# Prevention of heart disease in women – 2007 Guidelines

The increasing appreciation for evidence-based medicine has resulted in new, rational recommendations for the prevention of heart disease in women. The American Heart Association has published the "2007 Guidelines for Preventing Cardiovascular Disease in Women" in its professional journal, Circulation, or is available on my website at www.venturaheart.com.

Areas of specific updates were the use of aspirin, the current status of hormone replacement therapy and nutritional supplements. All these have been subjects of prior Second Opinion columns.

Since the mid-1980s, cardiovascular disease has been the leading cause of death in American women, accounting for about a third of all deaths. The fact that cardiovascular disease affects women later in life than in men has often led to under-appreciation of its prevalence. That women often present with symptoms different than the classical symptoms in men that were taught to medical students has led to under-diagnosis and misdiagnosis of heart disease in women.

Some of the changes have been in nomenclature. According to the Framingham Risk Estimate commonly used, men and women have been categorized as high, intermediate or low risk over the next 10 years for a major cardiovascular event. Women are now to be characterized as high, at-risk, or optimal, and the focus is now lifetime risk, not just the next 10 years.

Avoiding tobacco, increasing exercise to at least 30 minutes per day, and achieving optimal weight are other therapeutic lifestyle changes integrated into the guidelines. Dietary guidelines focus on further reduction of saturated and trans fats (animal sources and hydrogenated fats from processed foods), restriction of sodium and alcohol, increased fish intake to at least twice weekly, increased use of whole grains, fresh vegetables, fruits and high fiber foods.

Aspirin in doses ranging from 81 mg to a maximum of 325 mg per day should be considered to reduce risk of heart attack and stroke in high risk women aged 65 years or older if no contraindication exists, such as active ulcers, high bleeding risk or aspirin allergies or sensitivities. The use of aspirin is a subject that must be discussed with your doctor before initiating, since aspirin is not a benign drug.

Large randomized clinical trials have verified that hormone replacement therapy, megadoses of vitamins, folic acid, calcium/vitamin D or anti-oxidants have not been shown to prevent cardiovascular disease. However, it appears that estrogen delivered by skin patches or gels do not increase risk of blood clots compared to the oral preparations. The fact that non-oral estrogen administration bypasses the liver may have to do with the difference in side effects.

Goals of cholesterol management should, as before, be focused on reducing the "bad" cholesterol, or LDL cholesterol, to below 100 mg/dL, and even lower levels of below 70 mg/dL if at very high risk. Achieving these levels will likely require medications that need to discussed with your physician to assess risk, benefit and cost.

The strategies recommended are clearly a partnership between motivated and informed patients and their healthcare providers. Communication and follow up are keys to the effective implementation of these guidelines.

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