What Every Woman Needs to Know About Weight and Stress to Save Her Life

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The information in this book is not intended to be medical advice and is not a substitute for consulting your doctor or members of your health care team before making changes.

Chapter
1

It Kills More Women

It's shocking! Heart disease kills more women than men in the US and has for twenty years. Why haven't we heard that? How could we possibly lose almost half a million women each year in the US to cardiovascular diseases (heart disease and stroke) and not be hearing about it? That's almost 1,400 women every day, ten times as many as we lose to breast cancer, and five times as many as to all cancers combined. Forty per cent of us—two out of every five women—will get, and die from, cardiovascular disease. If you have a family history of heart disease, your risk is very high.

Until recently, women rarely encountered heart disease before the age of 65, and it was thought that estrogen provided a protective effect before menopause. Now, heart disease has become a younger woman's disease, often happening in our 30s, 40s, or 50s, just like with men, because there are more women in the workplace now and we have the same stresses as men at work. The impact of those stresses on us may be greater because the business world is built on a masculine model, and isn't always "female-friendly".

In addition to our stress from the business world, we tend to have family stress, as well, since women have long tended to carry a disproportionate share of the family responsibility. Though that's changing in many households, we still have the long-term effects.

What's really scary is seeing heart disease now among women in their 20s, and even in their teens. It is largely attributable to diet and overweight, especially given today's high levels of soda and junk food consumption.

Another problem is our sedentary lifestyles. With increased job demands and family needs, it's often hard to find time for exercise and taking care of ourselves.

There are many other reasons that we lose more women than men, and we'll explore those in more detail later.

Let's next explore my story—what happened, why, and most importantly what it means to you.

Chapter
2

My Story: One Millimeter to Live

What Happened to Me

March 25 was my own personal September 11. Before that, I felt immortal.

At the time, I was a road-warrior, traveling as much as 95% of the time as a consultant for a high-tech firm. A typical week meant one, two, or three cities, with marathon meetings, constant conference calls, and working around the clock. The productivity meter at work ratcheted higher every month, every quarter, and every year, and my life was frenetic and stressful. Keeping up in my field was impossible due to the relentless waves of information constantly crashing over me, threatening to wash me away. I had learned to control it, but it was still stressful.

Though I loved my job, and really did enjoy the travel, the changes caused by September 11 had made the constant travel much more stressful.

One afternoon, I was headed to San Jose for customer meetings. After running the security gauntlet, I was in the departure lounge checking e-mail and logged into a virtual meeting when a customer called.

“Hey, Rick. Sure, I’ll e-mail you the latest slides when I get to San Jose tonight.”

Just then, the gate agent, with her nasal voice, announced the flight. “Ladies and gentlemen, flight 1733 is ready for boarding,” she said. “All Advantage Gold, Platinum, and Executive Platinum passengers are welcome to board. If the other two of you will wait a moment, we’ll call for you shortly.” Then she cringed as she stepped over to the door to process the herd.

As regulars on that flight, everyone wanted to get on first to stash their stuff, so I wondered if there would still be space in the overhead when I got on. Fortunately, there was, so I hoisted my rollaboard into the overhead, put my computer bag under the seat in front of me, and started pulling out my PC.

This American Airlines flight between Austin and San Jose is called the “Nerd Bird” because it has more electronic gear per-capita than any other flight. We typical geek and geekette road warriors carry a cell phone or two, a pager, a PDA, noise canceling headphones, a DVD player, a laptop PC with wireless card, a power plug for the under seat outlets, and of course enough cables to wire the terminal. The flight is so quiet—all you hear is the tap, tap, tapping of keyboards.

Why do we techies carry all that gear? Well, you have to work the entire flight to keep up with your job. Before we took off, I connected my PC to the wireless in the terminal and downloaded the slides for my customer.

It was a good flight, and I got a lot of work done. I worked on several presentations and meeting agendas, and also processed many of the hundreds of e-mails that had come in while I was in meetings all day.

When we landed, I turned on my cell phone, pulled my rollaboard out of the overhead, plunked my computer bag on top, and charged up the jetway. This time something was different as it was harder to breathe. “Maybe it’s molds from the recent rains here in San Jose,” I thought, since I’m very sensitive to molds.

I kept on going through the terminal, past security, down the escalators, and out to the rental car shuttle, which had moved about two blocks farther down. As I slung my bags on board, I could barely breathe and my left shoulder ached. I thought back to that USA TODAY article I had just read containing new research that women have different heart attack symptoms from men—where men have crushing chest pains, which they frequently refer to as “the elephant on the chest,” and buckets of sweat, women’s symptoms are more subtle.

If our symptoms are so subtle, how does a woman know that she’s having a heart attack? She can have any, or all, of the four main symptoms: shortness of breath, tiredness (or fatigue or sleeplessness), nausea, or pain in the left shoulder or arm (or jaw or shoulder blade). I had two of those symptoms, so I arranged to see my doctor when I arrived back in Austin, and monitored myself the rest of the trip.

I told my doctor that I had experienced shortness of breath, which I chalked up to molds, but wondered if it could be related to my heart because I also had pain in my left shoulder. She decided to do a chest X-ray and an EKG—the EKG was abnormal so she sent me straight to the emergency room.

“Can I drive myself?”

“No,” she answered, “Can someone else drive you, or should I call you an ambulance?”

Fortunately, my husband was close by, and he took me to the emergency room. On the way, my blood pressure spiked. It had been low at the doctor’s office, but I guess I was just scared and panicky. Wouldn’t you have been, too?

At the emergency room, they took me straight to the Trauma Center and treated me for a heart attack. There were half a dozen doctors and nurses running around, asking questions, poking and prodding, and giving me nitroglycerin—it was enough to give you a heart attack!

When the cardiologist arrived, his gentle demeanor put me at ease. He ordered chest X-rays, scans, and all kinds of tests, but didn’t find anything. He felt that it wasn’t a heart attack, but did want to keep me all weekend for monitoring.

I was a reluctant patient. I had a lot of thoughts going on in my head. I didn’t want to be in the hospital for the weekend—I needed to be home working on my taxes as it was almost April 15 and with all my traveling I hadn’t had the time to do them. While I was in the emergency room waiting to get checked into a room, I returned customer calls—I had

promised I would call them back after my doctor appointment. I wasn't really worried about what they would find in monitoring me—I'm too young for heart disease.

As you can tell, it hadn't sunk in. I was totally in denial. I didn't understand the significance. Do you ever feel that way? Do you ever postpone taking care of your needs because you're so busy? We women tend to do that because we're always taking care of everyone else.

"I'll go home and get your suitcase," my husband said.

"You'll need to unpack all of my business suits since I just got home, and please be sure to bring my computer."

When he got back without my computer, I was really annoyed. I had so much e-mail and work to do that I just couldn't get by without it. But he refused to bring it. What could I do? I resigned myself to spending the weekend reading. At least he brought travel books so I could focus on planning the trip to Rome and Florence. At least I could do something useful, and not totally waste my time!

