



# Maine Cardiovascular Health Council

**A Coordinated Approach to CVD Risk Reduction**

## Women and Heart Attack

During 2002, an estimated 1.1 million Americans will have a first or recurrent heart attack, and approximately 700,000 will die of heart disease. Among those who die, approximately 60% will die suddenly before they can reach a hospital. Recognizing and responding promptly to heart attack symptoms and receiving the appropriate artery opening treatment within one hour of symptom onset can prevent or limit heart damage.

If you're a woman, you may not believe you're as vulnerable to a heart attack as men – but you are. Roughly one out of two women will die of heart disease. That's more than twice as many women in the United States who die of heart disease than from all forms of cancer, including breast cancer.

There are differences in how women and men respond to a heart attack. Women are less likely than men to believe they're having a heart attack and more likely to delay in seeking emergency treatment.

Further, women tend to be about 10 years older than men when they have a heart attack. They are more likely to have other conditions, such as diabetes, high blood pressure, and congestive heart failure – making it all the more vital that they get proper treatment fast.

Women should learn the heart attack warning signs. These are:

- ♥ Pain or discomfort in the center of the chest.
- ♥ Pain or discomfort in other areas of the upper body, including the arms, back, neck, jaw, or stomach.
- ♥ Other symptoms, such as a shortness of breath, breaking out in a cold sweat, nausea, or light-headedness.

As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other

common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.

If you feel heart attack symptoms, do not delay. Remember, minutes matter! Do not wait for more than a few minutes—5 minutes at most—to call 9-1-1.

*(NHLBI; MMWR Weekly, February 15, 2002.)*

### Facts About Women and CVD

- ♥ Cardiovascular disease (CVD) ranks first among all disease categories in hospital discharges for women.
- ♥ 38% of women compared with 25% of men will die within one year after a heart attack.
- ♥ 43.3% of all female deaths in America occur from CVD, particularly coronary heart disease (CHD) and stroke.
- ♥ CVD is a particularly important problem among minority women.
- ♥ Misperceptions still exist that CVD is not a real problem for women.

# Supersized Kids

A new study published in the December 12, 2001, issue of *The Journal of the American Medical Association* confirms that over the last decade, childhood obesity has reached epidemic proportion in the U.S., hitting boys, African Americans, Hispanics, and kids living in Southern states the hardest.

From 1986 to 1998, the number of non-Hispanic white children who were overweight doubled from 6% to 12%. The research suggests that roughly one in five African-American and Hispanic children are overweight – a startling 120% increase during the 12-year study period.

What is to blame for the rapidly expanding waistlines of kids and teens?

The answer is three-fold: super-gigantic value meals served up at fast food restaurants; most young people spend their free time parked in front of TVs, computers, and video consoles; and there are soda machines found in just about every hallway of just about every school.

Harold Pollack, PhD (University of Michigan), and co-author Richard S. Strauss, MD (Robert Wood Johnson School of Medicine), say that like adolescent smoking, teen pregnancy, and youth violence, childhood weight problems arise from deeply rooted behaviors and social practices.

A study also released in December by insurance provider CIGNA Corp. found that children now spend an average of 14 hours watching television per week. Children aged 12 to 14 average almost seven hours per week playing video games.

The trend is affecting far more than the weight of America's children. It is affecting their health. There has been a 10-fold increase in the number of children with type 2 diabetes during the past five years. Once called adult-onset diabetes, type 2 diabetes is linked to obesity and sedentary lifestyle.

Until recently, type 2 diabetes was rare in kids. Now it accounts for 40% to 50% of the diabetes among children. And when it comes to treating children, doctors are seeing more high blood pressure than they have seen in the past – another weight-related problem.

What can be done to reverse this trend? Michael Jacobson, Executive Director of the Center for Science in the Public Interest (CSPI) says the government can do a lot by investing more



money in physical education programs in schools and to institute mass media public health campaigns to make people aware of the problem.

Jacobson says it would be easy to pay for these initiatives by imposing small taxes on snack foods and soft drinks. About a dozen states now levy such a tax and they raise \$1 billion a year.

There also are legislative efforts in some states aimed at getting soft drink and snack food vending machines out of schools. Such efforts are being challenged by school systems, which generate revenue from the machines.

