

WOMEN'S HEART HEALTH ACROSS THE LIFESPAN

Health Education Roundtable



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INTRODUCTION

Historically, heart disease was thought of as a “man’s disease” associated with poor diet, crippling stress and a sedentary lifestyle. Today, we know this is a gross misrepresentation of a complex condition and overlooks the many ways women experience the disease. It’s well understood that gender differences matter when it comes to heart disease, particularly because heart disease is the leading cause of death for women. A woman’s risk of developing heart disease changes throughout her life, sometimes with obvious signs and symptoms and at other times with subtle changes that can mimic the *normal* hormonal ups and downs women experience as they age.

To better understand how to approach the risk of heart health in women, HealthyWomen hosted a roundtable, **Women’s Heart Health Across the Lifespan**, on February 5, 2020, in New York City to present current data and hear expert opinion on how heart disease can show up at different times in a woman’s life. The meeting brought together experts in family medicine, cardiology, obstetrics and gynecology, aging, mental health and behavioral health to lay out the top concerns throughout the various ages and stages of a woman’s life.

ABOUT HEALTHYWOMEN

HealthyWomen is the nation’s leading independent, nonprofit health information source for women. Our mission is to educate women to make informed health choices for themselves and for their families. For 30 years, millions of women have turned to HealthyWomen for answers to their most personal health care questions. HealthyWomen provides objective, research-based health information reviewed by medical experts to ensure its accuracy. Consumers, health care providers, nonprofit and corporate partners and the media trust HealthyWomen as a valued and reliable health information source.

Nothing is more important to our health than access to competent and affordable care and the safety of our medicines and health care delivery practices. HealthyWomen works to educate women about health policy issues on these and other issues. We recognize the importance of clinical trials to improving women’s health and we support women’s health research, particularly to account for sex difference in research results. HealthyWomen advocates on behalf of women to ensure that women’s health is a primary focus of policy makers and advocacy groups. Our investment in developing science-based information and our effort to incorporate perspectives reflected by advances in research and technology will further our mission to provide women with relevant and accurate health resources.

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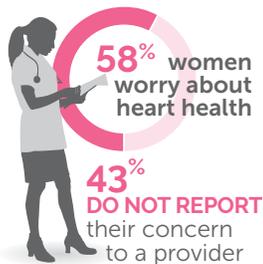
SETTING THE STAGE



Beth Battaglinio

To open the roundtable, HealthyWomen CEO and women's health nurse **Beth Battaglinio** highlighted results from HealthyWomen's online survey of 1,600 women conducted in late 2019. Survey findings provided a snapshot of the topics of interest to women and the degree to which women recognize the signs and symptoms of heart disease. Most notably, the findings illustrate how women's knowledge of disease risk does not always translate to discussing concerns with their health care providers.

KEY FINDINGS:



54% { didn't think they need to

35% { say provider didn't bring it up

<20% { discuss signs & symptoms

Heart Healthiness

64% eat heart-healthy

84% do not smoke

40% exercise at 30+ minutes 2-4x week

85% { agree oral contraceptives increases risk of blood clots

60% { worry oral contraceptives affect the heart

54% { fear hormonal changes will affect the heart

While more than half of respondents (58%) said they were concerned to some degree about their heart health, 43% of respondents rarely or never discuss heart health with their health care providers.

Of the 43% who did not discuss heart health with their providers, 54% said it was because they didn't think they needed to, and 35% said it was because their provider never brought it up.

Of those who did discuss heart health with their providers, less than 20% discussed the signs and symptoms of heart attack.

To maintain heart health, 64% of respondents said they sometimes plan heart-healthy meals, 84% said they do not smoke, and 40% said they do light exercise or activity for at least 30 minutes two to four times a week. The majority (58%) were concerned about the amount of sleep they get and how it impacts their heart.

Most respondents (85%) agree that taking oral contraceptives can increase their risk of having a blood clot, and 60% are concerned to some degree about how oral contraceptives affect their heart.

A slight majority (54%) of respondents were concerned to some degree about how hormonal changes affect their heart.



