

Heart TALK

Heart-healthy and Stroke-free Living with Dr. Amy L. Doneen, DNP, ARNP

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Thoughts from
Dr. Amy

Lifesaving Facts Women Need to Know About Their No. 1 Killer: HEART DISEASE

After a heart attack, women are three times more likely than men to die due to alarmingly unequal care, according to a new study published in *Journal of the American Heart Association*. The researchers also found that women who had the most serious type of heart attack (in which a coronary artery is totally blocked) had a 34% lower chance than their male counterparts of getting recommended treatments, such as a stent to reopen the artery.

Moreover, women who suffered a heart attack were less likely to get a prescription for such standard treatments as statins, which can reduce the risk for a second heart attack, or even aspirin, which helps prevent artery-obstructing blood clots, the study found. This alarming research highlights why it's essential for women to become their own advocates for optimal cardiovascular care and take action NOW to avoid heart attacks and strokes. Here is what you need to know to protect your arterial wellness at every age.

UNDERSTAND THE FACTS AND BE AWARE!

Nearly 50% of American women and 39% of doctors — including cardiologists — think breast cancer is the leading cause of death in women, according to a 2017 survey published in *Journal of the American College of Cardiology (JACC)*. In reality, heart disease is the No. 1 killer of women, claiming more female lives than ALL forms of cancer combined. Another frightening fact: 64% of women who die suddenly from a heart attack were previously unaware they had heart disease.

Another common — and very dangerous — misconception is that young women don't need to be concerned about their heart health. Ninety-two percent of women aren't aware of the American Heart Association's recommendation that screening for heart disease should start at age 20, [a recent national survey](#).

reported. On average, most of the women polled thought the right age to begin screening was 41, two decades later.

Here's some powerful motivation for young women to pay attention to their heart risks: Women ages 35 to 44 are the only group for which heart disease deaths are increasing — at a rate of 1.3% a year since 1997. Overall, heart disease claims the lives of one in three American women. The good news, however, is that with optimal medical care and a heart-smart lifestyle, heart attacks and strokes are preventable.

WOMEN ARE OFTEN LEFT DANGEROUSLY IN THE DARK ABOUT HEART RISKS

In the survey discussed above, most of the women (71%) assumed that if they had a heart problem, their provider would let them know. Even though

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Register Now for Dr. Amy Doneen's Free Webinar, "Women and Heart Disease – the REAL Deal!"

To celebrate American Heart Month, Dr. Amy Doneen, DNP, ARNP will present a free webinar with a potentially lifesaving message for all who care for and about women's heart health: All heart attacks and ischemic strokes are potentially preventable!

On Thursday, February 8th at 5:30-6:30 p.m. PST, Dr. Doneen will discuss "Women and Heart Disease — the REAL Deal!" For the public and healthcare providers, the webinar will cover what's different about women's hearts surprising cardiovascular Red Flags, how to find out if you have hidden risk, what women can do NOW to find out if they have arterial disease, and a personalized action plan to prevent a heart attack or stroke.

Heart disease kills more women than all forms of cancer combined, yet remains under-diagnosed and undertreated in women. Sign up for the webinar now and find out how women can be their own best advocates for optimal heart health care.

To register, go to
[Women's Heart Health Webinar](#)



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THE DANGEROUS CHOLESTEROL MOST DOCTORS DON'T CHECK

After having two heart attacks in the same week, Juli Townsend was released from the hospital with prescriptions that included a high-dose statin. That didn't make sense to the then 37-year-old customer service representative from Spokane, Washington. "I asked the doctors why I needed a cholesterol-lowering drug when they'd repeatedly told me my cholesterol levels were 'beautiful, like a teenager's.' The answer I got was, 'That's what we do after a heart attack.'"

Understandably, Townsend assumed that she was being treated for a problem she didn't have. Several days later, after developing a side effect from the statin (a skin rash), she stopped taking the pills, believing that they were unnecessary and even harmful. She also assumed that she'd been checked for all cholesterol abnormalities that might explain why she'd suffered two heart attacks at such a young age, despite being a physically fit nonsmoker with no family history of heart disease. However, both assumptions were wrong, leaving Juli at high risk for yet another heart attack.

