***About Health* TV with Jeanne Blake**
Women and Heart Disease
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JEANNE BLAKE: What do you think is the leading cause of death among women in the United States?

RESPONDENT 1: Either breast cancer or cervical cancer maybe.

RESPONDENT 2: I'd say breast cancer is one of them.

RESPONDENT 3: Breast cancer.

RESPONDENT 4: Cancer.

RESPONDENT 5: Probably breast cancer.

RESPONDENT 6: I think I read that it was heart disease, but I think I thought it was breast cancer.

JEANNE BLAKE: Oh, so it was news for you?

RESPONDENT 6: Yes.

JEANNE BLAKE: Welcome to *About Health* TV. I'm Jeanne Blake. Ask women to name the leading cause of death in this country, and nine times out of ten I found they say breast cancer. Traditionally, heart disease is considered a male disease but it is, in fact, the leading killer of American women. On this edition of *About Health* TV we'll talk about women and heart disease with Gloria Oldsman, who ten years ago suffered a heart attack, and with Dr. Thomas Graboys, the director of the Lown Cardiovascular Center at Brigham and Women's Hospital here in Boston. Thanks so much to both of you for coming in. Doctor, why do you think there's such a misconception that breast cancer is the leading killer when indeed it's heart disease?

DR. GRABOYS: I think there's been such advocacy, and rightly so, for breast malignancies that the subject is out there, and we're all vulnerable to the PR that's going on, and I think that the press and

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the PR with regard to breast malignancy has been very, very effective. It results in individuals who kind of perceive that if this happens to me, if I have breast cancer, I'm going to die, as opposed to if I have high blood cholesterol, it's not such a terrible thing. So the fear factor is different. The fear factor is much greater in individuals based in part upon the PR, again, as I said. This has been very effective for breast malignancies, and we need to be more effective for cardiac, for heart.

JEANNE BLAKE: When women come to you and they present with heart disease, are they surprised?

DR. GRABOYS: Well, in some ways they're surprised and in other ways we have done some good PR and educating about cholesterol, for example. So in some ways they're surprised and in other ways they're really not, or they acknowledge the fact that they may be at high risk if they have high blood pressure, if they have diabetes, if they've been smokers.

JEANNE BLAKE: Well, you sort of answered my next question. What's going on inside the body as we grow older that most of us do develop some level of heart disease, and the older we get the greater the risk?

DR. GRABOYS: Well, we'd like to prevent that, but that is a reality. As we get older, blood pressure tends to go up, cholesterol tends to go up, we tend to gain weight, we tend to do less exercise, although frankly, many people are aware of it: "Oh yes, I'm doing all these things and is it going to pay off in the long run?"

JEANNE BLAKE: We actually talked with some women on the street in Boston and in New York City about what they do to prevent heart disease. Now's a good time to take a look at what they say.

[VIDEO CLIP]

JEANNE BLAKE: What do you do to try to prevent heart disease? Do you think about it?

RESPONDENT 1: Oh yeah. I exercise, vegetarian, all that.

JEANNE BLAKE: Do you take steps to prevent heart disease? Are you aware of it at all?

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RESPONDENT 2: Um, yeah, I try not to eat a lot of cholesterol and things like that, but I smoke cigarettes, so I'm going to die one way or the other.

JEANNE BLAKE: What do you do to try to prevent heart disease?

RESPONDENT 3: Nothing.

JEANNE BLAKE: And how come?

RESPONDENT 3: Laziness. I'm very, very lazy. But right now I'm trying to diet and eat right and take my walks and do what I'm supposed to do. Now that I'm of age.

JEANNE BLAKE: Of age? But it's hard.

RESPONDENT 3: Yes. It's very hard. Once you're used to doing something for so long it's hard to get like a different pace to it. It's hard, especially when you get over 30.

RESPONDENT 4: I don't think about it on a daily basis, no.

JEANNE BLAKE: How come?

RESPONDENT 4: I don't have really the genetic disposition to it, and I don't know, I walk a lot.

[END CLIP]

JEANNE BLAKE: What about that, that people think that they do some of what they're supposed to do, but it's sort of awful to hear? It's not something that's in their genes so they're not all that concerned about it. A lot of women told me that.

