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Women less likely than men to change habits that increase heart-disease risk

DALLAS – Sept. 10, 2007 – Smoking, eating fattening foods and not getting enough exercise are all lifestyle habits that can lead to poor health and cardiovascular disease – more so if you have a family history. But researchers at UT Southwestern Medical Center have found that women don't change these habits as often as men, even when they have relatives with heart disease.

The scientists, reporting in the September issue of the *American Heart Journal*, found that women with a family history of heart disease are less likely than men to change habits such as smoking and infrequent physical activity. They also are more likely to engage in lifestyle choices that increase their risk of heart disease than are women who did not report a history of heart disease.

“A family history of heart disease is as important an indicator of future cardiovascular health in women as it is in men – perhaps more important,” said Dr. Amit Khera, assistant professor of internal medicine and senior author of the study. “And yet there is an underappreciation of cardiovascular-disease risk among young women, which may contribute to unfavorable trends in important lifestyle choices such as quitting smoking and increasing physical activity.”

Researchers looked at data from more than 2,400 people between the ages of 30 and 50. Family history of premature heart disease was defined as a first-degree relative with history of heart attacks before the age of 50 in men and 55 in women.

They analyzed the link between family history of heart disease and risk factors for cardiovascular disease in women such as coronary artery calcification, risk perception and lifestyle choices in young women and compared the data with their young, male counterparts.

“Although the prevalence of cardiovascular disease is generally low for young women, the consequences can be more severe,” Dr. Khera said. “For instance, women are twice as likely as men to have fatal heart attacks.”

The researchers used data from the Dallas Heart Study – a multi-ethnic, population-based study of more than 6,000 patients in Dallas County designed to examine cardiovascular disease. Participants came for three office visits for blood pressure and heart-rate measurements, participated in detailed

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in-home surveys, and had imaging tests that looked for calcium buildup in the coronary arteries.

Those with family histories of heart disease had an increased prevalence of early heart disease, such as buildup of fatty deposits and calcium in the arteries.

Young women with family histories of heart disease had the highest rate of tobacco use (40 percent compared to 25.2 percent of females without cardiovascular disease histories) and had elevated unhealthy body-mass index rates (51 percent compared to 44.4 percent for females without histories) despite a slightly lower rate of sedentary lifestyles (40.1 percent compared to 43.9 percent).

The data from males showed narrower differences in both tobacco use (37 percent for those with family histories, 34.8 for those without) and high BMI readings (38.1 percent compared to 30.3 percent) while also revealing more regular activity (20.7 percent of men with family histories of heart disease reported sedentary lifestyles compared to 38.2 percent for those without histories).

“It’s important that women get this message and make appropriate lifestyle changes. The earlier you make lifestyle changes, the more you decrease your risk factors for heart disease in the future,” Dr. Khera said. “It’s equally important that physicians ask questions about family history because you don’t need a blood test or any fancy diagnostic tests to uncover a trend. If a patient has a family history of heart attacks, they have an increased risk of heart disease and warrant further studies and more aggressive risk factor changes.”

Other UT Southwestern authors of the study were Dr. Mahesh Patel, internal medicine resident; Dr. James de Lemos, associate professor of internal medicine; Dr. Patrice Vaeth, adjunct assistant professor of internal medicine; and Dr. Darren McGuire, associate professor of internal medicine.

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