



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ122
WOMEN'S HEALTH

Heart Health for Women

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What is heart disease?

The vessels that supply blood to the heart are called the coronary arteries. The most common cause of heart disease is **coronary artery disease**. This disease is a narrowing of blood vessels to the heart by the buildup of plaque. Plaque is a fatty substance that forms in the arteries when too much **cholesterol** is present (see the FAQ Cholesterol and Women's Health).

When the blood vessels narrow, the supply of blood and, therefore, oxygen to the heart may be reduced. Lack of oxygen to the heart can cause chest pain (angina). It also can lead to a heart attack, in which the heart tissues are damaged. Chest pain can be a sign that the heart may not be getting enough oxygen.

Who is at risk of heart disease?

A woman's risk of heart disease is higher if she

- is aged 55 years or older
- has a family history of heart disease or heart attack
- has a high total cholesterol or high low-density lipoprotein (LDL) level
- has high blood pressure
- smokes cigarettes
- does not exercise regularly
- is obese
- has **diabetes**

The risk of heart disease increases as the number of risk factors increases.

How can high blood pressure contribute to heart disease?

Blood pressure is the force of blood against the walls of the blood vessels. When arteries are narrowed by plaque, blood pressure increases. Untreated high blood pressure (hypertension) can lead to heart disease (see the FAQ Managing High Blood Pressure).

What is cholesterol?

Cholesterol is a building block for cells and hormones. Most of the cholesterol in the body is made in the liver. Some comes from certain foods, such as meat and dairy products. There are several types of cholesterol. Two main types are HDL and LDL:

1. HDL (high-density lipoprotein) helps prevent heart disease. This “good” cholesterol helps keep plaque from building up in the arteries. It moves from the blood vessels to the liver. In the liver, it is broken down to be passed from the body.
2. LDL (low-density lipoprotein) tends to stay in the body and build up on artery walls. This “bad” cholesterol causes plaque to form in the arteries and makes it harder for blood to flow through them.

Your health care provider can test your cholesterol levels. If you are aged 45 years or older, have your cholesterol checked at least every 5 years. If you have risk factors for heart disease, your health care provider may suggest this test earlier or more often.

Is smoking linked to heart disease?

Smoking is a major cause of heart disease among women (see the FAQ It's Time to Quit Smoking). A woman's risk of heart disease increases the more she smokes and the longer she smokes. Women aged 35 years and older who smoke and use oral contraceptives (birth control pills) have an even greater risk of heart attack.

Can being overweight increase the risk of heart disease?

Obesity increases your risk of heart disease, high blood pressure, and diabetes (see the FAQ Weight Control: Eating Right and Keeping Fit).

How does diabetes affect the heart?

Diabetes increases a woman's chance of developing heart problems. Diabetes causes increased levels of glucose (sugar) in the blood (see the FAQ Diabetes and Women).

Women with diabetes often have other risk factors for heart disease. These include high cholesterol, high blood pressure, and obesity. Diabetes can be controlled with diet, exercise, and sometimes medication.

What lifestyle factors can decrease the risk of heart disease?

- Stay physically active—Exercise helps you maintain a healthy weight, controls blood pressure, and improves cholesterol levels. It can help increase HDL cholesterol (“good cholesterol”) and decrease LDL cholesterol levels. Try to be physically active for at least 30 minutes on most, if not all, days of the week (see the FAQ Exercise and Fitness).
- Stop smoking—If you smoke, talk with your health care provider about how to quit. The sooner you quit, the lower your chance of developing heart disease.
- Control your weight—Maintaining a healthy weight can decrease your chance of heart problems. If you need to lose weight, talk with your health care provider about a diet and exercise plan that is best for you (see the FAQ Weight Control: Eating Right and Keeping Fit).
- Take steps to decrease your cholesterol levels—Exercising, reducing the amount of saturated fat in your diet, and eating more fiber can help reduce your total cholesterol levels. If diet and exercise do not work, medication may be prescribed.

What are the signs and symptoms of heart attack in women?

Many heart attacks in women go unnoticed because women's symptoms are sometimes different from men's symptoms. Most men get a crushing pain in the chest. Some women have chest pain as their first symptom. Others have nausea along with chest pain. If you have any of the following signs or symptoms and they last more than 5 minutes, call an ambulance and go to the hospital:

- Sudden, intense pressure or pain in the chest
- Shortness of breath
- Chest pain that spreads to the shoulders, neck, or arms
- Feelings of light-headedness, fainting, sweating, or nausea

While you are waiting for the ambulance, take an aspirin, lie down, and breathe slowly. This may help limit the damage to your heart muscle.

Glossary

Cholesterol: A natural substance that serves as a building block for cells and hormones and helps to carry fat through the blood vessels for use or storage in other parts of the body.

Coronary Artery Disease: A disease in which the arteries that supply blood to the heart are narrowed by the buildup of plaque in the walls of the arteries.

Diabetes: A condition in which the level of sugar in the blood is too high.

If you have further questions, contact your obstetrician–gynecologist.

FAQ122: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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