 40% had high blood pressure³.

Physical activity has a beneficial effect on risk factors for heart disease, including managing weight, helping to maintain healthy levels of blood pressure and HDL cholesterol.

Over one fifth of women aged 18 – 34 do not take part in any physical activity each week. This figure increases to almost 40% for women over 55 years. Over half of Irish women take some form of physical activity per week (this is defined as Mild exercise most days of the week and/or moderate exercise three or more days per week, and/or strenuous exercise three or more days of the week)⁴.

Women who are overweight have 2-3 times the risk of heart disease. Almost 40% of Irish women are either overweight or obese⁴.

Diabetes is a stronger risk factor for heart disease for women compared to men. Women who have diabetes have a 3-7 times higher death rates than non-diabetic women. Diabetic women have a five-fold increase in stroke.

In October 2005, 24% of the Irish population were cigarette smokers, with equal numbers of males and females smoking⁵.

Heart disease and the menopause

The risk of heart disease for women increases after menopause.

The link between heart disease and falling levels of oestrogen as a result of menopause continues to be debated and studied further.

Hormone Replacement therapy (HRT) is mainly prescribed for the relief of symptoms of menopause and not for the prevention or protection of heart disease. For the majority of women symptoms of the menopause will be short-term.

Key Messages for prevention:

- Enjoy life. Take time out for yourself and keep in touch with friends
- Be active– at moderate intensity for at least 30 minutes most days
- Eat more fruit and vegetables and less fat and fries
- Stop smoking
- Go easy on alcohol
- Have regular blood pressure and cholesterol checks with your family doctor
- Know your family history and the signs and symptoms of heart disease.

References

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