



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

A Guide to Women's Heart Health



WHAT YOU NEED TO KNOW

ABOUT THIS GUIDE

This guide contains information to increase your awareness and inspire you to take action. Keep in mind every woman is unique.

We wish to acknowledge there is a lack of research available on the heart health of the 2SLGBTQ+ community. If you have questions about your individual health and the risks that may be specific to your identity, please talk to your doctor or care team.

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This document is also available in French under the title: | *Cette publication est aussi disponible en français sous le titre : Guide sur la santé cardiaque des femmes.*

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Be aware medications for cardiac events may need to be altered and are not one-size-fits-all. Don’t be afraid to inform your cardiologist of any concerning symptoms that arise.

PATIENT PERSPECTIVES


Woman with Spontaneous Coronary Artery Dissection, age 60

My symptoms started in May. A typical morning for me was to garden non-stop for two hours. After just 20 minutes, I felt completely exhausted. Every day, I napped in the afternoon for as many as two hours and yet I was still exhausted. I wondered with all the stress in my life if being extremely fatigued was my new normal.


Then in July things changed again. I was watering the garden and felt something wasn't right. I felt a slight chest pain but dismissed it as indigestion. A couple hours passed, and I was still feeling off. As I lay quietly, I noticed pain in my jaw and in my right arm near my shoulder. Then I felt the pain start to move down my arm toward my elbow. I'd never had this feeling before. After discussing symptoms with my spouse, we decided to head to the hospital. A blood test at the hospital confirmed I had suffered a heart attack.

In the hospital that evening, I experienced another heart attack and was transferred to the Heart Institute the following morning. The diagnosis was Spontaneous Coronary Artery Dissection (SCAD) resulting in three tears in my artery walls. SCAD is a fairly new discovery. It affects women more often than men. In fact, I've learned SCAD patients are 95% women and of all ages.

In hindsight, we should have called 911 for an ambulance, as they would have started a cardiac assessment and likely would have fast-tracked my admittance and diagnosis.



“Realize women’s cardiac health is under studied and some professionals may not recognize a woman’s cardiac symptoms.”



“If you feel your concerns are not being heard or addressed, ask for a second opinion.”

WHAT YOU NEED TO KNOW

Quick facts about women and heart disease

- Approximately one in two women over the age of 20 have elevated cholesterol. High blood pressure is often undiagnosed and poorly controlled in women. Women suffering from depression are at a higher risk of heart disease.
- Depression is twice as common among women as it is among men.
- Pregnancy is like a nine-month-long heart stress test. If you delivered preterm, had high blood pressure (pre-eclampsia) or diabetes (gestational) during your pregnancy, you may be at higher risk for future heart disease.
- When compared with men, women tend to have symptoms of heart disease more often when resting or when asleep.
- Heart disease is the leading cause of death among women.



These facts relate to cisgender women. Research on cardiovascular health and the 2SLGBTQ+ community is still underway.

Four categories all women need to know

1. KNOW YOUR RISKS

Some risk factors for heart disease and blood vessel conditions are hereditary while others are a result of lifestyle choices. Many risk factors are within your power to control.

2. KNOW YOUR SYMPTOMS

Know when to seek help.

3. KNOW YOUR NUMBERS

Understand how your actual numbers compare to your target numbers for blood pressure, physical activity, nutrition, etc.

4. KNOW THE CONNECTIONS

You need to know how these numbers, risk factors and symptoms connect and where you can receive timely support.

KNOW YOUR RISKS

Smoking

- The negative effects of smoking impact people of all ages and backgrounds.
- Smoking raises low-density lipoprotein (unhealthy) cholesterol levels and lowers high-density lipoprotein (healthy) cholesterol levels.
- Smoking can lead to blood clotting, narrow blood vessel walls, and reduce blood flow to the heart and brain.

High cholesterol

Cholesterol is a type of fat that circulates throughout the body via the blood.

- One in every two women over the age of 20 have an elevated cholesterol level.
- High cholesterol can be the result of your lifestyle, your genetics, or a combination of both.
- Reducing low-density lipoprotein cholesterol levels by 1 mmol/L correspondingly decreases the risk of heart disease by 20-25%.

LOW-DENSITY LIPOPROTEIN (LDL)

“Unhealthy” cholesterol builds on artery walls, making them hard and narrow.

HIGH-DENSITY LIPOPROTEIN (HDL)

“Healthy” cholesterol that picks up excess cholesterol and returns it to the liver for waste management.

TRIGLYCERIDES

The most common type of fat in your body, triglycerides transport and store fat in the blood.

Physical inactivity

- Inactive women are twice as likely to develop heart disease than physically active women.
- Lack of routine exercise poses the same risk to heart health as smoking regularly, having high cholesterol or high blood pressure.

Obesity

- Obesity is a chronic condition that requires long-term management.
- Obesity management is about improving overall health. It is more than just reducing the numbers on the scale.
- Move towards your best weight (the weight you can maintain with the healthiest lifestyle you can maintain and enjoy).
- Studies have shown obesity is more dangerous for women than it is for men. In the Framingham Heart Study, obesity increased the risk of heart attack by 64% in women, compared to 46% in men.

