

The International Women's Club of Frankfurt

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Prof. Dr. Th. Wendt:
Female hearts are different.



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Women today...



The lifetime expectation of women increases each year by 3 months

Being born in 2008 the expectation was: 82,4 (♀), 77,2 (♂)

Being born in 2050 the expectation will be: 86,6 (♀), 81,1 (♂)

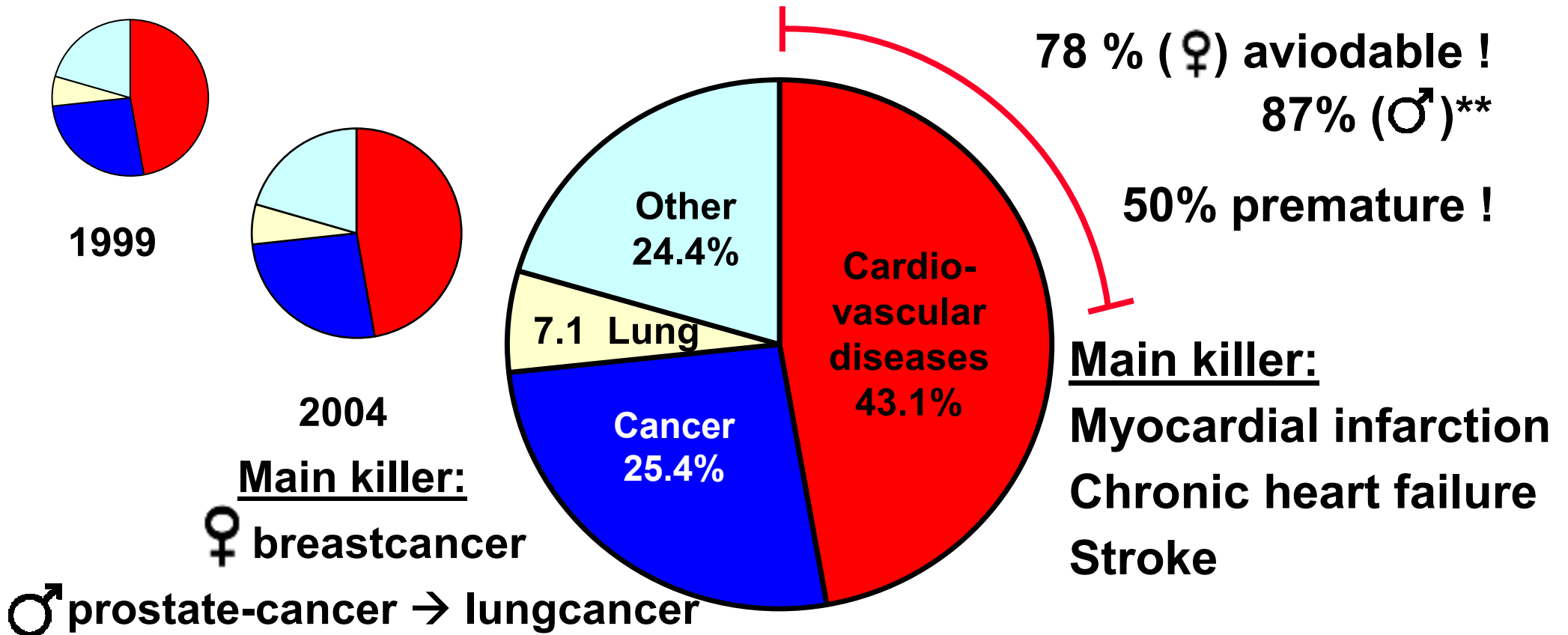
Future lifetime expectation for 60 year old women in 2050: +28 (♀)

However: The lifetime interval being free of diseases decreases !

Since 1975 the birth rate in Germany is 1.4 children/woman !



