

## MEDICAL BRIEFS

## Physical therapy

Through a partnership with LifeTime Fitness and Trinity Health, St. Mary Mercy Hospital will offer a new program of physical therapy and sports medicine at LifeTime Fitness-Novi. A physical therapist and certified athletic trainer provide services on Mondays, Wednesdays and Fridays.

"The health club setting enables the therapists to focus on typical diagnoses like sprains and strains," said Sarah Gilbert, director of physical medicine and rehabilitation, St. Mary Mercy Hospital. The athletic trainer provides injury prevention and athletic enhancement, with the advantage of on site fitness equipment.

Other St. Mary Mercy Hospital programs coming soon to LifeTime Fitness-Novi include:

- Weight Management
- Cardiopulmonary Resuscitation classes

- Pre/Post Natal Fitness
- Health screenings
- Health Risk Appraisal

LifeTime Fitness-Novi is on Haggerty, between Eight and Nine mile roads. For more information, please call St. Mary Mercy Community Outreach at (734) 656-5940, or check out the Web site at [www.stmarymercy.org](http://www.stmarymercy.org)

## Depression workshop

Madonna University's gerontology department and the Grand-Kent Community Consortium of Successful Aging in Grand Rapids will present a workshop titled "Depression and Older Adults" 8:30 a.m. to 12:30 p.m. Friday, May 18, in the University Center on the campus of Madonna University in Livonia.

The workshop is designed for staff who work in assisted living facilities, nursing homes, adults foster care homes and adult day programs. Topics include clinical depression detection, suicide risk assessment, the relationship between depression and physical illness, and depression treatments for older adults.

The cost is \$15 per person and includes refreshments and all workshop materials. Advance registration will be accepted through Wednesday, May 16. Continuing education units are available for nurses, nursing home administrators, activity professionals, adult foster care owners, and substance abuse counselors. To register, call (734) 432-5530.

## Mammograms

Mothers usually know best when it comes to taking care of their children. However, mothers don't always know best when it comes to their own health. Show your mom that you know best by encouraging her to get a mammogram to check for breast cancer. As a Mother's Day gift, pick up the Medicare copy of your mom's mammogram. This will be an out-of-pocket expense of \$14-\$24. Medicare covers 80 percent of the cost of annual screening mammograms for women 40 and older who are covered under the program.

Approximately 6,000 cases of breast cancer are diagnosed each year in Michigan, and 1,500 will die from it, according to the American Cancer Society. By the age of 50, one out of 53 women develops breast cancer; by age 70, one out of 13 women develops breast cancer.

If you would like more information on breast cancer screenings and what Medicare covers, call the Michigan Peer Review Organization at (734) 459-0900.

## We want your health news

There are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous venues for you to offer newsworthy information including Medical Databook (upcoming calendar events); Medical Newsmakers (appointments/new hires in the medical field); and Medical Briefs (medical advances, short news items from hospitals, physicians, companies). We also welcome newsworthy ideas for health and fitness related stories. To submit an item to our newspaper, you can call, write, fax or e-mail us.

## CALL US:

(734) 953-2128

## WRITE US:

Observer & Eclectic Newspapers  
(Specify Databook, Newsmakers or Briefs)  
Attn: Renee Skoglund  
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## FAX US:

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## Don't break her heart

Give Mom the gift of a healthy lifestyle

By RENEE SKOGLUND  
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**H**appy Mother's Day, moms. If it's not too late, pass up the all-you-can-eat brunch buffet today and go for a long walk instead. Your heart will thank you.

While surveys indicate that most women fear contracting breast cancer, heart disease is actually the leading cause of death among women. Each year, more than half a million women in the United States die from heart disease—more than all forms of cancer, chronic lung disease, pneumonia, diabetes, accidents and AIDS combined.

One in eight women will develop breast cancer in her lifetime, and one in 27 will die from it. However, almost one in every two deaths of women are from heart disease, stroke or other cardiovascular diseases. Black women are at even greater risk. Indeed, the statistics are sobering—and they're not on par with men.

"Men have seen a decline in heart disease since 1984, while women have not," says Beth Thayer, Heart Smart registered dietitian with the Henry Ford Heart and Vascular Institute.