Sodas and other sugary drinks, including fruit juices, have played a huge role in the fattening of the nation's kids. One of the easiest ways to eliminate calories from a diet is to cut out sugary drinks. The average kid may take in thousands of calories a week drinking regular sodas and fruit juices.

These tips can help parents help their children maintain a healthy weight:

- Keep the fatty and sugary snacks to a minimum at home.
- Set limits on TV, computer, and video game time.
- Make fitness a family affair, with activities designed to get everyone moving.
- Incorporate more fruits and vegetables into family meals.
- Review your own health habits. Children model the behaviors they see at home.

## Save the Date

**Governor's Sixth Annual CVH Summit  
June 27, 2002 • Colby College, Waterville**

**Keynote: Dennis Raphael, Ph.D., Professor, School of Health & Policy, York University, Toronto, Canada**

**Theme: Inequality is Bad for Our Hearts**

# Update

## Worksite Pilot Project

The worksite component of the Maine Cardiovascular Health Program is focused on increasing the presence of policies and environmental supports for heart health at businesses across Maine. Unlike traditional approaches to health promotion, policy and environmental changes are inexpensive, highly sustainable, and reach most of the workforce.

The businesses listed below have been chosen to participate in the pilot phase of this project. To

date, pilot sites have created wellness committees, generated unique opportunities for change, and are currently developing workplans. Possible changes to be made at these sites include stairwell activity projects, creating policies for physical activity allowances while at work, implementing creative incentive programs that reward healthy behaviors, having healthy food options at all meetings, and making fruits and vegetables easily available.

For more information, contact Andy Spaulding at 207-622-7566, ext. 262.

### Worksite Pilot Group #1:



Company Name	County	City
University of Maine at Fort Kent*	AR	Fort Kent
City of Presque Isle*	AR	Presque Isle
Millinocket Regional Hospital	PB	Millinocket
Maine School Administrative District # 22 (Hampden)	PB	Hampden
Creative Apparel	WS	Eastport
University of Maine at Machias*	WS	Machias
University of Maine at Farmington*	FR	Farmington
Franklin Savings Bank	FR [with OX & SM sites]	Farmington
Madison Paper Industries	SM	Madison
Maine Machine Products Co.	OX	South Paris
State of Maine – State Office Bldg	KB	Augusta
City of Auburn*	AD	Auburn
Central Maine Health Care	AD [with OX & CB sites]	Lewiston
The Jackson Laboratory	HK	Bar Harbor
Hardwood Products Co.	PS	Guilford
Moosehead Manufacturing Co.	PS	Monson/ Dover-Foxcroft

\* = Sub-sites of the University of Maine System

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# Upcoming Events

## Cardiovascular Health Screening Workshops Offered

The Maine Cardiovascular Health Council will be sponsoring a three-day Cardiovascular Health Screening Workshop at the Holiday Inn by the Bay in Portland on May 6, 7, and 8, 2002. Topics covered will include:

**May 6** – Blood Pressure Measurement and Equipment Calibration

**May 7** – Risk Factors, Lipids, State & Federal Regulations, Hands-On Cholesterol Screening Training

**May 8** – Clinician-Patient Communications, Dietary Risk Factors, Benefits of Physical Activity

Brochures containing further information and a registration form will be mailed in early March. If you would like to be put on the mailing list to receive a brochure, please call 207-622-7566, ext. 204, or e-mail [dianec@mcd.org](mailto:dianec@mcd.org). Copies of the brochure will also be available for downloading off the web in mid-March — [www.maineheartandlung.org](http://www.maineheartandlung.org) (go to the Upcoming Events page).

## National Cardiovascular Health Conference 2002

April 11-13, 2002

Marriott Wardman Park Hotel, Washington, D.C.

This conference was developed as a way to bring increased attention to the Healthy People 2010 objectives related to cardiovascular health and disease. The conference program will enable health professionals to implement practices designed to significantly reduce cardiovascular disease in all communities by the year 2010.

For more information on this conference, check out their website at <http://www.cvh2002.net>.

The first half of the conference will also be available via satellite on a delayed basis. Confirmed participating sites can also be found on the above web site as well as information on becoming a downlink site. There is no fee for receiving the CVH 2002 videoconference transmission.

