Getting to the (Female) Heart of the Matter

When it comes to cardiovascular disease, one heart patient learned that women have unique warning signs.

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Essence Harris was on the treadmill when she felt the pain in her chest—again. Since it first began, she'd started timing it. Every time she hit the 9-minute mark, it materialized. She didn't know what it was and chalked it up to an elevated heart rate.

But when the pain persisted and her heart beat rapidly while doing everyday activities, Harris decided to check in with her primary care doctor to have him run some tests.

All the tests, including her X-rays and electrocardiogram (EKG) checked out. Her blood work showed that she was healthy.

But Harris disagreed. She knew something was wrong, and she was determined to find out what it was. "I thought there had to be more," Harris says. "I asked my doctor to recommend a specialist, but I don't think he took it seriously. He didn't even give me the names of cardiologists so I went to his receptionist and got a list. I called them myself, but all of them told me I'd have to wait three months before I could see them."

Harris persisted. She finally told one of the cardiologists that she was experiencing pain and he immediately scheduled an appointment for her.

Harris had no risk factors of heart disease—no high blood pressure, high cholesterol or diabetes, no weight problems, no smoking habit. Many women like Harris don't present with classic symptoms of cardiovascular illness, and they may pass standard cardiac tests.

And as Harris experienced, their physicians often tell them there is nothing wrong.

But many different studies show that these physicians may be wrong. Women often don't show the most serious symptoms indicating an impending heart attack—but they may still be at risk. Findings from one international study of 25,755 men and women heart attack patients in 14 countries showed that women were twice as likely as men to have "normal" or "mild" angiograms

(a heart blood vessel exam) with results indicating no serious blockages in blood vessels—despite the women experiencing chest pain (called unstable angina).

The study showed that six months after their heart attack or complaints of chest pain, women with more advanced heart disease were more likely than men to have died, suffered another heart attack, a stroke or some other problem that forced them to be hospitalized.

Researchers concluded that because physicians found no serious blockages in the women's blood vessels, they may have treated them less aggressively than male patients.

"We've made great strides in treating women with heart disease, but these data show there's still much to be done," said Kim Eagle, MD, FACC, a professor of cardiovascular medicine and the study's lead author. "We need to find out whether women might have blockages that are 'invisible' on angiograms."

In Harris's case, the cardiologist she saw for a second opinion scheduled her for an emergency angiogram. The test showed blockages in two arteries to her heart. The doctor said she'd need three stents in her arteries to clear the blockage.

Stents are small tubes made of mesh or fabric. They're used to treat narrowed or weakened blood vessels and placed in the body during a procedure called angioplasty. The procedure allows blood to flow through narrowed or blocked arteries.

Harris felt vindicated. Her persistence quite possibly saved her life. "It was definitely a strain, though, to get to that point and find someone who would finally listen," she says.

"I think that the message here is to know and listen to your body, especially if you aren't feeling right," Harris adds. "Women know their bodies."

But more physicians are learning that although women's most common heart attack symptoms are the same as men's—chest and arm pain or discomfort, shortness of breath, sweating, nausea or digestive issues—they also experience additional signs.

Women may also have throat, jaw and neck discomfort, according to 2009 study findings presented to the Canadian Cardiovascular Congress.

What has created much of the confusion, researchers from the Canadian study said, is that when women reported their symptoms, they often didn't cite the classic chest pain men reported. They found that women patients were more likely to report feeling nausea and jaw pain.

In addition, the scientists suggested that if angiograms of female heart attack patients show no serious blockages, it might mean the women have obstructions in smaller blood vessels that regular angiograms fail to detect. In addition, researchers believed that the women's blockages might have been temporary, disappearing before angiogram images could be produced.

While underscoring the need to educate doctors about the possible seriousness of non-obstructive heart conditions, researchers also recommended that women seek immediate help for both classic heart attack symptoms and those atypical signs that cause them distress.

What's also needed, says cardiologist Elizabeth Klodas, MD, FACC, president of Preventive Cardiology Consultants in Edina, Minnesota, is for everyone to stop compartmentalizing health.

"We need to stop putting our health into little boxes," Klodas stresses. "We're really entire organisms, and everything is interrelated."

Klodas stresses a connection that many people may not be aware of: the link between oral health and heart health. In her efforts to urge people to speak with their doctors and dentists about any major oral or health conditions, Klodas works with the Heartwarming Smiles campaign, sponsored by WomenHeart, The National Coalition for Women with Heart Disease and Colgate Total toothpaste.

"If you have general health issues, you should really tell your dentist, and if you have dental issues, you should really tell your regular physician," Klodas suggests. "It may give clues to something else that is going on. Health is interrelated."

Klodas says that she became interested in the health connection between the mouth and the heart after dentists began referring patients to her.

"They sent me these patients because they had very aggressive plaque buildup and they'd heard that there may be a [cardiac] association," Klodas says. "There are interesting links emerging because the bacteria in the plaque that builds up inside our arteries is the same bacteria that's in our mouths."

Both are caused by an inflammatory process.

Harris is also a spokesperson for the Heartwarming Smiles campaign. And although her heart disease problem did not have an oral health connection, she believes that it's important people not overlook any small symptoms they have.

"Sometimes, we have to push back and tell doctors exactly what we're feeling and the symptoms we're having," Harris says. "I think that's what really happened for me. I wasn't a typical [heart disease] patient. But I was adamant that something was really wrong."

After her heart procedure, Harris went the extra mile and began educating herself about heart disease and the gender differences that exist.

"The more I learned, the more questions I had for my doctor," she says. "In a sense, I think I educated him, which also made him aware that I wasn't just interested in information. [He could see that] I was also interested in getting my health on track."

Harris echoes Klodas's belief that one of the most important messages of the campaign is that women not compartmentalize their health.

"I have learned that when I go to the dentist, I just can't tell him about my teeth and gums, I have to tell him about my heart health," Harris says. "Even when you go to your gynecologist, there are different things that you need to discuss, and you shouldn't leave out other health issues, the medications and any other symptoms because they could all really be related."

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