

**About Health TV with Jeanne Blake**  
**American Heart Association's Go Red Program**  
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JEANNE BLAKE: Welcome to *About Health*, I'm Jeanne Blake. Heart disease is the leading killer of women. Nearly half of all women will die of cardiovascular disease. The first step in a healthy life is knowing your personal risk. On this edition of AboutHealth we'll talk about the American Heart Association's "Go Red" program and how you can take active steps to avoid heart disease. Joining us for this discussion is Dr. Malissa Wood, the co-director of the Mass General Heart Center Women's Health Program and Gerri Young, who eleven years ago avoided a heart attack by finally getting the right diagnosis. Welcome to both of you and thank you for coming in to talk this important topic. Dr. Wood, cardiovascular disease is more than a heart attack.

DR. WOOD: Absolutely, cardiovascular disease can encompass everything from just high pressure to disease that arteries and blood vessels of the legs and the veins to heart rhythm disturbances like atrial fibrillation to heart attacks and strokes. Those are all part of cardiovascular disease.

JEANNE BLAKE: Nearly two times as many women die from cardiovascular disease every year than breast cancer or any other form of cancer and yet if we walked out on the street outside the studio, most women that we stop would say that the leading killer of women is breast cancer. Why does this myth persist do you think?

DR. WOOD: The myth persists unfortunately not only in the lay public but even one in five physicians surveyed; only one if five knew that heart disease was the number one killer of women.

JEANNE BLAKE: No way.

DR. WOOD: I think, yes way, because we have done a great job educating the public about breast cancer. There have been millions and millions and millions of dollars raised and we've actually seen that translate into a better survival for patients with breast cancer. But I think because we didn't recognize how much women were affected by heart disease until just a few years ago, we haven't had the chance to really get the kind of campaign and education going that the breast cancer, the Cancer Society had worked on.

JEANNE BLAKE: But if women were dying from cardiovascular disease how could we not have known?

DR. WOOD: Well the first thing was that perhaps the right diagnosis was necessarily made. When I was in my training twenty years ago, it was the odd patient that was a woman that came in and actually was diagnosed with a heart attack. So the first thing was that we just didn't recognize. The second thing was that the rate of death and the incidence of cardiovascular disease in women has actually increased, while the death rate in men has decreased for about the past eighteen years.

JEANNE BLAKE: Isn't part of that because women seek help later because of the fact that they don't understand? Gerri's nodding yes. We're going to give you a chance to speak about that. What do you think?

GERRI YOUNG: I think we do seek help later. That we're the caretakers and we're the last person to take care of ourselves and we ignore symptoms.

JEANNE BLAKE: And also the symptoms are different?

GERRI YOUNG: They come and go and you're not sure.

JEANNE BLAKE: That's right. They're different than they are for men. Tell us what happened eleven years ago that resulted in your going to the doctor just at the right time.

GERRI YOUNG: I had a sore throat.

JEANNE BLAKE: Everybody with a sore throat is going, oh no.

GERRI YOUNG: I know, but it really was a very hard sore throat and what I didn't realize or didn't notice that it was worse when I climbed the stairs or when I took a long walk, I didn't realize that. Now I would know. So pain after any type of exercise is must be looked in to.

JEANNE BLAKE: So you went to the doctor and presented it, as the doctor would say.

GERRI YOUNG: I went to the doctor and I had a throat infection so they put me on an antibiotic and then I went back and they did an EKG but I wasn't having Angina at the time. So it showed nothing. I had not had a heart attack. They felt I must have had some sort of esophageal problem or heartburn and they gave me Prilosec and it kept getting worse and they said take more Prilosec. I took more and it got worse. I finally went to the emergency room at four in the morning. My husband drove me over and walked in. He didn't think anything was wrong with me either and they hooked me up to an EKG and I wasn't having a heart attack but it showed something was wrong. So they put me in the coronary care unit and four days later they transported me to UMass in Worcester, where I had an angiogram and five and a half hours of angioplasty, inserting three stints. I went back to the doctor and I said I'd like to go into cardio rehab; I'm going to make a lifestyle change. I stopped smoking. Very important.

JEANNE BLAKE: How long had you smoked by the way?