Diabetes

- Women with diabetes are three times more likely to die from coronary artery disease than women without diabetes.
- Women with diabetes are more predisposed to heart and blood vessel disease due to higher-than-typical blood sugar levels. High blood sugar can cause damage to blood vessel linings and strain heart muscle.

Hypertension

- High blood pressure causes the heart to work harder to circulate blood, increasing the stress on the heart muscle.
- Those who experience high blood pressure during pregnancy (including pre-eclampsia) have a four-fold increase in the risk of developing chronic high blood pressure, a 2.5-fold increase in the risk of heart attack in the future, and an 80% higher risk of stroke later in life.
- High blood pressure also damages the blood vessels in organs such as the brain and kidneys, causing disease of these organs.

Rheumatic inflammatory diseases

- Some rheumatic inflammatory diseases, such as lupus, rheumatoid arthritis, and psoriatic arthritis, increase a person's risk of heart disease and stroke by 50%.
- Most people with these conditions are women.

Stress, anxiety and depression

- Women and members of the 2SLGBTQ+ community report more symptoms of psychological distress (stress, anxiety, depression). This increases their risk of developing heart disease, and increases the risk of recurrence for those with established heart disease.
- Stress, anxiety and depression are linked to heart disease physically and behaviourally. For example, stress triggers fat cells to be released into the bloodstream. If not burned with activity, it is converted to cholesterol, which leads to plaque buildup. Stress, depression and anxiety make us less likely to follow a heart-healthy diet, engage in exercise or follow the doctor's recommendations.

Family history

- Family history of early heart disease is a greater risk for women than men.
- A family history of early heart or blood vessel disease is defined as a first-degree family member (that is, your parents, siblings or children) having a heart attack or a stroke before the age of 55 for men, and 65 for women.

WOMEN'S UNIQUE RISK FACTORS

Menopause

- The risk of heart disease increases when menopause is reached. This could be in part due to a drop in estrogen levels during menopause and other metabolic changes that occur at that time. Estrogen has been shown to maintain blood vessel flexibility, promoting healthy blood flow.
- Total cholesterol, triglycerides and LDL cholesterol levels generally increase after menopause.
- In addition, women's blood pressure increases at a faster rate after menopause.

Pregnancy

Pregnancy increases stress to the heart throughout the entire nine-month term.

GESTATIONAL HYPERTENSION

A blood pressure of at least 140 mmhg (systolic) or 90 mmhg (diastolic) on at least two readings throughout pregnancy is indicative of gestational hypertension (pre-eclampsia), causing a higher risk of heart disease, hypertension and stroke in the future.

GESTATIONAL DIABETES

In the case of insufficient insulin production to manage blood sugar during pregnancy, the future risk of diabetes and heart disease is increased.

PRETERM DELIVERY

Giving birth before the 37-week gestation period is associated with higher risk of heart disease and stroke in the future.

INTRA-UTERINE GROWTH RESTRICTION (IUGR)

IUGR means the baby is born smaller than 90% of all babies of the same gestational age. Having a baby with IUGR is also associated with a higher risk of heart and blood vessel disease in the person giving birth.

Birth control

- Oral contraceptives have been shown to slightly increase the risk of high blood pressure and blood clots by impacting the hormones regulating the female reproductive system.
- Oral contraceptives have not been shown to increase the risk of stroke in women below the age of 35.

Polycystic ovarian syndrome (PCOS)