Can you relate to that? Never wanting to waste a minute? While a road warrior lifestyle is stressful, being a Type A meant that some of my stress may have been self-inflicted. Where did this Type-A behavior come from? I think mine was genetic. While I grew up, my mother was a high-achiever who could never tolerate idle hands. Type-A behavior now seems to run in our family. Does it run in your family, too?

All weekend they monitored me, and on Monday we were to meet with the cardiologist to decide between a stress test and a heart catheterization. A stress test indicates heart problems, but isn't very reliable. A more reliable alternative is the heart catheterization. Doesn't that sound like fun? To do it, they cut open your leg, pump in some dye, and X-ray you to look for blockage. A catheterization is 100% reliable, but is invasive. I didn't want to do it, and I sure didn't want to be railroaded into it.

On Monday morning I couldn't have coffee or food just in case I needed the catheterization. I was groggy and walked up and down the hall to wake up. Suddenly, my cardiologist zoomed in holding up a printout.

"What were you doing?" he asked, wide-eyed.

"Just walking," I innocently answered.

"Well, you just had your stress test," he said. "We're doing that heart catheterization now."

Larry, the orderly, wheeled me down. He was a hoot! He wore teal, yellow, and lavender printed scrubs—quite a contrast to his flaming red hair. He cracked killer jokes. As he wheeled me out the door, I asked "Is this a joke? Where are we going?"

"The mobile cath lab," he said, as we bumped down the sidewalk and across the parking lot, laughing and joking. Then he strapped the gurney into a window-washer platform, and I'd swear I saw him hoist me up by pulling on ropes.

Once inside, Beth, my bartender, knocked me out and before I knew it we were done. I came to as they wheeled me back into the hospital. They had found that a major coronary artery was 95% blocked, and I was probably within hours of a heart attack. It was such a relief to have escaped that!

The next day, they would send me to their sister hospital for a balloon angioplasty to open the blockage and metal scaffolding, called a stent, to keep it open. It's just routine, so there was nothing to worry about.

I knew that I would miss some meetings, so that evening I set about making phone calls, leaving voicemails, rescheduling meetings, and asking colleagues to cover for me, all the while thinking that I would be back at work within a day or so and back to San Jose for very important customer meetings early the next week. There was so much to be done that I really couldn't afford to be gone.

The next morning, the paramedics transported me to the other hospital. I remember them asking me what I did, and when they found out that I was a road warrior with a high-tech company, they started grilling me about how to set up Internet and wireless access and all kinds of techie subjects. We laughed and joked the whole way, alleviating much of my anxiety. Since they weren't familiar with the route between the two hospitals, and I drove it frequently, I pointed out landmarks and directed them to the hospital while lying down strapped to the gurney. "You drive," one of them jokingly suggested.

At the other hospital, the cardiovascular surgeon popped in to meet me. He was tall and olive-skinned, with a strong accent and a very serious demeanor. My husband and I grilled him extensively about the procedure, his experience, and anything else that was relevant as I absolutely wasn't going under until both my husband and I were confident about this. He had lots of experience, and a great track record, so there was nothing to be concerned about.

As they wheeled me into the operating suite, I chatted and laughed with the nurses until the surgeon arrived. They gave me local anesthesia. I remember being awake through the entire procedure, and watching it on the TV monitors above me. I kept hearing seriousness in the surgeon's voice, but couldn't quite comprehend what it meant. He seemed to be having difficulty. I heard him say, several times, "It's too short. Get a longer guide wire. We need one more millimeter."

Even after removing the original guide wire, and replacing it with the longer one, he still seemed to be having difficulty, but I couldn't really tell what the problem was. When we were done, I could see that he was pale and ashen gray and was hunched over.

After he left, the surgical team seemed to be having trouble stopping the bleeding, but finally they succeeded in stopping it.

Once they got me back to my room, I noticed that the nurse kept coming in at what seemed to be unusually frequent intervals. My blood pressure was dropping to dangerously low levels, to the point where they had to call the surgeon that evening. Fortunately, my husband recognized that I was dehydrated, probably from fasting and surgeries two days in a row. Once I got some water, my blood pressure started to rise and eventually returned to normal.

My husband seemed quite worried and upset, but I didn't know why—it wasn't until the next morning that I learned of what the surgeon had told him.

The next morning, when the surgeon came in, he asked, "How are you doing this morning?" There was no hint in his voice of the challenges the day before. "Yesterday was difficult. Your blockage was at a juncture," he said, as he drew a picture of it. "It was close—putting the stent here at the blockage, in just one side of the juncture, would have cut off blood flow to the other. You almost had a massive heart attack right there on the

operating table. It was close, but one millimeter made all the difference." It was then that I realized that even though he had performed over a thousand successful stent procedures, he had nearly lost me.

"If you don't do something about your weight, your stent will need to be replaced, probably within three to six months," he continued, with his tone extremely serious. "After that close call, we can't do another angioplasty, so you'll have open heart surgery." That hit me hard and just about knocked me flat.

"Let's get you out of here. You can go back to work in a few days, but don't travel for at least two weeks." With that, he reached over and pulled off one of my heart monitor leads and said with a grin, "that'll get a nurse in here quickly," as he displayed his less-serious side.

One millimeter made all the difference. One millimeter is barely visible to the eye, and yet, it saved my life.

Why It Happened

What caused my heart disease? You can't prevent it if you don't know what causes it. More importantly, how can you avoid it?

It's odd. I really wasn't a candidate for heart disease. I'm much too young—that's an older person's disease, or so I thought. The reality is that you can be vulnerable at almost any age.

There are four major risk factors: smoking, diabetes, high blood pressure, and high cholesterol, which I didn't have any of. In fact, my blood pressure and cholesterol were low as I always ate healthfully, with mostly organic foods and no fried foods. Did I have family history? At first, my doctors thought so, but have since discounted that, too.

It boiled down to my being overweight and over-stressed. Stress hijacks healthy habits, and caused me to be overweight.

However, stress and overweight weren't really the causes of my heart disease—they were just symptoms. As I probed deeper, I realized that I was so busy with the craziness of my road-warrior life that I hadn't taken care of me. I thought I had, but there was so much more I could have done. Now I have heart disease forever.

What Can You Learn From It?

What are some of the lessons about women and heart disease that were my motivators for telling you my story? If this could happen to me, when I didn't really have the risk factors, other than being a Type A, it can happen to anyone, especially if you're a Type-A woman.

1) **Women's symptoms are subtle**, and are different from men's symptoms. Pay attention to your body—what you don't know, or don't act upon, can hurt you, or even kill you. Take proactive control of your health now.

2) **Life changes may be necessary** to save your life. It's better to change now, as you may not get that second chance.

3) **Heart disease is forever**. Once you have it, it's too late, and puts you at risk for more problems.

So now let's look at what every woman should know about heart disease.

Chapter
3

Heart Disease Is the #1 Killer of Women (and Men, Too!)

Let's explore some facts about the impact of heart disease.

In the US, heart disease and stroke are the #1 and #3 killers, each year taking nearly one million people, and accounting for almost 40% of all deaths.