GERRI YOUNG: A long time, I would say about thirty years. It's very hard to stop smoking. I suggest no one start ever. So, I had to have a stress test, a nuclear stress test, in order to enter into their cardio rehab program. I didn't pass it. They thought there was a blockage in another artery and back I went within, I guess it was like April 10<sup>th</sup> was the first angioplasty, April 30<sup>th</sup> was the second and I had a clot where the stints were. They cleared it and put in another stint and I went into cardio rehab and made it to my daughter's graduation from college.

JEANNE BLAKE: You were one lucky woman.

GERRI YOUNG: Very.

JEANNE BLAKE: Dr. Wood, how lucky is Gerri?

DR. WOOD: Very, very lucky because many people that have clots that form in a stint immediately after they're placed actually have another heart attack or even worse so she was very lucky that they needed a stress test.

GERRI YOUNG: It's amazing.

DR. WOOD: Because Gerri, as with many other women, she did not have classic symptoms that would alert her to the fact that something yet again was going on in her heart. It's very common that women will present with tooth pain, jaw pain, neck pain, back pain.

JEANNE BLAKE: What's that about, by the way?

DR. WOOD: It's related to the fact that the nerves in a women's body transmit the signal and men can have unusual symptoms too, it's just much more common in women and I think Gerri really emphasized the important fact for women to know which is if your symptom, regardless of really knowing what it is, if it comes on repeatedly with exercise, that's really a red flag and a warning sign and you should definitely have it check out.

JEANNE BLAKE: What are some of the other symptoms that women should be aware of?

DR. WOOD: Palpitations or shortness of breath with activity is a common symptom. Certainly women can also have the classic symptom which is pressure in the chest with activity. One thing that many women especially post-menopausal elderly women experience is really profound fatigue. They will come in and they will say, "I was doing great, I was mowing my yard and doing my gardening and then about six months ago, I just had no energy" and I think that's a very common symptom unfortunately and is oftentimes overlooked and the doctor will go through twelve differential diagnoses until they come up with cardiac. It's certainly not considered always the first thing.

JEANNE BLAKE: Gerri you were only 51 years old?

GERRI YOUNG: I was only 51 years old.

JEANNE BLAKE: What was your response to the news that you needed all of this? That you had cardiovascular disease.

GERRI YOUNG: I was determined to do everything I could to get well.

JEANNE BLAKE: But you must have been stunned?

GERRI YOUNG: I was.

JEANNE BLAKE: Or maybe you weren't?

GERRI YOUNG: When you go through two angioplasties in that period of time it's so shocking that you're either going to survive or going to not and I decided that I'm a survivor and I decided to make huge lifestyle changes in diet, in stress-reducing exercises and breathing exercises, in exercising.

JEANNE BLAKE: Dr. Wood, when someone hears that a woman has cardiovascular disease, I think just as we assume, or so many assume, that women don't have it at the level that men do, they also think that it's going to occur in a woman who's older, but it can occur in women of any age. I think it's a really important point for us to talk about.

DR. WOOD: It certainly can. I have women in my practice who, for different reasons, maybe a defect in the wall of the artery or something like that had a heart attack at the age of 42 or 44. I think it's very important that women understand the symptoms so that if this type of symptom occurs that they get it checked out sooner rather than later. Certainly heart attacks are more common in elderly women, but younger women especially smokers and diabetics and women with a very, very strong family history and by that we mean that either their mother or father or sister or brother had heart disease at a young age. A man before 55 or a woman before 65.

JEANNE BLAKE: Okay. I'm the odd woman out here today not wearing red. You came fully prepared to talk about the American Heart Association's "Go Red" program which is a national campaign to raise awareness about heart disease and women. Dr. Wood has generously lent me her very beautiful "Go Red" campaign pins. The third generation you said I have the first one at home.

DR. WOOD: Yes. A little, tiny one.

JEANNE BLAKE: Yes, a doctor friend gave to me. Tell us, the program has five components by the way. They are: Visit your healthcare provider, know your numbers, determine your risk, incorporate physical activity, and add more color to your plate. So, go over each one of those but let's just have an overview please of the "Go Red" program?

