

**HEART DISEASE PREVENTION GUIDELINES FOR WOMEN**  
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Heart disease remains the number one killer of women in the United States. In February of 2004 the American Heart Association (AHA) published for the first time specific guidelines for cardiovascular disease prevention in women. (1) Women were oftentimes under-represented in earlier cardiovascular disease studies making it difficult to extrapolate treatment recommendations to women. Over the past several years more gender specific trials (WISE Study: Women's Ischemia Syndrome Evaluation, Nurse's Health Study, Women's Health Study) have been conducted and have provided valuable information about diagnostic strategies and treatment outcomes in women. Approximately one out of three women in the United States will develop heart disease at some point during their lifetime placing the majority of adult women in a very high risk category. In March 2007 updated prevention guidelines were released by the AHA which focus on lowering the lifetime risk of heart disease in women and more aggressive strategies for higher risk women. (2) The new guidelines were developed by a panel of AHA experts and incorporate findings from 246 heart disease clinical studies.

A recent survey performed by the AHA (3) found that 81% of women stated they had heard or read information about heart disease within the past year but many reported being confused by media reports about prevention strategies, including hormone replacement therapy and vitamin supplements which are addressed in the new 2007 guidelines. In order to effectively prevent cardiovascular disease women need to know their individual risk factors and must be cognizant of the impact of positive lifestyle changes. Women can substantially reduce their risk of developing heart disease by following a heart healthy lifestyle, identifying their risks as soon as possible and then implementing an aggressive risk reduction and treatment program. As nurses we need to educate women about the current

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recommendations regarding risk factor modification and encourage women to develop effective strategies.

**Overview of General Heart Disease Prevention Guidelines for Women: (2)**

- 1) Smoking cessation, avoid second hand smoke. Counseling, nicotine replacement therapy, adjunctive medications or formal smoking cessation programs should be provided for women currently smoking.
- 2) Thirty minutes of moderate-intensity activity all or most days of the week, 60 to 90 minutes of daily activity in women trying to lose weight/sustain weight loss.
- 3) Diet rich in fruits/vegetables, whole-grain, high-fiber foods, fish (especially oily fish) twice a week, limit alcohol intake to no more than one drink a day, limit sodium intake to less than 2.3 grams/day (1 teaspoon salt/day), limit cholesterol to less than 300 mg/dl per day, and very low consumption of trans-fatty acids.
- 4) Maintain BMI less than 25 kg/m<sup>2</sup>, and waist circumference less than 35 inches.
- 5) Supplemental omega-3 fatty acids for women with heart disease or high triglyceride levels.
- 6) Depression screening and treatment.

**Optimal Values for Women: (2)**

Total Cholesterol	less than 200 mg/dl	
HDL (good) Cholesterol	over 50 mg/dl	
LDL (bad) Cholesterol	less than 100 mg/dl (less than 70 mg/dl if high risk)	
Triglycerides	less than 150 mg/dl	
Fasting Blood Sugar	less than 100 mg/dl	
Hemoglobin A1C	less than 7%	
Blood pressure	Optimal	less than 120/80mmHg
	Normal	120/80-129/84mmHg

**Medications for Primary/Secondary Prevention: (2)**

- 1) Aspirin (81 to 325 mg) daily for high risk women (s/p CABG, s/p PTCA/Stent, or with known vascular disease), in women over 65 y.o. as long as the risk of bleeding is low, and in women under 65 y.o. only when the benefits for ischemic stroke prevention outweighs the potential bleeding risk.
- 2) Beta blockers are indicated indefinitely for all women after an acute coronary syndrome, or with left ventricular dysfunction.
- 3) ACE inhibitors/ARBs are indicated for women after an MI, women with heart failure, or diabetes mellitus.

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**Unproven Therapies (Not Recommended for Prevention of Heart Disease in Women – May Be Harmful): (2)**

- 1) Hormone replacement therapy should not be used for the prevention of heart disease.
- 2) Antioxidant vitamins (Vitamin E, C, beta carotene)
- 3) Folic acid
- 4) Routine daily aspirin for healthy women less than 65 years of age

**References**

- 1) Mosca, L., Appel, A., Benjamin, E., et.al. Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women. *Circulation*. 2004, 109: 672-693.
- 2) Mosca, L., Banka, C., Benjamin, E., et.al. Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women: 2007 Update. *Circulation*. 2007,115.
- 3) Mosca, L, Mochari, H., Christian, A., et.al. National study of women's awareness, preventive action, and barriers to cardiovascular health. *Circulation*. 2006, 113: 525-534.