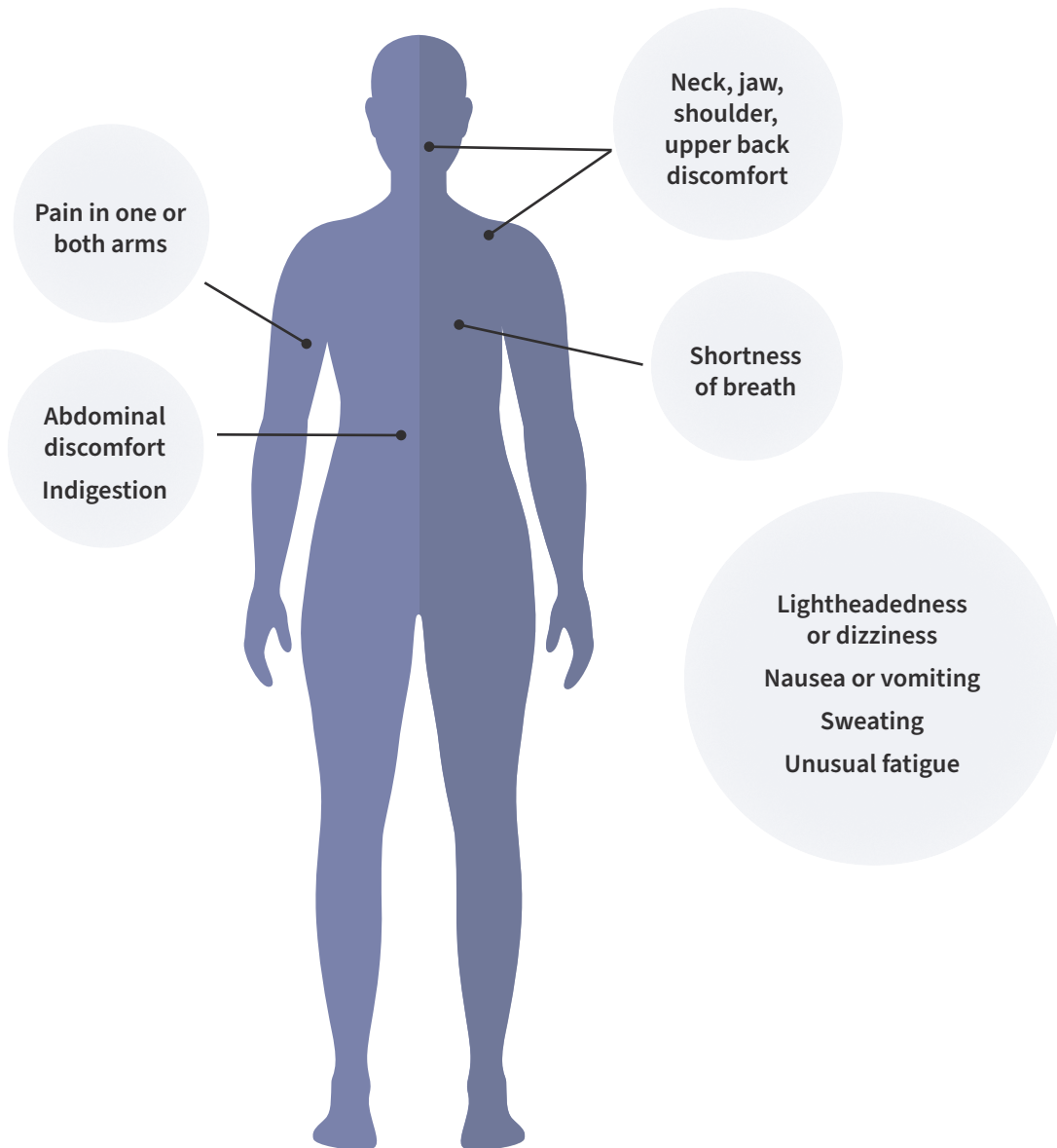
- **PCOS** is a hormonal disorder that may disturb the regularity of menstrual periods or cause increased male hormone (androgen) and insulin resistance. Therefore, there is an accumulation of cardiovascular disease risk factors that can impact a woman's heart health over time.

KNOW YOUR SYMPTOMS

Although most women report **central chest pain** during a heart event, they may describe it as tightness, pressure, burning, squeezing, aching, heartburn or soreness, along with shortness of breath, fatigue, weakness, nausea, or discomfort in the upper back, shoulder, jaw, or arm.

Even though women may experience similar symptoms of heart attack to men, women are more likely to have additional symptoms of heart attack that are not related to chest pain.

These symptoms may include:



Almost **80%** of premature heart disease can be prevented through healthy lifestyle choices.

Nine in 10 Canadians have at least one risk factor for heart disease and stroke.

PATIENT PERSPECTIVES

Woman with microvascular disease, age 43

I started having chest pains about five years ago, at the age of 38. The pain usually presented itself as chest tightness, occasionally with sharp shooting pain and a feeling of breathlessness. When I went to see my doctor about it, he suggested I was suffering from anxiety and prescribed anxiety medication. I continued having these symptoms until one day, months later, they became acute, and I made my way to the hospital. I had a normal ECG, but slightly elevated troponins (blood work). This marked the beginning of a five-day stay at the hospital. The cardiologist performed an angiogram, said everything seemed fine, and I was sent home.

I went on to have three more of these cardiac episodes, roughly one per year. I was hospitalized on every occasion. Each time, the doctors performed a variety of tests, including cardiac MRIs, CT scans, ECGs, and treadmill stress tests. Everything would always come out “normal,” except for slightly elevated blood work.

On every occasion, I was sent home after several tests came back negative. I was assured that it was probably nothing and that I didn’t have any other bio markers for heart disease (for example, I was young, healthy, and not diabetic).

Finally, my cardiologist was able to correctly diagnose me with Microvascular Coronary Artery Disease (MVD) after performing another type of angiogram, specifically designed for MVD. Now that I’ve been diagnosed, I’m on a path to recovery and learning to live well with this disease. I am happy I always listened to myself and kept pushing for a diagnosis. My intuition told me something wasn’t right.

“You’re not too young to have a cardiac event”



KNOW YOUR NUMBERS AND YOUR CONNECTIONS

The University of Ottawa Heart Institute offers several programs to support women who have or are at risk of cardiovascular disease.

Cardiac Rehabilitation Program

If you have been diagnosed with cardiovascular disease, heart disease or stroke, ask the clinic nurse or physician to refer you to cardiac rehabilitation at the University of Ottawa Heart Institute.