# Request for Nominations

## Contest for Communities

The Governor's Council on Physical Fitness and Sports invites you to participate in our 4th annual celebration of recognizing Maine people who are involved in promoting physical activity. We are holding a "Contest for Communities" which offers the opportunity for organizations, businesses, schools, civic groups, and individuals to feature their accomplishments in physical activity. Nominations will be accepted in the following categories: youth, adults, special populations, community organizations, healthy workplace, and lifetime achievement. Criteria and application forms can be found at [www.mainephysicalactivity.org](http://www.mainephysicalactivity.org) (go to Contest for Communities page) or by calling 622-7566, ext. 230 or by e-mail at [dianec@mcd.org](mailto:dianec@mcd.org). Deadline for submission is April 1, 2002.



## Heart Healthy Recognition Award



The Maine Cardiovascular Health Council is currently accepting nominations for the Heart Healthy Recognition Award, which will be presented at the Governor's Sixth CVH Summit in June. The goal in presenting this award is to recognize and encourage the efforts of individuals of all ages, in schools, at the workplace, in communities, organizations and/or businesses who are working to promote healthy hearts in the community.

For criteria and nomination forms, please contact Diane Campbell at 622-7566, ext. 230, or e-mail at [dianec@mcd.org](mailto:dianec@mcd.org). Nominations must be submitted no later than April 30, 2002.

## Counseling the Battle of the Bulge

Obesity appears to have become epidemic in the U.S. population. A study using data from the Behavioral Risk Factor Surveillance System (from the year 2000) showed that almost 20% of adults were obese (based on self-reported weight and height) which is a 61% increase in 10 years. Not surprisingly, diabetes increased by 49% in the same time period. Of those who reported they were obese and trying to lose weight, only 43% said that they were advised by their clinicians to lose weight. Of those trying to lose, 59% said they increased their exercise while 73% said they were dieting. Only 17% were following the recommendation of increased exercise and reduced caloric intake to lose weight (Mokdad, et al., *JAMA*, Sept. 12, 2001).

Another population-based study to examine the relationship between the use of non-prescription weight loss products and body weight, demographics and lifestyle in women was reported in the August 22/29 issue of *JAMA* (Blanck, et al.) using data also derived from the Behavioral Risk Factor Surveillance System (with added questions about the use of over-the-counter weight loss products). Approximately 11% of women responding reported use of nonprescription weight loss products (17% of them were 18-34 years old). Among all respondents, the highest use of these products was among young obese women (28%) although women of normal weight had used a weight loss product within the previous two years also (8%).

The results of these two studies highlight the need to identify patients who are trying to lose weight who might benefit from counseling including discussing the use of weight loss products that could have adverse health effects in some patients. Bringing up the subject may help identify people interested in losing weight and could help clinicians provide dietary and physical activity recommendations that are appropriate and helpful.



## Hostility and the Heart: Anger triples the risk of heart disease

Medical research has been accumulating evidence that suggests that anger and hostility significantly increase the risk of heart disease because strong emotions release hormones (e.g., cortisol and adrenaline) that cause variations in heart rate and activate blood clotting mechanisms.

Hormones can affect heart rate and blood pressure causing fat cells to release fat into the blood stream, increasing cholesterol production and making platelets more sticky causing them to clump and this could cause arterial plaque formation. Also, some physiological changes can contribute to insulin resistance, obesity, elevated triglyceride and HDL levels.

The social and psychological effects of a hostile attitude are important too. Hostile individuals are often unhappy and their behavior can distance them from family and co-workers leading to social isolation which is also linked to heart disease.

The good news is destructive attitudes and behaviors can be moderated through individual or group counseling that includes anger management and teaching emotional control as well as relaxation training such as yoga and meditation.

For more information, see the May 2, 2000 issue of the journal *Circulation* (the AIRC study) and May 17, 2000, *JAMA*.

## May is National Stroke Awareness Month

This year, National Stroke Awareness Month focuses on women, who account for more than half of all stroke deaths. With your help, the "Women in Your Life" campaign can help save lives and reduce stroke's impact on women and those they care for.

