Transcript Details
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A More Complete View of Cardiovascular Risk in Women

Announcer:
This is *Heart Matters* on ReachMD. On this episode, we'll hear from Dr. Noel Bairey Merz, Director of the Barbra Streisand Women's Health Center, the Linda Joy Pollin Women's Heart Health Program, and the Preventive and Rehabilitative Cardiac Center at the Cedars-Sinai Smidt Heart Institute in Beverly Hills, California. She'll be discussing the importance of early cardiovascular risk identification and prevention strategies in women. Let's hear from her now.

Dr. Bairey Merz:
We have problems with our younger women. And when we say younger midlife women, it's 40 to 65. And it's a twofold problem because younger women are often still seeing, for example, an OB/GYN for their primary care. And they take care of those reproductive organs and deliver the babies, but they aren't trained in blood pressure management, problems of aging, and cholesterol problems. And then number two, we were all taught in medical school that heart disease was an older woman's problem.

We really need to have better tools for early identification, and we actually do have several much-improved tools. One is if you do see that primary care provider, they can actually calculate your PREVENT score.

For people at a higher level of risk, so people who have a strong family history of heart disease, people that are diabetic, and people that already have been hypertensive even since the birth of their children—these are red flag risk factors—you can now get a coronary artery calcium score, usually for about $100. It is considered a preventive test, so insurance typically does not cover it. But if you have coronary calcium on this very fast, low-dose CAT scan that literally takes five minutes to do, you should hightail it into your provider and again get on preventive therapy.

The PREVENT score is by sex. So if you check the box that you're female, it's going to give you a female sex score. So that's sex-specific medicine. We have demonstrated that the coronary artery calcium score actually is a better diagnostic or a better risk determinative than it is in men. Why is that? Well, because looking for young women with heart disease is a little like looking for a needle in a haystack. So if you have a test that works, it's going to often do a better job in those that have a lot of uncertainty.

And then look at things that are uniquely female or dominated by females. When we measure blood pressure and we measure blood sugar and we see whether or not they develop preeclampsia or even full-blown eclampsia during or immediately after pregnancy, those are all red flags for premature heart disease. So increasingly, we really need to pay attention to what those OBGYNs tell us and what's in the medical record.

And then we also can pay attention to what are considered female-dominant diseases, so autoimmune diseases like rheumatoid arthritis, systemic lupus, and Hashimoto's thyroiditis. These are almost always exclusively women, and these also carry a red flag of additional risk of cardiovascular disease.

So how can we as a system and we as providers improve this care for women? Number one, in the system, we need to have a mandatory obstetrical history. When you look at our electronic health records, there's a mandatory medical history, and there's a mandatory surgical history. There is no mandatory obstetrical history, But that would be a systemic approach to really starting to get these issues that are relevant for sex-specific medicine.

And then number two, as healthcare providers, we need to listen to this podcast, read our medical journals, and get those continuing medical education credits. Sex is a biological variable that has a meaningful impact on disease, disease expression, and disease detection by a healthcare professional. The younger physicians are getting this in their tests. We have sex as a biological variable now

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on many of the certifying tests. So we're hoping to influence those already in practice, and hopefully we can incorporate this into a lot of our continuing medical education.

Announcer:
That was Dr. Noel Bairey Merz discussing how we can improve cardiovascular risk identification and prevention in women. To access this and other episodes in this series, visit *Heart Matters* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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