- **Learn more:** ottawaheart.ca/outpatient-rehab-program

CardioPrevent® Program

CardioPrevent® helps people with moderate to high risk for heart disease lower their chances of having cardiovascular disease. CardioPrevent® is also offered to young women and birthing people who have had a recent pregnancy complicated by high blood pressure, pre-eclampsia or gestational diabetes. We create a tailored lifestyle program based on your personal risk factor profile. You need a referral from your doctor or nurse practitioner.

- **Learn more:** cwhhc.ottawaheart.ca/cardioprevent-program

Virtual Care Program

The Virtual Care Program is an online system that uses best practices to help you take control of your heart health.

- **Learn more:** cwhhc.ottawaheart.ca/virtual-care-program

Quit Smoking Program

The Quit Smoking Program is a nurse-led clinic that provides you with one-on-one support during your attempt to quit.

- **Learn more:** ottawaheart.ca/quit-smoking-program



Blood pressure management

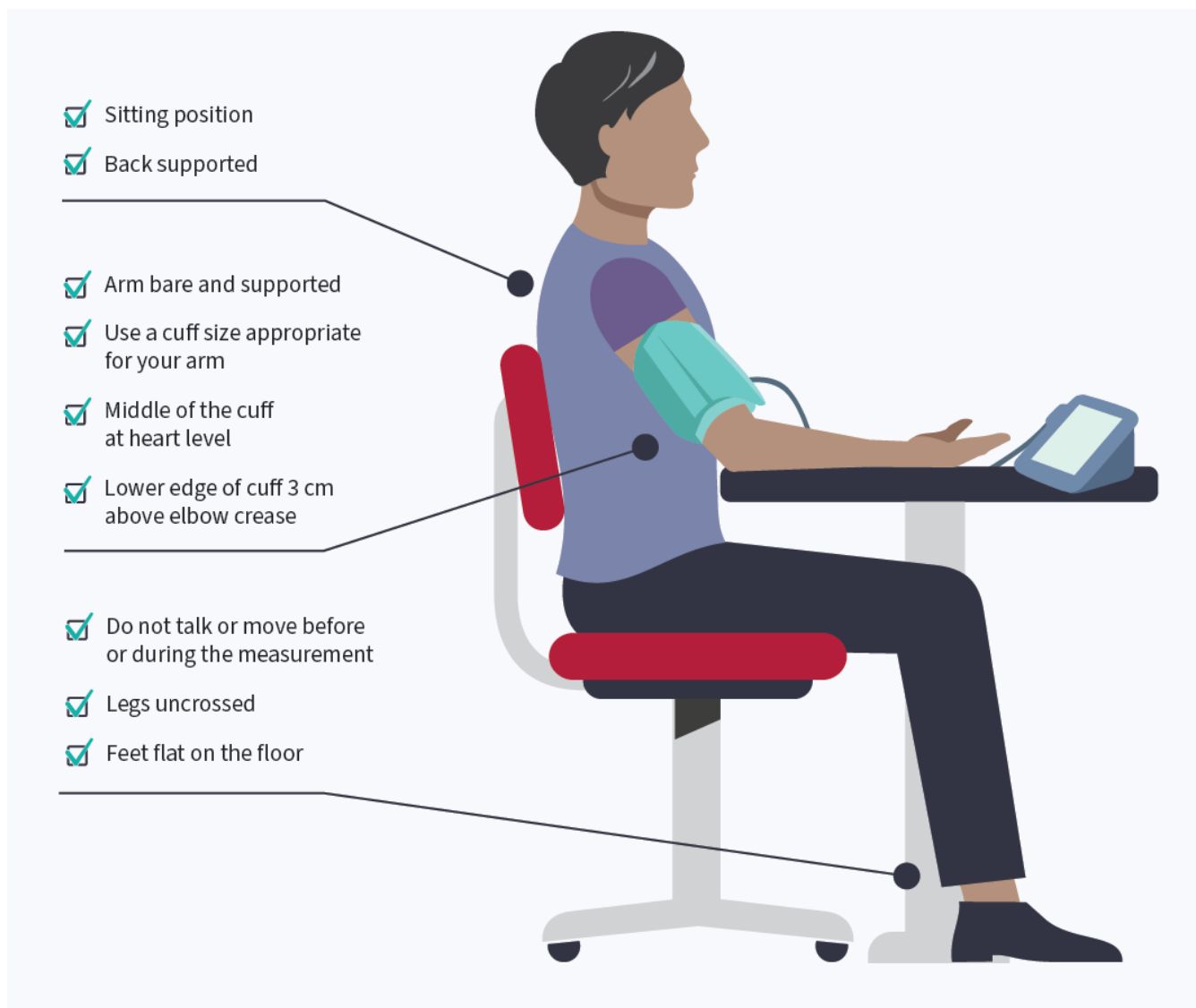
KNOW YOUR NUMBERS

- You can get your blood pressure numbers from a blood pressure monitor you have at home, at many drug stores, or at your doctor's office.
- Aim for a reading of less than 140/90 in your doctor's office and less than 135/85 at home.
- If you have diabetes or kidney disease, aim for a reading less than 130/80.

