

Heart Health—Not Just a Men’s Issue

If you thought heart health was only a man's issue, think again. Cardiovascular disease claims more women's lives than the next 14 causes of death combined. It is by far a greater threat to the health of women after age 50 menopause than breast, or any other kind of cancer. In 1997, for example, twelve times as many women died of cardiovascular disease as did from breast cancer (the numbers were 502,938 and 41,943 respectively.) Currently, more than one in five women have some type of heart or blood vessel disease.

Defining Cardiovascular Disease

Cardiovascular disease (CVD) refers to disorders of the heart and/or the blood vessels. It is a broad category of problems, all of which can result in major impairment of providing appropriate blood flow, and therefore oxygen, to important tissues. These disorders are usually interrelated. That is, many of them contribute to the development of others. The most common forms of CVD are listed in the following list.

- High cholesterol
- High blood pressure
- Stroke
- Atherosclerosis
- Congestive heart disease
- Heart Attack

We are finally realizing that CVD is not only a man's disease. In fact, after age 65, CVD is actually more prevalent in women than in men. It's impact can be dramatic. CVD is a major cause of disability in women. Forty-two percent of women who have a heart attack will die within the next year.

Heart Disease Risk Factors

Some risk factors for CVD are not within our power to control. Most notably, these include family history, race and, understandably, advancing age. For example, blacks and South Asian descendants have higher rates of heart disease when compared to whites--and Chinese have less. Women who have a parent who died of CVD before the age of 65 are at the greatest risk of developing it themselves. If a woman's mother died of CVD, she also has a high risk herself. If her father died of CVD, she also has increased risk, but less so. Fortunately, we can alter most things that influence heart health. The following is a list of modifiable risk factors for cardiovascular disease.

Do any of these apply to you?

- Smoking
- High Blood pressure
- High Cholesterol
(we want HDLs over 60, and the 'bad' LDLs under 130.)
- Overweight

- Inactivity
- Stress
- Diabetes

TREATMENTS

Diet

In October of 2000, the American Heart Association (AHA)'s October 2000 revised its dietary guidelines for a heart-healthy diet. The new guidelines shifted away from calculating the percentages or milligram amounts of various dietary components to this simple concept: eat nutrient-dense foods without adding empty calories. The AHA has even added two weekly servings of fatty fish (ie. salmon, tuna, mackerel, halibut, sardines etc.) to the prescribed menu for heart health, recognizing the atherosclerotic-preventing potential of their omega-3 fatty acids. In another happy addition, trans fatty acids, found in hydrogenated oils and many margarines were also targeted for reduction. These unnatural forms of fatty acids stick to blood vessel walls more easily and can even trap cholesterol and form plaques.

Specific to women

Findings from the 12 year Nurse's Health Study (with over 75,000 female participants between 38 and 63 years of age) show that higher intake of whole grains reduced the risk of stroke. This is a challenge to we who have been straying from brown rice and finding ourselves buying Annie's frozen dinners and other processed "time-savers"-- Let's Get Back to the Bulk Bins! Likewise, eating more fruits and vegetables in a study of nearly 40,000 women protected women against heart attacks. The more servings, the better.

Soy and cholesterol

In all categories of lipids, soy does the right thing. In a large review of 38 controlled clinical trials which was published in the prestigious New England Journal of Medicine, soy protein proved to lower total cholesterol, LDLs and triglycerides, without negatively affecting HDLs. In addition to improving lipids, at least four more ways have been identified whereby soy exerts its beneficial effect on the blood vessels. First, soy increases the ability of the arteries to relax, a quality known to practitioners as arterial compliance. Second, the formation of potentially dangerous blood clots is inhibited by one of soy's most important isoflavones—genistein. Third, genistein activates enzymes involved in antioxidant reactions which may prevent the oxidation of LDLs. This action, along with its fourth one--that of being an actual antioxidant itself--may likely decrease the formation of atherosclerosis, which relies on oxidation of LDLs to form plaques. The majority of soy studies used about 47 grams of soy protein powder per day to achieve the results listed above. That's equivalent to about one block of tofu. If that quantity of tofu seems daunting, vary your intake to include tempeh, soy nuts, soymilk and miso. Amounts as little as 25 grams per day may still be beneficial in reducing risk of heart disease.

SUPPLEMENTS

The majority of large studies point out that dietary intake--from food, rather than supplemental form--is most important for the general population. There are some supplements that are worth mentioning, however, because of the volume of research and clinical attention that they are garnering, and because they may be important for certain individuals.

The B-Vitamins--allies in prevention for vegetarians

Deficiencies in vitamins B-6, B-12 and folic acid may lead to elevated levels of a compound known as homocysteine. Homocysteine, just like free radicals from smoke and other chemicals, can damage blood vessels, which in turn can increase the formation of atherosclerosis. Although vegetarians usually have lower cholesterol levels than meat eaters, they in fact have higher homocysteine levels. In one study, vegetarians--and especially vegans---had significantly higher homocysteine levels than meat eaters. The reason for this is lack of Vitamin B-12 in diets without animal products. In fact, 26% of vegetarians and 78% of vegans were shown to be deficient in B12, as compared with 0% in meat-eaters. While this information is not meant to encourage you to go out and eat meat or other animal products if you are vegetarian or vegan, people in these categories need to be especially mindful of getting enough vitamins B-12, B-6 and folic acid from other sources. Citrus fruits, tomatoes, vegetables, whole-grain products, beans and lentils are good sources of folic acid. Meat, poultry, fish, fruits, vegetables and grains are good sources of Vitamin B-6. Food sources of Vitamin B-12 are meat, poultry fish and milk products. Vegetarians may opt for brewers yeast, blue-green algae and/or oral supplements as alternative sources of vitamin B-12.

Vitamin E

Research on Vitamin E is vigorous nowadays. The upshot of what we know at this point is mainly positive, with some exceptions, as highlighted in new information published in December of 2004. People with a high risk for hemorrhagic stroke or bleeding problems should be aware that Vitamin E can make their problem worse. People with more of a "clogged pipeline" problem (atherosclerosis), may benefit from 30-400 IU of Vitamin E. More is not recommended. If you're not sure which category you fit into, speak with your doctor about this.

Omega-3 Oils

Omega-3 fatty acids lower total cholesterol and triglyceride levels. Dietary and supplemental fish oil is a prime source of these beneficial fats. Flax, borage, evening primrose, black currant and hemp oil also contain omega-3 fatty acids.

Herbs for the Heart

The herbs garlic, ginger, red clover, Gugulipid (Commiphora mukul) and Cholestin (Chinese red yeast rice) have, in order, increasing effectiveness for cholesterol reduction. Dandelion, hawthorne and rauwolfia are medicines for blood pressure. Herbs can have side effects; garlic, for instance, is a blood thinner and can aggravate bleeding problems, and rauwolfia is toxic if taken in more than drop dosages. Because

herbs can be potent medicines, and because each has a unique chemistry and indication, it is always best to consult with a well-trained herbal practitioner before using herbs with which you are not very familiar. Overall, the news is good when it comes to the ability to maintain heart health using whole, natural foods, exercise, stress reduction and other natural lifestyle methods. If, for genetic reasons, you're doing everything right and still have some significant risk factors, don't be afraid to get help--either from natural or conventional sources. Good practitioners will be able to steer you in the direction of a comprehensive plan which will work to keep you active and happy for decades to come.

(This article was excerpted from Dr. Schoenbeck's book: *Menopause-Bridging the Gap Between Natural and Conventional Medicine* [[link to book page](#)], Kensington Publishers, 2002.)