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According to the American Heart Association, every minute in the U.S., someone's wife, mother, daughter or sister dies from heart disease, stroke or another type of cardiovascular disease (CVD). More than one in three women is living with CVD, including nearly half of all African-American women and 34 percent of white females. Albeit heart disease death rates among males have decreased steadily over the last 25 years, rates among women have fallen at a slower rate.

There are circumstances linked to heart problems that are unique to women. A recent study (conducted last year by The European Prospective Investigation into Cancer and Nutrition (EPIC)) showed that the risk of a heart attack for a woman who's had at least one stillbirth was 3.5 times higher than for women who'd had none. Those who have experienced more than three spontaneous miscarriages had a fivefold increase in their likelihood of having a heart

attack.

Furthermore, like men, women are not immune to stress impacting their heart health. A recent 10-year Harvard study (http://www.health.harvard.edu) found that women with high-stress jobs had a 40 percent higher risk of having some kind of heart disease, along with an 88 percent higher likelihood of experiencing a heart attack.

Women have Different Symptoms

Another aspect of the misperception that women are less prone to heart disease than men are the differences in how symptoms show up in women and men. Aside from the already described disparities between women and men in connection to heart disease, women are also distinctly different in terms of:

Plaque Erosion

Fat in the artery is called plaque. It adheres to an artery wall, builds up and slowly erodes into the artery.

Women are more prone to erosion – meaning the plaque that has adhered and built up on the artery walls, eroding off into the bloodstream – creating likelihood that it will lodge somewhere to cause a blood clot and block the blood flow, causing a heart attack.

Another clot-forming tendency with women, aside from plaque erosion, is they may develop smaller clots on the surface of a large vessel, which then separate and flow through the blood to block smaller vessels further down.

Vitamin D Deficiency

It is commonly agreed there is a general deficiency of vitamin D in women today. We know that vitamin D plays a significant role in healthy bones.

A recent study (conducted in 2011 by the Department of Epidemiology, University of Michigan School of Public Health, Ann Arbor, USA) points to vitamin D deficiency in younger women

possibly elevating risks of high blood pressure in mid-life. The pre-menopausal women in the study with this vitamin deficiency were three times more likely to have systolic hypertension 15 years later, when contrasted to others with normal vitamin D levels.

Women would be wise to get more vitamin D-producing sunshine, increase the amount of vitamin D-rich foods in their diets, or take supplements, consulting with their doctor as to appropriate amounts.

The Framingham Risk Score

The Framingham Risk Score is used to estimate the 10-year cardiovascular risk of an individual. The Framingham Risk Score is based on data obtained from the Framingham Heart Study. There are two Framingham Risk Scores, one for men and one for women.
Other discrepancies for women have been described here: http://www.megadiversities.comdr manshadi/ with the limits of the Framingham assessment.

To prevent heart diseases women can:

- Make regular check-up for blood pressure
- Exercise on a regular basis to maintain a healthy weight
- Avoid smoking
- Eat healthy food (for instance fresh fruits and vegetables) and avoid red meat
- Make check-ups for diabetes and cholesterol
- Limit alcohol use

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