

# **The Doctor's Heart Cure For Women**



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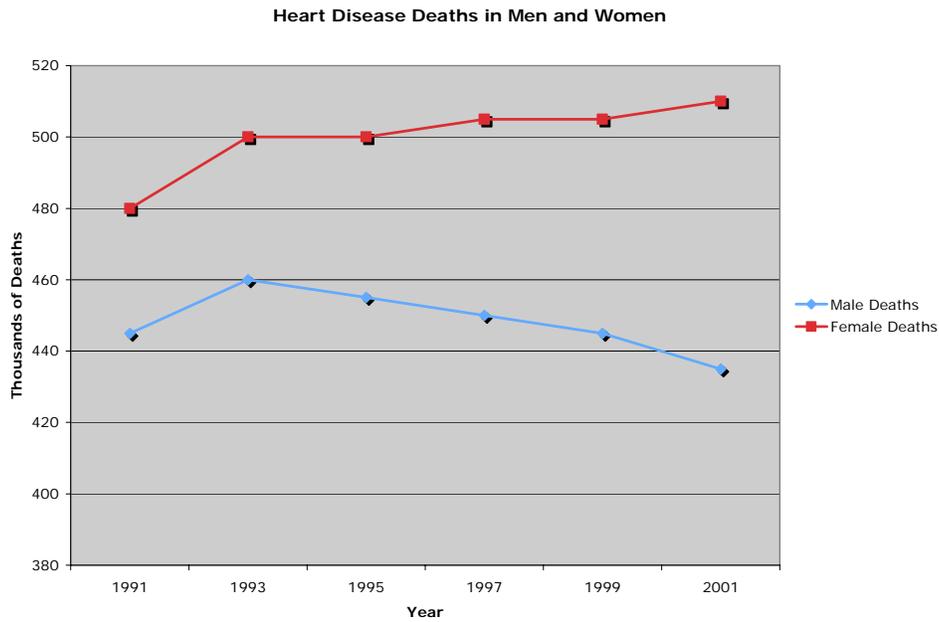
## Attention Ladies: Begin Your Heart Cure Now

Did you know that more women die each year from heart attacks than men do? If you did, you knew something about heart disease that four out of five physicians *didn't* know in a recent survey.<sup>1</sup>

Heart disease kills 500,000 American women each year making it the biggest killer of women in American history. And, heart disease is deadlier in women than in men. A troubling 40% of women die within a year of their first heart attack versus only 24% for men.<sup>2</sup>

But in the media, in medicine and in the public there is a common and persistent misconception that heart disease is a man's problem. The under-recognition of heart disease as a threat to women puts women in even more danger. It often takes a doctor longer to correctly diagnose a heart attack in a woman, which delays treatment. In addition, women receive fewer treatment options for heart disease.

The misunderstanding of heart disease in women also affects the quality of research. Women make up only 25% of participants in heart disease studies.<sup>3</sup>



This also affects how women perceive their risk. Only 5% of women with high blood pressure recognized a link between blood pressure and heart disease. Only 15% of obese women realized that their weight might have contributed to their heart disease.<sup>4</sup>

In this special report, we'll look closely at how diet, exercise, risk factors, and supplements differ in women. Then, we'll look at what you can do to protect your heart and keep it young.

- We'll look at the recent research on what causes heart disease in women. This is important because it reveals how risk factors in women differ. Few doctors know this and your doctor might overlook important tests when assessing your health.
- We'll see why women are more likely to be deficient in important fats and nutrients because of common yet flawed diet advice.
- Hours of aerobic exercise won't make your heart stronger. Yet heart cure exercise will make you slimmer, trimmer, stronger, and healthier. And it's faster and more fun. You'll see a version adapted to women so you don't have to worry that it will bulk up your muscles or make you any less feminine.
- And, you'll have a guide you can use for supplements tailored specifically to your unique needs as a woman.

### **Many Doctors Can't Correctly Diagnose a Heart Attack in a Woman— Would You Know if a Heart Attack Was Happening to You?**

One of the biggest problems created by the idea that heart disease is a man's disease is a widespread misunderstanding that a heart attack looks the same in everyone. This just isn't the case. Women often experience completely different symptoms from a heart attack than those normally seen in a man.

The signs considered typical of a heart attack—sharp chest pains, pains running down the left arm, and shortness of breath—are true in men. These are the “common” symptoms we hear about and recognize as a heart attack. But they're not common in women. A woman having a heart attack is more likely to experience:

- Aches in the shoulders and both arms.
- Abdominal discomfort that mimics indigestion.
- Unusual fatigue.
- Dizziness or lightheadedness.
- A general feeling that something's wrong.
- And often, no pain at all.

Because women don't have “classic” symptoms, doctors can miss the diagnosis. Emergency response to heart attacks in women is changing but it's a slow process. You have a better chance of surviving if you know the signs yourself, so you can alert emergency personnel.<sup>5</sup>

## **Common Ideas about Heart Health Don't Often Apply to Women**

For a half a century now, medicine has told you that dietary fat and cholesterol are the two great evils when it comes to heart health. This advice is based on incomplete data and erroneous presumptions. And the consequences for women can be dramatic.

Did you know that even the conservative National Cholesterol Education Program does not list total cholesterol or LDL cholesterol in its top five risk factors for postmenopausal women? The biggest associated risks are waist size, blood pressure, HDL cholesterol, fasting blood glucose, and triglyceride levels.<sup>6</sup> Yet millions of women are told to take toxic cholesterol lowering drugs for their total or LDL cholesterol levels.