In Figure 3.1, you can see that heart disease and stroke, the cardiovascular diseases (CVD), take nearly twice as many lives as all cancers combined. These numbers are for both men and women in the US, and are similar throughout the world today.

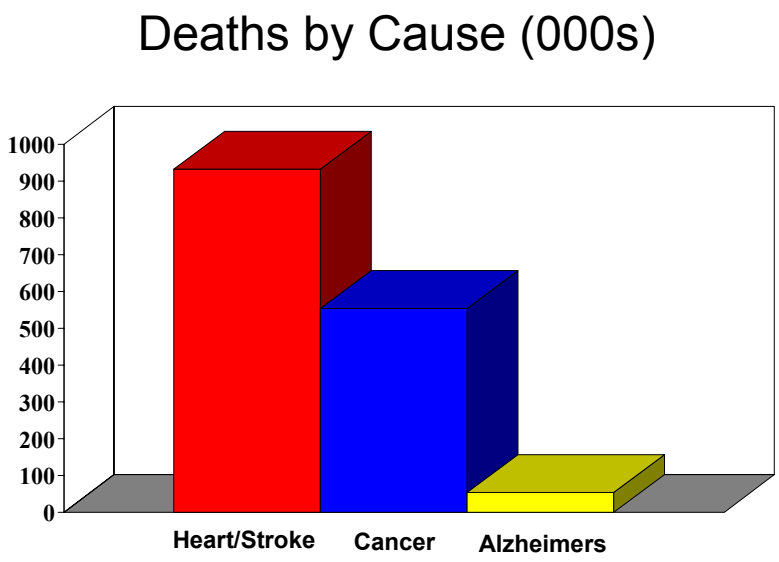

Figure 3.1: Deaths by Cause in 2001, Source: National Heart, Lung, and Blood Institute

The numbers for women for heart disease and stroke in the US are particularly startling. Most of us don't know that two out of every five women—forty per cent of us—will have cardiovascular disease, and die from it. In just the US we lose 1,400 women every day to it—wives, mothers, sisters, daughters, co-workers, and friends. Many never had any symptoms.

Here are some significant heart disease and stroke facts for the US, though the numbers for the rest of the world are similarly shocking. These numbers come from the American Heart Association (AHA) and the National Heart, Lung, and Blood Institute (NHLBI) of the US government's National Institutes of Health (NIH).

1) Contrary to widespread belief, heart disease is the #1 killer of women, and stroke is #3, together taking nearly 1,400 women per day. That's over half a million women every year.

2) Each year, 1.2 million Americans have a heart attack.

3) One out of every two women can expect to have heart disease and to die from it.

4) Forty per cent of all women's deaths today are attributed to heart disease and stroke.

5) Women account for more than sixty per cent of stroke deaths.

6) Heart disease kills more women than men, and has each year for the past 20 years.

7) Heart disease and stroke kill ten times as many women as breast cancer, and more than all cancers combined. Cancer survival rates are increasing, but many of those cancer survivors will die from heart disease.

8) Women have different heart attack symptoms from men, and they're more subtle. Many women, and their doctors, don't know this.

9) Many women don't know that they have a heart problem until AFTER they have had a heart attack, making death the first symptom for many women.

10) Men are much more likely than women to survive heart attacks, and to get more aggressive treatment for their heart disease. As a result, 38% of women who have heart attacks die within one year.

11) In addition to being the number three killer, stroke is the number one cause of long-term disability, with survivors experiencing memory loss, vision problems, and paralysis. Almost five million Americans are stroke survivors, with almost thirty per cent of them permanently disabled.

One of the most shocking global statistics comes from a Columbia University estimate that by 2030, 41 per cent of deaths among those ages 35–64 in the developing world will be due to heart attacks, strokes, and diabetes compared to only 12 per cent for the same age group in the US.

This is all so frightening, and is why I'm so motivated to find ways to change this.

Let's end this chapter by recapping some important facts about heart disease and stroke. In Figure 3.2, I've recapped facts for the general population of women.

Heart Disease and Stroke Facts for Women

- Heart disease and stroke are the #1 and #3 killers of women in the US
- For the past 20 years, they have killed more women than men
- Account for 40% of women's deaths, more than the next five causes combined
- Responsible for ten times as many women's deaths as breast cancer, and twice all cancers combined
- Currently 20% of US women have cardiovascular disease, and the numbers are growing
- After menopause, risk of heart disease increases 2–3 times
- Of women who died suddenly, 63% had no prior symptoms
- Heart disease risk increases with physical inactivity, which is more prevalent among women

Figure 3.2: Heart Disease and Stroke Facts for Women, Source: American Heart Association—2003 Update

African American and Hispanic women are at even greater risk. Here's a recap of the statistics for African Americans in Figures 3.3, and for Hispanics in Figure 3.4.

Heart Disease and Stroke Facts For African Americans

- African American women are at greater risk–39.6% vs. 23.8% for Caucasian women
- African American males and females are at greater risk for heart disease and stroke, and have higher death rates.
- At higher risk because
  - 55% are physically inactive
  - 77% are overweight
  - 21% smoke
- High blood pressure is a leading cause of stroke
- Heart disease risk increases with physical inactivity, which is prevalent in the African American population

Figure 3.3: Heart Disease and Stroke Facts for African Americans, Source: American Heart Association—2003 Update

Heart Disease and Stroke Facts for Hispanics

- Leading cause of death for Hispanics
- Responsible for 33% of deaths in Hispanic women
- Cardiovascular disease rate is 27%
- High blood pressure is a leading cause of heart disease and stroke
- At higher risk because
  - 57% are physically inactive
  - 72% are overweight
  - 12% smoke
- Heart disease risk increases with physical inactivity, which is prevalent in the Hispanic population

Figure 3.4: Heart Disease and Stroke Facts for Hispanics, Source: American Heart Association—2003 Update

Chapter 4

Heart Disease Risks

Risk Factors

We have explored the statistics surrounding heart disease and stroke, and you're probably wondering what causes them. Therefore, let's explore the factors that put you at risk.

Recent research has confirmed that the majority of heart attacks are due to the Big Four risk factors:

1) Smoking

2) Diabetes

3) High blood pressure

4) High cholesterol

There are, however, four other important risk factors:

5) Family history

6) Overweight

7) Inactivity

8) Stress

We'll discuss these eight risk factors in detail below.

For many years, age and gender were considered to be risk factors as well—men were considered more at risk, especially after age 45; women weren't considered at risk, at least not until after age 55.

The thinking is changing—heart disease and stroke are now equal opportunity diseases. Women today are more at risk of dying than men, but not specifically because of our gender. It is because our symptoms are different, and doctors are relearning what they thought they knew about heart disease and gender.

We're also seeing shifts in age, with younger and younger people having heart attacks and strokes, largely due to the eight risk factors. As we age, our risk does increase, but it is more a factor of our other risk factors than of our age.

Let's dive in and look at the eight important risk factors.

Smoking

Smoking is the number one risk factor. If you smoke, STOP NOW!

My friend, Deborah, recently had open-heart surgery related to smoking, with high cholesterol and stress as other risk factors. She was only 42 years old. She was kind enough to share her story with us, in Figure 4.1 below.

