

# **Red Alert: A Women's Guide to the New 2007 American Heart Association Recommendations to Prevent Heart Disease**

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AHA Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women*

Each year more women are becoming aware that heart disease is their leading killer. Awareness of this fact is important for the heart health of women because research has shown that awareness is the first step to taking action in order to reduce the risk of heart disease in women.

Women want to understand the best ways to live heart healthy. However, a recent survey by the American Heart Association (AHA) cited that many women were confused about basic methods to protect themselves, such as the best diet, how to manage weight, cholesterol, and stress, as well as whether or not to take aspirin. It is very important that women work together with their health care providers, which includes their doctors, to determine the best individual plan to prevent heart disease and stroke based on the best available science.

Fortunately there have been significant advances in science and medicine that have allowed the AHA to recently update its Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women. These 2007 Guidelines were developed by a panel of experts from the AHA and many other leading professional societies and government agencies. The Expert Panel reviewed new clinical research completed since the last set of guidelines was released in 2004. The newly updated guidelines were released in February 2007.

One of the important changes recommended by the Expert Panel is that doctors should focus on the lifelong risk of heart disease and stroke in women, not just on their short-term risk. Nearly 1 in 3 women will die of diseases of the heart or blood vessels, including stroke. Therefore, cardiovascular disease (CVD) is something all women should be concerned about. Women with heart disease are placed into one of three groups based on their level of risk. The three groups are High Risk, At Risk, or Optimal Risk. It is important for women to review each of the three groups, identify the group they fit into, and understand their level of risk as defined in each group. By knowing which group she fits into, a woman will hopefully be motivated, regardless of her age, to take action and lead a healthy lifestyle. Women need to prevent not only the development of heart disease and stroke, but also know and prevent the risk factors that lead to these heart conditions.

The following table provides information on how to define your risk of heart disease to help you work with your health care provider. Together, you can determine the best preventive program for you and your heart. To determine your risk level, your doctor will need to know your medical and family history and if you have any signs or symptoms of heart disease or diseases of the blood vessels. Your doctor should examine you, check your blood pressure, measure your waist size, and calculate your body mass index (BMI). Your doctor should also check your blood cholesterol and blood sugar levels. For women who have heart disease, the Expert Panel also recommended that their doctors screen for depression. Common after heart attacks, depression is also a risk factor for heart disease. Once your doctor has conducted an evaluation and determined your level of risk (High Risk, At Risk, or Optimal Risk), you may work with your doctor to design an individualized program that meets your specific needs, providing you with the best advice about how to lower your risk of heart disease.

# Heart Disease Risk Groups for Women

HIGH RISK	AT RISK	OPTIMAL RISK
<ul style="list-style-type: none"> <li>• Established coronary heart disease</li> <li>• Stroke or carotid artery disease</li> <li>• Blocked arteries in the legs</li> <li>• Abdominal aortic aneurysm</li> <li>• Chronic kidney disease</li> <li>• Diabetes</li> <li>• 10-year Framingham global risk* &gt;20%</li> </ul>	<ul style="list-style-type: none"> <li>• One or more of the major risk factors for heart disease               <ul style="list-style-type: none"> <li>- Cigarette smoking</li> <li>- Poor diet</li> <li>- Physical inactivity</li> <li>- Obesity</li> <li>- Family history</li> <li>- Hypertension</li> <li>- Abnormal cholesterol</li> </ul> </li> <li>• Evidence of vascular disease</li> <li>• Metabolic syndrome†</li> <li>• Poor exercise capacity</li> </ul>	<ul style="list-style-type: none"> <li>• A healthy lifestyle with no risk factors</li> <li>• Framingham global risk* &lt;10%</li> </ul>

\*The Framingham global risk score estimates the risk of heart disease based on age, gender, total cholesterol, HDL cholesterol, smoking, and systolic blood pressure. Consult your physician on how to calculate your risk score.

†Metabolic syndrome in women is the presence of 3 or more of the following: 1) waist size >35 inches, 2) triglycerides ≥150 mg/dL, 3) HDL-"good" cholesterol < 40 mg/dL, 4) blood pressure ≥130/85 mm Hg, or 5) fasting blood sugar ≥110 mg/dL.

