



10 myths about heart disease

By Anita Manning Special for USA TODAY

Imagine hearing news of a catastrophe causing the deaths of 2,200 Americans every day — an average of one every 39 seconds.

A plague? Nuclear fallout?

It's heart disease, which includes diseases of the heart and circulatory system. The No. 1 killer stalking the world, cardiovascular diseases cause more deaths than all forms of cancer combined.

It's an equal-opportunity destroyer, although it does have a preference for people of color and those over 65. But no age, race or economic class is immune.

"There's a lack of awareness of what ideal cardiovascular health really is," says Ralph Sacco, president of the American Heart Association. While 35% of people surveyed say they're in good health, when quizzed about seven major health factors — diet, activity level, blood pressure, cholesterol, weight, blood sugar and smoking status — only about half of 1% hit all the targets for good health, he says. "People think they're healthier than they are," he says, making it less likely that they'll take steps to reduce their heart risks.

Sacco and other heart experts highlight 10 myths of heart disease:

1. It's a disease of the elderly. Though the risks increase with age, the roots of heart disease may be planted as early as childhood, says cardiologist Richard Milani of Ochsner Health Center in New Orleans. The buildup of plaque in arteries "takes years to develop and grow, and the roof caves in when you're an adult," he says.

Young adults who grew up on fast food and TV are at increased risk of heart disease that once was primarily seen in much older people. "Twenty years ago, we'd see men in their 50s, 60s and 70s with heart attacks, women a decade later," Milani says. "Today we're seeing men and women in their 30s and 40s with heart attacks."

2. It doesn't affect children. Heart disease affects people at any age, doctors say. Congenital heart diseases, infections that damage the heart, and the same problems of overeating and under-exercising that afflict their parents also strain the hearts of children.

"With the growing prevalence of obesity in children, we're seeing heart disease in even younger adults due to under-controlled risk factors," such as high blood pressure and cholesterol, Sacco says. Cardiac arrest strikes an estimated 5,920

children each year, the heart association says. Most unexpected deaths in young athletes are the result of heart disease; they account for up to one death per 100,000 high school athletes.

3. It doesn't affect those who are fit and strong. Staying fit and active improves heart health, but doctors can cite many cases in which even the healthiest habits are not enough. "Exercise does afford you benefits," Milani says. "Fitness reduces the potency of risk factors, but it doesn't eliminate them." You may run marathons, but "you still have to have your cholesterol checked," he says. "You still can't smoke."

4. I'd feel sick if I had high cholesterol or high blood pressure. That's a mistake, Sacco says. Neither condition produces early warning signs, and both can lead to heart attack or stroke.

High cholesterol, a fatlike substance, can clog arteries and block blood flow to the heart or brain.

"Anybody can have it. It can run in families," Sacco says. "You can be thin and have high cholesterol. It needs to be checked, regardless of your weight."

Blood pressure is a measurement of the force of blood hitting the walls of arteries as blood circulates. It should be checked regularly, too, he says, because "you don't feel anything when your blood pressure is high." One in three adults has high blood pressure, and a third of them don't know it.

Ideally, the level of total cholesterol in blood should be 200 or less, and normal blood pressure is 120/80. Both conditions can be improved with diet, exercise and medications.

5. Heart attack symptoms are the same in men and women. Men and women alike can experience the Hollywood-style heart attack — severe chest pain, cold sweat — but women, more often than men, may have subtler, less recognizable symptoms, such as abdominal pain, achiness in the jaw or back, nausea and shortness of breath.

"Half of women have no chest pain at all," says heart surgeon Kathy Magliato of St. John's Health Center in Santa Monica, Calif., and author of *Heart Matters: A Memoir of a Female Heart Surgeon*.

A common symptom: unusual tiredness, "this uncanny fatigue that a woman can't put her finger on." Too often, women "blow off" their symptoms, she says, mistaking them for indigestion or a sign of being out of shape. That can be deadly.

"The No. 1 way women present with heart disease is dead," she says. "They don't come in with chest pain or fatigue. It's sudden cardiac death."

Balancing the competing demands of home, work, kids and life, women "walk through the days and weeks and months overtaxed, and it hits somewhere in the body, whether the neck or back, or in the form of depression or nausea," says Pamela Serure, executive director of Events of the Heart, a non-profit group that uses creative arts to promote women's heart health.

"So, I say, 'Oh, he's a pain in the neck,' and I have neck pain for a week. I get tired and say, 'I need to go to the spa.' I get nauseous and think I shouldn't have had that extra pizza. It's never heart disease."

That has to change, she says. Women need to become advocates for their own health. "The new math is, these symptoms equal heart disease," she says. "And the new math inside is, 'I'm No. 1.' "

6. Heart disease is genetic. If your parents didn't have it, you won't, either.

There are risk factors you can control, such as diet, smoking and exercise, and there are those you can't, including your age and family history. If your father had a stroke or heart attack before age 55 or your mother had one before 65, you're at higher risk, says Magliato. We can't change our genes, she says, so we'd better control what we can.

"If you have a family history of heart disease, you'd better not be smoking, and you'd better keep your cholesterol under control and be getting regular heart checkups," she says.

7. Extra weight is just more to love. Obesity can lead to high blood pressure and diabetes, and weight loss can mitigate those risks.

"If a woman just loses weight, her blood pressure comes down," Magliato says. "She can be on four blood pressure medications, lose 100 pounds and be off all meds."

Leway Chen, director of the University of Rochester Heart Failure and Transplantation Program, says "in general, obesity itself seems to have an association with cardiomyopathy," or disease of the heart muscle, and high blood pressure.

8. Women are more likely to die of breast cancer than heart disease. "The leading cause of death in women is heart disease, by a long shot," Ochsner's Milani says. "It beats the living daylight out of all forms of cancer.

"This is not pushing down the importance of cancer research, but it's critically important that women get this." If they don't, they could ignore symptoms.

Heart disease deaths are more common than breast cancer in all age groups, Magliato says, even those of childbearing age.

For younger women, the combination of birth control pills and smoking boosts heart risks by 20%, Magliato says. "The message to young women is you have to start taking care of your heart now."

9. Diabetes is not a heart threat, as long as my blood sugar level is under control. People with diabetes are healthiest when their blood sugar levels are within a normal range, Chen says, but diabetes itself causes inflammation that can damage blood vessels, raising the risk of heart disease and other health problems.

"You shouldn't rest on your laurels if you have diabetes and your sugar is controlled," he says. "Your weight and blood pressure and cholesterol all need to be treated at the same time."

10. If I were at risk for heart disease, my doctor would order tests. Don't assume that will happen, says cardiologist Merdod Ghafouri of Inova Fairfax (Va.) Hospital. Screening tests for cancer are routinely recommended, he says, but simple heart tests, such as a CT scan, are not — and he thinks they should be. Mammograms and colonoscopies are important, but "most people are going to die of heart disease."

A cardiac scan can detect plaque buildup in arteries at an early, easily treatable stage and should be recommended for people with a family history of heart disease, he advises.

With diet, exercise and greater awareness of risks, most heart disease is preventable, Sacco says. But too often, "people treat their cars better than their bodies," he says, "bringing them in for checkups, oil changes and other preventive maintenance."

Hearts deserve at least that much care.