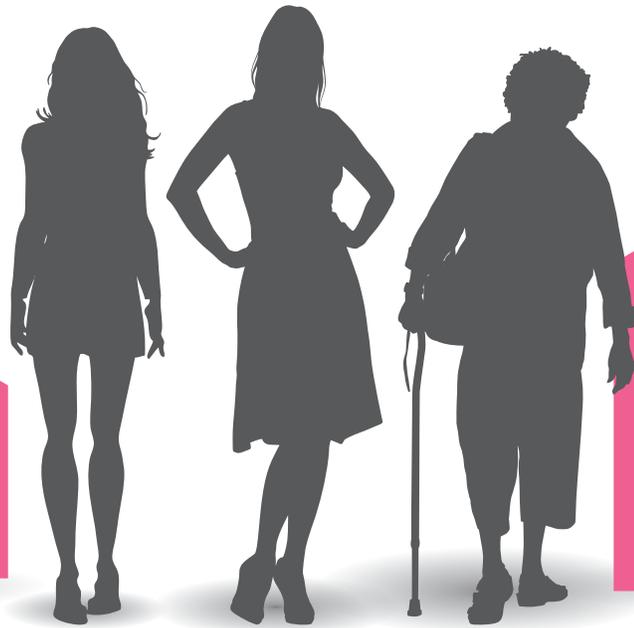
Dr. Nieca Goldberg

Dr. Nieca Goldberg, medical director, Women's Heart Program, and senior advisor for Women's Health Strategy, New York University, Langone Medical Center, served as the program chair. In her keynote address, Dr. Goldberg emphasized the magnitude of heart disease in both men and women, noting that death rates from the disease dropped precipitously in 2000 with the introduction of key campaigns such as "Go Red for Women" and "Women Are Not Small Men," but are on the rise again.¹

High blood pressure, or hypertension, is a culprit for much of the heart disease seen today.

Women of all ages are particularly at risk, compared to men..

Beginning at age 20, women's systolic blood pressure **increases at a greater percentage** rate than men's.



By the age of 80, women have a **30% increase** in systolic blood pressure from baseline compared to a 20% increase in men.²

Dr. Goldberg noted that risk factors for heart disease have expanded beyond smoking, diabetes and lack of exercise to factors such as autoimmune disorders, depression and menopause. A holistic approach is needed to show the interconnectedness of heart disease with other health conditions and the integral role it plays in maintaining a women's overall health.

Dr. Goldberg also emphasized the need for culturally sensitive heart health information and the importance of health literacy in the upkeep of heart health. Health literacy enables patients to find the information they need, communicate their needs, and understand and consent to treatment options. She also pointed out increasing awareness of all providers who take care of women — not just cardiologists, but primary care providers such as internists, family practice physicians and ob/gyns.

"We need to be aware of how we're reaching women, because all women are not alike. We're all different, we have different risk factors, we have different racial and ethnic backgrounds, and we must be more inclusive in our awareness programs so we can eventually improve awareness."

TAKE HOME MESSAGES

- ✓ Awareness of how heart disease impacts a woman's health varies considerably but is most often associated with a link to the risks associated with oral contraceptives. A broader perspective is needed.
- ✓ While most women know about the importance of heart health, there is a disconnect between their awareness of its importance and how (or if) to approach the topic with their health care providers. How to talk to health care providers needs to be reinforced.
- ✓ Steps women take to maintain heart health—adequate sleep, smoking cessation, healthy diets, and exercise—vary considerably. Everyday changes, even small ones, can have a lasting and positive effect.
- ✓ Heart health information needs to be culturally sensitive, at an appropriate health literacy level for healthcare consumers, and shared by all providers who take care of women.

YOUNG WOMEN AND HEART DISEASE: FROM BIRTH CONTROL TO GIVING BIRTH

Assessing a woman's heart health should begin earlier than one might expect, especially if a woman is contemplating family planning. During these typically healthy years, a woman's focus may be on avoiding or planning a pregnancy, not on the risk of cardiovascular disease.

A growing number of women of reproductive age are developing metabolic syndrome, a cluster of conditions including high blood pressure, elevated blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels. In the late 1980s, 25% of U.S. women of all ages had metabolic syndrome; by 2012, 34% had metabolic syndrome, primarily due to the rise in obesity rates.³ Women with metabolic syndrome have a 2.5% higher risk of developing heart disease than women without the syndrome.