50% of Heart Attacks Happen to People with "Normal" Cholesterol

Like Townsend, nearly 50% of Americans who are hospitalized for a heart attack have cholesterol levels classified as "optimal" under national guidelines, [a large study published in American Heart Journal reported](#). The blood test these patients usually receive certainly sounds comprehensive. Called a "lipid profile" or a "coronary risk panel," this test checks levels of total cholesterol, low-density lipoprotein (LDL), high-density lipoprotein (HDL) and triglycerides.

According to this test — and other standard methods of evaluating cardiovascular wellness during annual checkups — celebrity fitness trainer Bob Harper, famous for his starring role on the hit TV show "The Biggest Loser," was the picture of health. Yet he suffered a massive "widow-maker" heart attack at age 52. Both Harper and his doctors were baffled about the cause. As [The New York Times](#) recently reported, "His annual checkups had indicated he was in excellent health. How could this have happened to someone so seemingly healthy?"

A \$20 Test that Uncovers Hidden Heart Attack and Stroke Risk

The mystery of Townsend and Harper's seemingly inexplicable heart attacks was solved when they received a \$20 blood test that is not routinely used by medical providers in the United States. This test checks for a common, inherited cholesterol problem that has been shown, unequivocally, to actually cause heart attacks: high levels of a blood fat called lipoprotein(a), or Lp(a).

The BaleDoneen Method calls this disorder

der "the mass murderer" because elevated levels of this cholesterol triple the risk for heart attacks, according to three large studies involving nearly 45,000 patients. High levels of lipoprotein (a) also magnify the risk for having heart attacks and strokes at a young age.

A Deadly Gap in Standard Healthcare in the U.S.: What to Do About It

In 2010, the European Atherosclerosis Society (EAS) issued a scientific statement calling for routine screening and treatment of elevated Lp(a) levels, which are found in about 20% of the population, as "an important priority to reduce cardiovascular risk." Yet in the U.S., it's still not the standard of care to treat — or even measure — this dangerous form of cholesterol that is found at elevated levels in up to one-third of heart attack survivors.

The BaleDoneen Method often sees patients who have suffered a heart attack or stroke, or multiple events, and still haven't been tested or treated for a cholesterol problem that has been shown to actually cause these catastrophes. Have you ever had your Lp(a) levels checked? Has your healthcare provider recommended this testing? If the answer is no, consider this: Being left in the dark about this test nearly cost Townsend and Harper their lives. We recommend that everyone get this test, which can be performed at the same time as conventional cholesterol testing.

What Your Lp(a) Numbers May Reveal and Treatment Options

A recent 15-year study found that Lp(a)

testing significantly improves risk prediction for cardiovascular (CV) events, such as heart attacks and strokes, thus helping medical providers more accurately identify and treat the patients at high risk — before an event occurs. In the study, 40% of patients previously classified as being at "intermediate risk" for CV events based on traditional risk factors (such as smoking, diabetes, family history and levels of total and LDL cholesterol) were reclassified when their Lp(a) levels were taken into account.

Since levels of Lp(a) are determined mainly by genetic factors, not lifestyle, if your Lp(a) is normal, there is no need to have it checked more than once, since your genes don't change. If you do have elevated Lp(a), taking niacin (vitamin B3) under medical supervision can reduce levels by up to 40%, according to the EAS. Lowering Lp(a) was shown to reduce risk for CV events by about 75% in a recent study published in *Circulation*. There is also some evidence that keeping LDL (bad cholesterol) levels as low as possible can help counteract much of the cardiovascular risk associated with elevated Lp(a).

In Townsend's case, a combination of personalized therapies and lifestyle changes advised by the BaleDoneen Method have kept this young mother of two heart attack- and stroke-free since 2011. "Instead of worrying every day about when the next heart attack will happen as I did after leaving the hospital, I now feel super-safe," she says. "I wish everyone could get wonderful, lifesaving care with the BaleDoneen Method."



