

Beacon Hill Byline by Mary Rogeness

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Wearing Red for Women

This week I am writing more of a Public Service Announcement than a typical Byline. It builds on a press conference attended by the women of the legislature last week, all of us wearing red jackets and each of us making the point that heart disease is the number one cause of death for women.

Go Red for Women presents the latest American Heart Association (AHA) public health campaign. One day, the first Friday of February, is targeted to highlight the importance of heart health to women, though of course the health issue must extend throughout the year if the campaign is to succeed.

Why is the focus on women? Heart disease is not thought of as a female disease, but that is precisely the reason for the focus. Heart disease does affect women and men equally, in spite of the conventional wisdom that says cancer kills women while heart attacks kill men.

Speakers got our attention with these facts:

- One in four women *and* men suffer from heart disease.
- An American woman dies every minute of cardiovascular disease. That totals nearly half a million women each year.
- Women's symptoms differ from men's, and standard tests are geared to diagnosing male heart disease.
- Most women who die suddenly of heart disease had no previous symptoms.
- Women comprise 62% of stroke fatalities.

Having gained our attention with the statistics above, the moderator turned the podium over to this year's Massachusetts spokeswoman for the campaign. A slim, athletic 60-year-old, she looked like the picture of good health. All of her life she exercised daily and had even run the Boston Marathon. But she had a heart attack. She is the survivor of a serious heart attack who had no typical symptoms of heart disease. She had no chest pain, and a diagnostic angiogram found no abnormality. Her main complaint was simply that she didn't feel good and had flu-like symptoms.

It turns out that women's disease may affect micro arteries that are not seen with the tests that are effective in diagnosing men's blocked arteries. That difference is just one example of the gender differences being identified by health researchers. One significant discovery of new research is that men and women respond differently to the common regimen of daily aspirin therapy. In women it reduces stroke incidence but not heart attacks. The reverse is true for men.

Having heard presentations about the reality of our heart disease risks, we got the good news that we can reduce those risks with many simple lifestyle changes. By eating right, exercising regularly and quitting smoking, we will be halfway there. We need regular cholesterol and blood pressure readings to monitor the signs that we cannot see.

The red dress logo that promotes Go Red for Women will be making its appearance throughout the coming month. I hope you or the women in your life will learn from its message. And I hope the recurring symbol will prompt you to learn about your risk factors and guard against heart disease.

For more information on heart health, call my office, 566-1661, or check goredforwomen.org on the internet.