Deborah's Story

Deborah is in marketing, and was under a lot of stress. Back in the fall of 2002, she first experienced some symptoms that she now attributes to her heart. She felt tightness in her chest when she was walking. Her doctor diagnosed her with allergy related asthma—not considering the possibility of heart problems in a young woman with no family history.

The following spring, as her symptoms worsened, Deborah began thinking it was heartburn because taking an antacid made the symptoms go away. It wasn't until 2003 that her symptoms could no longer be dismissed. Driving on the freeway on her way to a business meeting, she began experiencing chest pains. Thinking it was indigestion, she reached for an antacid, but was unable to find them. The pain continued to worsen and didn't dissipate as usual. Almost panicked, and without a cell phone handy, Deborah looked for public areas to pull over and ask someone to call 911.

Then, as quickly as the pain had started, it finally stopped. Deborah proceeded to her meeting and conducted business as usual. When her immediate tasks were complete though, Deborah realized just how shaken up the experience had left her. She called a co-worker that was a former nurse, and who advised her to go to the ER. There, the doctors determined that she had not had a heart attack, but they wanted to keep her overnight to run some tests. She was on a deadline at work, and wanted to go home to get her laptop, but the doctors wouldn't even consider it.

The next day, her nuclear stress test indicated a problem. They needed to do a heart catheterization the next morning. In it, they found a 95% blockage in her left main artery, and took her straight from the catheterization to emergency bypass surgery. Here she was, just 42 years old, having had open heart surgery.

Deborah's risk factors were smoking, high cholesterol, and stress at work due to a relatively new job for which she had relocated to a new city. While she knew that smoking could cause lung cancer, she didn't know of the strong correlation between smoking and heart disease. In looking back, she feels that if she had known about the connection between heart disease and smoking, she probably would have quit smoking much sooner. And, if she had it to do over again, she would have started on cholesterol medication sooner.

She has quit smoking, and does cardiovascular workouts and watches her diet, but recovery from heart bypass is a long, long journey.

And she, too, has learned that heart disease is forever, as a few months after her bypass surgery, she had to go back in for a stent to open up another 95% blockage in her right main artery.

Deborah's Story

Deborah shared with me her thoughts and recommendations for you and other women. Women need to pay close attention to managing their stress, using techniques such as guided imagery, sound therapy, and alternative medicine. She suggests making self-care the number one priority, and cautions us to always listen to our bodies. Most importantly, don't let your doctor dismiss your symptoms. If necessary, find a new doctor. And, if you're in a bad situation—get out, because it's not worth your life or your health. These are important suggestions from someone who has been there.

Figure 4.1: Deborah's Story

A recent study, done at New York's Presbyterian Hospital, found that women who smoked were more likely than men to develop lung cancer, even though they both smoked the same amounts. Does this hold true for heart disease? We don't know, but why risk it?

Smoking doesn't just cause heart disease and lung cancer. In announcing a recent Centers for Disease Control report, the US Surgeon General announced that this new report "documents that smoking causes disease in nearly every organ in the body at every stage of life." In addition, he mentioned that smokers typically die 13 to 14 years earlier than nonsmokers.

Even if you don't smoke, you may still be at risk from second-hand smoke from cigarettes, cigars, or pipes. Did you know that second-hand smoke is the third leading cause of preventable death in the US, and that passive smoke can have just as devastating an effect on you as actually smoking? Just two hours of exposure to smoke, such as in a smoke-filled club or at work, can increase your heart rate and lead to a heart attack. Secondhand smoke doubles your risk of heart disease. Of the 440,000 Americans who die each year from smoking-related illnesses, approximately 35,000 are nonsmokers who die from heart disease caused by secondhand smoke. Shockingly, secondhand smoke leads to ten times more heart disease deaths than cancer deaths.

Diabetes

Diabetes is a disease where the body is unable to use its most important fuel source, glucose from foods, because of a problem with insulin, the hormone in the body that utilizes glucose. Diabetes happens when either the body doesn't make enough insulin or when it can't properly utilize the insulin it makes.

Diabetes is also a very important risk factor for heart disease as high levels of blood sugar and insulin can damage the heart and the blood vessels. Diabetics are from two- to four-times more likely to develop heart disease than others, and are more likely to die from a heart attack. In fact, two out of every three diabetics will typically die from cardiovascular disease, but fortunately new medical interventions are changing that, as mentioned below.

The number of diabetics is rising rapidly, having increased by forty per cent over the 1990s, and is thought to be due to the rapid increase in overweight and obesity, as defined later in this chapter. A recent study by doctors from Harvard found that increased consumption of corn syrup, coupled with decreased consumption of fiber, parallels the increase in Type 2 diabetes, a form of diabetes that typically occurs in adults.

About 18 million Americans now have diabetes, which can also lead to adult blindness or kidney failure. Many Americans with diabetes are currently undiagnosed. The US Department of Health and Human Services estimates that about 41 million American adults between the ages of 40 and 74, about 40% of the US adult population, have pre-diabetes. They also estimate that one in three children will develop diabetes. African Americans and Hispanics have the highest rates of diabetes. Studies have also indicated that diabetes is a much more serious risk factor for heart disease in women than it is for men.

Another scary statistic related to diabetes is the recent finding correlating Alzheimer's and diabetes. Diabetics are 65 per cent more likely to develop Alzheimer's, and many who don't develop Alzheimer's do develop dementia.

There is great news for diabetics, however, from a new study that found that cholesterol-lowering statin drugs can significantly reduce the risk of heart disease in diabetics. The American Diabetes Association's newest Clinical Practice Guidelines for doctors (http://www.diabetes.org) recommend that about 99% of diabetics over age 40, those with total cholesterol of 135 or more, should be on statins. These same guidelines also recommend that diabetics keep blood pressure under 130/80, get cholesterol under 200, maintain blood glucose levels (A1C test) at 7% or less, and take aspirin.

High Blood Pressure

Do you know your blood pressure? Is it normal? I recently read that about one-third of US women have blood pressure readings that are too high. Could that be related to the stress in our lives?

Until recently, we were told to keep our blood pressure below 140/90, but that has changed, with the current guidelines recommending 120/80, or below. Blood pressures between 120/80 and 140/90 are now considered *prehypertensive*, meaning that hypertension (high blood pressure) is a strong future possibility. For those over age 50, the top number (systolic pressure) is more important as a risk factor than the bottom number (diastolic pressure).

About fifty million Americans, and one billion people worldwide, have high blood pressure. Why is blood pressure such an issue? Primarily because high blood pressure can indicate possible plaque buildup in the arteries. Plaque consists of soft fats or hard calcium that gets deposited in the arteries and builds up, much like rusty pipes, narrowing the arteries and diminishing blood flow. The narrowing of those arteries causes the heart to work harder to pump blood through the smaller vessels, producing higher pressure.

Therefore, having high blood pressure puts you at increased risk for a heart attack, heart failure, stroke, or even kidney failure. The American Heart Association reports that if you have *uncontrolled* high blood pressure, you are three times more likely to get heart disease, and seven times more likely to have a stroke.