Causes of death in Germany 2008



Statistisches Bundesamt 2009 (www.destatis.de)

** Health Professional Follow-up Study



Causes of death in Germany today

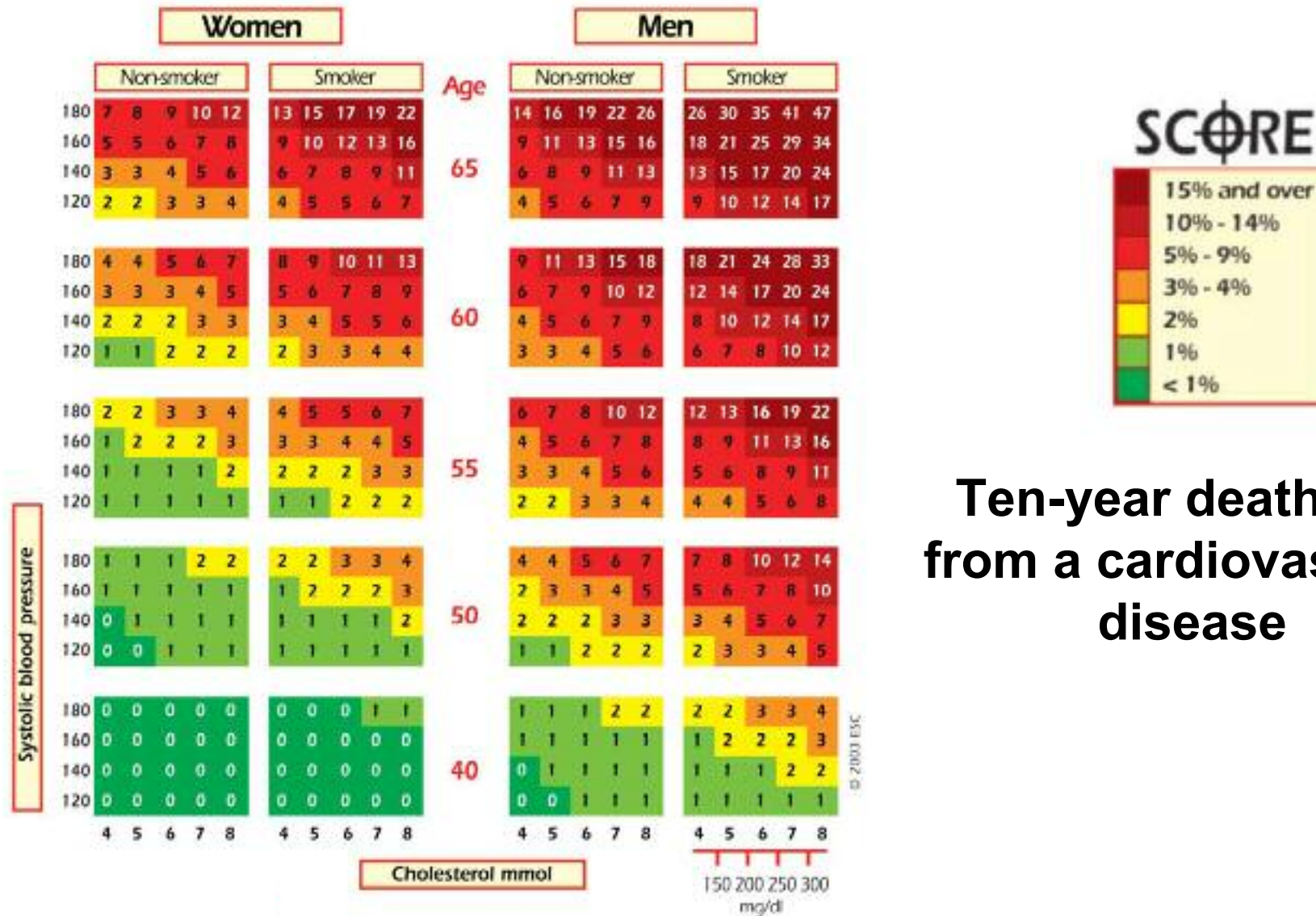
Every third woman dies from cardiovascular disease, every 25th from breast cancer !

Every 2nd woman goes to the gynaecological cancer screening, however only few women realize their much higher cv-risk and let this check !

Consequence: Every woman should go regularly to the gynaecological cancer screening. At this occasion her individual cardiovascular risk should be calculated, e.g. with the risk score tables of the European Society of Cardiology.