For more information, a calendar of events, and event materials, check out their web site at:

[www.stroke.org/pages/sam\\_main.cfm](http://www.stroke.org/pages/sam_main.cfm)



# Very Interesting

## Test for Congestive Heart Failure Becoming More Available

The BNP system, designed for emergency room and clinic use, can be as accurate as 95% in detecting congestive heart failure. Fifty hospitals across the country began using the system early last year and more than 200 should have the test available early in 2002. The system includes a portable fluorescent meter, the size of a desktop phone, and a disposable test device. The meter measures B-type natriuretic peptide, the hormone produced by the heart in response to fluid build-up because of inefficient pumping, and a marker for CHF. As many as 550,000 new cases of CHF are diagnosed each year; this 15 minute test can help sort out misdiagnoses and underdiagnosis. For a study report on the BNP system, see the February 2001 issue of the *Journal of American College of Cardiologists*.

## Painkillers May Damage Hearts

Scientists at the Cleveland Clinic Foundation have raised a red flag about COX-2 inhibitors, suggesting that these popular painkillers slightly increase a person's risk of heart attack.

The drugs, such as rofecoxib and celecoxib, are widely prescribed because they seem less likely to trigger ulcers and bleeding in the stomach than are aspirin and other nonsteroidal anti-inflammatory drugs.

Preliminary reports to the Food and Drug Administration of heart problems associated with COX-2 inhibitors led Eric J. Topol and his coworkers to re-examine studies by research groups that monitored people taking the drugs over several months.

Topol and his colleagues calculated that in the studies, heart attacks occurred at an annualized rate of 0.8 percent in people taking celecoxib and 0.74 percent of people taking rofecoxib. The researchers contrast these rates with the 0.52 percent

annualized heart attack rate among healthy people receiving placebos in trials testing aspirin's heart benefits.

The FDA hasn't yet decided whether to require a label on COX-2 inhibitors warning of potential heart problems. The firms making the drugs argue that past studies weren't designed to look for heart attacks, and current trials show no increases as yet.

The only way to resolve the issue, says Topol, is to study a large number of people, especially those at risk for heart disease, who are taking COX-2 inhibitors. The researchers would need to focus on heart problems from the very beginning. (excerpted from *Science News*, Vol. 160, September 15, 2001)

## Dust at Work May Cause Change of Heart

The heart doesn't pound with fear or race with excitement because a person wants it to. These things happen involuntarily, triggered by commands from the autonomic nervous system. A new study reports that breathing high concentrations of fine dust elicits subtle changes in autonomic control of heart rhythms.

The finding suggests why certain dust-generating jobs may increase a worker's risk of cardiovascular disease, including heart attacks.

David C. Christiani and his colleagues at the Harvard School of Public Health in Boston recruited 40 healthy men to wear devices that continuously recorded their heartbeats over several days. At work, each encountered welding fumes or soot containing high concentrations of particles 2.5 micrometers in diameter or smaller. When exposed to work-day PM-2.5 concentrations, which were often more than quadruple those in Boston's outdoor air, the men's heart rate variability fell; diminished heart-rate variability is a risk factor for heart attacks.

The new study hints of a linkage between heart-rate variability and dust-induced inflammation, which could indicate that you receive small but constant damage whenever you're exposed. (from August 28, 2001, *Circulation*)

# Briefs

## For Some Heart Patients, Days Are Numbered



The number 4 evokes dread among many Chinese and Japanese people. The reason: In the Mandarin, Cantonese, and Japanese tongues, the words for “four” and “death” are pronounced almost identically. An analysis of U.S. mortality statistics over a 25-year period now raises the provocative possibility that this fear of 4 can literally scare cardiac patients to death. Chinese and Japanese deaths from heart disease rise sharply on the fourth day of each month, a pattern that doesn’t occur among whites, according to a study in the December 22, 2001, *British Medical Journal*.

## Recovery More Difficult for Women

In the first six weeks following bypass surgery, women have more medical and quality of life problems than men, including difficulty breathing, chest pain, and depression. A study conducted at Yale New Haven Hospital revealed that women have more physical problems like nausea and angina but also were more prone to depression and were twice as likely to be readmitted to the hospital than men. (Results of this study were reported at the AHA Scientific sessions conference in November 2001 by Viola Vaccarino, MD, PhD, from Emory University School of Medicine, Atlanta, Georgia).

## Improved Results After Heart Attack

A combination of two intravenous drugs (reteplase and abciximab) given after heart attack reduces complications thirty days after treatment according to the GUSTO V trial (Global Utilization of Strategies for Total Occlusion) published in the June 15, 2001, issue of *Lancet*.

