



Heart Attack

1. According to the Victor Chang Institute, around 50 Australian women daily will die of a heart attack. How can we reduce that number?

Because heart disease remains asymptomatic, most people at risk of death from heart disease are not aware of it. So in the short term we need to raise awareness about the need to get your heart health checked and if you have high blood pressure, high cholesterol then get them treated.

In the medium term we need to develop better tests to detect the people with known risk factors who are at the highest risk so that they can be managed more aggressively. We also need to continue to encourage people to do more exercise, eat a healthy diet, stop smoking etc.

Finally, for many people who have a heart attack (perhaps up to 25%), they have no known risk factors. We therefore urgently need to undertake more research to find out what the additional factors are that contribute to heart disease.

2. If the number is so big, why is heart disease still considered an old man's disease?

Good question. 50 years ago when we had far fewer treatments people died from heart disease at a relatively younger age, from their 50s-70s, and there was a greater proportion of men affected. But now that we have so many effective treatments a larger proportion of people are surviving their first, second and third heart attacks.

As women live longer, they are becoming more prone to developing heart disease. So the reality of who is affected by heart disease has changed, because women have caught up, but people's perceptions have not yet changed.

3. Women's symptoms of heart attacks are atypical and many don't know what they are. What is the main ones they should be aware of so they can react quickly?

It is important to remember that women can still have central chest pain that radiates into the neck or left arm but women often do not report the pain as being severe, rather more like a pressure in the lower chest or abdomen or upper back - which may also be mistaken for gall bladder pain. They may also experience shortness of breath, dizziness, light headedness or fainting or extreme fatigue.



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4. Women can typically have a heart attack with an absence of chest pain. How does that work?

People's perception of pain varies considerably. Often what you find is that patients who have a "silent" heart attack did have some symptoms but they dismissed them as caused by something else, such as indigestion or bit of anxiety. This does appear to be more common in women and in part reflects the mistaken view that heart disease is a "men's disease" when it is not, and so they dismiss symptoms that indicated they were having a heart attack.

5. How long can a heart attack last? How long do you have to get to a hospital?

Once an artery has blocked off to cause a heart attack, it will stay blocked forever unless you can get to hospital and have the artery opened up. The sooner you get to hospital the better.

Reopening the artery with a stent in less than two hours can salvage the vast majority of the affected heart muscle, two-six hours you will salvage a moderate amount and after six-12 hours you are only salvaging a small amount of heart muscle. If you wait more than 12 hours you are probably not going to salvage any of the affected heart.

6. Why can pregnancy complications such as preeclampsia and gestational diabetes increase a woman's risk of heart disease later in life?

Preeclampsia indicates that you have underlying disease of the blood vessels which will also predispose you to developing coronary artery disease later in life.

Similarly gestational diabetes is an indicator that you are at risk of developing diabetes in later life, which in turn increases your risk of developing coronary artery disease.