

The Center for Women's Health and Gender Biology

N E W S L E T T E R

What Every Woman Should Know About Her Health

In This Issue:

Highlights from the AHA.....	1
Research Presentations from Scholars at the Center.....	2
New Report on Aspirin for Heart Disease	3
Nurse Practitioners	3
Center Celebrates 10th year.....	3
Sarnoff Endowment's Strategic Plan	3
Thank You Jacob	3

Cardiovascular Disease Highlights from The American Heart Association Update 2005

Women and Heart Disease

- According to an American Heart Association survey, only 13 percent of women consider cardiovascular disease their greatest health risk. However, statistics show that no disease, not even cancer, claims as many women's lives as CVD. It causes a death a minute among females.
- One in 4 males and females have some form of cardiovascular disease.
- 50% of men and 64% of women who died suddenly of CVD had no previous symptoms.

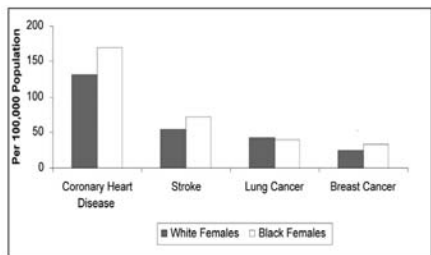


Figure 1. Age adjusted death rate for white and black females

Physical Inactivity

- Physical inactivity, a risk factor for cardiovascular disease, is increasingly prevalent.
- Almost 39% of adults report no leisure time physical activity.
- The relative risk of coronary heart disease associated with physical inactivity is comparable to high blood cholesterol, high blood pressure, or cigarette smoking.

Overweight and Obesity

- Now commonly described as modern epidemics, overweight and obesity together represent the second most preventable causes of death in the US, second only to cigarette smoking.
- Since 1991, the prevalence of those who are obese increased 75%.
- Today, nearly seven of every 10 adults are overweight and about three of every 10 are obese. Moreover, among children, overweight and obesity are rising at an alarming rate.
- An estimated 9 million children and adolescents, ages 6-19, are considered overweight or obese. Moreover, over 10% of preschool children are overweight.
- Among children and adolescents, annual

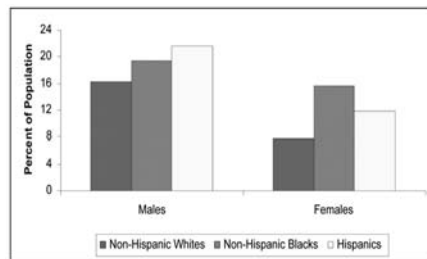


Figure 2: Prevalence of Overweight among Students in Grades 9-12 by Sex and Race/Ethnicity

hospital costs related to obesity were \$127 million during 1997-99.

Stroke

- About 700,000 Americans will have a stroke this year—that is someone every 45 seconds. Stroke is the nation's third leading killer and a leading cause of severe, long-term disability. Some populations including African American, American Indians or Alaskan Natives and Mexican Americans have a higher than average risk.
- Recent studies also indicate that the risk of stroke may be higher in women during pregnancy and the six weeks following childbirth.

Smoking

- Since 1965, smoking in the US has declined by 47 % among people age 18 and older.
- Cigarette smokers are 2-4 times more likely to develop heart disease than nonsmokers.
- Cigarette smoking approximately doubles a person's risk for stroke.
- Cigarette smokers are more than 10 times as likely as nonsmokers to develop peripheral vascular disease.

Heart Attack Warning Signs

- Chest discomfort
- Discomfort in other areas of the upper body (both arms, the back, neck, jaw or stomach).
- Shortness of breath. May occur with or without chest discomfort.
- Other signs: breaking out in a cold sweat, nausea, or lightheadedness.