DR. WOOD: Well, as we talked about earlier, there is this knowledge gap both on the part of patients and physicians that there's a myth that women don't get heart disease. So the American Heart Association made a commitment to really change that and they started the Go Red campaign four years ago. Really the goal was to educate women primarily but also educate physicians and to raise money for heart disease research in women and I think that over the past four years over \$40 million has been raised from the various lunches and programs associated with Go Red. The great thing about Go Red and many of the components, and women can actually get all of the information online at [www.goredforwomen.org](http://www.goredforwomen.org). They can take a health checkup and learn about each of the five components that you mentioned.

JEANNE BLAKE: Okay, let's take them one at a time. The first one, visit your healthcare provider. Obviously. Tell us at what age we need to start having an annual physical and having an assessment around our cardiovascular health?

DR. WOOD: Women that do not have risk factors for heart disease, so women that aren't smokers, don't have family history, don't have obesity or high cholesterol, they really need to just be seen perhaps every five years to have their cholesterol checked before the age of 50. But women with a history of high blood pressure, diabetes or anything really need to see their physician every year and have those risk factors evaluated. Risk factors that we really worry about that the physician needs to pay attention to are again, high blood pressure, which is now diagnosed as greater than 130/80. High cholesterol, high glucose or diabetes, being obese, and we define that as what is called the Body Mass Index, which is really your weight corrected for your height and we also, of course, look at other factors like the stress in your life and try to sort out what each individual person's risk factors are. I want to mention stress is a really important.

JEANNE BLAKE: We're going to come back to that. Gerri, so Dr. Wood combined the first two components, so I want to ask you prior to your having the pain and getting your diagnosis, how often were you going to the doctor or were you?

GERRI YOUNG: Only if I was ill. I never went for a checkup.

JEANNE BLAKE: Okay.

GERRI YOUNG: I think they had a done a cholesterol screen on me for some reason. They had the numbers at the time this happened and they were good, according to the guidelines at the time. I didn't show anything. My blood pressure was okay.

JEANNE BLAKE: Really, so this is really mysterious?

GERRI YOUNG: It is mysterious and it's not unusual.

JEANNE BLAKE: So what's the value then of component two to know your numbers?

DR. WOOD: Well it allows you to recognize your personal risk so if you have any of those factors that we talked about such as a high bad cholesterol or a low good cholesterol your doctor can really give you strategies to try to improve those short of medication if that doesn't work.

JEANNE BLAKE: But what about the case with Gerri where your risk I guess that you were a smoker?

GERRI YOUNG: Smoking.

DR. WOOD: I think smoking.

GERRI YOUNG: Probably stress, there was some stress but smoking overwhelmingly number one.

DR. WOOD: The single most preventable cause of cardiovascular disease.

GERRI YOUNG: Yes, there's no doubt about it in my case at least.

JEANNE BLAKE: And you quit cold turkey?

GERRI YOUNG: I said to my husband that I'm either going cold turkey or I'll be a cold turkey.

JEANNE BLAKE: Was it hard for you to quit?

GERRI YOUNG: You know, it really isn't. It's interesting. I think with many people.

JEANNE BLAKE: What a minute, under those circumstances?

DR. WOOD: Under those circumstances.

GERRI YOUNG: Under these circumstances I was in the hospital for at least four days and by then the addiction part of it is, the addiction to nicotine, you're over it so now you're just, you know, it's your hands and what do I do with that and so on and so forth and I was determined and I didn't gain weight either because I couldn't. You had to eat right.

JEANNE BLAKE: Dr. Wood, let's talk just for a moment about Gerri's the opportunity she was given to quit smoking. My dad had a stroke and that inspired. He then learned after during his recovery his voice wasn't coming back and he learned that he had esophageal cancer so he quit smoking cold turkey but he says that it was difficult. Honestly, until the day he died he craved nicotine. It's a tremendously powerful addiction. I think that you were maybe quite fortunate that it was not so difficult for you?

GERRI YOUNG: I'm not saying it was extremely easy, but I think with smoking with many people, it's something that stops you. It will kill you. So if you have the opportunity to keep going, you've got to stop.

DR. WOOD: One of the things that we've done and I work with a lot of women that don't have heart disease but have risk factors, is we actually can show them what their blood vessels look like by doing an ultrasound of their neck and we can show them and it's a real motivator. If we show them their artery in their neck and there's some calcified plaque in there and they know that that goes to their brain and they could have a stroke, that's a very strong motivator to think twice.