DR. GRABOYS: Well, I mean, there's an issue of whether something bad is lurking in your body, and if you get up in the morning, take a shower, and look at your body, you say, "Well, everything seems okay," even though internally there may be problems. That's different than if you have a malignancy. God forbid you have a malignancy and you lose a breast. That is a terrible situation, and you're living with that every day as well as living with the issues of heart disease. But somehow they tend not to be as crucial or critical because you're not seeing the manifestation of it.

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JEANNE BLAKE: Gloria, you had a heart attack ten years ago, and you weren't considered at super-high risk by the way you had lived your life.

GLORIA: No, not at all.

JEANNE BLAKE: Tell us what happened when you had your heart attack.

GLORIA: Well, it goes back prior to having the heart attack. I was an avid tennis player and we were on vacation. I was beginning to get funny little feelings, and that's the only way I could describe it. We were going to travel, and I thought I better go in and have my blood pressure taken, since I had had a history of slightly high blood pressure. I went in, and this is in another state, and I was told that I was having a heart attack. I really couldn't believe that. And to make a very long story short, I didn't have a heart attack. I came back to Boston and I was fine for three years. But what Dr. Graboys said is true. There is something that constantly is there, and I knew that some day I might have to have bypass surgery. I think it was always with me, although I did all of the activities that I had done previously. And one morning I was scheduled to go in for an angiogram, and I didn't feel well. I didn't know if it was the stress of going in for an angiogram, but I had a heart attack. It was a minor heart attack. Fortunately, it wasn't a major heart attack. But I went right in to the hospital and there began the long journey of having bypass surgery.

JEANNE BLAKE: Doctor, I just have to interject. Is timing everything to Gloria's case, or can that level of concern and stress bring on an actual heart attack that she's describing?

DR. GRABOYS: Well, stress can actually and categorically bring on heart attacks. In my experience, I've had situations where I've gone ahead and told individuals they need to have bypass surgery, they turned to go out of the room, and the patient is having cardiac arrest. The fear of that procedure and the fear of bypass primed them for some catastrophic problem, so this stress can clearly be a provocateur.

JEANNE BLAKE: So, Gloria, you went into the hospital and you actually had bypass surgery?

GLORIA: Yes.

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JEANNE BLAKE: We heard women talking and saying “I don’t think I’m at particular risk because I’m a vegetarian and I don’t eat meat,” but you lived a very healthy lifestyle. I mean, you were ten years ago playing tennis and you’ve gotten exercise. So you don’t necessarily embody someone who is living a really high-risk way of life.

GLORIA: I had a very busy life, and a very active life. Heart disease was not in my realm of thinking. It just wasn’t there. So this came as a major surprise. And I have often thought that having bypass surgery would cure all the ills, like it was sort of an answer to getting rid of this heart disease. Well, it wasn’t exactly that. It certainly helped and thankfully I had it, but it brings with it other concerns and you still have heart disease.

JEANNE BLAKE: Okay, let’s pause for just one second to make sure we’re clear about what bypass surgery is. Tell us what’s going on with Gloria that she needed that.

DR. GRABOYS: Well, she would have undergone a heart catheterization, where we inject dye into the blood vessels going into the heart and we’re looking for areas of blockage or narrowing, and then there’s a determination of whether that individual would be suitable for bypass surgery. We take an artery or a vein and go around the area and that’s the so-called bypass. And if someone has a lot of symptoms or acute symptoms or evidence that there’s something serious going on, then we may move rapidly into a situation that a patient has bypass surgery.

JEANNE BLAKE: But it’s not a cure-all?

DR. GRABOYS: No, it’s not a cure-all, and that’s the important point. That’s that if you had diabetes, high blood pressure, high cholesterol, or cigarette smoker, all of those issues have to be dealt with, because if you don’t you’re going to come back one, two, three, four years after the bypass and you’re back for a second look at the situation.

JEANNE BLAKE: Gloria, you say that it wasn’t the end of the road for you. How has your life changed and how are you living it differently?

GLORIA: My life really hasn’t changed. I continue to do all the things that I did before. I’m just more conscious of the fact that I’m not perfect, that any day my bypass, the arteries could not … I’d have to go back for some more grafting. But I don’t know that I would go back for another bypass operation. I would probably use any other way of doing it.

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JEANNE BLAKE: Because?