The number of women using hormonal contraception who have metabolic syndrome is unknown; however, as stated by Dr. Goldberg, with about 17.5 million women in the U.S. using hormonal birth control and about 10.7 million women ages 18 to 49 having metabolic syndrome, it's likely the two groups overlap significantly. Different methods of hormonal contraception have varying degrees of impact on metabolic syndrome component conditions, and on cardiovascular risk. And therefore, women with metabolic syndrome need individualized plans to optimize their cardiometabolic health while meeting their contraceptive needs.



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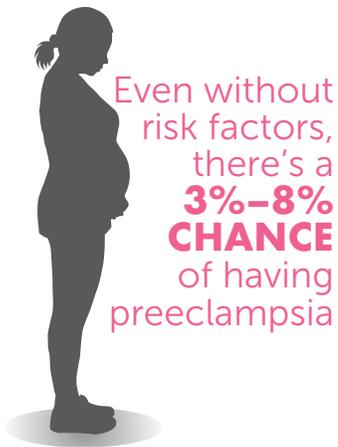


Dr. Line Malha

Dr. Line Malha, an obstetric nephrologist and assistant professor of medicine at Weill Cornell Medical Center, outlined the ill effects of preeclampsia, a hypertensive disease of pregnancy that can have devastating effects on mother and child. Preeclampsia significantly increases a woman's lifetime risk of stroke, myocardial infarction and the need for cardiac bypass surgery. This highlights the need to understand and treat the root cause of hypertension in a pregnant woman. Clinicians agree that a pregnant woman's blood pressure should be below 160/105 mm Hg.

In preeclampsia, there is an abnormal placentation, meaning the placental cells (trophoblasts) don't invade the maternal blood vessel deep enough to provide good blood flow to the fetus. Maternal risk factors for the disease include kidney disease, hypertension, diabetes, a family history of preeclampsia, obesity, being insulin resistant, blood clotting disorders, certain autoimmune diseases and being over the age of 40. Often women do not recognize preeclampsia symptoms or do not associate them as being problematic for their pregnancy. "Even without risk factors, there's a 3% to 8% chance of having preeclampsia," Dr. Malha noted.

Dr. Malha debunked the myth that women with hypertension or a history of preeclampsia should not get pregnant. She did, however, note that there can be future problems. "If preeclampsia was severe enough to force delivery of the baby, we know a woman is at higher risk for cardiovascular disease." Dr. Malha emphasized the need for education about prevention, diagnosis, management, and lifetime follow-up. "Most women do not know that hypertension during pregnancy can change them for life," she said.





Dr. Malissa Wood

Dr. Malissa Wood, co-director, Corrigan Women’s Heart Health Program at Massachusetts General Hospital, focused on spontaneous coronary artery dissection, or SCAD, as the most common cause of heart attack during pregnancy. SCAD appears to follow extreme stress or exertion that leads to an adrenaline surge. More specifically, it can be triggered by types of vascular stress (“vessel tearing”) due to severe emotional stress, vigorous exercise (more common in men, e.g., weightlifting), cocaine use and energy drinks. Stressors such as bereavement and personal crisis have been reported in women with SCAD^{4, 5, 6} very much like those seen in Takotsubo disease, or “broken heart syndrome.”

SCAD TRIGGERS:

- extreme stress
- exertion that leads to an adrenaline surge
- vascular stress (“vessel tearing”) due to severe emotional stress
- vigorous exercise
- cocaine use
- energy drinks
- bereavement stress
- personal crisis stress

Many women are still not accurately diagnosed and continued education is needed. Much is being learned about the triggers for SCAD in the general population beyond its implications for pregnant women. Genetic causes like Marfan syndrome, Loeys-Dietz syndrome and Ehlers-Danlos syndrome have been linked to SCAD. SCAD also has been associated with rheumatologic conditions that disproportionately affect women, such as lupus and other forms of inflammatory disease.

