

**CVD PREVENTION**

## Prevent Cardiovascular Disease: How to Put the New Guidelines into Practice

*Ask your doctor to calculate your risk, and make lifestyle and healthcare choices that will help protect you.*

“There has been a general consensus in the cardiovascular community that traditional risk assessment methods were grossly underestimating a woman’s lifetime risk of heart disease,” says Holly Andersen, MD, a cardiologist and associate professor of clinical medicine at Weill Cornell Medical College.

In response to this situation, the American Heart Association updated guidelines for the prevention of cardiovascular disease (CVD) in women in February 2011.

“These new guidelines attempt to improve risk stratification of women, particularly in the formerly low- and moderate-risk groups,” explains Dr. Andersen.

“The guidelines once again bring attention to heart disease in women and increase awareness, which is vital in our fight to improve prevention and treatment strategies for women. The new guidelines recommend that doctors take a more comprehensive look into a woman’s cardiovascular risk, including the lifestyle history, family history and genetics. The goals include more aggressive tactics for

risk factor management, especially in women at high risk.”

### **New classification scheme**

An assessment of CVD risk now places a woman in one of three categories: “high risk,” “at risk,” or “ideal cardiovascular health.”

To be considered in ideal cardiovascular health, you must meet all of these criteria:

- Non-HDL cholesterol level less than 130 mg/dL
- Blood pressure less than 120/80 mm Hg
- Fasting blood glucose level less than 100 mg/dL
- Body mass index less than 25 kg/m<sup>2</sup>
- Abstinence from smoking
- Physical activity at goal for adults aged older than 20
- A diet similar to Dietary Approaches to Stop Hypertension (DASH)

According to Dr. Andersen, “Ideally, your total cholesterol should



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*—Holly Andersen, MD*

less than 200 mg/dL, but you need to look at the breakdown of LDL, HDL and triglycerides as well. A woman should have an LDL of less than 130 if she is not at high risk due to other factors, less than 100 if she is at high risk, and less than 70 if she has heart disease. A desirable HDL is more than 50, and fasting triglycerides should be less than 150.”

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If your cholesterol, blood pressure, blood glucose, or body mass index numbers are higher than those listed in the criteria, consult your doctor, who can help you design a treatment plan to get your numbers into the ideal ranges.

### Additional CVD risk factors

To determine CVD risk, information is entered into a formula, such as the Framingham risk score or the Reynolds risk score. A woman with a 10 percent or greater 10-year predicted risk for CVD is considered at high risk. Previously, high risk was a 20 percent or higher 10-year risk for coronary heart disease.

Other factors that place a woman in the “at risk” category include gestational diabetes and preeclampsia (high blood pressure and excess protein in the urine after 20 weeks of pregnancy in a woman who previously had normal blood pressure).

“Preeclampsia is an important risk factor for CVD,” explains Dr. Andersen. “Women with a history of preeclampsia have twice the risk of heart disease, strokes and vein blood clots five to 15 years after their pregnancies; therefore, they should be followed and treated more aggressively if other CVD risk factors are present.”

### Achieving “ideal” cardiovascular health

The guidelines cite three lifestyle-related criteria in their definition of ideal cardiovascular health: smoking, physical activity, and diet.

➤ **Smoking.** The message on smoking is clear: Don’t smoke, and quit if you do. Smoking narrows blood vessels, slows circulation, and damages the cells lining the blood vessels, increasing your risk of atherosclerosis (hardening of the arteries) and blockages.

➤ **Physical activity.** The goal for physical activity is to get at least 150 minutes of moderate or 75 minutes of vigorous exercise per week, and to sustain aerobic activities for at least 10 minutes per episode. Strengthening exercises involving all major muscle groups are recommended at least two days per week.

“Physical activity is the ‘fountain of youth’—it is more important for your quality of life and long-term prognosis than any pill,” says Dr. Andersen.

➤ **Diet.** The guidelines recommend an eating plan similar to the DASH diet, which emphasizes eating plenty of fruits and vegetables, at least three

## WHAT YOU CAN DO

*To protect your cardiovascular health:*

- **Practice stress reduction; meditation, deep breathing, and yoga are three popular, and proven, methods.**
- **Get a good night’s sleep; if you have trouble sleeping, ask your doctor to help you identify causes and possible solutions.**
- **Enjoy yourself; spend quality time with close friends and family.**

servings per day of whole grains, and getting enough fiber, as well as limiting saturated fat, sugar, sodium and cholesterol.

“You are what you eat. Diet is not just about how much you weigh; nutrition is the fuel that helps you fight disease and the aging process. Eating whole foods and avoiding processed foods will provide your body with more valuable nutrients and less saturated fat, sugar and sodium,” says Dr. Andersen. 🍌