Risk Score Tables of the ESC (European Society of Cardiology)



Ten-year death risk
from a cardiovascular
disease



Acute myocardial infraction: typical complaints

in men



- Severe, dull breast pain
- Fear of death
- Cold sweat
- Radiation ↔



in women

In women **furthermore untypical, vegetative** symptoms:



- Tummy ache
- Sweat
- Backache
- Fatigue
- **Sickness, vomiting !!!**

Patel H et al.
Am Heart J 148: 27-33 (2004)



How to react ?



**All unclear symptoms
between nose and belly button,
from front to back,
including or occurring exclusively
in the arms and hands,
accompanied by nausea and vomiting,
and which do not cease within 15 minutes,
are suspect for a developing myocardial infarction !**



Genderspecific cardiovascular risk factors

Cardiovascular risk factors are e.g.:

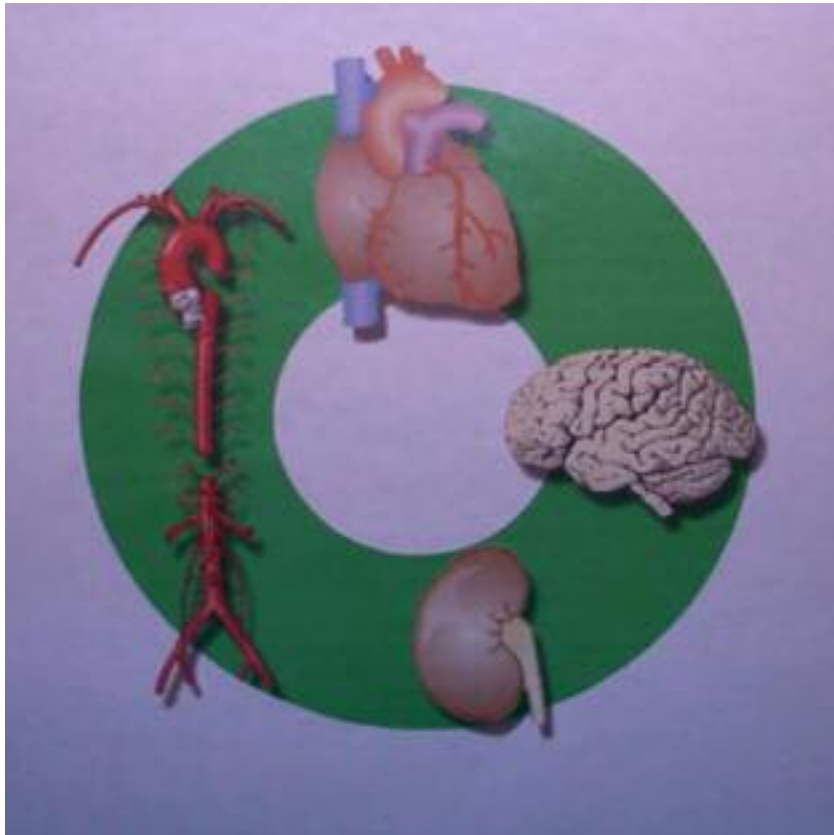
Diabetes, smoking, predisposition, high triglyceride- and cholesterol levels, hypertension, obesity and inactivity.

Smoking is equally dangerous for men and women.

In women diabetes is more dangerous, in men hypertension.



Screening-tests for cardiovascular diseases



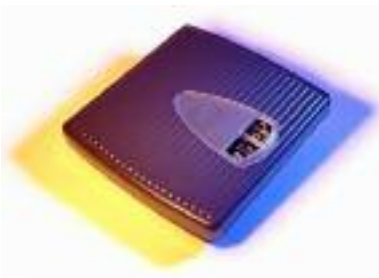
Global arterial risk

- Anamnesis
- Physical examination
- Riskscore Table
- Exercise test
- Ankle-brachial-index (ABI)
- Plaques (Carotisduplex)
- Atrial fibrillation (SRA)
- Sudden cardiac death (AR-Index)
 - Biomarker (e.g.: hsCRP, BNP)
 - Agatson-score (unnecessary)



Lifestyle modifications

Reduce weight



Increase physical activity



Moderate consumption of:



- alcohol
- sodium
- saturated fat
- cholesterol



Maintain adequate intake of:

- potassium
- calcium
- magnesium



Avoid tobacco



Joint National Committee VI: Arch Intern Med (1997)



Hormone replacement therapy and cv- risk

Die Hormon-Therapie bietet keinen Schutz vor Herzkrankheiten

Mehr Schaden als Hilfe

Millionen Frauen nehmen Hormonpräparate gegen Schweißausbrüche, Hitzewallungen und andere unangenehme Folgen der körpereigenen Hormonumstellung. Auch zum Schutz gegen Herzkrankheiten und vor Osteoporose und zur Behandlung von Depressionen in den Wechseljahren werden die Hormone eingesetzt.

