


A close-up, high-resolution photograph of a woman's face, focusing on her eyes and lips. She has light blue eyes and full, reddish-orange lips. The lighting is soft and natural, highlighting the texture of her skin. The background is a plain, light color.

We know how to treat a lady.

MUSC
HEART & VASCULAR CENTER

Women's Heart Care



Of all the health information broadcast over radio, on television and put into print, this is the most important advice for women: Heart disease is enemy number one.

Heart disease is so threatening that it's the top killer of American women over the age of 25. Still, people tend to view heart disease as a men's issue, and that makes women especially vulnerable. Heart disease catches many women by surprise.

Women's Heart Care at MUSC Heart & Vascular Center is committed to educating women about the risks of heart disease, state-of-the-art prevention, early detection and treatment of heart disease in women.

Under the direction of Pamela Morris, M.D. and Marian Taylor, M.D., MUSC Women's Heart Care empowers women to take an active role in their heart care with personalized risk profiles and tailored strategies for healthier lifestyles. The program brings together a team of top physicians from a range of specialties to address the many factors that can contribute to cardiovascular disease in women.

We know how to treat a lady.



PAMELA MORRIS, M.D.
MUSC Cardiologist

SPECIALTIES: Women and heart disease; complex lipid management; preventive cardiovascular imaging; management of the metabolic syndrome; early detection of cardiovascular disease; gender differences in cardiovascular disease management.

Medical Degree: Duke University
Residency: Duke University
Fellowship: Duke University



MARIAN TAYLOR, M.D.
MUSC Cardiologist

SPECIALTIES: Women and heart disease; cardiac rehabilitation; preventive medicine; rheumatologic cardiac disease; pulmonary hypertension.

Medical Degree: MUSC
Residency: MUSC
Fellowship: MUSC



AMY EPPS, M.D.
MUSC Cardiologist

SPECIALTIES: Interventional cardiology; preventive cardiology; women's heart health; non-invasive diagnostic modalities.

Medical Degree: MUSC
Residency: MUSC
Fellowship: MUSC

For more information about women and heart disease, including a free online assessment of your heart risks, visit MUSChealth.com.

To schedule an appointment with one of our women's heart care specialists, call 792-1616.





We're your team

MUSC Women's Heart Care brings together specialists in adult cardiology, preventive cardiology, clinical lipidology, endocrinology, gynecology, psychology, nutrition and other fields to offer you a comprehensive package of care tailored to your specific needs.

The first step is evaluating your risk factors. An intimate one-on-one conversation with one of our female physicians often yields valuable insights: Do you have a family history of heart disease? Do you have stress? Do you exercise? Do you have any other health problems?

Historically, a lack of emphasis caused many women to underestimate their risks. That's why screening for the earliest possible detection of heart disease is a key component of our program. By evaluating your risk factors and diagnostic results, we can create a customized health assessment for you. This profile will act as a road map for preventing and treating heart disease.

We're experts

MUSC Women's Heart Care co-director Pamela Morris, M.D., was recently awarded diplomate status with the American Board of Clinical Lipidology. That means she is one of the nation's best at diagnosing and treating cholesterol disorders and other conditions that can lead to atherosclerosis and cardiovascular disease.

As part of the MUSC Heart & Vascular Center, MUSC Women's Heart Care provides access to the most complete line of heart and vascular services in South Carolina. Our staff includes a highly specialized surgical team whose experience ranges from valve replacements and coronary bypasses to treatment of aortic aneurysms and heart transplants. MUSC performed South Carolina's first heart transplant back in 1987 and remains the only comprehensive transplant center in the state.

Our board-certified vascular surgeons specialize solely in treating vascular disorders and are continually investigating new treatments. In fact, MUSC's outcomes for carotid surgery are some of the best in the country.

Our heart and vascular imaging and therapeutic center is also regarded as one of the best. It's one of only a few in the country that have assembled and integrated the most advanced cardiovascular imaging equipment – all in one building, all on one floor.

We care

Just as important as our advanced technology and unparalleled expertise is our caring and compassionate staff. And that includes a heart-to-heart when you need it. Services are available downtown at MUSC Rutledge Tower or East of the Cooper at MUSC Cardiology Associates.



WE KNOW HOW



TO TREAT A LADY

Go Red

MUSC Women's Heart Care has teamed up with the American Heart Association to raise awareness and educate women about their unique risks for heart disease.