Diet may play a role in the discrepancy. Men's cholesterol levels may be less affected by saturated fats than women's, said Thayer. "Women need a higher percentage of their fats coming from monounsaturated fats such as olive oil, canola oil, nuts and avocados."

So if you're getting ready to butter your toast, don't. "Margarine is still a better choice than butter, and the softer the better," said Thayer.

Diet is just one of several risk factors for heart disease in women. But the news is not all bad. While you can't control risk factors such as increasing age, family heart history, race and gender, you can do lots to lower your risk of heart disease and stroke.

## Risk factors

In their brochure *Silent Epidemic*, the American Heart Association lists the following major risk factors for heart disease, heart attack and stroke:

■ **Smoking**—Women who smoke increase their risk of heart attack two to four times. They're also more likely than a nonsmoker to die from the heart attack. Smoking constricts the blood vessels, robbing the heart and other tissues of oxygen. Also, nicotine damages the inner walls of the blood vessels, setting the stage for atherosclerosis.

"Smoking affects women more than men in terms of heart disease," he said. "It negates the benefits of estrogen," said Dr. Sanjeev Valishampayan, a cardiologist with Michigan Heart PC on staff at St. Mary Mercy Hospital in Livonia. Unfortunately, he has seen an increase in the number of women who smoke.

■ **Cholesterol**—Know the two types of cholesterol: LDL (low-density

lipoprotein) and HDL (high-density lipoprotein). LDL, the "bad cholesterol," raises the risk of heart disease and stroke by depositing fat in the artery walls. HDL, the "good cholesterol," helps clear cholesterol out of your system. It lowers your risk of heart disease and stroke.

Research shows that low levels of HDL may affect women more than men. If you have a family history of high cholesterol, premature heart disease or stroke, the American Heart Association recommends you have your total cholesterol and HDL checked starting at age 20.

"People need to know their cholesterol numbers because they're as important as blood pressure readings," said Valishampayan.

■ **High triglycerides**—Triglyceride is the most common fat in the body. High levels are often associated with higher levels of total cholesterol and LDL, lower levels of HDL and increased risk of diabetes. Research indicates that a high triglyceride level may increase the risk of heart disease for women more than men.

Normal	Boderline-high	High	Very High
Less than 200 mg/dL	200-400 mg/dL	400-1000 mg/dL	Above 1000 mg/dL
mg/dL = milligrams per deciliter of blood Source: American Heart Association			

■ **Weight**—Do you have a waist circumference 35 inches or more? Unless you're seven feet tall, you are at a higher risk for high blood pressure, high blood cholesterol, high triglycerides, diabetes, heart disease and stroke. Waist circumference (40 inches or more puts men at risk) and body mass index (BMI) are the recommended methods to measure body fat.

(Determine your BMI by multiplying your weight in pounds by 703, dividing by your height in inches, then dividing again by your height in inches. Overweight is defined as a BMI of 25.0-29.9; obesity is defined as a BMI of 30 or greater.)

"I am concerned about the incidence of obesity. Practically half the women in this country are overweight. It's not

often I see a woman who is overweight who does not have other problems. Many people would not have to take blood pressure or diabetes medication if they lost weight," said Dr. Vivian Clark, an interventional cardiologist at Henry Ford Hospital.

■ **Hypertension**—According to the American Heart Association, 60 percent of all women ages 65-74 have high blood pressure, which is defined as readings of 140/90 or greater over a sustained period of time. Known as the "silent killer" because it usually has no symptoms, high blood pressure increases the risk of heart attack and stroke. It simply makes the heart work harder.

Women who are overweight by 20

Blood pressure (mm Hg)	Optimal	Normal	High	Hypertension
Systolic (top number)	less than 120	less than 130	130-139	140+
Diastolic (bottom number)	less than 80	less than 85	85-89	90+
mmHg = millimeters of mercury Source: American Heart Association				

pounds or more, have a family history of high blood pressure, or take certain types of birth control pills are at high risk. Black women have a significantly higher death rate from high blood pressure than white women.

■ **Physical inactivity**—When you eat too much and don't exercise, you not only gain weight but a host of other medical problems—high cholesterol, high blood pressure, diabetes and the risk of heart disease. Brisk walking, jogging, running and swimming for 30-60 minutes three to four times a week is enough to keep most healthy women on the right track.