Wissenschaftliche Studien haben jetzt die Gefahr der Hormon-Therapie gezeigt: Sie ist umso größer, je länger die Dauer der Anwendung ist. Auf 166 Frauen, die Östrogen-Gestagenpräparate eingenommen hatten, kam ein zusätzlicher Brustkrebsfall (The Million Women



Study, 2003). Hatten sie die Präparate zehn Jahre lang eingenommen, war diese Zahl verdreifacht. Wurden die Hormonpräparate abgesetzt, sank das Risiko und war nach

fünf Jahren wieder auf durchschnittlichem Niveau. Auch bei der alleinigen Einnahme von Östrogenen treten acht mehr Schlaganfälle bei 10 000 Frauen pro Jahr auf. „Hormone sollten deshalb nur noch bei schweren Wechseljahrsbeschwerden zum Einsatz kommen“, erklärte Dr. Christa Gohlke-Bärwolf vom Herz-Zentrum Bad Krozingen, die dem Wissenschaftlichen Bel-



Dr. Christa Gohlke-Bärwolf

rat der Deutschen Herzstiftung angehört. „Immer muss der Nutzen der Hormon-Therapie sorgfältig gegen die Risiken abgewogen werden. Frauen, die bisher Hormonpräparate eingenommen haben, sollten den Versuch machen, die Hormone über zwei Monate ausschließ-

chend abzusetzen.“ Vor Bekanntwerden der neuen Studien wurde davon ausgegangen, eine Hormon-Therapie könne einen Schutz vor Herzkrankheiten bieten. „Weder für gesunde noch für herzkranken Frauen wird heute eine Hormon-Therapie als Herzschutz empfohlen“, erklärt die Herzspezialistin. CV

Deutsche Herzstiftung
Vogtstraße 50, 60322 Frankfurt

Heart and estrogen/progestin replacement study (HERS).

JAMA 280: 605-613 (1998):

N = 2763 women with coronary heart disease, in 4.1 years no protection against infarction

Women's health initiative randomized trial.

JAMA 288: 321-333 (2002):

N = 16 608 postmenopausal women, Estrogen/Progestin-Combination increases the cv-risk within 5 years 1.3 fold.

Women's health initiative (follow up data).

JAMA 294: 183-193 (2005):

Recommendation: cease hormone replacement therapy

Cardio News 3/04



Female hearts are different - conclusions

- ✓ **Myocardial infarction (MI) is nowadays a typical female disease.**
- ✓ **MI is more frequent and more dangerous than breast cancer.**
- ✓ **Women with myocardial infarction are increasingly younger.**
- ✓ **These trends are widely unknown.**
- ✓ **Female complaints in acute MI are often untypical (nausea).**
- ✓ **Therefore women call the doctor often too late (cut off 30 minutes).**
- ✓ **Cardiovascular riskfactors influence women and men differently.**
- ✓ **Women also react differently to medical therapies.**
- ✓ **What to do? Consider MI → screen for individual cv-risk profile.**
- ✓ **Follow a healthy life style.**
- ✓ **Cease hormon replacement therapy, if possible.**



4 take home-messages für women

- **Stop smoking (neither active nor passive), mediterranean nutrition, regular exercise.
Caution: hormone replacement therapy !**
- **In case of predisposition (= premature cv-events within the maternal line before the age of 60 y.) or actual cv-riskfactors (smoking, hypertension, diabetes, cholesterol) annual cardiological examination from the age of 30 y.**
- **Without actual cv-riskfactors on the occasion of gynaecological screening: measurement of bloodpressure, blood-sugar and cholesterol → calculation of individual cv-risk.**
- **In case of all unclear symptoms between nose and belly button, which do not cease within 15 minutes
→ call for a doctor (in Germany phone 112).**