KNOW YOUR CONNECTIONS

- The first step to blood pressure management is improving your nutrition and activity.
- Read the section about nutrition management in this guide. The programs outlined on the previous page can help you manage your risk factors.

TAKE YOUR BLOOD PRESSURE MEASUREMENT ACCURATELY



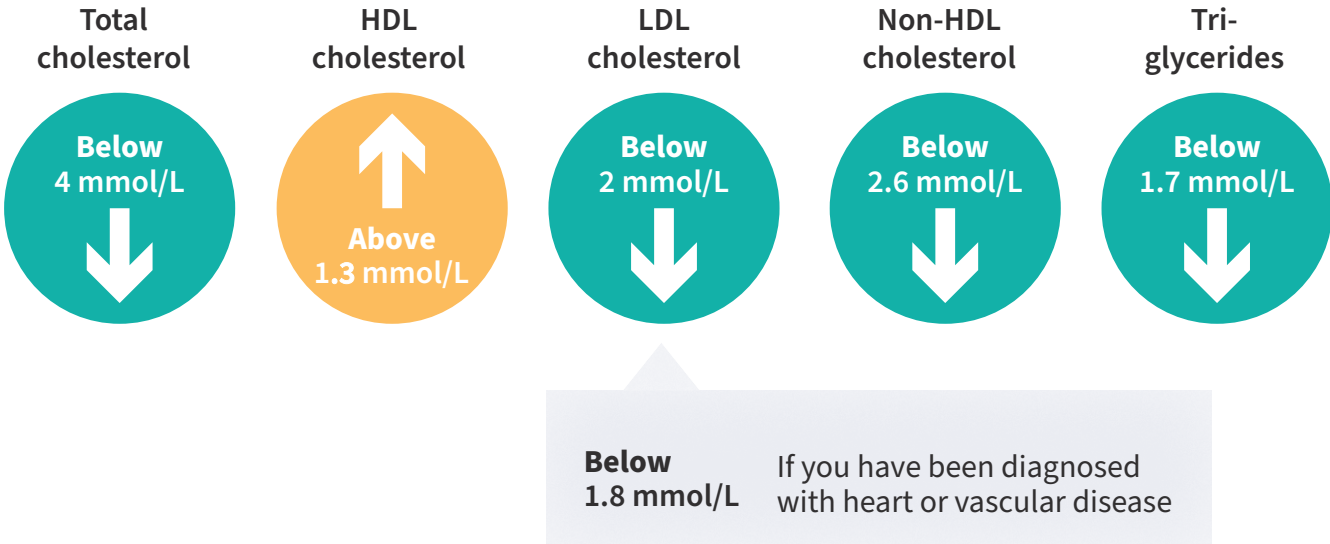


Cholesterol management

KNOW YOUR NUMBERS

Your blood cholesterol levels will be detailed in your blood work results, ordered by your physician.

Your target cholesterol numbers are:



KNOW YOUR CONNECTIONS

If you are struggling with management of cholesterol levels, seek out help by consulting your physician and through the CardioPrevent® Program.





Nutrition management

KNOW YOUR NUMBERS

- Eat more home-cooked meals. Try to include a vegetable or fruit with all your meals and snacks.
- Eat breakfast **within one to two hours** after waking.
- Aim to eat every **four to six hours** after breakfast.
- Limit your intake of salt to **2,000 mg each day**. For reference, one teaspoon of salt is 2,300 mg.

KNOW YOUR CONNECTIONS

- Try not to skip meals. Skipping meals leaves you feeling extra hungry. By the time you get to the next meal, you might eat too much. When you are famished, it's hard to reach for healthy foods and eat slowly.
- If you know it will be longer than four to six hours between meals, plan a heart-healthy snack.

Canada's food guide

Eat well. Live well.

Eat a variety of healthy foods each day

Have plenty of vegetables and fruits

Eat protein foods

Make water your drink of choice

Choose whole grain foods

Discover your food guide at
Canada.ca/FoodGuide

Health Canada Santé Canada

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How your diet choices affect your heart

Making healthy food choices doesn't have to be overwhelming. **These 10 tips will get you on your way.**

- 1. Cook at home more often.** Cooking at home makes it easier to avoid processed food. It can be as simple as scrambled eggs, whole grain toast and cucumber slices.
- 2. How you eat is as important as what you eat.** Enjoy mealtimes and the food you eat. Don't multitask. Avoid distractions such as your phone or TV while you eat. Sit down and enjoy a meal at the table.
- 3. Listen to your body.** Eat when you're hungry and stop when you feel satisfied.
- 4. Eat at regular times.** Eat breakfast within one to two hours after waking. Aim to eat every four to six hours. Plan snacks if you need them.
- 5. Eat a variety of vegetables and fruit at every meal.** Enjoy brightly coloured whole vegetables and fruit. You may enjoy fresh or frozen options. Try them in different ways, for example, raw, roasted, or sautéed.
- 6. Eat whole grains more often.** Switch to brown rice, whole wheat pasta, and dark rye bread or oatmeal. Try something new in your soup, salad or casserole, like quinoa, bulgur or barley.
- 7. Include legumes such as beans, chickpeas, lentils, nuts, and seeds more often.** Add them to salads, soups and grain dishes, such as rice, quinoa or couscous.
- 8. Don't be afraid of fat.** You need fat for good health, and it adds flavour to your cooking. Use plant-based fats such as olive or canola oil.
- 9. Choose water to drink.** Limit your intake of juice, pop and other sugar-sweetened beverages.
- 10. Add flavour to your food using herbs, spices, vinegars and lemon juice.** Choose and prepare food with little or no salt.