GLORIA: Because it's a very, very major serious operation and I think medication can help, and that's what's been helping me live a very normal life.

DR. GRABOYS: I mean, the good news about this, and first of all if Gloria wasn't doing all the things she was doing the whole situation may have been worse. So in a way she really has helped herself, and I think that's important to communicate.

JEANNE BLAKE: But what about the notion that Gloria's on medicine? What kind of medicine is she taking?

DR. GRABOYS: Well, she's on medications to slow her heart rate, to improve her blood supply going into the heart. We've come a long way in terms of medically managing folks with these kinds of heart problems. That's important to communicate to the patient. Secondly, this whole area is changing. In the next five to ten years we're going to see an entirely different approach to managing heart disease. So there's much to be optimistic about.

JEANNE BLAKE: Well, what will be so different?

DR. GRABOYS: What will be so different is the medications we use, the approach into the chest, we wouldn't have to open up the chest. That in and of itself is what we call minimally invasive open-heart surgery. There are robotics, robots who are working with surgeons to do bypasses where they are much more efficient in many ways than the human element.

JEANNE BLAKE: I'm very confused by what that means.

DR. GRABOYS: That means that you can actually have a robot that's controlled by the surgeon in another part of the room, and the robot can actually sew the grafts on better than some of our best surgeons. You don't want to hear me say that, but that might be the situation.

JEANNE BLAKE: Gloria, you better not go back to the hospital today, right? But when you're talking about less invasive surgery, because I too had a friend who underwent bypass surgery and I know how major it is, how will it be different?

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DR. GRABOYS: Well, you actually have take a step back, because there are different ways of dealing with this now, exclusive with bypass, and that's having heart catheterization and then putting a stent or a coil in, which will open the vessel. That is really an amazing improvement in our technology, because you don't have to open the chest. You're doing it from a vessel in the groin. It goes up and you can actually deposit the stents. We now have chemicals that will keep the stents open and you can be in and out of the hospital in a day.

JEANNE BLAKE: But then why is bypass surgery done at all?

DR. GRABOYS: Because sometimes the stents are not … they don't look right … what we call the targets are not applicable, so you need to have bypass. We have people coming back for a second operation because they weren't suitable for continued medical therapy and we need to go ahead and intervene on them.

JEANNE BLAKE: So, Gloria says that she would resist at all costs having bypass surgery again. What are the kinds of things … I mean, could she come to you one day and you'd say, "Look, if you don't have bypass surgery again you're going to die"?

DR. GRABOYS: Gloria has done very well on medication and our anticipation is that she'll continue to do well.

JEANNE BLAKE: Okay, so what else do you do, Gloria, to try to avoid that? I mean, you're taking the medicine. How else has your lifestyle changed?

GLORIA: I'm cautious about my diet.

JEANNE BLAKE: More so than you were?

GLORIA: No, no.

JEANNE BLAKE: You always were?

GLORIA: I think so. Well, the only major difference is that I used to eat meat. I don't eat meat now at all. I look on the packages and try to understand how many calories and the cholesterol level and so forth. I am aware of that. But sometimes I do cheat, and I think sometimes it's okay, at least I

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was told sometimes it's okay.

DR. GRABOYS: If you love to have eggs every day, you're starting a new problem when you're having a couple eggs a day.

JEANNE BLAKE: Wow. You heard it from the doctor. That's a news flash. I think, Doctor, you're brining up a really interesting point. I shared with you earlier that I've been blessed to have very, very good cholesterol levels. I have very high HDL, I've had years of exercise, and probably some good luck, and very low LDL, so that's a good combination. My doctor wrote on my last cholesterol screening, "You won't die from a heart attack. Good luck. You're in good health." And I think the more that I learn, the more I think about it, I don't think one can say that. I think that we need to really understand the comprehensive nature of heart disease.

DR. GRABOYS: Let me give you a plug for that, because it gets down to the bottom line of looking at all the risk factors. Half the people who have heart attacks don't have traditional risk factors, so what is it? Well, we get into the stress element.

JEANNE BLAKE: Then I should be dead by yesterday.

