



ALL OVER THE WORLD, women worry more about cancer than heart disease. Chances are, most women even dismiss chances of a heart attack, thinking, "It's not going to happen to me!" Unfortunately, assumptions like this may very well put you at greater risk of having one. Dr. Lim Ing Haan, an Interventional Cardiologist at Mt Elizabeth Hospital, shares some surprising heart attack facts concerning women.

More women than men die of heart attacks each year. Heart disease is generally thought to be a man's problem. This perception has blindsided many women into thinking they're safe from heart attacks. So busy taking care of their loved ones, women tend to neglect themselves – and their symptoms – leaving them at greater risk.

Heart attack symptoms are less obvious in women than in men. A woman can have a heart attack and not know it. For example, the most commonly known symptom, crushing chest pain, is actually not common in women. In fact, a woman's symptoms can seem unrelated to the heart: fatigue, breathlessness, dizziness, a pain in the jaw or neck. So she may dismiss these discomforts, thinking they will just go away.

Women are diagnosed for heart problems much later than men. Because a woman's symptoms are not easy to spot, her heart condition is often diagnosed only when it has already advanced. What's more, women tend to see a cardiologist when they're older, in their 60s or later, so they are likely to have developed diabetes, high blood pressure or other problems that can aggravate their condition.

On the other hand, most men in Singapore have the advantage of an early cardiac screening, as they undergo the treadmill test during reservist training at age 35 and above. While the treadmill test is only 60% accurate, it is at least a start.

After menopause, a woman's risk for heart attack is the same as a man's. The female hormone estrogen has cardio-protective benefits that keep bad cholesterol down and good cholesterol up, while also keeping blood vessels healthy. However, with menopause, estrogen decreases, while other risk factors (slowing metabolism, weight) increase. So suddenly, women over 55 catch up on their share of heart problems.

The young – and the fit – can have heart attacks, too. While the risk is higher for people in their 50s, there have been cases of athletes and National Servicemen in their prime succumbing to sudden cardiac deaths. This may be due to congenital heart abnormalities aggravated by rigorous physical training. Smoking and extreme stress also raise the risk for seemingly unlikely candidates.

Another cause for concern: According to an article in the Journal of American Medical Association, when a heart attack does strike young women, the mortality rates are much higher than when it strikes men of all ages. Dr. Lim reiterates the difficulty of spotting a woman's heart problems, so that by the time she is diagnosed, it is already advanced.

Dr. Lim added that while obesity raises the risk for heart attacks, it is not all about weight either. While at Duke University in North Carolina – where the average weight of a female patient is 260 lbs. – she noted that the prevalence of heart disease in women there, was the same as in Singapore.

PUSHING BACK A HEART ATTACK

Even if you are in the pink of health, it is best to stay informed and take steps against the possibility of a heart attack.

- ✔ As with most diseases, lower your risk factors by eating a balanced diet, exercising regularly and keeping a positive outlook.
- ✔ Quit smoking.
- ✔ Share the facts you have learned with your mom, your sisters, your girlfriends. Staying informed can help save lives.
- ✔ Keep an eye out for friends and family who may be at risk. Urge them to see a cardiologist if you suspect something is wrong.
- ✔ Learn CPR. A heart attack victim's chances of survival are significantly higher if he receives effective CPR immediately. Every second counts.
- ✔ Have a cardiac screening. This may consist of a treadmill test, an electrocardiograph (ECG) and an electrocardiogram. Your cardiologist will decide what is best for you.

When to get a cardiac screening?

At age 45: If you're undergoing or have undergone menopause, and/or if you have a highly stressful job (work in different time zones and/or travel frequently).

At age 40: If you have a family history of heart disease or if you smoke.

Earlier: If you suspect you have heart abnormalities; and/or if you participate in rigorous physical activities.

MODERN MEDICINE HELPS YOU BEAT THE ODDS

A heart attack happens when the arteries are blocked by too much cholesterol, stopping the blood supply to the heart. When medication is not enough to open up a blocked artery, interventional cardiologists perform these procedures:

Stenting: Where a balloon is inserted into a blocked artery, leaving a stent in place to keep it open.

Bypass: For more severe cases; where a blood vessel is grafted from elsewhere in a patient's body to create a new, unblocked path for blood to flow freely to the heart. The terms single bypass, double bypass, etc. refer to the number of coronary arteries bypassed.

With recent breakthroughs, stents have become safer and more effective, overtaking bypass surgery as a treatment.

Safer, faster recovery: Traditionally done from the femoral artery, a major artery in the groin – stenting can now be done through the radial artery in the wrist. As this artery is smaller, there is less danger of bleeding and recovery is faster.

Higher success rate: With new drug-coated stents, the chances of an artery being blocked again are now down to 5%, versus 30% with older stents. So there is less chance a patient will come back for a repeat procedure.

Bio absorbable: A new-generation stent will dissolve or be absorbed into a patient's body a few years after surgery. This way, the patient will not be overloaded with stents that can cause complications.

There are more breakthroughs just waiting to be discovered. More medical miracles waiting to unfold. So take heart. There is every chance you will succeed in pushing back a heart attack.

Call 6898 6898 now
to secure
an appointment
with a specialist
in 48 hrs.