If you are struggling to make healthier dietary choices, ask your physician or nurse practitioner for a referral to a registered dietitian or to **nutrition workshops** offered at the Heart Institute.





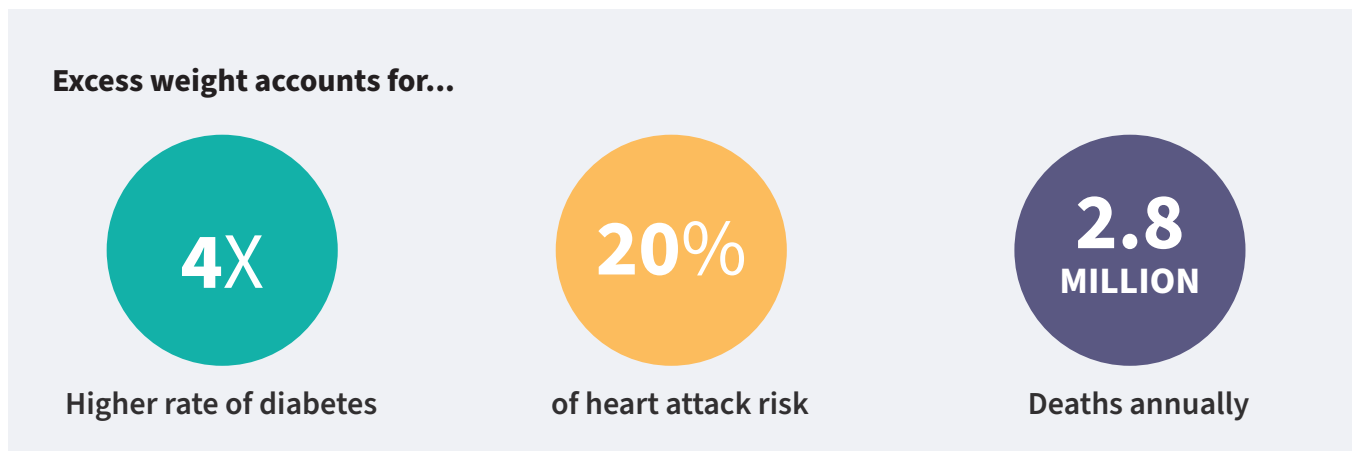
Weight management

KNOW YOUR NUMBERS

- Obesity management is about improving overall health. It is more than just reducing the numbers on the scale.
- Aim for a waist circumference **less than 35 inches** for females.

KNOW YOUR CONNECTIONS

To guide you and your clinician on the best obesity treatment options, a clinical evaluation is needed to determine how your weight impacts your health and wellbeing. This may include both a mental health assessment and a physical exam. Weight bias and stigma are common in the setting and can be detrimental to helping you achieve your health goals. Healthcare providers should conduct their obesity assessment in a sensitive and non-judgmental way.



Physical activity management

KNOW YOUR NUMBERS

- Aim for 30 to 60 minutes of moderate exercise, such as brisk walking, on most days of the week.
- A minimum of 150 minutes per week of moderate to vigorous aerobic activity is recommended.

KNOW YOUR CONNECTIONS

Heart Wise Exercise Program

Heart Wise Exercise is a program designed to help you identify local exercise facilities, programs and classes that are safe and appropriate for people with heart problems and other chronic conditions.

Phone: 613-696-7387

Email: HeartWise@ottawaheart.ca

Web: heartwise.ottawaheart.ca



Please note the website has an interactive map to help you locate programs near you.



Diabetes management

KNOW YOUR NUMBERS

If you have diabetes, aim for:

- Fasting blood sugar and before meals: Between **4 and 7 mmol/L**
- Hemoglobin A1C: **7% or less**

KNOW YOUR CONNECTIONS

- You can get help managing your diabetes from a diabetes team by requesting a referral from your physician or by referring yourself. Visit the Diabetes Central Ottawa website (diabetesottawa.ca) to complete a self-referral form.



Heart disease and stroke occur **three to five times** more often in individuals with diabetes, and cause the death of up to **80%** of individuals living with diabetes.

Women with diabetes have a **three times** higher rate of heart disease and stroke than men.



Prediabetes management

KNOW YOUR NUMBERS

If you have prediabetes, aim for:

- Fasting blood sugar and before meals: **Between 4 and 6 mmol/L**
- Hemoglobin A1C: **Less than 6%**

KNOW YOUR CONNECTIONS

- You can get help managing your pre-diabetes from a diabetes team by requesting a referral from your physician or by referring yourself. Visit the Diabetes Central Ottawa website (diabetesottawa.ca) to complete a self-referral form.