As the exclusive local sponsor of the American Heart Association's Go Red for Women initiative, MUSC is committed to preventing and treating heart disease – the leading killer of women over the age of 25.

Go Red for Women is a nationwide movement that encourages women to care for their hearts by leading healthy lives and knowing their risk factors for heart disease.

Our online heart health assessment tools

Half of those who suffer heart attacks don't know they had heart disease prior to the attack. MUSC Women's Heart Care can help determine if you are at serious risk of a heart attack. You can take the first step by trying our online heart risk assessment or other heart health quizzes and calculators at MUSChealth.com. These online tools are for information only. They are designed to help you determine if you have factors that could increase your risks. For medical interpretation and treatment, consult your physician.







Heart health at a glance

If eating a healthy diet and performing regular physical activity are not enough to reduce your risk of heart disease, ask your doctor about medication and take it exactly as prescribed. Even if you take medication, a healthy diet and exercise are very important. Be sure to schedule regular visits with your doctor – and don't smoke! Smoking is a major risk factor for cardiovascular disease.

HERE ARE SOME BASIC INDICATORS USED TO DETERMINE WOMEN'S HEART HEALTH:

CHECK LIST

GOALS

• Total Cholesterol	Less than 200 mg/dL
• LDL (bad) Cholesterol	LDL cholesterol goals vary. <ul style="list-style-type: none"> • For people at low risk for heart disease, the goal is less than 160 mg/dL. • For people at intermediate risk for heart disease, the goal is less than 130 mg/dL. • For people at high risk for heart disease including those who have heart disease or diabetes, the goal is to keep the LDL below 100 mg/dL. For some high-risk people, their goal may be less than 70 mg/dL.
• HDL (good) Cholesterol	50 mg/dL or higher
• Triglycerides	Less than 150 mg/dL
• Blood Pressure	Less than 120/80 mmHg
• Fasting Glucose	Less than 100 mg/dL
• Body Mass Index (BMI)	Less than 25 Kg/m
• Waist circumference	Less than 35 inches
• Exercise	At least 30 minutes on most days, if not all days, of the week.
• Balanced diet	Should emphasize a variety of fruits, vegetables, grains, low-fat or non-fat dairy products, fish, legumes and sources of protein low in saturated fat (e.g., poultry, lean meats and plants).

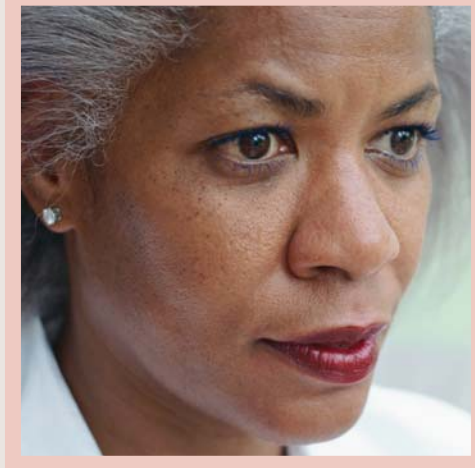
African Americans are especially at risk

Cardiovascular disease is the top killer of all American women. African-American women are at a greater risk for cardiovascular disease than any other ethnic group, yet they are less likely to know that they might have major risk factors. Diabetes, smoking, high blood pressure, high blood cholesterol, physical inactivity, being overweight or obese and a family history of heart disease are all very prevalent among African Americans. They are also major risk factors for cardiovascular disease, including stroke.

- The prevalence of cardiovascular disease among African-American women is 44.7 percent, compared to 32.4 percent in white females.

- African-American women and men have higher death rates from heart disease, stroke and other cardiovascular diseases.

- High blood pressure is a leading cause of stroke. The rate of high blood pressure for African-American females age 20 and older is 45.4 percent.



- Compared with Caucasian women, African-American women have an 85 percent higher rate of ambulatory medical care visits for high blood pressure.

- As many as 20 percent of all deaths in hypertensive African-American women can be attributed to high blood pressure.

- The risk of heart disease and stroke increases with physical inactivity. Physical inactivity is more prevalent in women, African-Americans and Hispanics. For

non-Hispanic African American females age 18 and older, 33.9 percent are inactive, compared to 21.6 percent of non-Hispanic white females.

- Among African-American females ages 20 and older, 77.2 percent are overweight or obese.

