

WOMEN IN THE RED ZONE

In October, we see pink everywhere to raise awareness for breast cancer. Professional athletes wear pink uniforms, airline pilots don pink ties, and grocery stores are dotted with pink yogurt lids. But cancer is not the No. 1 killer of women. Heart disease is, and, more specifically, heart attacks.¹

“One out of two women will be impacted by cardiovascular disease in [their] lifetime. This is the leading killer of women. . . . And not enough is being done,” says C. Noel Bairey Merz, professor and director of the Women’s Heart Center at the Cedars-Sinai Heart Institute.²

Merz was trained to treat heart disease as a male issue. While male mortality from coronary issues has declined in recent years, the gap continues to widen for women. “More and more women — two, three, four times more women are developing and dying of heart disease than men” since 1984, Merz says. “And that’s too short of a time period for the different risk factors we know to change that significantly. What this suggests at the national level is that diagnostic and therapeutic strategies that had been developed in men, by men, for men in the last fifty years were not working so well for women.” In other words, if therapeutics are developed for men, women’s symptoms can go unrecognized and untreated.

Alyson McGregor, an emergency room physician, says medical science in the last century has been based on just half the population — men. The assumption was that medical research done on men could be applied to

women. Not so. McGregor points to a Government Accountability Office study that states 80 percent of the drugs removed from the market were because of adverse effects on women. Women’s metabolism can be slower than men’s and the recommended dosages on these drugs therefore too strong.

McGregor says the Institute of Medicine stated every cell in the body has a sex. “Sex is DNA. It’s important to realize that from the moment of conception, every cell in our bodies — skin, hair, heart, and lungs — contains our own unique DNA, and that DNA contains the chromosomes that determine whether we become male or female. These cells remain active for our entire lives and could be what’s responsible for the differences in the dosing or drugs, or why there are differences between men and women in the susceptibility and severity of diseases. This new knowledge is a game changer, and it’s up to those scientists that continue to find that evidence, but it’s up to the clinicians to start translating this data at the bedside, today.”³

Heightening awareness of diagnosing and treating heart disease in women is a crucial step in helping reduce mortality among women.

For works cited: go to www.phikappaphi.org/forums/spring2018

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ACCORDING TO THE MAYO CLINIC, THE MOST COMMON SYMPTOMS OF HEART ATTACK IN WOMEN ARE

Pain or pressure in the chest

Neck, jaw, shoulder or upper back pain

Abdominal discomfort

Sweating

Nausea

Extreme fatigue

Lightheadedness/dizziness

WOMEN CAN REDUCE THEIR RISK BY



Quitting smoking



Exercising regularly



Maintaining a healthy weight (BMI of 25 or lower)



Eating healthy (grains, fruits, vegetables, lean meats and fish)