Even scarier is that for those with high blood pressure, cold weather further increases the risk. A new study that was reported on at the 2004 European Society of Cardiology meetings in Munich (http://www.escardio.org/) indicated that those with hypertension are at increased risk of a heart attack due to changes in weather. For example, when temperatures drop below 39.2 degrees, the number of heart attacks doubles for those with hypertension. In addition, any day that the temperature dropped nine degrees or more,

regardless of how cold it was, heart attacks among hypertensives also increased. Why? Because cold weather constricts the blood vessels.

African Americans and Hispanics have increased propensity toward hypertension, as do kids. Incredibly, up to two million kids in the US have hypertension, especially in the most vulnerable groups. For example, the Medical College of Georgia studied high caffeine consumption in teens and found that African American teens experienced a fourteen point increase in their blood pressure from drinking three or more soft drinks per day over just a three day period. Wow! That's why programs such as the one put in place by the Texas Department of Agriculture, which mandates removal of soft drinks and other nutritionless foods from schools, are so important for kids' health.

If you have high blood pressure, be aware that doctors at the Mayo Clinic recently found that high blood pressure often indicates high cholesterol as well.

High Cholesterol

Cholesterol is a waxy substance found in the bloodstream and cells. It is necessary for the body to function properly, such as making cell membranes. You can have too much of a good thing, though, and that's where the problems come in. Cholesterol comes from two sources–what you eat, and what your body makes naturally in your liver. Your body makes enough, so you don't need to supplement it with diet.

Dietary cholesterol is what your body gets from the foods that you eat. It comes from animal-based foods, such as meat, dairy products, poultry, and seafood. Egg yolks are especially high in cholesterol, with one egg being almost an entire day's maximum recommended cholesterol intake of 300 milligrams. Dietary cholesterol can also raise your blood cholesterol level. Plant-based foods, such as grains, nuts, and vegetable oils, don't contain cholesterol.

Do you know your cholesterol numbers? Most people don't, so don't feel badly if you don't know them. Has your doctor suggested checking your cholesterol? Knowing your cholesterol numbers is as important as knowing your blood pressure. You should know not only your total cholesterol, but also its three components. Let's explore all of those.

Total Cholesterol

Your total cholesterol should be under 200. If it's over, your doctor will certainly want to measure the individual components. That's not a bad idea, even if your total cholesterol is below 200. The three cholesterol components are:

- Bad cholesterol (LDL, which stands for low-density lipoprotein)
- Good cholesterol (HDL, which stands for high-density lipoprotein), and
- Triglycerides

These detailed numbers provide a better indicator than your total cholesterol.

I've seen recommendations that knowing your total cholesterol number is sufficient until about age 40, and that you should then have a blood screening that tells you your HDL, LDL, and triglyceride levels. With heart disease affecting younger and younger women, I'd think that if you have any of the other risk factors, or have any concerns about it, you

should discuss this with your doctor to determine whether it is advisable to go ahead and check all of these cholesterol components. It's just a simple blood test. It requires fasting, usually after midnight the night before, but that's such a small price to pay for having this very important information.

As you can see in Figure 4.2, the optimal cholesterol readings are total cholesterol of less than 200, triglycerides of less than 150, LDL (bad) cholesterol of less than 130, and 70 for heart patients, and HDL (good) cholesterol of greater than 50 for women and 40 for men.

Optimal Cholesterol Readings	
Measure	Optimum Reading
Total Cholesterol	Less than 200
Triglycerides	Less than 150
LDL (Bad) Cholesterol	Less than 130, and 70 for heart patients
HDL (Good) Cholesterol	More than 50 for women (40 for men)

Figure 4.2: Optimal Cholesterol Readings

LDL (Bad) Cholesterol

Too much LDL cholesterol in your blood leads to a build-up in the artery walls, forming plaque, a thick, hard substance that causes atherosclerosis, more commonly known as "clogged arteries." Clots forming nearby can then block blood flow to the heart, causing a heart attack, or block blood flow to the brain, causing a stroke. That's why LDL is so bad.

The AHA recommends keeping your LDL cholesterol below 130, with 100 being optimal. If you already have heart disease, you need to be below 70.

Can you get your LDL cholesterol too low? Apparently not, as the current recommendation is to go as low as you can. A recent study reported that patients on a particular statin had median LDL levels of 62, compared to 95 for those on a different statin. The lower LDLs correlated with a 16 per cent lower rate of heart disease and stroke, and a 28 per cent lower death rate. The lower the LDL cholesterol, the better. Recent research has pointed to statins lowering our risk of many cancers as well.

While some cardiologists have joked that we should put statins in the water, apparently that's not so far-fetched as Britain allows statins to be sold over the counter, with no prescription required.

In some cases, your doctor may order a special screening to break LDL into its components. Before my surgery, my cholesterol numbers were fine, but we wondered if one of the LDL components was out of line but was being masked by the other LDL components. My cardiologist subsequently ordered a "Berkeley Panel" to separate out the various LDL components, but those numbers, too, were fine.

Even if your numbers are fine, don't go around eating fats with reckless abandon. Even with great cholesterol numbers, you still should be cognizant of any other risks that you may have.

HDL (Good) Cholesterol

Where LDL cholesterol is bad, HDL cholesterol is good. A normal HDL reading for women is 45–60, and for men, 35–50.

HDL's role is presumed to be to move cholesterol from the arteries to the liver so that it can be removed from the body. There's even a belief that HDL may remove cholesterol from plaques already built up in the arteries, helping protect against heart attack. When you don't have enough HDL, the body keeps building plaque in the arteries.

Smoking, being overweight, and lack of exercise, will keep your HDL levels depressed, putting you at more risk. My doctor said that exercise is the best way to increase my HDL level, and that I should be walking briskly 30–60 minutes every day. Some studies have also indicated that you can increase your HDL cholesterol through moderate use of alcohol. Moderate is the operative word here.

Triglycerides

Triglycerides are a form of fat that comes from food. Though high triglyceride levels are often correlated with heart disease, having high triglycerides doesn't automatically mean that you will have heart disease. High triglycerides are often found along with high total cholesterol, high LDL, and low HDL, the combination of which does put you at risk.

Some recent news on the exercise front indicated that ten-minute workouts are more effective in lowering triglyceride levels. Researchers at the University of Missouri–Columbia found that three ten-minute workouts were more effective in lowering triglyceride levels than one thirty-minute workout. However, they only tested for triglyceride levels, so this may not apply to the other cholesterol components. One physician commented recently that anything less than 30 minutes at a stretch doesn't improve the HDL cholesterol, so longer stints of exercise still appear to be necessary.

Other Problems Related to Cholesterol Levels

As if this isn't already enough to make us pay attention to our cholesterol levels, one new related data point is that women with higher bad LDL cholesterol levels tend to have lower bone densities. A woman with an LDL of 160 or higher has twice the risk of osteopenia, a precursor to osteoporosis, than a woman with a normal LDL of 129 or less.