GERRI YOUNG: You are awake during the angioplasty. You watch all of it. I watched the entire five and a half hours and then the second three and a half hours. That is a huge motivator. Absolutely.

JEANNE BLAKE: Dr. Wood you mentioned the [www.goredforwomen.org](http://www.goredforwomen.org) where you can take a checkup and that is essentially gives you your risk but also it's a tool that you can then take into your doctor and it gives information.

DR. WOOD: Right. You can print it out. It actually if you have the know your numbers, you need to have your numbers to sort of take that, but if you have your numbers and you plug them in you can actually print it out and take it in to your physician and it really gives them an idea of what your personal risk is and it's amazing with the education. Last year, I believe over 5 million women took the heart check up which is great because we probably helped some women recognize that they were really at risk.

JEANNE BLAKE: The fourth component is incorporate physical activity. It's hard to imagine that people haven't gotten this part yet?

DR. WOOD: Unfortunately, we live in a very sedentary society.

JEANNE BLAKE: Big eyeball roll there.

DR. WOOD: Because computers are available, people can talk on the telephone, they don't really need to go anywhere so I think it's a big mind shift and we really have to convince people that being active will help reduce their cardiovascular risk and the good news is we can convince them by saying it doesn't only help you feel better but it will lower your blood pressure. If you're overweight, it will help your weight. It will help with your cholesterol and exercise of any form certainly helps with stress and so for all of those reasons I think we can help convince our patients that it's worth adding exercise into your lifestyle and really incorporating it.

JEANNE BLAKE: Okay, you've brought up stress. Before we move on to the final component, explain for us how stress contributes to cardiovascular disease?

DR. WOOD: Well, cardiovascular disease can be sort of hidden away and then brought out by the presence of stress in your life because it will raise your blood pressure, it will raise your heart rate. When the adrenalin is surging in your body for whatever reason whether having an argument with your spouse, or one of your kids is not doing what you asked them, that really gives your body a real jolt and if you do have underlying cardiovascular disease that can actually be a trigger for a heart attack or

other cardiovascular problem. Long term, it also does a lot of damage to your blood vessels by having those elevated stress hormones and we've only just begun to realize what a significant risk factor it is. I think, I've always known it because most of the young women that I've care for who've had heart attacks tell me well, the one thing is that I was extremely stressed out at that time, and so I think the problem is Cardiologists are good at measuring blood pressure, great at looking at arteries, but we're not good at measuring stress so we're really trying to come up with tools for measuring stress in the office so that we can recognize where people are and then offer them strategies.

JEANNE BLAKE: Gerri, what have you done to reduce the stress in your life since, you know, the last eleven years?

GERRI YOUNG: My husband retired in 1998, and I've been with him at home instead of out in the workforce. That makes a huge difference. That's great that I've been able to do that. I exercise every day. I do a really strong workout on my treadmill.

DR. WOOD: She has a treadmill in her living room.

GERRI YOUNG: We did. We put a treadmill in our living room.

JEANNE BLAKE: And you can't avoid it.

GERRI YOUNG: You can't avoid it. It's only the two of us. We're empty nesters and we don't care. People think we're crazy. We watch the news on the treadmill not on the couch and that's the way to do it in the Young household. We lift weights, I do yoga, I do breathing exercises which I learned at cardio rehab. I just don't let things get to me.

JEANNE BLAKE: Well you certainly had that big fat perspective handed to you on a silver platter. But oftentimes I think that that's still not enough. I marvel, I've lost, unfortunately I've lost a number of close friends and I always think well, you know, this will change my perspective forever, but we slide back into that worrying about the little stuff.

GERRI YOUNG: Diet and exercise.

JEANNE BLAKE: Diet and exercise.

GERRI YOUNG: It's got to be, it's got to be, you've got to walk the walk and talk the talk.

JEANNE BLAKE: That's the last component. Tell us how you've put more color on your plate?

GERRI YOUNG: My cardiologist told me to keep shaving the fat. I didn't have to have cholesterol lowering drugs for the first five to six years after all of this.

JEANNE BLAKE: Wow.

GERRI YOUNG: Which was wonderful. I'm only on 10 mg of Lipitor, nothing else and a daily aspirin.

JEANNE BLAKE: But what do you put on your plate?

GERRI YOUNG: I put

JEANNE BLAKE: Or, what don't you, more importantly probably?