DR. GRABOYS: When I ask my patients, stress for one person may be pleasure for another, so it's very difficult to quantitate. We can go ahead and quantitate your cholesterol, you can put your hands around that and say, "My cholesterol is 300 and I want to get it down to 150." With stress, what's the equation of vulnerability? Stress is a major item here, and part of it is that we just tend to genuflect to it, but we haven't really come to grips with what are the elements that constitute the risk that puts that individual at risk for dropping dead. That's the bottom line.

JEANNE BLAKE: That's funny, because I want to play a couple of sound bites or interviews that I got with people on the street, and with one of them we actually talked about that. I just want to point out that in the questions, when I said to women, What do you think that is women's greatest risk for heart disease? there might have been one that said stress – one did say stress and we had a conversation about it, but I talked with dozens of women and nobody brought up stress. But let's listen.

[AUDIO CLIP]

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JEANNE BLAKE: Why do you think that we – I guess men and women –suffer so much heart disease? What do you think is behind it?

RESPONDENT 1: I think it's definitely stress. It's diet and all that stuff, but I think women have more stress … it's growing. I think it's more than it was in the past. I mean, in my mother's generation, I think, there's more women dying of heart disease now in our times, and I think there's just a lot more stress.

JEANNE BLAKE: What role do you think that stress plays in women developing heart disease?

RESPONDENT 2: A big one. Yeah, definitely. Have a lot of kids, work too much, don't exercise, don't vacation, no yoga.

JEANNE BLAKE: And then you get heart disease?

RESPONDENT 2: Then you get heart disease.

RESPONDENT 3: The American culture cultivates stress. Everything is fast-paced and get it done, get it quick.

RESPONDENT 4: I don't know, I think we're just so caught up in it we don't even realize that we are stressed.

[END CLIP]

JEANNE BLAKE: There were women who said to me that you can't control the stress in your life. I mean, if you live in a city you're going to be stressed. That's sort of a fatalistic and unfortunate approach to it.

DR. GRABOYS: It's true that if you live in a city you're at higher risk than if you lived out in the country. I mean, there are certain life events, you have bereavements, you have divorce, you're tied to all major life events, and they are associated with a higher risk of dying.

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JEANNE BLAKE: But that happens no matter where you live, and I think to say that stress is stress and we can't do anything about it, especially if you're sitting here and telling us it's a major contributor to heart disease.

DR. GRABOYS: Right. It is. And there are folks are there who are dealing with stress very well, but the majority of us are probably not dealing with it as well as we could even though we know that distress is a major issue.

JEANNE BLAKE: Describe what stress does to the body. Maybe this will connect somewhere with me and I'll be able to change some of my own behaviors. But what does it do? Do we know?

DR. GRABOYS: Physiologically, stress increases your heart rate, it increases your blood pressure, it increases certain chemicals in the body that are released from the adrenal gland. All of these chemicals make a problem because they affect the heart's pumping abilities. They reflect on the fact that if your diet is wrong, if you're under stress, and in fact this has been known for a number of years, that accountants in March who are under tremendous stress have a much higher increase in their cholesterol, engineers at the Kennedy Space Center during the times when they're getting ready for flights were associated with significantly higher risks and higher levels of cholesterol. So the stress in those kinds of environments, plus all of our stress, living in cities and that type of stress, affects the heart.

JEANNE BLAKE: So can I extrapolate from that that if one reduces the stress in their life their cholesterol will shift and go down?

DR. GRABOYS: Well, I think that happens, and, in fact, that's an important point to hold out to folks who really don't want to take medication every day, and we don't want to have to give them medication. But the medications are, fortunately, helpful at preventing much of what's going on. It doesn't deal necessarily with the stress.

JEANNE BLAKE: Well, that's right. I mean, that goes right in here. We each have to be responsible for that. Gloria, have you looked at the stress in your life differently in the last ten years?

GLORIA: Yes, I have. It's there and it increases many times, my level of stress. I think it's important to understand what stress does, and I think probably the most important aspect of this is to talk to yourself and to try to develop some patterns that will help you reduce your stress.

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JEANNE BLAKE: Give me an example.

GLORIA: Walking out of the room. If you're discussing something with someone and it's creating that high level of stress, very often I'll go into my car and I'll scream. I'm sure people are passing by and they think I'm nuts. But I think mostly trying to avoid it, and you can do that.

JEANNE BLAKE: When you start to feel the stress levels increase, are you reminded it's not worth it because you've faced this?