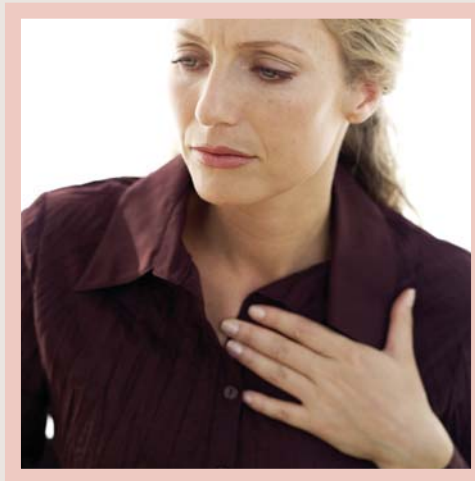
- Of people 18 and older, 17.2 percent of African-American females smoke, putting themselves at increased risk for heart attack and stroke.



Women's heart attack warning signs

Some heart attacks are sudden and intense, but others start slowly, with mild pain or discomfort. Often, affected women aren't sure what's wrong and wait too long before getting help. Here are some of the signs that can mean a heart attack is in progress.

- Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath. This feeling can occur with or without chest discomfort.
- Other signs. These can include breaking out in a cold sweat, nausea or lightheadedness.



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 or someone you are with has chest discomfort, especially with one or more of the other signs, don't wait longer than 5 minutes before calling for help. Call 9-1-1.

Calling 9-1-1 is almost always the fastest way to get lifesaving treatment. Emergency medical services staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. Emergency staff are also trained to revive someone whose heart has stopped.

If you're the one having symptoms, and you can't access emergency medical services, have someone drive you to the hospital right away. Don't drive yourself unless you have absolutely no other option.

Talk to your doctor

Women can take charge of their health by making positive lifestyle changes to reduce their risk of heart disease and stroke. Talk to your doctor to find out how you can live a longer, healthier life. Here are some questions to ask:

CHOLESTEROL

What is cholesterol and how might too much of it affect my health?

What is a healthy cholesterol level and how can I reach or maintain a healthy level?

What is my HDL (good) level, my LDL (bad) level and my total cholesterol level?

What is my triglyceride level?

How often should I have my cholesterol checked?

If my cholesterol levels are abnormal, should I be taking medicines such as statins, niacin or fibrates in addition to eating a healthy diet and getting regular physical activity?

HIGH BLOOD PRESSURE

What is high blood pressure and how might it affect my health?

What is an optimal blood pressure for me?

What is my blood pressure and how can I reach and maintain a healthy level?

How often should I have my blood pressure checked?

Should I be on blood pressure lowering medicine in addition to following a healthier lifestyle?

OBESITY

What is a Body Mass Index (BMI) and what range is healthy for me?

At what weight would I be considered overweight or obese?

How can I reach or maintain a healthy weight?

What is a heart healthy way to eat?

What kind of physical activity should I do?

SMOKING

How does smoking affect my heart health?

How can I quit smoking?

How can I avoid possible weight gain after I quit smoking?

DIABETES

What is diabetes and how might it affect my heart health?

What are the risk factors for diabetes?

Diabetes runs in my family. How can I prevent it?

I have diabetes. How can I control it?

I have diabetes, and I know that increases my risk of heart disease and stroke. Should I be on a statin, an ACE inhibitor or aspirin, in addition to following a healthier lifestyle?

PHYSICAL ACTIVITY

How much physical activity should I engage in?

What can I do to increase my physical activity levels?

RISK

Would you assess my risk for heart disease based on the risk factors mentioned above?

Could we use the Framingham 10-year risk score?

If I am at intermediate or high risk for heart disease, are aspirin and medicines for blood pressure and cholesterol control appropriate for me?

FAMILY HISTORY

Does my family history of heart disease and stroke put me at increased risk for these diseases?

HEART ATTACK AND STROKE

What is a heart attack?

What is a stroke?

What are my risk factors for heart attack and stroke?

How would I know if I am having a heart attack or stroke?

What should I do if I think I'm having a heart attack or stroke?