## Umbrella Filter Traps Plaque Fragments



A tiny umbrella shaped filter made of polyurethane can be used to trap fragments of plaque dislodged into the blood stream during surgery to open up blocked heart arteries according to a report published in the November 13, 2001, issue of *Circulation*.

## Syndrome X

The danger signs are: overweight, high blood pressure, lipid abnormalities, diabetes or insulin resistance.

Also known as metabolic syndrome, this dangerous cluster of physical characteristics is a strong predictor for heart disease. It is estimated that 65-70 million Americans have the syndromes central component -- insulin resistance. Other abnormalities also associated with this syndrome include elevated total and LDL cholesterol, low levels of HDL and elevated levels of fibrinogen.

## Hearts N' Parks



Hearts n' Parks is a national, community-based program supported by the National Heart, Lung, and Blood Institute (NHLBI) and the National Recreation and Park Association (NRPA). It is designed to help local agencies promote heart-healthy lifestyle changes among their residents. The objectives of Hearts N' Parks are to increase the number of children and adults who engage in heart-healthy behavior and to demonstrate the impact that community park and recreation programs can have on behavior. The long-term goal is to decrease the number of people with heart disease.

Hearts N' Parks is meant to be fun and flexible. And it's for everybody – young and old, active, and nonactive. For more information on this program, check out their website at [http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt\\_n\\_pk/hnp\\_ab.htm](http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/hnp_ab.htm).

# Free Newsletter Available

A quarterly newsletter for Medicare patients, "Health Matters," is available free of charge by either requesting one by writing to Northeast Health Care Quality Foundation, 15 Old Rollinsford Road, Suite 302, Dover, New Hampshire 03820-2830 or by going to their website at [www.medicarequality.org](http://www.medicarequality.org)

(click on Consumer Information, and then Newsletter). The Northeast Health Care Quality Foundation works for the U.S. government as the Medicare PRO (Peer Review Organization) for Maine, New Hampshire, and Vermont.

## Obesity and Overweight

The National Heart, Lung, and Blood Institute, in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases, released the first Federal guidelines on the identification, evaluation, and treatment of overweight and obesity. In 1999, almost 108 million adults in the United States were overweight or obese. Obesity and overweight substantially increase the risk of morbidity from hypertension; dyslipidemia; type 2 diabetes; coronary heart disease; stroke; gallbladder disease; osteoarthritis; sleep apnea and respiratory problems; and

endometrial, breast, prostate, and colon cancers. Higher body weights are also associated with increases in all-cause mortality.

For more information on obesity and overweight in adults, visit [www.nhlbi.nih.gov/health/public/heart/obesity/lose\\_wt/profmats.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/profmats.htm). There you will find a wealth of information including the Clinical Guidelines and Practical Guide on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults.



## Stroke and Women

Each year stroke kills more than twice as many American women as breast cancer, yet only one in three people can recognize the symptoms of stroke or know how to manage their risk.

### The Five Most Common Stroke Symptoms include:

- Sudden numbness or weakness of face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden severe headache with no known cause.

Recent studies have revealed that even certain aspects of a healthy diet can significantly reduce stroke risk in women:

- Eating fish and other foods rich in Omega-3 fatty acids just twice a week can reduce risk of stroke up to 27%.
- Drinking milk or enjoying other sources of calcium can help improve bone mineral density (BMD). Low BMD is associated with increased stroke risk and osteoporosis.
- Choosing whole grain foods can help lower stroke odds. Women who eat more servings of whole grains daily are only 57% as likely to have a stroke as women who eat fewer servings.

(Source: National Stroke Association)



**Editorial Policy:** The MCHC welcomes articles concerning cardiovascular disease for submission to the newsletter. ALL submissions should be submitted on a computer disk (in Microsoft WORD, if possible) or typed and double-spaced, with the author's name and address. The editorial staff reserves the right to determine acceptance for publication. The information contained herein has been obtained from sources believed to be reliable and the editors have exercised care to assure its accuracy. However, the MCHC does not guarantee that the contents of this publication are correct or necessarily reflect on the views or policies of the Council, nor does the mention of trade names, commercial products, or organizations imply endorsements by the Council.

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