GLORIA: I am, yes. I don't think I always was, but I think as I've become older and facing more stress … my husband has some problems and I didn't deal with them well in the beginning. I'm learning now to walk away if I anticipate the level of stress is going to increase.

JEANNE BLAKE: But I also think having your chest cracked open and having bypass surgery, the memory of that in the face of a stressful event, can help you shape your priorities, I would think. But again, I'm sure you have to talk to yourself about it.

DR. GRABOYS: I mean, it shifts priorities for a certain amount of time when you have levels of anxiety. But then, after, tincture of time is a great healer and folks return, particularly cigarette smokers, return to their behavioral patterns frequently and we have to decide how can we help them deal with that. And I'll give you just a quick example. I see patients who come in and I ask them two questions. In the morning when you get up, do you look forward to going to work, yes or no? And at the end of the day, do you look forward to coming home, yes or no? If the answer is no to both, no, I just don't want to get up and have to deal with it and no, I don't want to come home and start dealing with this stress and that stress, those folks are a potential major problem. As opposed to, when I get up in the morning I can't wait to go to work and at the end of the day I can't wait to get home. That's a much healthier scenario than the former.

JEANNE BLAKE: So even if someone does feel very stressed by doing something that they love, their work, there may be … I wonder what that is, I wonder why … are the chemicals different if it's good stress or happy stress? I wonder why that's different.

DR. GRABOYS: Well, that gets into the whole problem of how do you palpate stress, and what's stressful for you may not be stressful for me.

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JEANNE BLAKE: It goes back to the wish we could put a number on it that we talked about in this program. That would be really helpful.

GLORIA: I think it's also important to be able to speak to somebody if you're having a high level of stress, even just sharing it. I mean, not expecting answers is important to being able to get it out. And having a physician that is interested in knowing more than just how your heart is beating, who asks how are things going.

JEANNE BLAKE: I think that's more important than ever, because the discussion that we've had here makes it so apparent that it's not just how your heart is beating, but all these other factors. Doctor, you brought up smoking, and I always love to take the opportunity. My dad died of cancer. He had a laryngectomy four years before he died, so I always get the plug in there for not smoking.

DR. GRABOYS: It's a crucial plug. I mean, people come in and say, "Well, I've been smoking for 40 years and it's not going to make any difference." Wrong. It does. You may not, if you've been smoking for 40 years, be able to deal with incipient lung cancer, but what you can do is know that by stopping smoking the risk within six months for stroke or for heart attack or sudden death goes down virtually to a nonsmoker. So it's a big payoff. And I've had people come in and say they can't give it up. I've told them that if you don't give it up, there's a strong probability that you'll have a stroke, and you won't die from the stroke, but you'll sit there and you'll be half-paralyzed, and that's a pretty unhappy thought.

JEANNE BLAKE: And secondhand smoke … actually my dad did have a stroke, and that's when he quit smoking, by the way. Secondhand smoke is a risk factor as well, so even if you're not a smoker, if you're around people who smoke you're at greater risk.

DR. GRABOYS: Right. It's outrageous, frankly, that we should have any areas that are available to smokers. We should not have any smokers, period.

JEANNE BLAKE: The last point that I want to bring up is the recent study about alcohol and moderate alcohol use having a positive impact. Where are you on that? I mean, I think it's a dangerous recommendation, because we know that alcohol creates tremendous problems in this country, but what do you tell your patients?

DR. GRABOYS: The alcohol studies come and go.

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JEANNE BLAKE: I know.

DR. GRABOYS: They're like wildflowers. Every other day there's something new about it. So it's very hard to know if it's really hard data or not, because the fact is, if you drink a lot it depresses heart muscle function, it causes rhythm changes. And so common sense would dictate, sure, if you want to have a glass of wine on Saturday night, big deal, it's not a big problem.

JEANNE BLAKE: Okay. But not every day?

DR. GRABOYS: No.

JEANNE BLAKE: No.
DR. GRABOYS: Don't do anything every day.

JEANNE BLAKE: That's good advice. New meaning to moderation. Thank you. We're out of time. We have no more time to talk about women and heart disease, but I think that we're brought some light to it today and I thank you for coming in.

GLORIA: Thank you.

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

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