Heart Disease in Women - Treatment

Treatment for coronary heart disease (CHD) usually is the same for both women and men. Treatment may include lifestyle changes, medicines, medical and surgical procedures, and cardiac rehabilitation (rehab).

The goals of treatment are to:

- Relieve symptoms.
- Reduce risk factors in an effort to slow, stop, or reverse the buildup of plaque.
- Lower the risk of blood clots forming. Blood clots can cause a heart attack.
- Widen or bypass plaque-clogged coronary heart arteries.
- Prevent CHD complications.

Lifestyle Changes

Making lifestyle changes can help prevent or treat CHD. These changes may be the only treatment that some people need.

QUIT SMOKING

If you smoke or use tobacco, try to quit. Smoking can raise your risk for CHD and heart attack and worsen other CHD risk factors. Talk with your doctor about programs and products that can help you quit. Also, try to avoid secondhand smoke.

If you find it hard to quit smoking on your own, consider joining a support group. Many hospitals, workplaces, and community groups offer classes to help people quit smoking.

For more information about how to quit smoking, go to the Health Topics Smoking and Your Heart article and the National Heart, Lung, and Blood Institute’s (NHLBI’s) "Your Guide to a Healthy Heart."

FOLLOW A HEALTHY DIET

A healthy diet is an important part of a healthy lifestyle. A healthy diet includes a variety of vegetables and fruits. These foods can be fresh, canned, frozen, or dried. A good rule is to try to fill half of your plate with vegetables and fruits.

A healthy diet also includes whole grains, fat-free or low-fat dairy products, and protein foods, such as lean meats, poultry without skin, seafood, processed soy products, nuts, seeds, beans, and peas.

Choose and prepare foods with little sodium (salt). Too much salt can raise your risk for high blood pressure. Studies show that following the Dietary Approaches to Stop Hypertension (DASH) eating plan can lower blood pressure.

Try to avoid foods and drinks that are high in added sugars. For example, drink water instead of sugary drinks, like soda.

Also, try to limit the amount of solid fats and refined grains that you eat. Solid fats are saturated fat and trans fatty acids. Refined grains come from processing whole grains, which results in a loss of nutrients (such as dietary fiber).

If you drink alcohol, do so in moderation. Research suggests that regularly drinking small to moderate amounts of alcohol may lower the risk of CHD. Women should have no more than one alcoholic drink a day.

One drink a day can lower your CHD risk by raising your HDL cholesterol level. One drink is a glass of wine, beer, or a small amount of hard liquor.

If you don’t drink, this isn’t a recommendation to start using alcohol. Also, you shouldn’t drink if you’re pregnant. If you’re planning to become pregnant, or if you have another health condition that could make alcohol use harmful.

Too much alcohol can cause you to gain weight and raise your blood pressure and triglyceride level. In women, even one drink a day may raise the risk of certain types of cancer.

For more information about following a healthy diet, go to the NHLBI’s "Your Guide to Lowering Your Blood Pressure With DASH" and the U.S. Department of Agriculture’s ChooseMyPlate.gov Web site. Both resources provide general information about healthy eating.
BE PHYSICALLY ACTIVE

Regular physical activity can lower many CHD risk factors, including high LDL cholesterol, high blood pressure, and excess weight.

Physical activity also can lower your risk for diabetes and raise your HDL cholesterol level. (HDL cholesterol helps remove cholesterol from your arteries.)

Talk with your doctor before you start a new exercise plan. Ask him or her how much and what kinds of physical activity are safe for you.

People gain health benefits from as little as 60 minutes of moderate-intensity aerobic activity per week. Walking is an excellent heart healthy exercise. The more active you are, the more you will benefit.

For more information about physical activity, go to the U.S. Department of Health and Human Services’ 2008 Physical Activity Guidelines for Americans,” the Health Topics Physical Activity and Your Heart article, and the NHLBI’s “Your Guide to Physical Activity and Your Heart.”

MAINTAIN A HEALTHY WEIGHT

Overweight and obesity are risk factors for CHD. If you’re overweight or obese, try to lose weight. Cut back your calorie intake and do more physical activity. Eat smaller portions and choose lower calorie foods. Your health care provider may refer you to a dietitian to help you manage your weight.

A BMI of less than 25 and a waist circumference of 35 inches or less is the goal for preventing and treating CHD. BMI measures your weight in relation to your height and gives an estimate of your total body fat. You can use the NHLBI’s online BMI calculator to figure out your BMI or your doctor can help you.

To measure your waist, stand and place a tape measure around your middle, just above your hipbones. Measure your waist just after you breathe out. Make sure the tape is snug but doesn’t squeeze the flesh.