The one action all women can take to lower their heart disease and stroke risk is to follow the recommendations for Lifestyle Changes from the new 2007 Guidelines, listed below. One important new recommendation by the Expert Panel is that, if possible, women reduce their saturated fat intake to less than 7% of total calories, compared to previous recommendations of less than 10%. This is especially important for women who are at High Risk of heart disease or stroke or who have elevated blood cholesterol levels.

Another important recommendation concerns the amount of physical activity. The amount of physical activity has been increased from 30 minutes daily to 60 to 90 minutes daily for women who are trying to lose weight or sustain weight loss. This may sound like a lot, but the good news is that this does not have to be intense exercise. The Expert Panel recommended that moderate intensity exercise such as brisk walking is just fine. Women should try to find ways to incorporate physical activity into their daily routines, like walking instead of driving, whenever possible. Even housework and gardening can count toward their daily physical activity. The point is to keep moving so they can burn calories, because losing weight can be a very effective way to prevent the development of major risk factors, like diabetes, high blood pressure, and abnormal cholesterol, all of which can lead to heart disease.

Once a woman has established major risk factors such as high blood pressure, abnormal cholesterol, or diabetes it is critical that she work with her healthcare provider to get her factors under control through lifestyle and drug therapy when indicated. The new guidelines provide doctors with recommendations on how to manage CVD risk factors based on the highest quality science currently available and provide information about optimal levels of risk factors to be achieved.

## Lifestyle Guidelines for *ALL* Women

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### Stop Smoking Cigarettes

Get counseling, nicotine replacement, or drug therapy if needed and find group programs that can help stop cigarette smoking.

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### Eat Heart Healthy

- Eat a diet rich in fruits and vegetables that includes whole-grain, high-fiber foods.
  - Eat fish at least twice a week, preferably oily.
  - Limit salt intake to ~1 teaspoon daily.
  - Limit trans-fatty acids to <1% of your total energy.
  - Limit daily cholesterol intake to <300 mg and saturated fat intake to <10% of energy.
  - Drink no more than one alcoholic drink daily.
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### Exercise Daily

Get at least 30 minutes of moderate-intensity exercise such as brisk walking. If trying to lose weight, then 60 to 90 minutes daily is recommended.

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## Additional Lifestyle Changes for *HIGH RISK* Women

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### Eat Heart Healthy

- Limit saturated fat to <7% of energy and further limit daily cholesterol intake to <200 mg daily.
  - Talk to your doctor about benefits and risks of omega-3 fatty acids in capsule form (850-1000 mg EPA and DHA) or higher doses (2-4 grams) to lower triglycerides.
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### Exercise/Rehabilitation

Enroll in a rehabilitation or physician-guided exercise training program following heart attack, stroke, or other high-risk condition.

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### Depression Screening

Consider screening for depression and get a referral for treatment if needed.

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**MAJOR RISK FACTOR GOALS:**

**Numbers ALL Women Need to Know From the New AHA Guidelines**

<b>Risk Factor</b>	<b>Optimal Level</b>
Blood pressure	< 120/80 mm Hg
Total cholesterol	< 200 mg/dL
LDL - “Bad” cholesterol	< 100 mg/dL (< 70 mg/dL if very <i>high risk</i> )
HDL - “Good” cholesterol	> 50 mg/dL
Triglycerides	< 150 mg/dL
Glucose (HbA1c)	< 7%
Body mass index (BMI)	18.5-24.9 kg/m <sup>2</sup>
Waist circumference	≤ 35 inches

**Drug Treatment Options to Control Risk Factors (if needed)**

- **Blood pressure control:** Thiazide diuretics or other drugs as recommended by a healthcare provider
- **Lower bad cholesterol:** LDL-C–lowering therapy (very high risk women with heart disease may require an LDL-C–lowering drug combination)
- **Increase good cholesterol:** Niacin or fibrate therapy

**Guidelines for Aspirin Use in Women**

	<b>Use for <i>heart</i> protection</b>	<b>Use for <i>stroke</i> protection</b>
<b>HIGH RISK</b>	YES	YES
<b>AT RISK</b> ≥65	MAYBE (if benefit > risk)	MAYBE (if benefit > risk)
<b>AT RISK</b> <65	NO	Probably not unless stroke risk high and bleeding risk low