Heart Disease and Stroke Statistics 2005 Website: americanheart.org

Research Findings from Faculty Scholars in Women's Health at the Center for Women's Health and Gender Biology

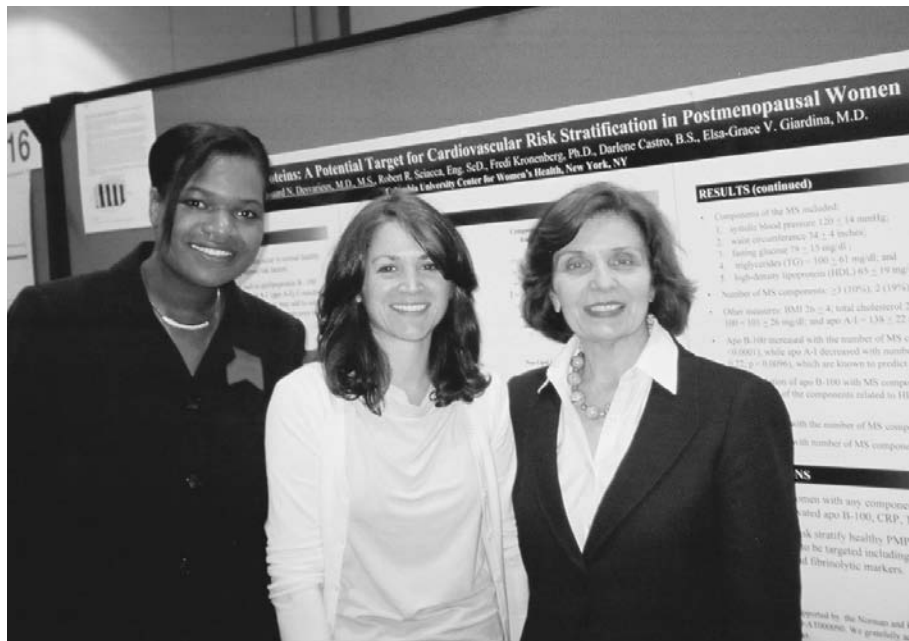
Elsa-Grace V. Giardina, M.D.
 Director, Center for Women's Health
 and Gender Biology

Physical Activity among Women

Dr. Julia Cassetta* reported on findings to determine if women meet the Surgeon General's recommendation for physical activity. Women who were more educated had the highest levels of physical activity. Yet, despite the fact that subjects were well educated (92% attended or graduated from college), only 53% met the Surgeon General's criteria of at least 30 minutes of daily moderate exercise on most days of the week. Age and race/ethnicity did not predict amount of exercise, although older women engaged in more low-impact activities. Programs targeting less-educated women will help address this disparity in amount of exercise but it is unclear what will motivate highly educated women to exercise more. Dr. Cassetta, Assistant Professor of Clinical Medicine, advises women "that the earlier you develop an exercise routine, the more likely to carry this good habit through life. No matter your age, level of fitness, or weight, regular physical activity will lower the risk of cardiovascular disease." Walking, the most popular exercise is both aerobic and weight bearing, and confers cardiovascular benefits and strengthens bones. For women with coexisting medical conditions, it is wise to consult your doctor before beginning an exercise program.

New Lipids Predict Risk in the Metabolic Syndrome

The Metabolic Syndrome is a constellation of findings that defines a high risk for heart disease and stroke. It includes: waist circumference > 88 cm; serum triglycerides >150 mg/dL; high-density lipoprotein cholesterol <50 mg/dL; and serum glucose > 110 mg/dL. Dr. Marie Desvarieux †, Fellow in Cardiology, reported that the new lipid factors apolipoprotein B (apo B-100) and apolipoprotein A-I (apo A-I) add to our ability to predict heart attack or stroke in postmenopausal women with the Metabolic Syndrome. Dr. Desvarieux found that higher Apo B-100 levels (bad lipoprotein) were associated with an increased number of components of the Metabolic Syndrome and that decreased apo A-I levels (the good lipoprotein) were associated with an increasing number of Metabolic Syndrome components. Additionally, she reported that the inflammatory marker, hs-C reactive protein



From Left: Marie Desvarieux, Fellow in Cardiology; Julia Cassetta, New York Presbyterian Hospital Auxiliary Scholar (CUMC); and Elsa Giardina at the American Heart Association International Conference on Women, Heart Disease and Stroke, Orlando, Florida.