Just as it comes on abruptly, SCAD can heal the same way. The mainstay of medical therapy in most SCAD cases includes aspirin, beta blockers and stringent blood pressure control, as well as attention to emotional stressors. There is, however, a small percentage of patients who unfortunately have a higher risk for further heart complications. According to Dr. Wood, a pregnant woman with SCAD will have about a 20% chance of having heart failure (“cardiogenic shock”), because the main artery of the heart or multiple vessels are more likely to be involved in pregnant women. These women often require percutaneous cardiac mechanical support to enable the heart to rest and adequately heal. Dr. Wood said it “takes a village” to accurately diagnose and treat SCAD, and risk prediction models, gender-specific guidelines and collaboration of multiple stakeholders including patients, industry partners, providers and policy makers can best address this need.

TAKE HOME MESSAGES – HEART HEALTH FOR YOUNG WOMEN

- ✓ Women taking hormonal birth control are at increased risk for venous thromboembolism.
- ✓ A case-by-case approach is needed for women with metabolic syndrome when selecting birth control options to ensure optimization of cardiometabolic health while meeting contraceptive needs.
- ✓ Women with hypertension or a history of preeclampsia can get pregnant; however, they need to understand and recognize the signs of preeclampsia and the ways to manage and treat hypertension during pregnancy.
- ✓ Women and their healthcare providers need to be aware of preeclampsia’s affect on a woman’s lifetime risk of stroke, myocardial infarction and the need for cardiac bypass surgery so that they can effectively manage their heart health throughout their lifetime.
- ✓ Women with SCAD often go to the emergency room with a “mysterious” heart attack, only to be dismissed or told they were “likely having a panic attack.” First responders need to take seriously the cardiac complaints of young women and seek definitive testing.
- ✓ The collaboration of multiple stakeholders, including patients, industry partners, care providers and policy makers, along with the use of risk prediction models and gender-specific guidelines, will best address the need for proper diagnosis and treatment of SCAD.

MANAGING MIDLIFE: HEART ATTACKS, CHRONIC DISEASES AND LIFESTYLE DURING THE MIDDLE YEARS



Kathy Berra

67% of women say they take preventive measures to improve their heart health to improve their family's overall health.⁷



Midlife brings a multitude of reasons for women to focus on their heart health, including the correlation of heart disease to many chronic health conditions that surface in women in their 40s and 50s. **Kathy Berra**, past president and founding member of the Preventive Cardiovascular Nurses Association and co-director of the LifeCare Foundation, opened the panel by emphasizing that heart health “is a family affair.”

Ms. Berra called attention to women’s responsibilities in shaping the heart health of their families, an important role at middle age. Sixty-seven percent of women say they take preventive measures to improve their heart health to improve their family’s overall health.⁷ Multiple ways exist for women to access information and the support they need. In one study, cardiovascular advice was given to women via mobile phone texting to provide motivation to exercise, improve their diet, stop smoking and make other lifestyle changes.⁸ Individual changes spill over into lifestyle changes for the whole family. Women have the capacity to influence the choices made for family meals, how much time is spent watching TV or glued to social media, and other lifestyle decisions.

Unfortunately, focusing too much on others’ health can result in women neglecting their own health needs. When asked whose health they were most concerned about, more than half of women (56%) in one study replied, “someone else’s.”⁷ “Over half of the women on the Internet are searching for health information for someone other than themselves,” Dr. Berra said. Encouraging women to prioritize their own health is paramount but can be challenging for a variety of reasons such as career stressors, child-rearing, and caregiving for elderly parents. At midlife, women are uniquely positioned to take steps to improve their own heart health and, in doing so, shape the likelihood of those around them being healthier as well.



Dr. Icilma Fergus

Dr. Icilma Fergus, director of Cardiovascular Disparities at Mount Sinai Medical Center, said gaps remain in treatment for women of color. Some gaps she attributed to the individual, such as low health literacy and cultural beliefs; some, such as implicit bias and ineffective communication, to providers; and some, such as institutional racism, to the health care system.

Health care disparities underpin many differences in heart health in women. On a basic level, disparities result in differences in health status, health care access and utilization of services based on social determinants of health, such as race, ethnicity, gender, education, income, geographic location or disability. Too often, one’s health status is based on who they are, where they live and what care they have access to. Dr. Fergus said there is much room for improvement. She spoke to the realistic need for some women to have more information and for health care providers to take more time with some patients than others.