Several other prescription drugs are effective in reducing the risk for heart disease and stroke in women. If a woman is at High Risk for heart disease, she should consult her doctor on whether these medications are appropriate for her. The Expert Panel made several different recommendations for aspirin use in women. Women with heart disease, diabetes, or stroke should take aspirin to protect themselves from future heart disease or stroke, unless told by their doctor that there is a reason not to take aspirin. For other women, the decision to take aspirin must be carefully evaluated because aspirin is associated with serious side effects including bleeding in the brain (hemorrhagic stroke) and gastrointestinal bleeding. For women over 65 years of age, low-dose aspirin or “baby aspirin” may prevent heart disease and the non-bleeding types of stroke (ischemic stroke). In women under 65 years of age, taking aspirin does not appear to be a benefit for heart disease prevention. However, there may be a small benefit to taking aspirin for ischemic stroke prevention, but the Expert Panel decided that the data were not suggestive enough to give this a strong recommendation. There may be some women under 65 years of age who are at a high risk of stroke and have a low risk of bleeding who may consider taking aspirin. Women should not take aspirin without the advice of their doctor. Only a doctor or health care provider will be able to provide the best advice on whether a woman should take aspirin.

Another important part of the new 2007 Guidelines for women is the list of therapies that do not prevent heart disease and stroke. For example, there are many myths and misperceptions about vitamins and supplements. A recent survey by the AHA showed that many women believe antioxidant vitamins may protect them against heart disease. However, recent research has not proved this. In the past year, several studies have also shown that folic acid does not benefit the heart. Folic acid is now added to the list of therapies not recommended for prevention of heart disease. Women of childbearing age or who are pregnant can take folic acid supplements to prevent birth defects. It is important to keep in mind that the new recommendations are limited to prevention of clinical heart and vascular disease.

Menopausal therapy, including all forms of hormone therapy and selective estrogen receptor modulators (SERMs), are not recommended to protect the heart. In fact, these medications may increase the risk of stroke. It is very important that every woman talk to her doctor about the benefits and risks of therapy. Many women may need therapy for the treatment of symptoms of menopause. According to most experts, this treatment should be used for the shortest time possible. Although some forms of estrogen and progestin therapy may cause less harm than others, it is not yet known if different forms of therapy are more beneficial or carry less clinical risk than preparations tested in large scale clinical studies. Some scientists believe that hormone therapy may be more beneficial for younger women than older women. At this time, the Expert Panel did not have enough data to support a different recommendation regarding hormone therapy based on a woman’s age.

## What Not to Use for Heart Disease and Stroke Prevention

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- Menopausal therapy including all forms of hormone replacement therapy and SERMs
- Antioxidant supplements (eg, Vitamins E, C, and beta carotene)
- Folic acid with or without B6 and B12
- Aspirin does not protect the heart in women under 65 years of age unless they are high risk or already have heart disease.

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SERMs (Selective Estrogen Receptor Modulators)

## Prescription Drugs for Heart Disease Prevention in *Select HIGH RISK* Women

(talk to your healthcare providers to learn whether these are right for you)

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- Beta-blockers
- ACE inhibitors
- Angiotensin receptor blockers
- Aldosterone blockers

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Heart disease is the #1 killer of both men AND women in the United States. Many of those deaths could have been prevented. Optimize your preventive care by calling your doctor or health care provider today. Schedule a check-up. Talk with your doctor or health care provider about any of the information contained in these guidelines. Don't be afraid to ask questions.

Because heart disease is associated with lifestyle choices, you and your doctor may find you need to make some changes. Work with your doctor to design a program that meets your specific needs as a patient and a woman.

Most important, remember that a successful change in behavior often occurs one step at a time.

If you fall into your previous habits, focus on the successful part of your plan. Understand how and why you slipped back into your old habits. The most important thing is to try again! Change is a process, not a single event that happens overnight. With steady effort, every day brings you closer to living a heart healthy lifestyle that will change your life for good.

*This resource provides brief, general information about this health care topic. It does not take the place of the instructions you receive from your health care providers. For answers to other questions, please talk to your physician or other health care provider.*

**References:** 1. Mosca L et al. Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women: 2007 Update. Available at: <http://www.americanheart.org> 2. Christian AH et al. Nine-Year Trends and Racial and Ethnic Disparities in Women's Awareness of Heart Disease and Stroke: An American Heart Association National Study. *Journal of Women's Health*. 2007;16(1):68-81. Available at: <http://www.hearthealthtimes.com> 3. Mosca L et al. National Study of Women's Awareness, Preventive Action, and Barriers to Cardiovascular Health. *Circulation*. 2006;113:525-534.

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