Stress management

KNOW YOUR NUMBERS

To understand how stress levels affect your heart health, take the test by the Heart and Stroke Foundation.

heartandstroke.ca/healthy-living/reduce-stress/stress-test

KNOW YOUR CONNECTIONS

Stress management program

Emotional stress can play a role in triggering heart attack symptoms in women. The University of Ottawa Heart Institute **Cardiac Prevention and Rehabilitation Centre** provides a skills-oriented **Stress Management Program** that teaches a variety of techniques to better manage stress. There are six 90-minute sessions in a group format, and each of the sessions cover different topics, including:

- Signs and sources of stress
- Breathing and muscle relaxation
- Personal values and priorities
- Social support and assertive communication
- Coping styles

The courses are free and take place virtually and in-person at the University of Ottawa Heart Institute. **To register, please contact 613-696-7070.**





Depression and anxiety management

KNOW YOUR NUMBERS - DEPRESSION

Over the last two weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things.

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

Feeling down, depressed or hopeless.

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

Add the numbers that you circled for the two questions. **If the sum equals three or above, seek support.**

KNOW YOUR NUMBERS - ANXIETY

Over the last two weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious or on edge.

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

Not being able to stop or control worrying.

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

Add the numbers that you circled for the two questions. **If the sum equals three or above, seek support.**

WHAT CAN YOU DO IF YOU ARE FEELING DEPRESSED?

How we think about things can affect how we feel or act. Sometimes our thoughts can be unhelpful or negative, which can make our mood worse. Getting help to learn new ways of thinking can be beneficial. It is also important to recognize what you can and can't control and to focus on the things that are in your control. Seek support by talking to your doctor or mental health professional (psychologist or psychiatrist) about proven treatments for depression. Consider enrolling in the Managing Emotions Program offered at the University of Ottawa Heart Institute. Do more pleasant activities – even when you don't feel like it. Regular exercise can also improve your mood.



Ten tips for emotional health

Paying attention to your emotional health can help you manage stress and emotions.

- 1. Practice deep breathing.** Breathe in deeply so that your belly expands as you inhale and deflates when you exhale. Deep breathing relaxes your body and lowers your blood pressure and heart rate.
- 2. Name your emotions.** Most of us are not aware of how we are feeling at any given moment. Naming your emotions lets you think about them more accurately and decide how you will react. Name it to tame it.
- 3. Try not to judge your emotions.** Emotions are normal. They let us know when something has happened and prepare us to act. Judging our emotions can make them seem worse.
- 4. Know your emotional triggers.** What kind of things make you angry? What makes you feel sad? Knowing your emotional triggers will help you be better prepared when those emotions arise.
- 5. Be more mindful.** Be aware of what is around you and try to notice your thoughts and feelings. Practicing this throughout the day can relieve stress and promote wellbeing.
- 6. Move your body.** Physical activity decreases anxiety and improves mood and self-esteem. Just going for a walk can make a difference.
- 7. Talk to someone you care about.** Telling others how you feel can help you sort through your own feelings, relieve tension, and feel supported. Humans are social. Make time to talk and connect with others.
- 8. Sleep well.** Sleep is important for your mind and body. Go to bed when you are tired and avoid doing things before bed that might keep you up, such as having caffeine or exercising too late at night.
- 9. Stop “shoulds” in their tracks.** You put a lot of pressure on yourself when you say, “I should exercise more,” or “I shouldn’t have eaten that.” Try being nicer to yourself. Say “I ate a less healthy meal today because I was tired.”
- 10. Do the things that make you happy.** People have all kinds of ways they cope with emotions. Some people read, spend time with friends, or go to the movies. Identify the things that make you happy and make time for them.





Emotional health

KNOW YOUR CONNECTIONS

Managing Emotions Program

Managing heart disease can be difficult. Depression and anxiety are common. About one in four heart patients report clinical depression or anxiety. The Managing Emotions Group is a 10-week treatment program, offered virtually or in person at the Heart Institute, for individuals with heart disease who are experiencing symptoms of depression or anxiety. Topics include:

- Signs and sources of stress
- Reducing demands and increasing coping
- Relaxation exercises
- Personal values and priorities
- Pacing
- Emotional awareness and management skills
- Tolerating distress and uncertainty
- Communication and assertiveness
- Problematic thinking styles

Women@Heart Program

The Women@Heart Program is a peer-support program led by women with heart disease for women with heart disease. It aims to create a caring environment for women to learn from each other and support one another on the road to recovery. Women@Heart lasts six months and consists of 12 two-hour sessions held bi-weekly in community settings across the region or virtually. It is free and physician referral is not required.

To learn more, visit the website of the Canadian Women's Heart Health Centre at the University of Ottawa Heart Institute (cwhhc.ottawaheart.ca).



Smoking management

KNOW YOUR NUMBERS

- **Aim to be smoke-free.** There is no safe level of smoking.

