

# Straight Talk

*A Woman's Guide to Heart Health.....*



*Pass on the Knowledge .....*

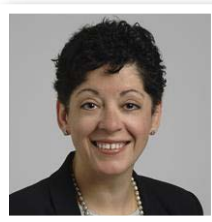


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**Women Heart**  
The National  
Coalition for Women  
with Heart Disease

# Strong Hearts, Stronger Families



There is nothing more important to us than our families. As women, we're the chief nurturers and caregivers, but we're so busy taking care of our kids and parents and spouses that we don't always do what we need to do for ourselves. And we see our mothers, sisters and daughters do the same. If we're going to be able to take care of each other, we have to make sure our hearts are strong.

Heart disease is the leading killer of women and it can run in families. But there's something we can do about it – we're not powerless. This guide can help you to work with your doctor to assess your risks and learn what do about them. It can help you to become your own best advocate for your health and to encourage your mothers and daughters to do the same. As women, we count on each other. With this guide, we can learn together to make ourselves and our families healthier.

– *Dr. Altigracia M. Chavez, MD, Cleveland Clinic*



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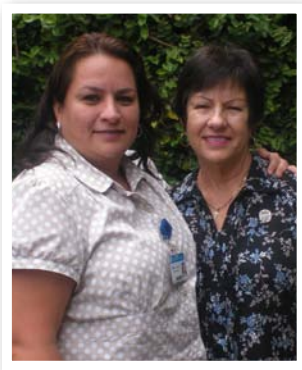


# Introduction

The greatest health threat facing women, bar none, is cardiovascular disease. We hear this – and too often think it applies to someone else.

But when you or someone close to you has a heart attack or a heart-related issue, it can feel like fate tapping you on the shoulder. Suddenly your priorities change – and that's a good thing. You've always put everything and everyone else first, whether that's your spouse, your children, your volunteer work, your job, your pets. You don't have time to have a heart attack. You're too busy. Too many people depend on you.

Don't wait for that shoulder tap. Now is the time to put yourself at the front of the line and to take care of your heart. This guide will help. Women who never thought heart disease could happen to them – until it did – share the wisdom they've gleaned from life experience. Medical experts share their insights on how to reduce your risk for a heart attack – or a second or third heart attack. Together, these voices offer powerful messages: You are not alone. You can change your life.



**“We hear of friends who have heart disease and wonder about our own health. Don't make the mistake of thinking it only happens to others. If you know anybody who's been through this, your priorities should change, too. Because you're not exempt.”**

– Heart Surgeon Dr. Altagracia M. Chavez, Cleveland Clinic

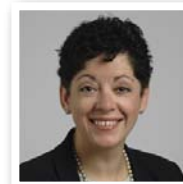
**“Women recognize that heart disease is the leading killer of women. They recognize that maybe it is preventable. But they're not making it personal. They're not seeing that it can happen to them.”**

– Cardiologist Jennifer Mieres, MD, North Shore-LIJ Health System

## What I Know for Sure: Take charge of your health

“Women can be powerful advocates for themselves. You're not just some bystander of genetics. You can be active in making your life better. No one should have more vested interest in your health than yourself. You can't be passive about this.”

– Altagracia M. Chavez, MD, Cleveland Clinic



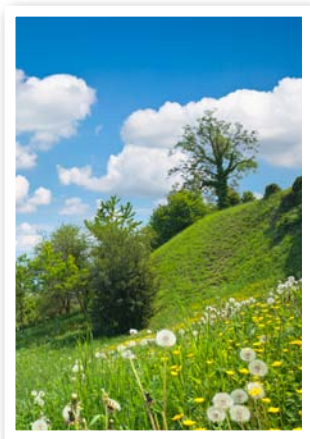
❖ **Diseases of the heart and blood vessels, called cardiovascular disease (CVD) are the leading cause of death for women in the United States.<sup>2</sup>**

- More than 420,000 women die each year, more than from all cancers combined<sup>2</sup>
- One in two women will die of heart disease or stroke<sup>3</sup>
- The risk of death for women under age 55 is increasing<sup>4</sup>
- Women are 1.5 times more likely than men to die in the year following a heart attack<sup>4</sup>
- 42 million women in the U.S. are living with heart disease<sup>2</sup>



# Heart Disease 101 – Going With The (Blood) Flow

Keeping the heart healthy means the heart muscle is strong and the arteries are open so blood can flow freely to the heart. Coronary Heart Disease (CHD), the most common form of cardiovascular disease, happens when plaque, a sticky composite of dead cells and other tissues, accumulates in the arteries. That causes them to narrow and restricts the flow of blood that carries oxygen to the heart.