Almost 50% of black women over age 20 have **hypertension** compared to 25% to 30% in other groups

Dr. Fergus reiterated the damaging effects of hypertension on women’s heart health resulting in a higher death rate for black women. Almost 50% of black women over age 20 have hypertension compared to 25% to 30% in other groups.⁹ With the increasing diversity of the American population, Dr. Fergus said there is growing information available on women of color, particularly Asian women. For example, she noted that death rates for the Asian population are lower than other groups but are increasing over time.

Cultural differences influence how women of color recognize signs and symptoms of heart disease. She believes all providers should recognize cultural sensitivities and provide supportive care.



Dr. Lauren Baldassarre

Concluding the panel on heart health issues for women at midlife, **Dr. Lauren Baldassarre**, director of the Cardio-Oncology Program at Yale Cancer Center, discussed the growing practice of cardio-oncology, a multidisciplinary approach to caring for patients with cancer and heart disease. The approach involves a team of cardiologists and their support staff, oncologists, and noninvasive cardiovascular imaging personnel or radiologists, often in an academic environment focused on research. A relatively new approach, the care team centers on the patient in a multi-tiered, collective approach to care.

CARDIOVASCULAR COMPLICATIONS from cancer therapy

- palpitations
- fatigue
- shortness of breath
- swelling of legs and ankles



Cardiovascular complications from cancer therapy can include palpitations, fatigue, shortness of breath and swelling of legs and ankles. Yet, it’s important to note that many oncology patients may have no symptoms of cardiac complications, which points to the importance of screening through imaging such as CT angiogram, MRI and PET. Recommendations for minimizing the risk of cardiovascular complications during cancer therapy include avoiding excessive alcohol intake, exercising to prevent deconditioning and controlling blood pressure. Organizations such as the American College of Cardiology have tools to assist women, an important one being CardioSmart.

TAKE HOME MESSAGES – HEART HEALTH FOR WOMEN AT MIDLIFE

- ✓ Women play a vital role in promoting healthy behaviors among their families and communities. Their lifestyle choices, meal planning and exercise levels can positively influence others.
- ✓ At midlife, women juggle multiple responsibilities that can lead to not prioritizing their own health. Women need reminding of the likelihood of allowing this to happen and of ways they can look after their own health needs.
- ✓ Gaps exist in health care for women of color. All providers should recognize cultural sensitivities and their own biases and provide supportive care.
- ✓ Too often, one’s health status is based on who they are, where they live and what care they have access to. Some women may need to have more information or spend more time with their healthcare providers than others.
- ✓ While patients may experience cardiovascular complications from cancer therapy, in some cases, the patient can be asymptomatic. This points to the importance of screening through imaging such as CT angiogram, MRI and PET.
- ✓ Anyone receiving cancer treatment should ask their oncologist about the need for a cardiology consult, possible cardiovascular effects of their therapy and what they can do to protect their heart.

GETTING OLDER: HOW MENOPAUSE AND AGING AFFECT HEART HEALTH



Dr. Lisa Larkin

About WHI

The Women's Health Initiative (WHI) is a long-term national health study that has focused on strategies for preventing the major causes of death, disability, and frailty in older women, specifically heart disease, cancer, and osteoporotic fractures.

Dr. Lisa Larkin, the founder and CEO of Ms. Medicine, talked about the impact of menopause on the development of cardiovascular disease in women. Most women go through menopause (defined as a woman's final menstrual period, confirmed after 12 consecutive months without a period) between the ages of 44 to 56 years, with an average age of 51. The menopause transition can bring about symptoms such as sleep disturbance, sexual health changes and mood swings, as well as vasomotor symptoms such as hot flashes and night sweats. While vasomotor symptoms resolve spontaneously in 85 percent of women within 5 years, they are associated with development of cardiovascular disease. Menopause also leads to accelerated progression of atherosclerosis.¹⁰

Of importance in any discussion of menopause management is the Women's Health Initiative, a long-term study that was stopped abruptly in 2002. It set off a "firestorm of media attention that has changed the landscape of hormone replacement therapy forever," according to Dr. Larkin. The reaction among women at the time was stark: 52% of women stopped taking hormone therapy, many without consulting their health care providers. Dr. Larkin summarized the study's limitations, primarily that it looked at women who were mostly at least 10 years postmenopausal and many of whom had hypertension or high cholesterol or smoked.