10 steps to a healthier heart

1. **MAKE A DATE AND KEEP IT.** Each year on your birthday, schedule a checkup with your doctor. Have your blood pressure checked and ask your doctor to help you reach or maintain a healthy weight.
2. **TONE UP AS YOU TUNE IN.** Step, march or jog in place for at least 15 minutes a day while you're watching television. Increase your activity by 5 minutes each week until you're getting at least 30 minutes on most days of the week.
3. **GRAB SOME H2O WHEN YOU GO.** Take a water bottle with you wherever you go. You can get plenty of water and the bottle's weight will strengthen your arms.
4. **KEEP OUT OF SIGHT, OUT OF THE MOUTH.** Keep unhealthy food hidden away. Put raw veggies and fruits in the front of your refrigerator. Keep healthy snacks in the front of your pantry so you'll see them first. If you keep grabbing healthy foods at least 21 times, you'll soon make them a habit. Also, look for the American Heart Association's heart-check mark on food labels. This easy, reliable grocery shopping tool helps you identify food that can be part of a sensible eating plan.
5. **EAT RIGHT TO CONTROL CHOLESTEROL.** Foods high in cholesterol and saturated and trans fat can lead to high cholesterol. Help keep your cholesterol down by eating foods low in saturated and trans fat, such as lean chicken or turkey (roasted or baked, with skin removed), fruits and veggies, fat-free or low-fat dairy products, and whole grain foods. Look for American Heart Association cookbooks in your local bookstore for healthy and delicious recipes.
6. **SHAKE THE SALT HABIT.** Help lower high blood pressure by watching your sodium intake. When you're choosing packaged foods, look at the sodium content on the Nutrition Facts label. Use the percent Daily Value (% DV) to help limit your sodium intake. 5% DV or less is low and 20% DV or more is high. You don't want to exceed a total of 100% DV for sodium per day. Some people (people with high blood pressure, African Americans and people who are middle-aged or older) should get even less — about half as much.
7. **KICK BUTTS.** If you smoke, quit. Try this four-step way to snuff your habit. Day one, cut the number of cigarettes you smoke by half. Day three, cut the number of cigarettes you smoke in half again. Day five, cut your smoking in half again. On your quit day — quit!
8. **BE A GOOD LOSER.** Excess weight increases your risk of heart disease, stroke and diabetes. To achieve steady weight loss, take it easy. Eat 500 calories less each day and exercise at least 30 minutes five days a week or more and you'll get closer to your goal.
9. **DON'T LET A SLIP KEEP YOU DOWN.** If you get off your exercise schedule, have a cigarette or mess up on a meal, just get back on track immediately with more determination to establish a healthy lifestyle.
10. **SAY "YEA FOR ME!"** Keep track of your achievements in exercising, losing weight or quitting smoking. When you reach a goal, reward yourself by doing something you enjoy.



Women vs. men

BLOOD PRESSURE STATISTICS FOR AMERICANS AGE 20 AND OLDER

- 31 percent of non-Hispanic white women have high blood pressure, compared with 30.6 percent of men.
- 45.4 percent of non-Hispanic African American women have high blood pressure, compared with 41.8 percent of men.
- 28.7 percent of Mexican-American women have high blood pressure, compared with 27.8 percent of men.
- More men than women have high blood pressure until age 45. From age 45 to 54, the percentage of women with high blood pressure becomes slightly higher than men.
- The prevalence of high blood pressure is two to three times more common in women taking oral contraceptives, especially those who are older and obese, than in women not taking them.

CHOLESTEROL STATISTICS FOR AMERICANS AGE 20 AND OLDER

- 52.1 percent of non-Hispanic white women have total blood cholesterol levels of 200 mg/dL or higher, compared with 48.9 percent of men.
- 46.8 percent of non-Hispanic African American women have total blood cholesterol levels of 200 mg/dL or higher, compared with 41.6 percent of men.
- 44.8 percent of Mexican-American women have total blood cholesterol levels of 200 mg/dL or higher, compared with 51.9 percent of men.

OBESITY STATISTICS FOR AMERICANS AGE 20 AND OLDER

- 57.2 percent of non-Hispanic white women are overweight or obese, compared with 69.4 percent of men.
- 77.2 percent of non-Hispanic African American women are overweight or obese, compared with 62.9 percent of men.
- 71.7 percent of Mexican-American women are overweight or obese, compared with 73.1 percent of men.

DIABETES STATISTICS FOR AMERICANS AGE 20 AND OLDER

- 4.7 percent of non-Hispanic white women have physician-diagnosed diabetes, compared with 6.2 percent of men.
- 12.6 percent of non-Hispanic African American women have physician-diagnosed diabetes, compared with 10.3 percent of men.
- 11.3 percent of Mexican-American women have physician-diagnosed diabetes, compared with 10.4 percent of men.

Sources: American Heart Association Heart Disease and Stroke Statistics – 2006 Update

American Heart Association Biostatistical Fact Sheet, “Women and Cardiovascular Disease”

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