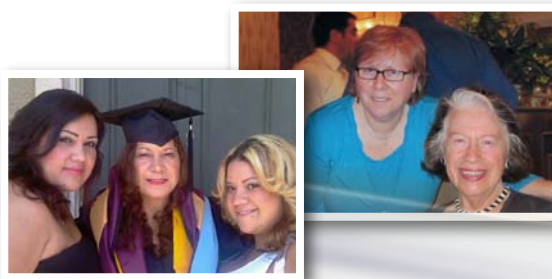
## **When it comes to coronary heart disease, there are risk factors you can't change:**

**Age** – Risk increases with age.<sup>5</sup>

**Family history** – Risk is higher if your father or brother was diagnosed with CHD before 55 years of age, or if your mother or sister was diagnosed with CHD before 65 years of age.<sup>5</sup>

**Gender** – Women generally have heart attacks a decade or so later in life than men, and are more likely to die from them.<sup>6</sup> While both men and women may experience chest pain and pressure, women may have atypical symptoms such as jaw pain, shortness of breath, nausea and fatigue.<sup>6</sup>

**Race / Ethnicity** – African-Americans have higher rates of risk factors such as obesity and high blood pressure, and are 1.5 times more likely to die of heart disease than whites.<sup>6</sup> Heart disease is the #1 killer of Latinas in the United States. Together with stroke, heart disease accounts for a third of all deaths among Latinas.<sup>7</sup>



## **And with lifestyle modification or medications there are risk factors you can change:**

**Smoking** – Smoking triggers plaque build-up and increases the chance for blood clots.<sup>5</sup>

**Inactivity** – Lack of exercise makes other risk factors, such as high blood pressure, cholesterol, obesity and diabetes, worse.<sup>5</sup>

**Diabetes** – Persistently high levels of blood glucose increases plaque build-up. Having diabetes doubles the risk of CHD.<sup>5</sup>

**Obesity** – Obesity increases the risk for diabetes, high blood pressure and cholesterol.<sup>5</sup>

**Cholesterol** – High levels of LDL (“bad”) cholesterol or low levels of HDL (“good”) cholesterol increase the risk of CHD. After menopause, LDL levels tend to rise and HDL to fall.<sup>5</sup>

**High blood pressure** – Anything above 120/80 mmHg raises the risk of CHD and the higher it is, the greater the risk. If either the upper or lower number is above normal, the risk of CHD and heart attack is increased.<sup>5</sup>

**Your doctor can determine your risk factors and help you to come up with a plan to minimize them. It's important to get your numbers checked regularly and stay on your medications.**

# Heart Disease 101 – Going With The (Blood) Flow (continued)

A heart attack happens when blood that normally carries oxygen to the heart is suddenly blocked. This happens when plaque buildup in arteries suddenly ruptures and causes a blood clot. Without oxygen, the heart muscle starts to die. Symptoms of heart attack vary by individual, so listen to your body and be alert for:<sup>8</sup>

- Chest pain, either crushing pain or tightness, pressure and discomfort that comes and goes
- Pressure or pain in the jaw, upper back, arms, neck or shoulders
- Shortness of breath, difficulty breathing
- Nausea, dizziness, pain in stomach or abdomen
- Feelings of anxiety, weakness or overwhelming fatigue
- Clammy sweating, heart flutters, paleness

Because women often have symptoms that are not typical, they may not recognize they're having a heart attack. It's important to know all the possible symptoms and get medical help right away if you think you're having a heart attack.