Finally, as if we needed any more reasons to control our blood pressure and cholesterol, a study done at the University of California at San Francisco found that middle-aged participants who had multiple heart disease risk factors among the Big Four (smoking, diabetes, cholesterol, and hypertension) were twice as likely to develop dementia in old age as those with only a single risk factor. Having all four risk factors tripled the risk over study participants without any risk factors.

Family History

Do you have a family history of heart disease? Has anyone in your family had a heart attack? Have several family members died from heart disease, or did anyone die at a young age from it? Did you have a close male family member (grandfather, father, or brother) who had heart disease before age 55, or a close female family member (grandmother, mother, or sister) who developed heart disease before age 65?

This is a risk factor that you can't control, and is therefore important and valuable information for helping your doctor to decide what health screenings to order and when to start doing them. This doesn't just apply to heart disease; your doctor should know about family members with cancer, diabetes, osteoporosis, and a host of other possible illnesses. One of my doctors said that this is the most important information that a patient can provide her.

Over the past year or so, there have been studies that have isolated specific mutations of genes that definitely cause heart attacks, and discoveries of others that seem to confer a protective effect, even in those with high blood pressure, high cholesterol, or other heart risks. Another new study has found that African Americans are more likely than European Americans to have gene variations linked to heart attacks, which could help explain the fact that African Americans appear to be more vulnerable to heart disease.

These research findings open up the possibility that one day we could have genetic testing that would tell us more about our level of risk. From that, we could take the necessary steps to deal with the findings. But until then, it's best to presume that we need to do whatever we can to minimize our risk.

Overweight

The facts continue to roll in about the effect that being overweight has on your health. Carrying around extra weight is a tremendous strain on your heart. This hits very close to home for me as it was one of my two risk factors.

If you're overweight, you're at increased risk for heart disease and stroke because being overweight stresses your heart and can cause high blood pressure. You're also more at risk for diabetes, a major risk factor for heart disease.

The statistics shown in Figure 4.3, about the percentages of the US population that are overweight, are pretty shocking.

Overweight and Obesity (see Figure 4.5) Among Americans Age 20 and Older		
	Women	Men
Non-Hispanic White	57%	67%
Non-Hispanic Black	77%	61%
Mexican	72%	75%

Figure 4.3: Overweight and Obesity Among Americans Age 20 and Older, Source: American Heart Association

Please keep in mind that when I use the terms *overweight* and *obese* in this book, I'm talking about the official clinical classifications from the National Heart, Lung, and Blood Institute, which we'll explore over the next few tables. It doesn't mean that if you weigh a few pounds more than what you would like to weigh that you're automatically at risk.

How can you know if you are overweight? Let's explore this question using the guidelines from the National Heart, Lung, and Blood Institute (NHLBI), which are reproduced in Figure 4.6. The guidelines classify overweight based on Body Mass Index (BMI) and Waist Circumference. Let's first define BMI, and then we'll put it all together.

Body Mass Index

Body Mass Index (BMI) is an estimate of body fat. The easy way to find out your BMI is to go to the BMI Calculator at the web site of the National Heart, Lung, and Blood Institute (http://nhlbisupport.com/bmi/) and enter your height and weight (select the American or metric measurements tab.)

Alternatively, you can select the "Go to BMI Tables" link on that page. To use the table, look up your height in inches by moving down the left column, then go across that row to your approximate weight, and then look up the column to the heading, which tells you your BMI.

In Figure 4.4 are the official categories for various BMIs, which you'll see again in Figure 4.6.

Weight Description Using BMI	
Weight Description	BMI
Underweight	Less than 18.5
Normal Weight	18.5–24.9
Overweight	25–29.9
Obesity	30 or more

Figure 4.4: Weight Description Based on BMI, Source: National Heart, Lung, and Blood Institute

To give you a sense of what these numbers really mean, I've provided, in Figure 4.5, the height and weight combinations at which a woman has a BMI of 25, classified as ***Overweight***, a BMI of 30, ***Obesity***, and a BMI of 40, ***Extreme Obesity***. For example, if a woman is 4' 10" tall and has a weight of 118 pounds or less, her classification is normal; if 119–142 pounds, overweight; if 143–190 pounds, obesity; and if 191 pounds or more, extreme obesity.

Women's Weight Classifications			
Height	Weight (pounds)		
	BMI=25 Overweight	BMI=30 Obesity	BMI=40 Extreme Obesity
4'10" (58)	119	143	191
4'11" (59)	124	148	198
5' 0" (60")	128	153	204
5' 1" (61")	132	158	211
5' 2" (62")	136	164	218
5' 3" (63")	141	169	225
5' 4" (64")	145	174	232
5' 5" (65")	150	180	240
5' 6" (66")	155	186	247
5' 7" (67")	159	191	255
5' 8" (68")	164	197	262
5' 9" (69")	169	203	270
5' 10" (70")	174	209	278
5' 11" (71")	179	215	286
6' 0" (72")	184	221	294
6' 1" (73")	189	227	302
6' 2" (74")	194	233	311

Figure 4.5: Women's Weight Classifications, From National Heart, Lung, and Blood Institute's Body Mass Index Table (http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf)

Waist Circumference

Waist circumference, which measures abdominal fat, is the other important factor in determining the overweight classifications. Simply measure your waist with a tape measure.

Figure 4.6 shows the National Heart, Lung, and Blood Institute's table for classifying overweight and obesity by BMI and Waist Circumference, and also indicates the level of risk for cardiovascular disease, hypertension, and Type 2 diabetes that is associated with each category.

Classification of Overweight and Obesity by BMI, Waist Circumference, and Associated Disease Risks

			Risk of Type 2 Diabetes, Hypertension, and Cardiovascular Disease	
Weight Description	BMI (kg/m^2)	Obesity Class	Women 35 in (88 cm) or less	Women >35 in (88 cm)
Underweight	< 18.5		–	–
Normal	18.5–24.9		–	–
Overweight	25.0–29.9		Increased	High
Obesity	30.0–34.9	I	High	Very High
	35.0–39.9	II	Very High	Very High
Extreme Obesity	40.0+	III	Extremely High	Extremely High

Figure 4.6: Classification of Overweight and Obesity by BMI, Waist Circumference, and Associated Disease Risks, Source: National Heart, Lung, and Blood Institute (http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/bmi_dis.htm)

In Figure 4.6, a woman with a waist measurement of 35 inches or more (the far right–hand column), combined with a BMI of 25–29.9 (in the second column from the left), is listed as being *overweight* (first column), and therefore is at high risk (far right-hand column) of diabetes, hypertension, heart disease, and stroke. A BMI of 30–34.9 is categorized as *obesity*, and has a very high risk if the waist circumference is 35 inches or more. As you see, the higher the BMI, the higher the risk.

Being overweight or obese may be one of the most important risk factors for women as the Harvard Nurses Health Study found that about 30 percent of women's heart attacks were correlated with being overweight or obese.

Of course, adding in any of the other risk factors discussed in this chapter increases the risk even more.

Even if a woman has a waist measurement of less than 35 inches, she is still at increased risk if her BMI exceeds 25. Even with a normal weight, having a waist circumference of 35 inches or more puts a woman at higher risk due to having an apple shape.