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Chicken Breast with Mole Sauce and Citrus Thyme Salad

February Recipe

Ready in less than 30 minutes, this easy dinner recipe abounds in heart-healthy ingredients. Mole (pronounced mo-LAY) sauce derives its rich, zesty flavor from dark chocolate, which has so many cardiovascular benefits that the BaleDoneen Method prescribes 7 grams daily (one small square) for heart attack and stroke prevention. A diet high in fresh fruits and vegetables lowers risks for stroke, and the vitamin C in oranges helps protect against heart disease, as well as colds and flu.

INGREDIENTS

- 1 cup enchilada sauce, store-bought
- 1 ounce unsweetened chocolate, chopped
- 1 cup raisins
- 1/4 cup water
- 4 6-ounce skinless, boneless chicken breasts
- 1/2 teaspoon freshly ground black pepper
- 3 tablespoons olive oil, preferably extra virgin
- 2 tablespoons red wine vinegar
- 4 cups wild or baby arugula
- 2 medium navel oranges, peeled and sliced into 1/4 inch half-moons
- 1/2 cup pitted kalamata or oil-cured olives
- 1 teaspoon fresh thyme leaves, removed from stems

Adapted from RealSimple.com and Cooking.NYTimes.com

Heat oven to 400° F. Prepare mole sauce by combining enchilada sauce, chocolate and raisins in a microwave-safe bowl. Microwave on medium high until the chocolate melts, 1 to 2 minutes. Transfer mixture to a blender or food processor, add water and process until smooth.

Heat 1 tablespoon of the olive oil in a large ovenproof skillet. Season chicken breasts with 1/4 teaspoon of black pepper and sauté over medium-high heat until browned on one side, 3 to 4 minutes. Coat both sides of the chicken with mole sauce. Transfer skillet to oven and roast chicken, browned side up, until cooked through, about 15 minutes.

Meanwhile, mix vinegar, remaining olive oil and black pepper in large salad bowl. Add arugula, orange slices and olives. Toss well to combine, top with thyme leaves and enjoy!

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many of the women had risk factors for heart disease, such as smoking, diabetes, high blood pressure or a family history of heart disease, and also underwent annual physicals or wellness exams, only 16% had been warned of their cardiovascular danger.

That's scary because arterial disease, if untreated, often progresses silently until it becomes severe enough to trigger a heart attack or stroke. In a recent study of 3,501 young heart attack survivors ages 18 to 55, nearly all of the patients had at least one risk factor and 64% had three or more. Yet only half of the patients knew they were at risk before their event! The study also revealed an alarming gender bias: Women were 11% less likely than men to be told they were at risk and 16% less likely to have their healthcare provider discuss risk modification, such as lifestyle changes that might have prevented their heart attack!

WOMEN'S HEART DISEASE RED FLAGS AND AN ACTION PLAN

The JACC survey also found that very few primary care providers or cardiologists follow female-specific guidelines for heart disease risk assessment in women. Instead, they often use risk calculators that are mainly based on studies of men. Since a number of studies have shown that these calculators can be dangerously inaccurate, the BaleDoneen Method does not rely solely on risk factor analysis. We also use leading-edge laboratory and imaging tests to directly check each patient for hidden signs of arterial disease.

Our personalized, precision-medicine approach also includes checking women for female-specific red flags for cardiovascular risk, including migraine headaches with aura, polycystic ovarian syndrome (PCOS), use of birth control pills and a history of gestational diabetes

or pre-eclampsia during pregnancy. We also check all patients for recently identified root causes of arterial disease, such as periodontal (gum) disease, which was shown in a landmark BaleDoneen study to actually be a contributing cause of heart disease.

To learn more about heart disease in women, the best ways to be screened and our science-based heart attack and stroke prevention plan, [click here](#) to register for my free webinar, "Women and Heart Disease — the REAL Deal!" presented on Thursday, February 8th from 5:30-6:30 p.m. PST. Also check out the best-selling BaleDoneen book, [Beat the Heart Attack Gene: The Revolutionary Plan to Prevent Heart Disease, Stroke and Diabetes](#), now available in hard cover, paperback, Kindle, audio and MP3 CD editions at [Amazon](#) and other booksellers.