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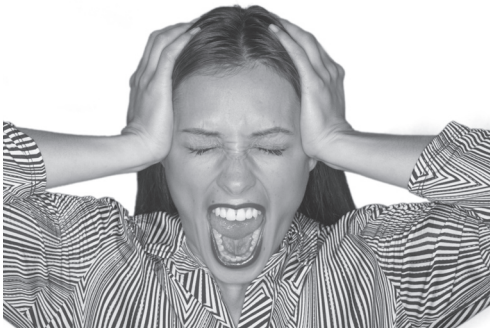
Supporting a Healthy Organization

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A FRESH LOOK AT HEART DISEASE



ALL THAT HEART DISEASE TALK MAKING YOU ANGRY?

The media seems to bombard us with scary health statistics and alarming research results on an almost daily basis. And every day, week or month seems to carry another medical issue “awareness” label, promoted by well-meaning organizations wagging their institutional fingers at average Americans to kick their bad health habits. It can feel like the press and the non-profits--backed up by stern-faced scientists--have become a gaggle of nagging aunts.

Eat less! Exercise more! Step away from the transfat laden doughnut! Well, of course we know we should do all of those things. But after a while, we tire of hearing them and tune out. And reach for a nicely glazed chocolate cruller.

So why should we pay extra attention in February when the heart disease awareness campaign is in full swing? Don't we already understand all the risks? It turns out that we don't know as much as we think we do about the #1 cause of death

in our country. And recent studies have yielded some fascinating new findings.

A brief tour of the statistics is enough to quicken anyone's pulse. Nearly 80 million Americans--37% of the adult population--has one or more forms of cardiovascular disease. It does not strike all segments of the population equally, however; heart disease discriminates by both gender and ethnicity. In the United States, substantially more women than men now die from cardiac causes. Racial disparities are even greater, with prevalence rates approaching 50% for African-Americans.

For all groups, high blood pressure (also known as hypertension) is the biggest culprit: 72 million Americans have it. Because high blood pressure frequently causes no symptoms, it often goes undiagnosed and untreated. The so-called “silent killer” is a contributing factor to many other cardiac problems, including hardening of the arteries, heart attack and stroke.

We can't change our race or gender, but there are many cardiovascular risk factors we can control. (See “Checklist: Risk Factors.”) Some of the most intriguing new research centers on psychological traits. The greatest risk factor for heart disease may not be eating fat-laden foods or even smoking. Multiple studies have now demonstrated that hostility correlates very strongly to heart disease--more closely than other well-proven predictors of cardiac risk such as high cholesterol and obesity.

Exactly how the body translates anger

into heart disease is unknown, and scientists are testing several theories. A hostile outlook on life places the body in a state of chronic stress, which impairs immune function and slows healing. The biochemistry of anger and stress also raises blood pressure, and alters blood levels of several important immune and endocrine system components.

One study showed married couples who argued frequently had increased hardening of the arteries. In another study, women with high hostility scores suffered heart attacks twice as often as women with low levels of anger. Most alarmingly, research demonstrates that anger problems and their associated cardiac risks begin in childhood. Hostile kids are three times more likely to develop metabolic syndrome, a constellation of symptoms that includes obesity, insulin resistance and high blood pressure. Metabolic syndrome frequently leads to other heart conditions, on top of hypertension, as well as Type II diabetes.

Anger is a normal human emotion. When channeled properly, it can inspire positive action. But a constant level of anger--a hostile approach to the world--becomes a destructive force that impairs the ability to function successfully and enjoy life. And it also seems, quite literally, to weaken the heart. The good news is that hostility is a manageable risk factor for cardiac disease. Awareness and willingness to address the issue are the first steps. A wealth of support and coping strategies exists to wrangle an anger problem. The doughnut dilemma? That one's a little trickier!

WOMEN AND HEART DISEASE

Women are 12 times more likely to die from heart disease than from breast cancer, but only 13% of women recognize heart disease as the greater health risk. Each year, cardiovascular disease kills 50,000 more women than men in America, yet just 8% of primary care physicians know that female deaths now outpace male mortality.

