

Caring for Your Heart ^[1]

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Heart Disease Basics

Many people think of heart disease as a problem for men, yet heart disease is a leading cause of death for women worldwide. According to the World Health Organization (WHO), heart disease and stroke were the top two causes of death among women overall in 2012, though the leading cause of death in females ages 15-44 years was HIV/AIDS.

In the US, heart disease was also the number one cause of death for women in 2013, accounting for about one in four of all female deaths. By comparison, breast cancer caused only one in 31 deaths among women in the US. Almost two-thirds of women who died suddenly of coronary heart disease had no symptoms of heart trouble before they died. This is why it is important to get regular check-ups and understand your risk of heart disease (see [Risk Factors of Heart Disease](#) below).

Heart disease is a type of cardiovascular disease (CVD). This means that it affects your heart and blood vessels. There are several types of heart disease. The most common type in the US is coronary artery disease (CAD) or coronary heart disease (CHD); coronary heart disease is a disease of the blood vessels that supply the heart muscle. This is the kind of cardiovascular disease most commonly associated with heart attacks. Another major type of cardiovascular disease is cerebrovascular disease, or disease of the blood vessels that supply the brain; this type is most commonly associated with strokes.

Coronary artery or heart disease occurs when hard patches, or plaques, build up in the vessels that supply blood to the heart. Plaque is made up of cholesterol, a fat-like substance found in the blood. Plaque buildup causes the arteries (blood vessels leading to the heart) to get narrower and become less flexible. This process is called atherosclerosis.

A heart attack occurs when a plaque breaks free from a blood vessel's wall and forms a clot that blocks an artery supplying blood to your heart. This blockage means that the oxygen-rich blood necessary for the heart to pump cannot reach the heart and part of the heart muscle may become injured or die.

Recent studies have shown that statins, a type of cholesterol-lowering drugs, may reduce the amount of plaque in the blood vessels of people living with HIV. Thus, statins may be helpful in reducing the risk of heart disease for people living with HIV. For more information, see the section ['Reducing the Risk for Heart Disease'](#) below.

Symptoms of Heart Attack

For some people, the first sign of heart disease is a heart attack. Symptoms of a heart attack

include:

- Pain, pressure, or discomfort in the chest: this may feel like heaviness, aching, burning, fullness, squeezing, or stabbing
- Shortness of breath
- Indigestion or heartburn
- Nausea or vomiting
- Pain in the arms, left shoulder, neck, throat, jaw, or back
- Heart palpitations (irregular beats)
- Increased heart rate ('racing' heart)
- Weakness
- Dizziness
- Sweating

As with men, women's most common heart attack symptom is chest pain or discomfort. However, one study reported that four in ten women experienced no chest pain during a heart attack. In 2016, the American Heart Association confirmed that women are more likely than men to have some of the other common symptoms, particularly shortness of breath, nausea or vomiting, and back or jaw pain. Many women who have suffered a heart attack report that they simply felt like they had indigestion. If you feel heart attack symptoms, do not delay ? seek medical attention immediately.

Risk Factors for Heart Disease

Two out of every three women who die suddenly of coronary heart disease do not have any prior symptoms, so it is important to know your risk factors for heart disease and to maintain good heart health. Many factors can increase your risk for heart disease. One of the most important is family history. If someone in your family has had heart disease, you have a higher risk.

Age and gender also have an effect on heart health. Generally, men have a greater risk than women and at an earlier age. For men, risk begins to go up at age 45 and continues to grow each year. For women, the risk generally does not start to go up until after menopause [2], when women lose the protective effect of estrogen. By age 65, the heart disease risk in women goes up substantially.

Some studies have shown that taking hormone replacement therapy (HRT) may increase a woman's risk for heart disease, stroke, pulmonary embolism (blood clot in the lung), and breast cancer. For some women, the benefits of hormone replacement therapy outweigh the risk of heart disease. If you are thinking about hormone replacement therapy, it is important to talk to your health care provider so that you can decide what is right for you.

Other risk factors for heart disease include:

- High blood pressure
- High cholesterol and/or high triglycerides (hyperlipidemia [3])
- Smoking [4]
- Lack of exercise/physical inactivity [5]
- Stress [6]
- Poor diet and nutrition [7]

- Being overweight or obese
- [Diabetes](#) [8]
- Alcohol use
- [Depression](#) [9]
- HIV

HIV and Heart Disease

People living with HIV (HIV+) have higher rates of heart disease than the general population. There are a number of reasons for this:

- Some HIV drugs and possibly HIV itself can cause [lipodystrophy](#) [10]. Lipodystrophy means abnormal fat changes. It is used to describe a number of unwanted changes in body fat that are experienced by many people living with HIV. Lipodystrophy can also include changes in fat and sugar levels in the blood. Some of these changes are risk factors for heart disease, including high blood fats or lipids (cholesterol and triglycerides) and [diabetes](#) [8].
- Some HIV drugs and possibly HIV itself can also cause high blood fats ([hyperlipidemia](#) [3]) and diabetes in the absence of lipodystrophy
- HIV infection causes inflammation that can lead to damage to the heart and blood vessels, potentially increasing the risk of heart disease

While some HIV drugs can cause [side effects](#) [11] that may increase the risk of heart disease, studies have shown that HIV drug therapy may actually protect against heart disease, as well as keep HIV and other HIV-related conditions under control.