You've probably heard that you're more at risk if you're apple-shaped, meaning that you carry your excess weight around your waist, rather than if you're pear-shaped, where you carry excess weight in your hips or thighs. That is true—being apple-shaped indicates that you are more at risk. The reason is that fat on the hips is stored just under the skin, whereas fat at the waist is stored deeper, frequently surrounding the internal organs, which is much more dangerous.

We women tend to be more pear-shaped until after menopause, and then we start to store our excess fat around our waists. That's when our risk increases. If you have an apple-shape, you may have what's called "metabolic syndrome"

Metabolic syndrome is defined as having three, or more, of the following five conditions: obesity (typically abdominal fat), high blood sugar, high blood pressure, high triglycerides, and low HDL (good) cholesterol. About one-fourth of adults have metabolic syndrome, which puts them more at risk for heart disease, stroke, diabetes, and cancer. In fact, a study of metabolic syndrome found that those with it were from three to four times as likely to die of a heart attack.

In addition, eating lots of fats, especially saturated fats and trans fats, further increases fat accumulation in the waist area, and increases the risk.

While apple vs. pear is an important heart-health distinction, be aware that many nutrition authorities say that body shape has nothing to do with your nutritional needs, contrary to what you might read in some diet books.

Weight is becoming a huge health problem in the US and around the world. Where in 1986 only one in every 200 Americans was extremely obese, by 2000 that had more than tripled to one in every 50. Obesity-related deaths are expected to overtake tobacco-related deaths in the near future.

The Centers for Disease Control classifies deaths in the US based on the original source of the problem, as shown in Figure 4.7. Death from heart disease can be due to tobacco, obesity, or a number of other causes. While tobacco was the top cause, obesity was a very close second, and was up more than 100,000 from the prior decade. Obviously, by 2010, it will have well overtaken tobacco.

Cause Of Death in the US in 2000	
Cause	Number Of Deaths (Per Cent Of Total)
Tobacco	435,000 (18%)
Obesity	400,000 (17%)
Infectious disease (pneumonia and flu)	75,000 (3%)
Car crashes	43,000 (2%)

Figure 4.7: Cause of Death in the US in 2000, Source: Centers for Disease Control, US Department of Health and Human Services

Correlation of Overweight with Other Diseases

Overweight and obesity have been correlated with other diseases and health issues as well.

- American Cancer Society research has shown that postmenopausal women who had gained 21–30 pounds over their weight at age 18 were at a 40% greater risk of getting breast cancer than those who had only gained 5 pounds or less. It's thought that breast cancer risk increases due to the excess fat tissue increasing the body's estrogen levels.

- That same 20 pounds or more of weight gain also increases your risk for Alzheimer's. Women in their 70s who were overweight by at least 20 pounds had an increased risk of having Alzheimer's in their 80s. For each increment that their BMI went up, their risk of dementia increased by 36%. Researchers theorize that this is due to decreased blood flow to the brain and heart.

- Women with a waist circumference of 35 inches or more were two and a half times as likely to get cataracts, a leading cause of adult loss of vision, as those with a waist circumference of 31.5 inches or less.

- Obese men have twice the risk of colon cancer, and obese women (BMI=30 or more) face two-to-four times the risk of breast cancer and endometrial cancer. Fat around the abdomen seems to be more reactive, leading to faster cell growth, including growth of cancerous cells.

Inactivity

A sedentary lifestyle probably goes hand-in-hand with being overweight, so you can eliminate two risk factors by just getting up and moving. Just like any other muscle, if you don't exercise it, your heart will atrophy. You've got to get your heart pumping at least 5 times a week. Cardio workouts, such as a brisk walk, are important for overcoming this risk factor.

High Stress

Whether or not stress actually causes heart disease has been very controversial, but I believe that it does due to two data points.

1. Many of the heart attack survivors that I have interviewed for another book didn't have the classic risks factors, but many did have high stress.

2. A study of 43,000 Japanese women done by the University of Tsukuba found that those who were very stressed were one and a half to two times as likely to die of stroke or heart disease, even though they tended to be five years younger. We don't know whether this study translates to other races and nationalities, but we do know that African American women have the highest death rate from heart disease, and it is theorized to be due to their bodies producing less nitric acid, which the body uses to handle stress by opening up the blood vessels to maintain blood flow.

As I was finishing the editing of this book, Canadian researchers at McMaster University reported their findings at the 2004 European Society of Cardiology conference in Munich. Those findings should quell any disbelievers.

In the study, the factors accounting for almost 90 per cent of all heart attacks were isolated. Number one was abnormal cholesterol, as measured by a new test, ApoB. That accounted for almost half of the heart attack risk. Smoking was next, at thirty-six per cent, followed by diabetes, high blood pressure, and abdominal obesity.

One of the biggest surprises for the researchers was that stress and depression came in sixth, followed by insufficient fruits and vegetables and inadequate exercise. Thus, we're finally getting research confirmation that stress really is a factor in heart attacks.

In other studies presented at the European Society of Cardiology, two studies found that exposure to air and noise pollution significantly increased heart attack risk, largely due to the increase in stress hormones released by the body. Another study, which I mentioned earlier, found that the risk of heart attacks doubles during cold weather for those with high blood pressure, and again, stress appeared to have been a contributor.

Of course, stress is now being implicated in many other diseases as well.

My friend, Ceil, is a heart survivor, and stress was a factor with her heart. She was kind enough to let me share her story with you, in Figure 4.8 below.

Ceil's Story

Ceil is in law enforcement, a very stressful field. Back in 1995, she was in New Orleans, with her husband while he attended a convention. She decided to do touristy things. As she took a plantation tour one day, she felt tired, a little bit sweaty, and out of breath. She came back exhausted, and went to sleep.

The next day, she felt achy, with chest congestion, almost like she had the flu. She could barely pack to go home, and needed to sit down to catch her breath.

While flying home, she felt severe chest discomfort, but it was NOTHING like the classic pressure or tightness or the proverbial 'elephant on the chest.' That evening, when she got home, her husband rushed her to the hospital emergency room. Blood tests there revealed that she probably had a heart attack while they were changing planes in Houston. The doctors did an angiogram (catheterization), and found that a small artery had closed off. They inserted a balloon, though the artery was too small for a stent.

Ceil really had no early warning of problems, other than an unusual EKG the previous year, but the cardiologist didn't find a thing.

A month after her surgery, she had some stomach and chest pains, which were said to be reflux. She also developed asthma, and would wake occasionally gasping for air.

Then, in 2000, during her regular cardiologist visit, she commented that it felt like she had butterflies fluttering in her chest. They did a stress test, which was abnormal, and decided to do another angiogram. The situation was so serious that they had to do a triple bypass. This time, she never actually had chest pains, or any other symptoms, besides the butterflies.

Like most bypass survivors, Ceil's worst pain was in the breastbone where they had to crack it open to reach the heart. The entire first year she was in constant pain, and finds the area occasionally still painful four years later. Recovering from bypass is a long journey.