(CRP), also increased with metabolic syndrome components. Dr. Desvarieux concluded that "these findings will enhance our ability to risk stratify healthy postmenopausal women, and along with traditional markers (cholesterol, LDL, and triglycerides), the apolipoproteins and inflammatory markers should be considered to assess risk".

Dr. Cassetta and Dr. Desvarieux presented their findings at the American Heart Association's 2nd International Conference on Women, Heart Disease and Stroke, Orlando, Florida, February 2005.

Disparities in Follow-up after Abnormal Mammogram

Dr. Rebecca Press‡ reported on findings of disparities in follow-up after an abnormal mammogram at the 28th annual Society of General Internal Medicine in New Orleans, March, 2005. Dr. Press, Assistant Professor of Clinical Medicine, analyzed 6,722 women during 2000 to 2002. She found a difference in the number of days from an initial abnormal mammogram to a subsequent test was significantly shorter for non-Hispanic white women (13 days); than for Hispanic (18 days); and African American women (16 days). These disparities may contribute to

the existing racial/ethnic differences in breast cancer mortality. The etiology of the disparities is likely multifactorial, including healthcare access, as well as provider-level and patient-level barriers. Dr. Press commented that "it is essential that these barriers be overcome in order to eliminate disparities in follow-up after abnormal mammograms and, consequently, in breast cancer mortality". Dr. Press's work was cited as one of the twelve finalists for the Hamolsky Award given to the three most highly rated of more than 700 presentations whose first author is a junior faculty member.

Supported by: *New York Presbyterian Hospital Auxiliary Scholar of Columbia University Medical Center; †Arlene Taub; ‡Norman and Rosita Winston Foundation; ‡Avon Foundation;

1. Cassetta, JA, Boden-Albala B, Sciacca R, Giardina E-G V. Effect of Education and Race/Ethnicity on Physical Activity in an Insured, Urban Population of Women, *Circulation*, 2005; 111:p66.
2. Desvarieux M, Sciacca R, Kronenberg F, Giardina E-G V. Apolipoproteins: A potential target for cardiovascular risk stratification in postmenopausal women with components of the metabolic syndrome. *Circulation*, 2005; 111:p 45.
3. Press R, Carrasquillo O, Giardina E-G V. Disparities in follow-up after an abnormal mammogram. *Society of General Internal Medicine*, March, 2005, New Orleans, LA.

Unexpected Difference in the Benefits of Aspirin on Heart Attack and Stroke

A large clinical trial of healthy women over 45 concluded that regular use of low-dose aspirin does not prevent a first heart attack in women younger than 65, as it does in men. The Women's Health Study found that about 20,000 women followed for 10 years who took 100 milligrams of aspirin every other day were no less likely to suffer heart attacks than the participants who took placebo.

However, aspirin did appear to help protect against stroke, particularly against an ischemic stroke, the most common kind, caused by a blood clot in the brain—24% lower than in the placebo group. Because aspirin carries a risk of bleeding, doctors do not currently advise healthy women with no clear risk of heart disease to take aspirin to prevent a heart attack. The study results are unlikely to change that practice. Women whose risk is higher because they are over 65, have high blood pressure, are diabetic, or have a family history of cardiovascular problems are often advised to take a baby aspirin daily. That practice is also unlikely to change. The study may help doctors to refine the way they measure cardiovascular risk, taking into account that women below 65 may be more vulnerable to stroke. Given that both heart attacks and stroke are caused by blood clots in the arteries, it is not clear why aspirin are protective only against strokes in women. The size of the blood vessels that lead to the brain are smaller than those that lead to the heart and this may account for the benefit in stroke.

The study also measured the effect of Vitamin E supplements or a placebo every other day. The supplements appeared to have no effect in preventing heart disease or stroke or in causing any health problems.



Advanced Nurse Practitioners Join Center's Health Programs

Recognizing the need for primary care services, the Center welcomes two advanced nurse practitioners and expands its primary care activities providing additional services in medicine and gynecology, travel medicine, walk-in visits, follow-up care, prescriptions, and preventive medicine checkups.