Mount Elizabeth™
NOVENA

38 Irrawaddy Road, Singapore 329563
Email: mnpac@parkway.sg
www.mountelizabethnovena.com

Getting to the heart of the matter

All over the world, women worry more about cancer than heart disease. Chances are, most women even dismiss chances of a heart attack, thinking, "It's not going to happen to me!" Unfortunately, assumptions like this may very well put you at greater risk of having one. Dr. Lim Ing Haan, an Interventional Cardiologist at Mt Elizabeth Hospital, shares some surprising heart attack facts concerning women.

More women than men die of heart attacks each year.

Heart disease is generally thought to be a man's problem. This perception has blindsided many women into thinking they're safe from heart attacks. So busy taking care of their loved ones, women tend to neglect themselves – and their symptoms – leaving them at greater risk.

Heart attack symptoms are less obvious in women than in men.

A woman can have a heart attack and not know it. For example, the most commonly known symptom, crushing chest pain, is actually not common in women. In fact, a woman's symptoms can seem unrelated to the heart: fatigue, breathlessness, dizziness, a pain in the jaw or neck. So she may dismiss these discomforts, thinking they will just go away.

Women are diagnosed for heart problems much later than men.

Because a woman's symptoms are not easy to spot, her heart condition is often diagnosed only when it has already advanced. What's more, women tend to see a cardiologist when they're older, in their 60s or later, so they are likely to have developed diabetes, high blood pressure or other problems that can aggravate their condition.

On the other hand, most men in Singapore have the advantage of an early cardiac screening, as they undergo the treadmill test during reservist training at age 35 and above. While the treadmill test is only 60% accurate, it is at least a start.

After menopause, a woman's risk for heart attack is the same as a man's.

The female hormone estrogen has cardio-protective benefits that keep bad cholesterol down and good cholesterol up, while also keeping blood vessels healthy. However, with menopause, estrogen decreases, while other risk factors (slowing metabolism, weight) increase. So suddenly, women over 55 catch up on their share of heart problems.

The young – and the fit – can have heart attacks, too.

While the risk is higher for people in their 50s, there have been cases of athletes and National Servicemen in their prime succumbing to sudden cardiac deaths. This may be due to congenital heart abnormalities aggravated by rigorous physical training. Smoking and extreme stress also raise the risk for seemingly unlikely candidates.

Another cause for concern: According to an article in the *Journal of American Medical Association*, when a heart attack does strike young women, the mortality rates are much higher than when it strikes men of all ages. Dr. Lim reiterates the difficulty of spotting a woman's heart problems, so that by the time she is diagnosed, it is already advanced.

Dr. Lim added that while obesity raises the risk for heart attacks, it is not all about weight either. While at Duke University in North Carolina – where the average weight of a female patient is 260 lbs. – she noted that the prevalence of heart disease in women there, was the same as in Singapore.

Call 6898 6898 now to secure
an appointment
with a specialist in 48 hrs.



Mount Elizabeth™
NOVENA

38 Irrawaddy Road, Singapore 329563
Email: mnpac@parkway.sg
www.mountelizabethnovena.com



PUSHING BACK A HEART ATTACK

Even if you are in the pink of health, it is best to stay informed and take steps against the possibility of a heart attack.

- ♥ As with most diseases, lower your risk factors by eating a balanced diet, exercising regularly and keeping a positive outlook.
- ♥ Quit smoking.
- ♥ Share the facts you have learned with your mom, your sisters, your girlfriends. Staying informed can help save lives.
- ♥ Keep an eye out for friends and family who may be at risk. Urge them to see a cardiologist if you suspect something is wrong.
- ♥ Learn CPR. A heart attack victim's chances of survival are significantly higher if he receives effective CPR immediately. Every second counts.
- ♥ Have a cardiac screening. This may consist of a treadmill test, an electrocardiograph (ECG) and an electrocardiogram. Your cardiologist will decide what is best for you.

When to get a cardiac screening?

At age 45: If you're undergoing or have undergone menopause, and/or if you have a highly stressful job (work in different time zones and/or travel frequently).

At age 40: If you have a family history of heart disease or if you smoke.

Earlier: If you suspect you have heart abnormalities; and/or if you participate in rigorous physical activities.

MODERN MEDICINE HELPS YOU BEAT THE ODDS

A heart attack happens when the arteries are blocked by too much cholesterol, stopping the blood supply to the heart. When medication is not enough to open up a blocked artery, interventional cardiologists perform these procedures:

Stenting: Where a balloon is inserted into a blocked artery, leaving a stent in place to keep it open.

Bypass: For more severe cases; where a blood vessel is grafted from elsewhere in a patient's body to create a new, unblocked path for blood to flow freely to the heart. The terms single bypass, double bypass, etc. refer to the number of coronary arteries bypassed.

With recent breakthroughs, stents have become safer and more effective, overtaking bypass surgery as a treatment.

Safer, faster recovery: Traditionally done from the femoral artery, a major artery in the groin – stenting can now be done through the radial artery in the wrist. As this artery is smaller, there is less danger of bleeding and recovery is faster.

Higher success rate: With new drug-coated stents, the chances of an artery being blocked again are now down to 5%, versus 30% with older stents. So there is less chance a patient will come back for a repeat procedure.

Bio absorbable: A new-generation stent will dissolve or be absorbed into a patient's body a few years after surgery. This way, the patient will not be overloaded with stents that can cause complications.

There are more breakthroughs just waiting to be discovered. More medical miracles waiting to unfold. So take heart. There is every chance you will succeed in pushing back a heart attack.