

## Know if You're at Risk

"Risk factors are additive," says Dr. Goldberg. "Even one is dangerous, but the more you have, the worse the picture gets."

**Strong family history of CHD.** At particular risk are those with a mother who died of heart disease before age 65, or a father before 55.

**Age.** Heart-disease risk is highest at 65 and over.

**Poor cholesterol and triglyceride numbers.** "Women should get a total lipid profile, which measures HDL, LDL and triglycerides," says Dr. Goldberg. Desirable: total cholesterol of 200 or less; "good" HDLs of 35 or more; "bad" LDLs below 130; triglycerides below 200.

**Hypertension.** Women with high blood pressure are two to 10 times more likely to develop heart disease. Desirable: a systolic (first number) less than 120 and a diastolic (second number) less than 80.

**Diabetes.** A female diabetic's risk of coronary heart disease is three to seven times that of a nondiabetic.

**Elevated homocysteine levels.** Postmenopausal women with high blood levels of this amino acid have the most risk of "future cardiovascular events," according to a recent Journal of the American Medical Association (JAMA) report.

**Smoking or exposure to second-hand smoke.** Smoke thickens blood-vessel walls, lowers HDLs and robs tissues of oxygen. A 10-year study at Brigham and Women's Hospital and Harvard Medical School found that women who were regularly exposed to secondhand smoke at home or work were nearly twice as prone to coronary heart disease as women living in clean air.

**Sedentary lifestyle.** Sofa spuds have nearly a 50 percent higher risk of heart disease than active people. Regular exercise improves HDLs,

triglycerides, blood sugar, blood pressure and weight.

**Excess weight.** Even with no other risk factors, the overweight have a higher risk of developing heart disease because the extra pounds raise blood pressure, cholesterol and triglycerides. "An apple-shaped figure is an especially strong predictor of heart disease," says Michael Miller, M.D., director of the Center for Preventive Cardiology at the University of Maryland Medical Center in Baltimore.

**Psychosocial problems.** "We know now that being a busy, driven Type-A personality isn't necessarily a risk factor," says Richard Pasternak, M.D., director of preventive cardiology at Massachusetts General Hospital. "But social isolation, ongoing stress and depression are strong predictors. These states of mind make people less likely to take care of their health."

One day last September, as Dorrie Rosen walked up the familiar hill to her job as plant information specialist at the New York Botanical Garden, she found herself panting and winded. "It was hard to breathe. I couldn't seem to get air into my lungs," says Dorrie, 52. "I never suspected a heart problem. Sure, I'd had borderline cholesterol and blood pressure, but that comes with middle age."

A few weeks later, while Dorrie was at a lunch honoring the volunteers at the garden, she started to feel nauseated and had difficulty breathing, as well as back pain. "What was on my mind was, 'I don't feel so good.' Back in my office, I called my husband, Sigmund, to pick me up and drive me to my doctor's office."

"Then we got stuck in a traffic jam, and the pain had grown so unbearable that I started sweating and throwing up in the car. My husband was frantic as we inched along behind taxis. Finally, we made it." She was rushed straight to the ER.

After recovering from emergency angioplasty to unblock her arteries, Dorrie enrolled in Lenox Hill Hospital's cardiac rehabilitation program.

"The program made all the difference," she says now. "The supervised exercise and nutrition programs, along with the emphasis on learning how to relax—especially the yoga classes—have made me feel better than I did before that awful day."

"LITTLE HASSLES  
DON'T MAKE ME  
CRAZY. NOW, I GO  
WITH THE FLOW."



Dorrie Rosen  
Heart Attack Survivor

11/1/99 WOMAN'S DAY 69