KNOW YOUR CONNECTIONS

- **University of Ottawa Heart Institute Quit Smoking Program**
Register by calling 613-696-7069 or 1-866-399-4432



Alcohol use

KNOW YOUR NUMBERS

We recommend heart patients do not drink alcohol. If you do drink, it is important to understand ways to reduce your risk of long-term impacts to your heart and overall health. This means:

- Less alcohol is better and reduces your risk.
- For patients who have a history of cardiomyopathy, are pregnant, or who have been instructed by their physician not to use alcohol, the recommendation is to not consume any alcohol.

A STANDARD DRINK:



341 ml (12 oz) 5% beer

=

One standard beer bottle or can



142 ml (5 oz) 12% wine

=

Measure and mark on your wineglass



341 ml (12 oz) 5% cooler

=

One standard bottle or can



43 ml (1.5 oz) 40% liquor

=

Use a shot glass or measure three tablespoons

KNOW YOUR CONNECTIONS

- **Canada's Guidance on Alcohol and Health** are publicly available on the website of the Canadian Centre on Substance Abuse and Addiction ([ccsa.ca](https://www.ccsa.ca))
- **Rapid Access to Addictions Medicine Clinic**
613-722-6521 extension 6508
theroyal.accessraam.ca
- **AccessMHA**
Coordinated access and navigation to free mental health, substance use health, and addictions resources in eastern Ontario
accessmha.ca
- **Connex Ontario**
Mental health and addiction treatment services
1-866-531-2600
connexontario.ca

WOMEN'S HEART HEALTH CLINIC

The Women's Heart Health Clinic sees patients with the heart conditions described below.

Microvascular Coronary Artery Disease

This type of heart disease affects the inner lining and walls of the tiny coronary arteries that branch off the larger ones.

Learn more: heart.org/en/health-topics/heart-attack/angina-chest-pain/coronary-microvascular-disease-mvd

Myocardial infarction with non-obstructive coronary arteries (MINOCA)

MINOCA is defined by the presence of the universal acute heart attack criteria without any coronary artery blockage.

Learn more: ahajournals.org/doi/full/10.1161/CIRCULATIONAHA.117.027666

Spontaneous Coronary Artery Dissection (SCAD)

SCAD occurs when a tear forms in one of the blood vessels in the heart. This tear can slow or block blood flow to the heart, which can cause damage to the heart muscle or affect the normal heart rhythm.

Learn more: ottawaheart.ca/scad-guide

Unexplained chest pain

Symptoms discussed earlier on page 9.

Learn more: ottawaheart.ca/outpatient-rehab-program

Heart disease during pregnancy

Pregnancy stresses your heart but the risks depend on the nature and severity of the condition.

Learn more: mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/pregnancy/art-20045977

Ischemia with non-obstructive coronary arteries (INOCA)


INOCA is defined as ischemia (decreased blood flow to the heart) but without any occlusion of coronary arteries.

Learn more: ahajournals.org/doi/full/10.1161/circulationaha.116.024534

PATIENT PERSPECTIVES

Heart attack survivor, age 60

To say I have a history of heart disease is an understatement. It goes back generations. After a few heart attacks and a few stents, I moved to Ottawa. I was lucky to be registered with the Heart Institute in late 2015. I believe this institution saved my life – not once, but many times. First and foremost, I am now acknowledged and respected as a female heart patient. My doctors recognize my symptoms and issues may be different than the norm. I feel heard for the first time. We work together in making healthy decisions – not only for my heart health, but for my quality of life as well.



“Listen to your intuition, as you know your body best.”

I am a complex case, as my cardiologist’s note states. However, I am not treated like I’m a deterrent or a burden to her or to others. We work together. How lucky I am!

Woman with atrial fibrillation, age 50

In my early 40s, I had two active kids and a demanding job. Life was busy. Every now and then, when I felt my heart race at an irregular pace, I was curious but not overly concerned. I suspected it was simply busyness manifesting itself physically. At my next doctor’s visit, I mentioned it to her. She suggested next time I felt this way, she would send me for an EKG.

The EKG confirmed Atrial Fibrillation (AF). I was shocked. I felt I was too young for a heart condition. I feel every AF episode. My heart flip-flops in my chest like a fish out of water. It wipes me out physically. I have no energy. All I want to do is sit and be grumpy with all the people around me who have hearts that know how to stay in rhythm. Early on, the episodes were few and far between, so not such a big impact on my life. As time went on, they became more frequent and lasted longer. To this day, they are unpredictable.

The first cardiologist I met simply told me not to worry about it. When I did some research online, I learned AF is a condition that worsens if not treated. I learned the risk of stroke is higher for people with AF. I asked to be referred to another cardiologist to discuss my condition.

Since then, I’ve worked with my cardiologist and an electrophysiologist, a heart doctor that specializes in electrical issues occurring in the heart, to manage and treat my AF. I still have occasional episodes I manage with drug therapy.

As we learn more about AF, the importance of lifestyle factors is becoming clearer. Similar to other heart conditions, research is showing AF is associated with factors we can tackle through lifestyle change. If I was diagnosed today, I would be using my food choices and activity level to try to reduce my AF or send it into remission.



Do not ignore your symptoms and do not ignore yourself. **You matter.**

If you have symptoms of a heart attack or think you're having one, call 911 and don't drive yourself to the hospital.