Now, 18 years after the study was stopped, data shows there was no increase in cardiovascular mortality or coronary heart disease in women who were enrolled in the study. The menopause management guidelines of the North American Menopause Society now recommend hormone therapy as the "first line defense" for vasomotor symptoms with an individualized assessment for women over 60. Dr. Larkin supports an "optimal window" where hormone therapy provides benefits including sleep stabilization, prevention of fractures and osteoporosis and a decreased risk of type 2 diabetes. Hormone therapy started within 10 years of menopause is associated with a decreased risk in cardiovascular disease, delayed progression of cardiovascular disease and decreased mortality, Dr. Larkin noted.

Every woman should advocate for herself to determine her individual need for hormone therapy, she said. This includes exercising caution using custom-compounded hormones that, despite their claims to be more natural and safe and have anti-aging benefits, are not approved or regulated by the U.S. Food and Drug Administration.



Dr. John Dodson

Dr. John Dodson, director of the Geriatric Cardiology Program at New York University Langone Medical Center, noted the difference between "chronological age and biological age" in women as they age. Age-related cardiovascular changes include coronary artery disease, vascular stiffness and myocardial fibrosis. The goal is to "slow the aging process" during people's 40s, 50s and 60s by tracking several health indicators, such as cholesterol and hypertension and using preventive methods, such as diet, exercise, and smoking cessation.

Regarding cholesterol, 20% to 30% of women ages 40 to 65 have elevated low-density lipoprotein ("bad" cholesterol) and up to one-third of cases may be undetected.¹¹ Elevated cholesterol is treatable with lifestyle changes or medication, both important steps to prevent cardiovascular problems. Dr. Dodson also pointed to the importance of managing hypertension, with the goal of less than 130 mm Hg systolic and 80 mm Hg diastolic (a new standard). Since high blood pressure can affect many organs, treating it can prevent coronary artery disease, heart failure, stroke and kidney disease.¹²



Dr. Anthony Aizer

AFib – Atrial fibrillation: An abnormal and irregular heart rhythm in which electrical signals are generated chaotically throughout the upper chambers of the heart.

AFib is the most common arrhythmia **affecting 11% men and women over age 80.**



Along with quitting smoking, Dr. Dodson pointed out the benefits of moderate intensity exercise most days of the week and a healthy diet. Although the potential benefits of intermittent fasting were mentioned,¹³ Dr. Dodson doesn't routinely recommend fasting to his patients due to the possible hardship on the elderly. Recent reports indicate that intermittent fasting can improve heart health by reducing system inflammation and improving insulin sensitivity and cholesterol levels.

Dr. Anthony Aizer, program director, Clinical Cardiac Electrophysiology Fellowship at New York University, Langone Medical Center, reviewed the common myths and misconceptions surrounding atrial fibrillation, a condition associated with a "racing heart." A major complication with AFib is stroke caused by hypercoagulation associated with it and the possibility of a blood clot that forms and goes to the brain. Women are at higher risk of stroke, but clinicians are unsure why. What's most challenging for clinicians is the way AFib can exacerbate other considerations like high blood pressure, coronary artery disease and heart failure. The compounded effect skyrockets in the elderly and can be difficult to manage.

Dr. Aizer dispelled many common beliefs about the condition including that it is a benign disorder, it will go away with elimination of caffeine or alcohol, or it doesn't matter how often or what type of AFib it is. Dr. Aizer urged people not to dismiss a racing heartbeat or evidence of AFib even if palpitations stop and feelings of fatigue subside. AFib is a progressive disease, meaning it has a cumulative effect on the heart muscle and its ability to remain in a normal rhythm.

Anti-arrhythmia drugs may help treat AFib, but with limited effectiveness. Surgical ablations have shown better results over longer periods, especially for people who have struggled with complicated or long-term disease. New advancements in electro-anatomic mapping enables targeted treatments for patients who are difficult to manage. Due to the risk of stroke with AFib, a mainstay of treatment is a blood thinner, but only about 60% of people who would benefit from blood thinners get them due to likelihood of bleeding disorders.

New technologies, including wearable devices, aid in the identification of AFib, and some show promising results for reducing stroke risk. Dr. Aizer noted that women are generally diagnosed with AFib later in life than men and receive fewer opportunities for different types of care than men.

