

WOMEN HEART DISEASE MYTHS

Dr Parija Sharedalal busts some notions about South Asian women and cardiac trouble

ABHIJIT MASIH

Dr. Parija Sharedalal, an interventional cardiology fellow at Northshore University Hospital in New York and alum of The American University of Antigua, helps SEEMA shatter some myths related to heart diseases, particularly those relating to South Asian women. Sharedalal chose cardiology because she wanted to provide comprehensive care, especially to women. She hopes to spread awareness about ways to prevent cardiovascular diseases in the South Asian community, in which heart diseases are most prevalent. These are some of her suggestions:

IF YOU HAVE A HEART DISEASE, YOU NEED

TO TAKE IT EASY

False. Heart disease comes in many different forms and flavors. Exercise is an integral part of any heart-healthy lifestyle. Depending on the cardiac condition you have, under the guidance of your physician, you should partake in a moderate cardiovascular exercise regimen. In general, I recommend all my patients follow a plant based diet, and do cardiovascular exercise at least 30 minutes a day.

IF YOU TAKE CHOLESTEROL-LOWERING DRUGS, YOU CAN EAT ANYTHING

False. This is a very important point especially in our South Asian community. The most common form of cholesterol-lowering medication, statin, decreases





Dr Parija Sharedalal
with her team

your body's production of cholesterol. Taking a statin absolutely does not negate the unhealthy effects of eating cholesterol-rich foods. While statins are wonderful drugs that do lower your risk of cardiovascular disease, they are not magic bullets to prevent you from getting heart disease if you eat anything you want.

HEART DISEASE IS REALLY A MAN'S PROBLEM. FOR WOMEN, BREAST CANCER IS DEADLIER THAN HEART DISEASE.

Heart disease is the number one killer of women in America. What we have realized in recent years is that women often present with atypical symptoms, when they come in with a heart attack. They may not have the

classic presentation of crushing left sided chest pain; they can have just some abdominal discomfort or a general feeling of being unwell. Heart disease often goes unnoticed or undiagnosed in many women.

It is more important than ever to manage stress, eat healthy, exercise, go for regular checkups, check for diabetes and limit smoking/alcohol consumption.

IF YOU'VE BEEN A SMOKER, QUITTING WON'T REDUCE THE RISK OF HEART DISEASE.

False, false, false! I can't emphasize this enough. I've heard it all. "I'm a social smoker, I only vape, I only do hookah, I only smoke marijuana." The list goes on. First, the act of smoking causes direct injury to the

blood vessels. Just as an injury in any other part of your body results in scar tissue, smoking also causes lung tissue to become thicker, rigid and less flexible. It narrows the vessels, causing you to be more prone to heart attacks. In addition, because nicotine damages blood vessels, vaping doesn't prevent heart disease.

If you can make one change, quitting smoking will do the most to decrease your risk of developing heart disease. It is the number one thing to help in recovery if you have already had a heart attack.

HEART DISEASE IS FOR THE OLDIES

As someone who does angiograms/angioplasty and stent placement daily, I could surprise you with the number of young South Asians who have heart attacks. Genetically, South Asians have small blood vessels surrounding the heart. Combine that with modern diets full of processed foods and we see more and more preventable heart disease in the younger population.

HEART DISEASE DOESN'T AFFECT FIT WOMEN

Define fit? Exercise and a healthy diet definitely improve your risk of developing heart disease. But I have had many skinny patients who lead sedentary lifestyles and have unhealthy diets, and who are shocked to hear they developed heart disease. A normal BMI does not equate to a healthy heart; you need to consistently do exercise that raises your heart rate above your resting normal.

IT RUNS IN THE FAMILY; THERE'S NOTHING YOU CAN DO.

True and false. If your family member had a heart attack at a young age (50's or earlier) you are at a higher risk. In addition, certain medical conditions (genetic or acquired) can put you at a higher risk. However, if you have a family history, it is doubly important to institute lifestyle interventions today. That includes eating a diet low on processed foods and added sugars, and to emphasize fruits and vegetables. Furthermore, adding in at least 150 minutes a week of aerobic activity to your routine could greatly decrease your risk of developing heart disease.

While having a family history does predispose you to heart disease, there are simple interventions in your daily lifestyle that help minimize those risks.

Dr Parija Sharedalal, an interventional cardiology fellow at Northshore University Hospital in New York