For more information about losing weight or maintaining a healthy weight, go to the NHLBI’s Aim for a Healthy Weight Web site.

STRESS AND DEPRESSION

Research shows that getting upset or angry can trigger a heart attack. Also, some of the ways people cope with stress—such as drinking, smoking, or overeating—aren’t heart healthy.

Learning how to manage stress, relax, and cope with problems can improve your emotional and physical health.

Having supportive people in your life with whom you can share your feelings or concerns can help relieve stress. Physical activity, yoga, and relaxation therapy also can help relieve stress. You may want to consider taking part in a stress management program.

Depression can double or triple your risk for CHD. Depression also makes it hard to maintain a heart healthy lifestyle.

Talk with your doctor if you have symptoms of depression, such as feeling hopeless or not taking interest in daily activities. He or she may recommend counseling or prescribe medicines to help you manage the condition.

Medicines

You may need medicines to treat CHD if lifestyle changes aren’t enough. Medicines can help:

- Reduce your heart’s workload and relieve CHD symptoms
- Decrease your chance of having a heart attack or dying suddenly
- Lower your LDL cholesterol, blood pressure, and other CHD risk factors
- Prevent blood clots
- Prevent or delay the need for a procedure or surgery, such as angioplasty (AN-ije-oh-plas-tee) or coronary artery bypass grafting (CABG)

Women who have coronary microvascular disease and anemia may benefit from taking medicine to treat the anemia.

Women who have broken heart syndrome also may need medicines. Doctors may prescribe medicines to relieve fluid buildup, treat blood pressure problems, prevent blood clots, and manage stress hormones. Most people who have broken heart syndrome make a full recovery within weeks.

Take all of your medicines as prescribed. If you have side effects or other problems related to your medicines, tell your doctor. He or she may be able to provide other options.

Menopausal Hormone Therapy

Recent studies have shown that menopausal hormone therapy (MHT) doesn’t prevent CHD. Some studies have even shown that MHT increases women’s risk for CHD, stroke, and breast cancer.

However, these studies tested MHT on women who had been postmenopausal for at least several years. During that time, they could have already developed CHD.

Research is ongoing to see whether MHT helps prevent CHD when taken right when menopause starts. While questions remain, current findings suggest MHT shouldn’t routinely be used to prevent or treat CHD.

Ask your doctor about other ways to prevent or treat CHD, including lifestyle changes and medicines. For more information about MHT, go to the NHLBI’s Postmenopausal Hormone Therapy Web site.
Procedures and Surgery

You may need a procedure or surgery to treat CHD. Both angioplasty and CABG are used as treatments. You and your doctor can discuss which treatment is right for you.

PERCUTANEOUS CORONARY INTERVENTION

Percutaneous coronary intervention (PCI), commonly known as angioplasty (AN-je-oh-plas-tee), is a nonsurgical procedure that opens blocked or narrowed coronary arteries.

A thin, flexible tube with a balloon or other device on the end is threaded through a blood vessel to the narrowed or blocked coronary artery. Once in place, the balloon is inflated to compress the plaque against the wall of the artery. This restores blood flow through the artery.

PCI can improve blood flow to your heart and relieve chest pain. A small mesh tube called a stent usually is placed in the artery to help keep it open after the procedure.

For more information, go to the Health Topics PCI article.

CORONARY ARTERY BYPASS GRAFTING

CABG is a type of surgery. During CABG, a surgeon removes arteries or veins from other areas in your body and uses them to bypass (that is, go around) narrowed or blocked coronary arteries.

CABG can improve blood flow to your heart, relieve chest pain, and possibly prevent a heart attack.

For more information, go to the Health Topics Coronary Artery Bypass Grafting article.

Cardiac Rehabilitation

Your doctor may prescribe cardiac rehab for angina or after angioplasty, CABG, or a heart attack. Almost everyone who has CHD can benefit from cardiac rehab.

Cardiac rehab is a medically supervised program that can improve the health and well-being of people who have heart problems.

The cardiac rehab team may include doctors, nurses, exercise specialists, physical and occupational therapists, dietitians or nutritionists, and psychologists or other mental health specialists.

Cardiac rehab has two parts:

- Exercise training. This part of rehab helps you learn how to exercise safely, strengthen your muscles, and improve your stamina. Your exercise plan will be based on your personal abilities, needs, and interests.
- Education, counseling, and training. This part of rehab helps you understand your heart condition and find ways to lower your risk for future heart problems. The rehab team will help you learn how to cope with the stress of adjusting to a new lifestyle and with your fears about the future.

For more information, go to the Health Topics Cardiac Rehabilitation article.

https://www.nhlbi.nih.gov/health-topics/heart-disease-women