Women's Health UPDATE

Getting Women the Cardiovascular Care They Need

(NAPSA)—Women may not be getting what they need in terms of cardiovascular care.

That was the finding of a group of 19 female cardiologists who met recently for the National Summit for Cardiovascular Care in Women.

The cardiology specialists discussed the unmet need in cholesterol therapy specifically in women, which can lead to heart disease. The summit focused on preventive cardiology and ways to improve risk-factor management.

Coronary heart disease (CHD) is the largest single killer of men and women. Yet according to the American Heart Association's survey of women's understanding of heart risk, only eight percent cited heart disease as the leading health threat. CHD kills more women than breast cancer in every decade of life, with more than a half-million women dying of cardiovascular disease every year.

In addition, women tend to have more silent heart attacks than men, and tend to have more atypical symptoms like fatigue, nausea, shortness of breath, abdominal, back or jaw pain. Because of this, they tend to avoid going to the hospital. As a result, women tend to be treated less aggressively than men

- Over one half million women die of cardiovascular disease every year.
- Because of the aging population, more people are dying of coronary heart disease than in the past.
- For men, it's leveling off, but for women, the numbers have increased from 10 years ago.

with heart disease.

One problem in getting women the help they need is that patients may go to more than one healthcare provider, and care may not be coordinated to ensure that women benefit by monitoring and lowering their LDL or "bad" cholesterol.

Treatment Options

Heart disease statistics for women could improve if they receive the cholesterol-lowering therapy they need. A significant percentage of young women in their teens and 20s already have cholesterol plaque and could benefit from getting their LDL cholesterol down.

Current guidelines recommend LDL cholesterol levels of less than 130 mg/dl for patients who do not have CHD. However, Karol Watson, MD, PhD, co-director, Lipid Clinic, University of California at Los Angeles, and one of the speakers at the summit, states, "If this country could get down to a place where our mean LDL was less than 100, we could significantly reduce our burden of cardiovascular disease."

Medications are being developed that may be more appealing to women.

Data was presented on one such medication, WelChol® (colesevelam HCl). Unlike some other medications, WelChol, marketed by Sankyo Pharma Inc., is not absorbed into the bloodstream and can be taken by women of childbearing age. Women who are pregnant should discuss cholesterol treatment with their physician.

Diabetes & CHD

Diabetes is another factor in heart disease. An explosion in the rate of Type 2 diabetes is expected to result in more women being screened for cholesterol a lot earlier, which will hopefully lead to women getting treated earlier.

The bottom line is that women need to be more aware of their CHD risks and take steps to prevent and treat high cholesterol.

For more information on Wel-Chol, call 1-877-4-SANKYO (1-877-472-6596), or you can visit www.welchol.com.