## ❖ Five unfamiliar words that may come out of your doctor's mouth:

**Angina** – pain in the chest that happens because not enough oxygen-rich blood is flowing to the heart muscle. It's usually caused by narrowing of the arteries, and may be felt as pressure, or squeezing, heaviness or aching in the chest. The pain can radiate to the jaw, shoulder or back. Stable angina is chest discomfort that is usually predictable, often occurring with exercise or under mental stress. Unstable angina is unpredictable, usually occurring while at rest.<sup>9</sup>

**Atherosclerosis** – commonly called clogged arteries, it is caused by progressive build-up of plaque that can obstruct blood flow in arteries or rupture and cause a clot which can cause blockages. Smoking, high blood pressure, high levels of "bad" or LDL cholesterol, diabetes and family history all increase risk for clogged arteries.<sup>10</sup>

**Coronary Artery Bypass Graft (CABG)** – also called heart bypass surgery, is a procedure in which blood is redirected around a blockage in an artery through a vein or artery taken from another part of the body. It is done to improve blood flow in people with coronary heart disease caused by atherosclerosis.<sup>11</sup>

**Myocardial infarction** – commonly called a heart attack, it usually is caused by plaque build-up, rupture, and clot formation that blocks or reduces blood flow to the heart.<sup>12</sup>

**Plaque** – dead cells, cell debris, fatty acids, cholesterol and calcium that builds up on the walls of blood vessels, restricting the flow of blood.<sup>13,14</sup>

For a complete list, visit the heart dictionary at: [iamproheart.com](http://www.iamproheart.com), <http://www.iamproheart.com/Education/Heart-Disease-Health-Dictionary-Terms> or WomenHeart at <http://www.womenheart.org/supportForWomen/heartsmart101/index.cfm>

## What I Know for Sure: It doesn't happen overnight

"Prevention should begin at an early age. You'll hear people say, 'she was perfectly well, and she suddenly died of a heart attack,' but the build-up of atherosclerosis in the arteries had been occurring over a long time. The detection of risk factors and the efforts to mitigate them are designed to control that."

– Cardiologist Nanette Wenger, MD,  
Emory University, Atlanta



## ❖ What to do if you or someone near you is having a heart attack:

The most important thing to do if you think you are having heart attack symptoms is to call 911 and tell them you are experiencing heart attack symptoms. Next, **crush or chew two 81mg aspirin or one regular strength aspirin, as directed by a doctor**, to prevent further damage to your heart until the ambulance arrives. An ambulance will transport you to a hospital emergency room as quickly as possible so a doctor can examine and treat you. **Don't delay.** Quick medical care can prevent further damage to your heart and improve your chances for survival. Every second counts.



**And if you've had a heart attack, talk to your doctor about what you can do to prevent a second one, like possibly starting an aspirin regimen. In fact, an aspirin regimen may help reduce the risk of a second heart attack by 30%.<sup>6</sup> Aspirin is not appropriate for everyone, so be sure to talk to your doctor before you begin an aspirin regimen.**

# Advice From the Front Lines of Heart Health

## The emotional toll of heart disease

A heart attack or diagnosis of heart disease can profoundly affect your emotions, causing anger and grief, anxiety and fear. These feelings are normal, doctors say, and usually ease up in a few months. If they don't, it's important to talk to your doctor because if left unresolved, these issues can interfere with your recovery.

Evan M., a cardiac nurse in Santa Barbara, knew she had a family history of heart disease, but was surprised when she was diagnosed with a heart condition, stable angina. "I was so shocked, I went through a whole grieving process," she says. The diagnosis shook her to the core, and she felt a range of emotions. She was also uncharacteristically afraid. "I'm a pretty tough person," she says, "but I was fearful to be left alone when my husband went to the market. I had a fear of being alone, fear of flying, fear of going on a business trip by myself."

Maxine L. of New York was 41, had two children and a high-pressure job when she had a heart attack. "I was a basket case, going up and down the stairs clutching my nitro," says Maxine. "I thought, how am I going to cope and get my life back?" She did it, with therapy and the support of her family and friends. In time, she learned "the body is very amazing, and can heal itself."