TAKE HOME MESSAGES – HEART HEALTH FOR OLDER WOMEN

- ✓ Hormone therapy has been shown to provide cardio-protective benefits for women if started within 10 years of reaching menopause.
- ✓ Every woman should advocate for herself to determine her individual need for hormone therapy
- ✓ As women age, the goal is to "slow the aging process" by tracking several health indicators, such as cholesterol and hypertension and modifying behaviors, such as diet, exercise and smoking cessation.
- ✓ Women need to be aware of their cholesterol and blood pressures readings and discuss management of both with their health care providers.
- ✓ Myths surrounding AFib are common, but the condition is not benign and should be evaluated even if it only occurs sporadically.
- ✓ AFib can be treated with medication or ablation and monitored by new technologies that more precisely treat the areas of dysfunction in the heart.

THE PATIENT PERSPECTIVE

Hearing from patients about their personal experiences with heart disease and the impact on their lives rounded out the event.



Debora Grandison

Debora Grandison was 27 years old when her symptoms started. Now a 31-year survivor of heart disease, she recounted the 20-plus years she was misdiagnosed with mitral valve prolapse and the challenges of getting consistent care after she moved. "I know what it's like to live in fear and think you're going to die," she said. From her experience, she urged women to "be your own best advocate and know your body better than anyone." Debora is a volunteer for both the American Heart Association's Go Red For Women Movement and WomenHeart, The National Coalition for Women with Heart Disease.



Robin Olson

Robin Olson, a respiratory therapist by training, survived a heart attack in 2008 and, over time, had open heart surgery and 15 stents to open clogged or malfunctioning coronary arteries. For Robin, heart disease took an emotional toll. "Through the whole thing, I felt isolated and alone," she said. "People would say to me, 'But you don't look like a patient.'" Today, Robin runs a Philadelphia support group for women with heart disease and speaks as a WomenHeart Champion to raise awareness.

TAKE HOME MESSAGES – PATIENT PERSPECTIVE

- ✓ Women should be aware of the symptoms and risks of cardiovascular disease and stroke, as well as the correlation between various conditions and heart health.
- ✓ By listening to their bodies, knowing their family histories, and taking action when something changes or doesn't feel right, women can be advocates for themselves and make their health a priority.
- ✓ When women feel alone, they need to recognize that there are many resources available to them, including information, education and support.

RECOMMENDATIONS

The roundtable provided ample recommendations for future learnings about maintaining heart health throughout a woman's life. From presentations and panel discussions, audience polling and evaluations, the following recommendations for next steps emerged:

EDUCATION AND AWARENESS FOR PATIENTS AND HEALTHCARE CONSUMERS

- ♥ Efforts should be made to raise awareness among women about heart health across the lifespan and how to discuss heart health with their healthcare providers.
- ♥ Women should be educated about steps they can take to maintain heart health – from sleep to smoking cessation to healthy diets and exercise to hypertension management and cholesterol/lipid reduction.
- ♥ The link between metabolic syndrome, hormonal birth control and heart disease should be further explored and discussed.
- ♥ Pregnant women and women who are considering pregnancy should be made aware of cardiovascular risks, how to avoid and treat them, and lifetime management of heart health after having heart issues during pregnancy.
- ♥ Initiatives can focus on helping women prioritize their heart health while still promoting healthy behaviors among their families and communities.
- ♥ Women should be given tips for finding credible information on the internet and integrating their knowledge when interfacing with health care providers.
- ♥ Increased awareness is needed among women receiving cancer treatment regarding cardiovascular complications from cancer therapy and the need for a cardiology consult.
- ♥ Understanding menopause management and benefits and risks of hormone therapy will allow women to advocate for themselves and determine their individual hormone therapy needs.
- ♥ Women can be made aware of ways to slow the aging process and reduce the "frailty factor" while they are still in their 40s, 50s and 60s.
- ♥ Educating women about atrial fibrillation and the importance of addressing a racing heartbeat will enable earlier diagnosis and more targeted treatments.