Ceil's Story

She now pays lots of attention to the things that were the causes, with stress and being a Type A among the main ones. She also feels that she could have done some minor diet adjustments—she knew she needed to for general health, but ignored it. Like most heart survivors, she now notes every unusual ache or pain, just in case.

When I asked Ceil what she would recommend for other women, she suggested that we all need to do our homework, reading up and becoming knowledgeable about our health. But don't believe everything you read on the Web—consider the source and their motives. Also learn to listen to your own body telling you things, even if you don't understand them. It's generally trying to get your attention before it's too late!

Figure 4.8: Ceil's Story

Next Steps

This book was excerpted from chapters 1, 2, 6, and 7 of *A Woman's Guide to Saving Her Own Life*, by Mellanie True Hills.

Knowing that you may be at risk for heart disease or stroke is the first step, but I encourage you to pay close attention to your risk factors, and more importantly, to create a plan to overcome them and to reverse any unhealthy habits that you have.

Taking proactive control of your health is vital. To that end, I invite you to subscribe to the Healthy Living News, our bi-weekly e-mail newsletter designed to optimize your health and your life. I know that most of us don't have time to research all the changes in the medical and health fields, and more importantly, figure out how to cut through all the clutter that is out there, so every other week I synthesize the latest health and medical information to deliver you health news that you can use. To sign up, go to http://www.SaveHerLife.com, select "Newsletter," then type your name and e-mail address in the boxes on the left side of the page, and press the "Subscribe" button. That's all you have to do. You'll get the Healthy Living News every other week in your e-mail inbox. While you're there, please peruse the back issues of the Healthy Living News for important, life-saving information.

And when you're ready to make that plan to save your life and health, and to take proactive control of your health, *A Woman's Guide to Saving Her Own Life* is there to help. See the next page for details of what you'll find included in it, but I'll go ahead and give you a sneak peek—you'll find all my secrets for how I lost 85 pounds there, and how you can lose weight, too.

Take charge of your health, and take care of the most important person in your life, YOU! I wish you health, happiness, and longevity.

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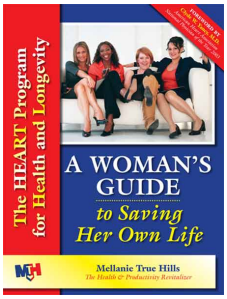
"This book chronicles a real life story of a remarkable woman struck by heart disease and the resultant rally of her human spirit that led to a restoration of her health. Mellanie has researched an impressive repository of information on heart disease and has crystallized the HEART program designed especially for women. I highly recommend it." ***From the Foreword by Clyde W. Yancy, MD, American Heart Association*** **National Physician of the Year 2003**

Escape the Silent Killers Stalking You



Most women don't know that breast cancer **isn't** their worst enemy. Two silent stalkers—heart disease and stroke—kill two of every five women, largely due to our speed-obsessed, stressed, unhealthy lifestyles. **Every second, we lose one woman** to heart disease or stroke in the US, and two-thirds of them had no prior symptoms. It's happening to younger and younger women—women in their forties, thirties, even twenties. Why are we losing this battle? Because women have different symptoms from men—subtle, easily-overlooked symptoms—that many women, and their doctors, don't know. *A Woman's Guide to Saving Her Own Life* empowers women to take control of their life and health.

Mellanie True Hills, author of *A Woman's Guide to Saving Her Own Life*, almost died in emergency heart surgery. She didn't even have the traditional heart attack risk factors—she was simply overweight and overstressed, just like many women today. As a high-tech road warrior with an extreme job and an always-on lifestyle, she almost died from stress. Shockingly, more than half of all executives will die from stress-related illnesses. Many women are headed for this same train wreck, but the secrets that saved Mellanie could save them, too.

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- **Lose weight easily** . . . Mellanie **lost 85 pounds** with these secrets
- Find out **why working women have more stress** and **how they can avoid it killing them**
- Help your doctor give you the treatment and tests you deserve
- Recognize that women have different symptoms—knowing the difference can save your life
- Share with men in your life what they need to know

The HEART Program in *A Woman's Guide to Saving Her Own Life* has saved countless lives and could save yours, too!

Mellanie True Hills authored two intranet best-sellers (John Wiley & Sons) and *A Woman's Guide to Saving Her Own Life*. As a recovering road warrior, she uses her second chance to raise awareness of women and heart disease and to coach individuals to create healthy lifestyles and organizations to create healthy, productive workplaces.

A Woman's Guide to Saving Her Own Life will be available for $39.95 in bookstores, at www.SaveHerLife.com, and by calling Healthy Ideas Press at 866-966-1437.

-30-

A Woman's Guide to Saving Her Own Life: The HEART Program for Health & Longevity, by Mellanie True Hills, is published by Healthy Ideas Press. First edition, soft cover, 8 ½ x 11, 196 pages, with 85 illustrations. ISBN 0-9766008-0-3. $39.95. Publication: Summer 2005.

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About the Author

Mellanie is a heart survivor, having had a close call in emergency heart surgery. Using her second chance, she coaches individuals to create healthy lifestyles that revitalize their health, and works with organizations to create healthy workplaces that transform productivity.

As the founder and CEO of the American Foundation for Women's Health, a non-profit organization dedicated to education and awareness about women's health issues, Mellanie's mission is to spread awareness of heart disease and how to prevent it. She provides a message of hope and encouragement, sharing how to take control, decrease stress, and protect against heart disease. Audiences consistently say, "You changed my life."

Previously, Mellanie was an Internet pioneer at J.C. Penney Company, Inc., over a decade ago, where she led the creation of one of the early corporate web sites as well as an intranet and supplier extranet. At Dell Inc., she was the executive in charge of creating and executing Dell's intranet vision and strategy. At Cisco Systems, Inc., she was an eBusiness Strategy Thought Leader in Cisco's Global High-Tech Internet Business Solutions Practice where she served as a Trusted Advisor to top executives of some of Cisco's largest high tech customers.

As a renowned Internet visionary, she is the author of two intranet and groupware best-sellers, Intranet Business Strategies and Intranet as Groupware, published by John Wiley & Sons. She wrote for numerous business and technology publications, including a regular syndicated column for the Dallas Business Journal and other city business journals.

She addressed audiences of hundreds and thousands at some of the earliest Internet events, in locations as diverse as Montreal, Singapore, Rio de Janeiro, Johannesburg, and New Delhi, and has keynoted adjacent to such Internet luminaries as Tim Berners-Lee, creator of the World Wide Web. She was also a celebrity judge at the First India Internet Awards, in New Delhi, India.

In addition to being a wife and mother, Mellanie serves on the Executive Committee of the Leadership Texas Alumnae Association Board of Directors and the Executive Council of the Texas Alliance of Women's Health Networks. She is a member of Women in Technology International (WITI), the National Speakers Association (NSA), the Heart of Texas chapter of the National Speakers Association, and Mended Hearts.

She also volunteers with the American Heart Association, where she serves on the local board of directors and as a speaker and media spokesperson on their behalf.

Visit her web site at http://www.mellaniehills.com, or write her at mhills@mellaniehills.com.

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