"When you have heart disease, you need to have a support group of people who have your same feelings, your same fears," says Mildred R. of Miami. "You need to cry when you need to cry. You need to laugh. Sometimes family members don't understand what you're feeling."

The women have found that by taking action – talking to their doctors about an aspirin regimen to reduce the risk of a second heart attack, taking their medicines as prescribed, working with their doctors to create an exercise plan, changing their diets as needed and reaching out to others for support – they've been able to ease their anxiety and reassert control over their lives. **Aspirin is not appropriate for everyone, so be sure to talk to your doctor before you begin an aspirin regimen.**

## What I Know for Sure: Stress less

"Recognize that we need to take care of ourselves first and foremost and figure out ways we can cope with stress. Whether it's listening to music, walking, practicing yoga, or watching a TV show that is funny, find a way to de-stress. I recommend five to ten minutes of laughter a day."

– Cardiologist Jennifer Mieres, MD,  
North Shore-LIJ Health System,  
New York



## ❖ Things I Wish I'd Known Sooner:



"I wish I'd trusted my gut. I knew things weren't right. I wish I'd taken more responsibility for my own health care." – **Evan M., 53**, Santa Barbara, 7 years with stable angina.



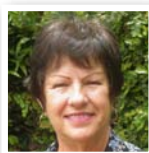
"What I really wish I had known was the gravity of heart disease, and that I did not take it for granted, thinking it couldn't happen to me." – **Marilyn F., 49**, Chicago. Heart attack at age 42.



"It took me a long time to understand heart disease is a young woman's disease, too." – **Maxine L., 57**, New Jersey. Heart attack at age 41.



"Don't hesitate to get a second opinion. If you feel something is not right, be persistent until you get the answers you need to make an informed decision. Don't be dismissed." – **Shirley S., 85**, New Jersey. Mother of heart attack survivor Maxine L.



"I wish I had learned more about how to take care of my heart, what to eat, how to take aspirin, how important it is to exercise. I was thinking I was healthy. I wish I knew a lot of things that I know today." – **Mildred R., 64**, Miami. Heart attack at 52.

# Support on the Home Front

Heart disease affects everyone in the family and ripples out into the community, raising the consciousness of heart risks among friends and neighbors and prompting their support. But for those closest to the wounded heart – the spouse and children – there can be unspoken fears and nagging worry.

“In the beginning, we didn’t know what would be the outcome of the operation and the aftermath,” says Gabriel R. of Miami, whose wife had a heart attack and open heart surgery. “I was worried about how long she would live. And we worry about our children. But I see her do everything she can to protect her health, do her exercises, take her medicine and be careful about what she eats – I worry less.” Gabriel follows his wife’s lead in taking better care of himself by eating a more healthful diet and reading everything he can find about heart disease. Still, he says, he wishes he could find a support group for spouses of heart patients. “It would be nice for the husbands to meet and talk about it.”

Family members play a critical role in helping women to face the emotional onslaught of the weeks and months that follow a heart attack or heart surgery.

Maxine L., who lives in New Jersey and works in New York, says she was anxious about going back to work after her heart attack. “I said how will I get to Manhattan? My mother took me by the hand and said, ‘I’ll ride with you the first time.’ And she rode on the train with me.” Years later, when her mother, Shirley S., had chest pains, it was Maxine who got her to a doctor and stayed with her during an angiogram, a test to detect blockages in arteries. “We take care of each other,” Shirley says. “We watch out for each other.”

## How to help: Tips from heart patients and their support teams

**Get educated.** Know the risks and symptoms of heart disease, and be prepared to get second opinions to get the right diagnosis. Marilyn F. of Chicago ignored her chest pains for months, and when she finally got an EKG, was shocked to learn she had already had at least one heart attack, possibly two. Now, she says, “we talk often in our family about the risk factors, warning signs, symptoms. We talk about if you know you’re having chest pains, or any pain, be sure you’re your own health advocate.”

**Be willing to join in your loved one’s health improvement program.** After her heart attack in 1995, Maxine L. stopped eating meat. “My husband went to the trouble of making sure everything in the house was vegetarian,” she says. “Everybody was supportive, the kids were supportive. Everyone would go out on walks with me. I was afraid to walk alone and my husband would go out to the park with me for four-mile walks. I have very good friends, and to this day, every Sunday at 8 a.m. we meet and walk four miles.”