GERRI YOUNG: I don't eat any fried food. I don't eat meat. I eat mainly fish. I eat some chicken. Not fried, no skin. White meat only. I eat tons of vegetables. I eat tons of salad. If I have starch it is brown rice, wheat pasta.

DR. WOOD: Good for you.

GERRI YOUNG: I got rid of the whites.

JEANNE BLAKE: Dr. Wood, what's it about the whites?

DR. WOOD: Well I think that many of the whites are foods that you either associate with or eat with saturated fats. Mashed potatoes, you put butter on it, mashed potatoes you put gravy on it. White bread, butter. So many of those starches are things that we really know make it harder for us to lose weight, they really raise our blood glucose and not as much cholesterol but the big cholesterol things

are red meat, fried foods, and anything with saturated fat in it. Anything that's solid, at room temperature and you probably should think twice before you put it into your mouth.

GERRI YOUNG: That's right. Processed foods. I eat tons of Salmon.

DR. WOOD: I was just going to say, the brown rice, and the whole wheat because really the recommendation is five to seven fruits and vegetables a day. If you're going to eat a starch, it should be a whole wheat or unprocessed product. Not only for cardiovascular but also for breast cancer risk reduction and colon cancer risk reduction. So eating a healthy diet really will give you a much better overall health perspective and reducing the processed foods will really also help people with reducing their stress and anxiety because I think a lot of the things that we put into our body really can affect us more than we recognize.

JEANNE BLAKE: Many parents don't understand that cardiovascular disease can start in very young children. Help us understand that?

DR. WOOD: Well we know from Viet Nam, studies that were done there, that soldiers at 21 years of age when they looked at the blood vessels of soldiers who had died they already showed significant fatty streaking and that was in the 1960's when people were actually walking, riding bikes and eating a little bit better diet than what we're eating now. So we recognize that even at the age of 10, 11 or 12 if the child is obese or has diabetes or high blood pressure, we're seeing really unfortunate changes in their heart that can be reversed but that the process starts very, very early.

JEANNE BLAKE: I was talking with friends, I've shared this story. About two weeks ago, I like to swim as one of my forms of exercise, swimming and I got out of the pool at my local Y and walked into the locker room and there was a mother who was overweight and her two very young children that were two or three years old that were overweight and an early teenage daughter who was overweight and the two little ones had their swimsuits on and the mother did so I thought well that's good,

DR. WOOD: At least they're doing something about it.

JEANNE BLAKE: They're exercising, but in the middle of this sort of the centerpiece of this family by the locker was this oversize bag of Doritos and I've thought about it every day at least twice and it just it made me, I just felt sort of sad for these children that they were going to grow up probably

to have health problems because it was obviously something that just something it didn't look like it was a treat by the way, it was a big bag, and the children were overweight and it made me feel sad.

DR. WOOD: One of the things that the American Heart Association is doing, we're actually going into grade schools and if we can't educate the parents then maybe we can educate the kids and then they can educate their parents. But what we're really teaching kids and it's very exciting to see how receptive they are to this information. When we talk to them about your blood vessels will really get stiff and you'll have problems if you don't exercise regularly, they get the message.

JEANNE BLAKE: I think that when children know how their bodies work, they're more likely to want to take care of them.

DR. WOOD: I actually took an EKG machine into a classroom and showed the kids what a healthy heart looked like, how it beats and what the valves look like and I think that gives them a new perspective on what's going on inside their body and that they actually have some control over it. Which is really exciting.

JEANNE BLAKE: That's interesting because children by and large don't feel as though they have much control over anything. It reminds me of a friend of mine whose children were overweight and a friend of theirs was diagnosed with Type II diabetes and so they set about making some changes and learning about food and one of the girls said, I think she was probably ten years old at this time, she said, I always thought that bread was a protein and this wasn't that long ago. I want to thank both of you for coming in to help us learn about Go Red. The many ways that we can take steps to stay healthy and keep our hearts healthy and to reduce our risk of cardiovascular disease. Dr. Wood, thank you and Gerri thank you and stay well.

DR. WOOD: Thank you.

GERRI YOUNG: Thank you.

JEANNE BLAKE: And we'd like to thank you for joining us on *About Health TV*. I'm Jeanne Blake, I'll see you next time.