The cultural image of cardiac death is still an overweight middle-aged man having a heart attack while shoveling snow or playing weekend warrior on the ball field. A more accurate picture might be an overweight mom, with an intense headache after a long day, having a stroke and not recognizing the symptoms until it is too late. Or an overweight African-American grandmother, whose poorly controlled high blood pressure and diabetes eventually lead to heart failure.

Obesity, of course, is a common thread in these stories. (America's losing battle with the bulge has accelerated rates of many serious illnesses.) But with heart disease, women face unique risk factors and subtle differences in symptoms. Lack of knowledge, among women and their physicians, leads to undertreatment, misdiagnosis and, sometimes, unnecessary death.

The American Heart Association's "Go Red for Women" campaign seeks to boost awareness of heart disease as a women's issue. One goal of the campaign is getting women to make annual checkups assessing heart disease risk factors as routine as their yearly mammograms. Tracking and evaluating essential cardiac numbers--blood pressure, cholesterol, weight--as well as discussing other risk factors with a doctor helps catch heart disease at earlier and more treatable stages, just as mammograms do with breast cancer.

A woman's physician can also work with her to see which of the Heart Association's recently revised prevention strategies might apply. In early 2007, the AHA issued new guidelines for vitamins, supplements, hormones, aspirin and other drug therapies. One of the difficulties with developing treatments for women has been that drug companies and even government studies often used male test subjects. So figuring out how best to treat women has evolved slowly.

Of course, educating ourselves and taking responsibility for managing risk factors are always critical components to good health. Women's cardiac death rates are high in part because women sometimes overlook symptoms. For example, in addition to classic stroke symptoms (dizziness, confusion, weakness on one side or severe headache), women may experience ones that don't "seem" like a stroke: sudden nausea, shortness of breath, hiccups or facial pain. Pregnancy, birth control pills, hormone replacement therapy and a history of migraines all greatly increase stroke risk, but many women aren't aware of the higher danger they face.

The "little red dress" symbol of the Go Red campaign hopes to achieve what pink ribbon has for breast cancer: raise awareness, make screening routine, and ultimately save lives. For more info, visit www.goredforwomen.org.

RESOURCES

- ♥ www.americanheart.org. American Heart Association website covers everything from anatomy, research and statistics to the latest treatment recommendations. Updated guidelines for preventing heart disease in women: americanheart.org/presenter.jhtml?identifier=3045524
- ♥ www.goredforwomen.org. Helpful risk assessments and downloadable tools.
- ♥ www.stroke.org/site/PageServer?pagename=WOMEN. The National Stroke Association has several pages devoted to the special risks faced by women, including unique symptoms and a handy acronym for assessing when to call 911.



Employee Assistance Program

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**HEART
DISEASE
A FRESH
LOOK**

- ♥ Hostility relates strongly to cardiovascular risk, perhaps because it causes chronic stress that disturbs the endocrine and immune systems.
- ♥ Few Americans realize that heart disease kills more women than men, and 12 times as many women as breast cancer.
- ♥ Most risk factors for heart disease are manageable--obesity, smoking, lack of exercise--but require substantial changes in behavior and lifestyle.

RISK FACTORS

The list of heart disease risk factors we can't control is short: gender, race and age. Genetics predisposes, but doesn't condemn us, to a few others, such as high cholesterol and diabetes.

Most risk factors are manageable, but require serious behavioral changes:

Hostility: Alters biochemistry in heart-damaging ways. (See Main Article.)

Smoking: Greatly multiplies incidence of all cardiac conditions, especially stroke.

Lack of exercise: Few Americans do moderately intense physical activity 30 minutes a day, five times a week, recommended for optimum heart health.

Obesity: Contributes to elevated cholesterol, blood pressure and diabetes.

Diet: Poor choices, especially over-consumption of processed food, lead to high intake of sodium, sugar, saturated fat, transfat and total calories. Elevates cholesterol and blood pressure; leads to obesity and diabetes.

High blood pressure and diabetes: Possible to control with medication. Possible to cure, for some obese patients, through weight loss accompanied by permanent dietary and exercise changes.

When risk factors combine, their effects increase greatly. Choosing to make substantial lifestyle changes isn't easy. But those with multiple risk factors who don't change their behavior have made a choice, too: almost certainly, to get heart disease, and possibly even to leave their families prematurely.