**Surround yourself with positive people.** “About 80% of my friends were superb, but some avoided me, as if they could catch it,” says Evan M. of Santa Barbara. “I learned you’re going to get weird reactions from friends.”

**Find a support group – or start one.** Whether you’re the patient or a supportive friend or relative, you need to share experiences and learn from others who are walking on your path. “Sometimes we think we’re the only one feeling this, and your family starts comparing you to so-and-so who had

the same operation,” says Mildred R., who started a Spanish language WomenHeart support group in Miami for women living with heart disease. “But everybody is not the same. So when you go to the support group and talk about these things, you know you’re not the only one feeling this way.”

**If you’ve had a heart attack and are taking aspirin to help prevent another one, don’t stop taking it.**

A recent study in the British Medical Journal reported that heart patients who quit taking aspirin, even for 30 days, had a “significantly increased risk” of having a heart attack or dying of coronary heart disease.<sup>15</sup> **Aspirin is not appropriate for everyone, so be sure to talk to your doctor before you begin an aspirin regimen.**



## What I Know for Sure: It's a family affair

“I was at a WomenHeart awards dinner with one of my daughters. As she listened to the speakers talking about heart risks and family history, I could see it all dawn on her. She put two and two together and she thought, ‘Oh, I could get this.’”

– Evan M.,  
Santa Barbara



# Doctor's Rx

## A Heart Healthy Partnership – You and Your Doctor

Gone are the days when women accepted everything their doctors said, asked no questions and quietly went home. And doctors are glad for it.

“Women need to see their health care in terms of being a 50-50 responsible partnership with their doctors,” says Dr. Jennifer Mieres, a nuclear cardiologist in New York. If you're not an active participant, you're likely to fail to ask important questions or give the doctor important information about your health history and other risk factors.

Get engaged, says heart surgeon Dr. Altagracia Chavez. “It's not enough to go to the doctor and have the doctor give you the proverbial pat on the head. You should know what your numbers are. You should know what the numbers should be, so as you're tracking your medicines and lifestyle changes, you will know if it's making an impact.”

“And be frank with your doctor,” says Dr. Nanette Wenger, a consultant at Emory University School of Medicine, Emory Heart and Vascular Center. “Say you really want to talk about your coronary risks – what are my risk factors, and are you going to check for them? What is the plan and what are the goals?”

These goals will vary by individual, she says. If you have diabetes, for instance, the goals for blood pressure and cholesterol will be different than those for non-diabetics. Talk about your personal history and work with your doctor to develop a heart-healthy plan for living.

## Six things I wish my patients knew:<sup>16</sup>

- 1 Atherosclerosis, the process of plaque building up within arteries and blocking blood flow, is a long-term process and can start as early as adolescence. If we are aware of it early, we can slow it down by increasing exercise, changing diet and prescribing appropriate medications.
- 2 Feeling guilty about your weight, smoking or other dangerous risk factors doesn't help, unless that guilt spurs you to action.
- 3 Find ways to exercise, no matter your age or fitness level. Water aerobics, yoga, tai chi and other low-impact activities are fun and help improve heart health, even for those who find it hard to walk or ride a bike. Join your local gym. Look for programs at community centers or senior centers. Or ask your doctor for a referral.
- 4 A family history of heart disease is not a death sentence. It's an early wake-up call, an opportunity for you to focus on a preventive health program and take charge of your health.
- 5 Nobody is immune. Certain groups are at higher risk, but anyone can have a heart attack – any age, any ethnicity, any weight
- 6 Know your numbers and get them checked regularly – your blood glucose level, blood pressure, cholesterol, waist circumference, body mass index, which all can indicate your risk for heart disease. Keep track of your numbers by keeping a log book or other record and talk to your doctor about what targets you should aim for and how to get there.

## What I Know for Sure:

“Prevention is better than learning to live with the disease. Even though the medicines are very good, it's not the same as being healthy.”