EDUCATION AND AWARENESS FOR HEALTHCARE PROVIDERS

- ♥ Health care providers can increase efforts to ensure educational information is culturally sensitive and at an appropriate health literacy level for patients.
- ♥ The symptoms of SCAD need to be recognized by all types of healthcare providers so women are diagnosed accurately and treated effectively.
- ♥ Gender differences in the recognition and treatment of atrial fibrillation, including the use of medical devices, innovative technologies, and personal monitoring systems, will enable healthcare providers to provide better care for women.
- ♥ All providers should recognize cultural sensitivities and their own biases, provide supportive care, and take more time with patients if needed.
- ♥ Efforts can be made to educate providers about cardiovascular complications from cancer therapy and the importance of screening of their patients through imaging.
- ♥ Referring women for hormonal therapy within 10 years of reaching menopause will provide patients with cardiovascular benefits as well as menopause symptom management.

CONCLUSION

HealthyWomen's **Women's Heart Health Across the Lifespan** Roundtable provided a robust and informative look at how heart disease can affect a woman throughout her lifespan. Evident throughout the day was the resounding theme that women can, and should be, strong advocates for their own health. Women need to look beyond caring for others and put themselves and their health at the forefront, especially when it comes to heart disease. In doing so, they will be better prepared to recognize how managing their own heart health can improve the health of their families and communities.

HealthyWomen plans to use insights from this roundtable to develop effective and timely educational resources for women, as well as offer tools to healthcare providers for increasing awareness about important heart health issues among their patients.

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WOMEN'S HEART HEALTH ACROSS THE LIFESPAN

Health Education Roundtable

AGENDA

WEDNESDAY, FEBRUARY 5, 2020 10 A.M. – 4 P.M. MANHATTAN PENTHOUSE NEW YORK, NY

- 10:00-10:30 A.M. **Registration**
- 10:30-10:45 A.M. **Welcome and Housekeeping** Beth Battaglino, RN-C, CEO, HealthyWomen
- 10:45-11:00 A.M. **Keynote Presentation**
Dr. Nieca Goldberg, Medical Director, Women's Heart Program, and Senior Advisor for Women's Health Strategy, NYU Langone Medical Center
- 11:00 A.M.-NOON **Young Women and Heart Disease: From Birth Control to Giving Birth**
A discussion on hormonal contraceptives, as well as issues in pregnancy such as pre-eclampsia, gestational hypertension and gestational diabetes
 - Dr. Nieca Goldberg, Medical Director, Women's Heart Program, and Senior Advisor for Women's Health Strategy, NYU Langone Medical Center
 - Dr. Line Malha, Nephrologist, The Hypertension Center, Weill Cornell Medical Center
 - Dr. Malissa Wood, Co-Director, Corrigan Women's Heart Health Program, Massachusetts General Hospital
- NOON-1:00 P.M. **Managing Midlife: Heart Attacks, Chronic Diseases and Lifestyle During the Middle Years**
How chronic diseases, such as diabetes, autoimmune diseases, cancer and cancer treatments, can affect heart health; differences in heart attack symptoms between men and women; disparities in heart health
 - Kathy Berra, MSN, NP-BC, Past President and Founding Member of the Preventive Cardiovascular Nurses Association, Stanford Prevention Research Center; Co-Director, The LifeCare Company
 - Dr. Icilma Fergus, Director of Cardiovascular Disparities, Mount Sinai Medical Center
 - Dr. Lauren Baldassarre, Director of the Cardio-Oncology Program, Yale Cancer Center
- 1:00-2:30 P.M. **Working Lunch: Patient Panel Moderated by Dr. Nieca Goldberg**
 - Debora Grandison
 - Robin Olson
- 2:30-3:30 P.M. **Getting Older: How Menopause and Aging Affect the Heart**
How hormonal changes during menopause can put you at risk, how HRT affects heart health, and how your heart changes overall as you age
 - Dr. Lisa Larkin, Founder and CEO of Ms. Medicine
 - Dr. John Dodson, Director, Geriatric Cardiology Program, NYU Langone Medical Center
 - Dr. Anthony Aizer, Program Director, Clinical Cardiac Electrophysiology Fellowship, NYU Langone Medical Center
- 3:30-4:00 P.M. **Wrap-up: Messages for Patients and Health Care Providers at Every Stage of Life**
Final panel discussion moderated by Dr. Nieca Goldberg

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