Anne Herlick (pictured above right), Nurse Practitioner, and Assistant Clinical Professor of Nursing, joins the Center with seven years experience in the Gynecology/Oncology division of Columbia University Medical Center. With a dual expertise in medicine and gynecology, Ms. Herlick provides primary gynecological care for patients. Her special interests include abnormal pap smears, women at high risk for gynecologic malignancies, menopausal issues, female sexuality, and bone health.

Mary Stein (pictured bottom right), Nurse Practitioner, and Assistant Professor of Clinical Nursing, has been practicing internal medicine and primary care since 1996 at the Columbia University Medical Center. Formerly, she provided care at the Columbia Eastside Primecare program. Ms. Stein provides primary care for adults of all ages and provides a unique service through a subspecialty in travel medicine. Appointments for travel medicine counseling and vaccines for both international and stateside travelers, including yellow fever vaccine and certificates, are available within 24 hours.



Please call (212) 326-8540 to book an appointment with Ms. Herlick and Ms. Stein.

Reception celebrates 10 years at the Center

To honor the 10th anniversary of the founding of the Center for Women's Health, a reception was held at the home of Patricia and Alex Gabay in the fall, 2004. Members of the Advisory Committee, Deans Joseph Tenenbaum and Linda Lewis, faculty at the Center, P&S medical students, house staff, and friends celebrated the program and the concept of developing young scholars in women's health. Mrs. Gabay, a member of the Advisory Committee, has been committed to the concept of women's health and the dissemination of information about gender-specific health.

Dr. Giardina Chairs Strategic Planning of the Sarnoff Endowment for Cardiovascular Sciences

DR. ELSA-GRACE GIARDINA, Professor of Clinical Medicine, and Director of the Center for Women's Health, has been named the Chair of the Strategic Planning Committee of the Sarnoff Endowment for Cardiovascular Sciences. The Endowment, founded by Dr. Stanley J. Sarnoff, will celebrate its 25th anniversary in May 2005. Its goal is to develop and implement a program that establishes funds, selects medical student candidates and administers research fellowships in cardiovascular medicine. Since its inception the Endowment has supported more than 200 medical students who pursue cardiovascular research during medical school. In honor of the 25th anniversary, a two-day symposium will be held; the keynote speaker will be Dr. Roy Vagelos, the Chair of the Capital Campaign for the Columbia University Medical Center. Dr. Giardina has been a member of the Board of Directors of The Sarnoff Endowment for the past four years.

Thank you, Jacob! We gratefully acknowledge the gifts to the Center from the family and friends of Jacob Aboodi on the occasion of his ninth birthday.

T O T A L

Q U A L I T Y

C A R E

Center for Women's Health Physicians

Julia Cassetta, M.D.

Assistant Professor of Clinical Medicine
Internal Medicine

Elsa-Grace V. Giardina, M.D., FACC, FACP

(Director, Center for Women's Health)
Professor of Clinical Medicine
Cardiology

Anne Herlick, NP, CS

Nurse Practitioner
Assistant Clinical Professor of Nursing

Sara H. Kelly, MD

Assistant Clinical Professor,
Obstetrics/Gynecology

Rina B. Ratan, M.D.

Assistant Clinical Professor,
Obstetrics/Gynecology

Mary Stein, R.N., MS, NP-C

Nurse Practitioner
Assistant Clinical Professor of Nursing

Mindy Weiss, M.D.

Assistant Professor of Clinical Medicine
Internal Medicine

Carla Wolper, M.S., R.D., CDN.

Nutritionist

Editor in Chief

Elsa-Grace V. Giardina, M.D.

Assistants to the Editor

Darlene A. Castro
Gina Frassetto, R.N., M.P.A.

Administrative Staff:

Gina Frassetto, R.N., M.P.A.,
Operations Administrator
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- provide educational programs to improve women's health
- train new generations of women's health care specialists
- develop new models of prevention for heart disease, cancer, stroke and other major killers of women.

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Center for Women's Health
16 East 60th Street Suite 321, New York, NY 10022

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The Center for Women's Health
16 East 60th Street, Suite 321
New York, NY 10022
(212) 326-8540 • (800) 91-WOMEN
<http://cpmcnet.columbia.edu/dept/cwh/>

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