– Altagracia M. Chavez, MD, Cleveland Clinic



## ❖ Testing, testing 1,2,3

**Screening tests:** There is no conclusive test for heart disease, but everyone should have regular screening, as advised by their doctors, to check for potential heart risk factors such as high blood pressure, cholesterol, triglycerides and glucose levels.<sup>17</sup>

**EKG, electrocardiogram:** The EKG checks electrical activity of the heart as it pumps blood through the four heart chambers to the rest of the body. It helps reveal the cause of chest pain or other heart attack symptoms, or to check heart health when there are risk factors, such as high blood pressure, family history or tobacco use.<sup>18,19</sup>

**Stress test:** If there are symptoms that suggest heart disease, you may need this test, which measures the amount of stress your heart can handle before having rhythm changes or signs that your heart isn't getting enough blood because of restricted blood flow.<sup>20</sup>

**Angiogram:** An x-ray that uses a special dye and camera to look at blood flow in the arteries and veins, it's given when results of the stress test indicate that you may have heart disease, if you have a heart condition or if you have chest pain when you're at rest or only being moderately active.<sup>21,22</sup>

# ProHeart Living – Being Your Own Heart Advocate

**See your doctor regularly.** Don't wait to feel sick. Even if you feel healthy and have no symptoms of heart disease, a regular check-up will allow you to stay healthy and get an early jump on problems before they become serious. If you have no health insurance or are concerned about questions regarding immigration status, seek out a public health clinic, where you can get medical care regardless of your status.

**Be proactive.** A'yesha F., 27, of South Holland, Ill., is the mother of two toddlers, but she knows her family is full of heart disease patients. She's doing everything she can to make sure she and her children, ages 1 and 2, stay healthy. "I'm trying to train my children to make good healthy choices when eating," she says. "We don't eat junk or greasy food; we eat vegetables first. My children will eat green beans, grapes and strawberries before ice cream. We're keeping up with routine visits with the doctor, getting our checkups. It's just something we have to do."

**Stop smoking.** Smokers have a 70% greater risk of heart disease than non-smokers.<sup>23</sup> Quitting is hard, but heart disease is worse. The National Cancer Institute says as soon as you stop smoking, your heart rate and blood pressure start to return to normal, and within a few weeks, circulation improves.<sup>24</sup> Talk to your doctor about getting help. And don't put up with second-hand smoke. Your health is too important.

**Eat better.** Fruits, vegetables, low-fat meats and omega-3 rich fish, whole grains and fresh water taste great and make you feel better than junk food. In a hurry? Grab a cup of yogurt and a piece of fruit. Oranges are high in folate and vitamin C, both

found in studies to help your heart, according to iamproheart.com. Vitamin E, in cereals and nuts, is also heart-healthy.<sup>25</sup>

**Be active.** Even ten minutes of walking or other exercise three times a day most days of the week can make a big difference in strengthening the heart.<sup>16</sup> Talk to your doctor about the kinds of exercises you can do and where to do them.

**Go easy on the alcohol.** A drink or two a day may be beneficial, but more than that can be harmful. Most women should limit alcohol intake to one drink per day, but talk to your doctor about your individual health risks.<sup>25</sup>

**Ask your doctor about starting an aspirin regimen.** If you've had a heart attack, ischemic stroke, or have been diagnosed with angina, an aspirin regimen can reduce the risk of a second event.<sup>6</sup> **However, aspirin is not appropriate for everyone, so be sure to talk your doctor before you begin an aspirin regimen.**



**Don't go it alone.** If you've had a heart attack or heart surgery, bring someone with you to your next doctor's appointment to help take notes on what the doctor advises. Bring your family and friends into your support network to take part in exercise, healthy meal planning and other activities.

## What I Know for Sure: Stay positive, and pass it on

"I exercise a lot. I have lots of good friends. I try to enjoy life. In the beginning I went to see a counselor because I was in an anger mode. One day, I woke up and said I could make such a difference in my community with the knowledge I have. Now, I speak to other women about heart disease. Me talking about it, and thinking I'm helping other women, does reduce the stress for me."

– Evan M.,  
Santa Barbara





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