A recent study from Denmark also suggests that the primary reason for people living with HIV having a higher risk of heart disease is that people living with HIV smoke more than those who are HIV-negative. If there is one thing you can do to improve your heart health ? and your health overall ? it is to quit smoking. For more information and suggestions on how to quit, see our article on [Smoking and Tobacco Use](#) [4].

Reducing the Risk for Heart Disease

It is important for people living with HIV to evaluate their risk factors for heart disease and take steps to reduce them. Ask your health care provider about the HIV drugs you take to see if any may be raising your lipid (cholesterol and triglyceride) levels. Some newer classes of drugs may not affect your lipids as much. Switching drugs may not be an option for everyone and it is important that you not make any changes to your HIV drugs without first talking to your health care provider.

While there are some risk factors that you will not be able to change, there are many things that you can do to reduce your risk for heart problems:

- [Quit smoking](#) [4] - smoking is the biggest risk factor for heart disease. If quitting is not an option for you right now, try cutting back on how much you smoke.
- Watch your blood pressure - high blood pressure increases the workload of the heart. If you have high blood pressure, speak to your health care provider about treatment options.
- Check your [lipid levels](#) [12] - if HIV drugs cause your cholesterol or triglyceride levels to

rise, you may need to switch drugs or use lipid-lowering drugs such as statins. Proper diet and [nutrition](#) [7] can also help you maintain healthy lipid levels.

- Get regular [exercise](#) [5] - being physically active can help reduce your risk for heart disease. It may also help to reduce your cholesterol and blood pressure.
- Watch your weight - if you are overweight, you are more likely to develop heart disease
- Check your blood sugar - if you have [diabetes](#) [8] or high blood sugar, you are at an increased risk of developing heart disease. Keeping sugar levels in check can reduce your risk. If you are taking certain HIV drugs, you may be at a greater risk for diabetes; therefore, it is important that you check your blood sugar levels regularly.
- Get omega-3 fatty acids ? these are found naturally in fish, nuts, seeds, and vegetable oils, but can also be taken as supplements. Recent research among people living with HIV has shown that taking omega-3 fatty acid supplements was associated with lower levels of triglycerides and a marker for inflammation.

Statin drugs are used to lower cholesterol and prevent heart disease. In early studies of the effects of statins among people living with HIV, it was also found that statins could reduce inflammation. Some scientists believe that inflammation is the key to the process of ' [accelerated aging](#) [13]' that affects some people living with HIV. A large [clinical trial](#) [14] called [REPRIEVE](#) [15] (Randomized Trial to Prevent Vascular Events in HIV) is currently underway to examine the ability of a statin drug called pitavastatin to reduce inflammation and heart disease among people living with HIV. It is being conducted through the AIDS Clinical Trials network and funded by the US National Institutes of Health (NIH).

Taking Care of Yourself

Your health care provider can determine your risk for heart disease by checking your blood pressure, cholesterol, and blood sugar, and by finding out about your family's history of heart disease. If you are at high risk or already have symptoms, your provider may suggest some tests that can determine if you have heart disease. Medications may also be necessary. Medicines can treat heart disease risk factors such as high lipid levels, high blood pressure, diabetes, an irregular heartbeat, and low blood flow.

Heart disease is a growing concern for both men and women living with HIV. One reason for this is that people living with HIV are living longer due to the widespread use of effective HIV drugs, and the risk of heart disease increases naturally as you age.

The good news is that there are many things that you can do to help prevent and manage heart disease. Healthy lifestyle choices such as quitting smoking, improving your diet, getting regular medical check ups, and staying physically active can all help you care for your heart. When lifestyle changes are not enough, a number of medications and other medical approaches are available.

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[Women's Heart Disease Risk Quiz \(Women's Heart Foundation\)](#) [50]

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[Omega-3 Fatty Acids May Reduce Triglycerides and Improve Inflammation in People with HIV \(AIDSmap\)](#) [53]

[Omega-3 Fatty Acids: An Essential Contribution \(Harvard: The Nutrition Source\)](#) [54]

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[REPRIEVE: Randomized Trial to Prevent Vascular Events in HIV](#) [56]

[Take Heart: Women with HIV & Cardiovascular Disease Risk \(Beta blog\)](#) [57]

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- [44] <http://www.catie.ca/en/fact-sheets/other-health-conditions/hiv-and-cardiovascular-disease>
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- [51] <http://news.heart.org/researchers-evaluating-hivs-hidden-heart-threats/>
- [52] <http://www.nhlbi.nih.gov/health/educational/hearttruth/video/tht-video-risk-factors.htm>
- [53] <http://www.aidsmap.com/Omega-3-fatty-acids-may-reduce-triglycerides-and-improve-inflammation-in-people-with-HIV/page/3097627/>
- [54] <https://www.hsph.harvard.edu/nutritionsource/omega-3-fats/>
- [55] <https://www.aids.gov/hiv-aids-basics/staying-healthy-with-hiv-aids/potential-related-health-problems/cardiovascular-health/>
- [56] <http://followyourheart.reprievetrial.org/>
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