The American Heart Association says new research has shown women can benefit from doing moderate-intensity physical exercise—walking, dancing, yard work or house work. They can break down their daily exercise into three 10-minute sessions or two 15-minute sessions. In other words, there's no excuse for not exercising.

However, Clark is an advocate of more heart-thumping exercise. "I don't think some things women consider

exercise are really exercise. I believe in programmed activities that get your heart rate up," she said.

■ **Diabetes**—The risk of heart disease and heart attack increases three to seven times in women with diabetes. Diabetes also doubles the risk of a second heart attack in women, but not in men. If you are diabetic, it is critically important to manage your diabetes through diet, physical activity and medication, if needed.

■ **Oral contraceptives**—The results of several studies, including a nine-country study by the World Health Organization, show that oral contraceptives do not increase the risk of heart attack and stroke in women younger than 35 who don't smoke or have high blood pressure. However, oral contraceptives increase the risk of stroke 10-15 times for women with high blood pressure. They also raise the risk of blood clots in veins three to four times.

"Oral contraceptives are not recommended for women over 35 who smoke or for women who have a history of high cholesterol. Oral contraceptives increase triglycerides and affects



Dr. Sanjeev Valishampayan, cardiologist on the staff at St. Mary Mercy Hospital

blood pressure. If blood pressure rises, the contraceptives should be stopped," said Valishampayan.

■ **Estrogen**—Estrogen replacement therapy (ERT) has been used by millions of women for decades to relieve symptoms of menopause, prevent osteoporosis and lower the risk of heart disease. Hormone replacement therapy (HRT), estrogen combined with progesterin, is used by women with an intact uterus.

While several studies have shown estrogen lowers the risk of heart disease in healthy women, it doesn't do the same for women with heart disease. Valishampayan cited trial studies involving women on estrogen-progesterin (HRT) who already had heart disease.

"That study failed to show that HRT made any difference. In fact, in the first year after HRT began, there was an increase in coronary events, also more blood clots and gall bladder problems. HRT should not be considered the first line of therapy for primary prevention or secondary prevention."

If women are already established on HRT, there is no reason to stop, he added. "However, it's a mistake to think it protects from heart disease."

■ **Alcohol**—Studies show the risk of heart disease for people who drink moderate amounts of alcohol is lower than for nondrinkers. However, women

## Heart attack warning signs different for women

Women often ignore the signals of an impending heart attack, perhaps because they're so busy taking care of others. Or, it may be because heart attack symptoms manifest themselves differently in women than men.

"Men experience the typical crushing sensation or heaviness in the chest. Women may have back pain, pain between the shoulder blades, dizziness, pain in the jaw and bloating," said Dr. Sanjeev Valishampayan, a cardiologist on staff at St. Mary Mercy Hospital.

Unfortunately, the medical community has traditionally trivialized women's symptoms.

"Formerly, it was ingrained in the medical community that women don't get heart disease. When they present with chest pains, it's not heart disease. However, a good percentage of women present with typical angina," said Dr. Vivian Clark, a cardiologist on staff at Henry Ford Hospital.

These are the most common warning signs of a heart attack:

- uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes;
  - pain spreading to the shoulders, neck or arms; and/or
  - chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath.
- Less common warning signs of heart attack are:
- atypical chest pain, stomach or abdominal pain;
  - nausea or dizziness;
  - shortness of breath and difficulty breathing;
  - unexplained anxiety, weakness or fatigue; and/or
  - palpitations, cold sweat or paleness.

Common warning signs of a stroke are:

- sudden numbness or weakness of face, arm or leg, especially on one side of the body;
- sudden confusion, trouble speaking or understanding;
- sudden trouble seeing in one or both eyes;
- sudden trouble walking, dizziness, loss of balance or coordination;
- sudden, severe headache with no known cause.

Not all symptoms will occur in every attack, warns the American Heart Association. If you have any of these signs or notice anyone else having them, get emergency medical help immediately. New treatments can reduce damage to the heart and brain, but only for a few hours after the onset of symptoms. Remember, every minute counts.