When you look at the evidence, 75% of all people who experience heart attacks have “normal” cholesterol.<sup>7</sup> Studies show that in women, standard total and LDL cholesterol measurements are even less helpful. Good HDL levels are more important.

In one study, incorporating HDL cholesterol proved 72% more accurate as a heart disease predictor than LDL cholesterol.<sup>8</sup> Researchers in this study expressed concern that using LDL as a predictor may underestimate some people's risk and overestimate others, resulting in poor treatment choices.

In the longest running clinical study on heart disease risk factors – the Framingham heart study – low HDL levels proved to have a much higher correlation to the development of heart disease in women than high LDL cholesterol levels did.<sup>9</sup>

### **Learn the True Risks to a Women's Heart**

Women have different risk factors because their body chemistry and physiology is different. For example, the change in hormones during menopause dramatically changes your risks.<sup>10</sup> Other risk factors affect both men and women, but affect them differently.

- **High HDL cholesterol is more important to a woman's health than low LDL cholesterol.** High density lipoprotein (HDL), or the "good" cholesterol carries cholesterol from the bloodstream back to the liver. Low levels of HDL cholesterol correlate with a higher risk of heart disease and fatal heart attack. The connection between healthy HDL levels and a healthy heart is more apparent in women.<sup>11</sup>
- **High homocysteine levels damage your arteries—women are more at risk for this kind of damage than men are.** This compound results from oxidative stress to your body. When it accumulates, it damages arteries. Research is mounting that homocysteine is an independent risk factor for heart disease and that lowering it lowers heart disease risk.<sup>12</sup> Women are more likely to be deficient in the nutrients that prevent rising homocysteine levels.
- **An 88 mg/L increase in triglycerides increases heart disease risk by 75% in women while the same increase raises men's risk by only 30%.<sup>13</sup>** Doctors routinely test for triglyceride levels, but they often don't have a clear idea of how to treat high triglycerides or even how much of a risk factor they are, especially in

women. For women in our Wellness Center, reduction of triglycerides has made a huge difference. More on that later...

- **Research shows C-Reactive Protein (CRP) contributes to heart disease in women.** Like homocysteine, CRP is an important and accurate indicator of heart disease risk. Like so many things associated with heart disease, the bulk of the initial research used only men. But more recent studies done on otherwise healthy women found that CRP is a strong independent risk factor of heart disease.<sup>14</sup>
- **Fibrolytic activity is an important risk factor for women, but most women have never heard of it.** One study of survival rates in women after heart attack found that fibrolytic activity plays an important role in survival. This is your body's ability to break apart clots. Women with low fibrolytic activity are more likely to die if they have a heart attack.<sup>15</sup>

As you can see, a number of things affect the health of your heart, which makes predicting your true risk much more complex than simply measuring cholesterol.

Fortunately, nearly all risk factors respond to simple lifestyle changes. Use a three tiered approach with healthy, whole foods, the right kind of exercise, and supplements that nourish your heart. With a little practice, you can have the ageless, capable heart that every woman deserves.

## **The True Story about Low-Fat Diets and Why They're Particularly Dangerous to Women**

At any given time in America, 44% of women are actively dieting. Nearly a third of American women diet all the time. Many go from one fad diet to the next. A diet by its very nature means a temporary change in hopes of achieving some goal. The problem is, diets simply haven't worked for the majority of women.<sup>16</sup>

According to mainstream dietary folklore, a low-fat diet is the key to good heart health. This idea developed in the middle of the last century. Researchers thought they had found a link between fat consumption and heart health. It turns out they were really noticing the effects of new chemically altered fats (trans fat) on people's health. It would take doctors decades to figure this out.

And this false belief is still putting people at risk today. Especially women. Women are more likely to be vegetarians, replacing valuable sources of protein, healthy fats, and other nutrients with empty carbohydrates like pasta and bread.

Let's fact it: more women diet than men do. So, eating for good health and an attractive physique is important to women.

### **The Real Effect the Food Pyramid Has on Women's Health**

Early in 2005, the government issued an updated food pyramid. We hoped that the new pyramid would better highlight the importance of good proteins and healthy fats. Instead, we got a pyramid that still recommends grains as the foundation of healthy eating. And, it still neglects the healthful benefits of good fats.

Here are the effects of the food pyramid on a practical level: The Harvard School of Public Health followed more than 85,000 women for 14 years. They tracked the dietary choices women made and how it affected their weight.

On average, these 85,000 women had a 38% decline in red meat consumption over the course of the study. Dairy consumption dropped 43%. Instead, the women ate more calories from grains. So a decrease in red meat, dairy and fat and an increase in grains...this is the standard diet recommendations of the food pyramid. These women should have been slim and healthy, right?

The number of overweight women increased by 38%. These so-called healthy diet changes went hand-in-hand with dramatic weight gain.<sup>17</sup> That's because they aren't healthy changes at all. Women need more protein – not less. Women also need *better* fat – not low-fat. And, they need fewer processed foods like grains.

Another study of 80,000 women looked at the link between protein intake and heart disease. Researchers adjusted data for smoking, age and weight to cancel out these known variables. According to the dogma, as protein intake goes up, so does fat. So heart disease risk should also rise. Instead, women with the **highest** intake of protein had a 26% **lower** risk of heart disease than women who consumed the least.<sup>18</sup>

### **How to Make Healthy Food Choices for a Woman's Heart**

Following mainstream thought when it comes to food choices won't give you, as a woman, the nutrients that you need. It will cause you to gain weight. It won't give you enough protein. And it will cause you other problems.

Insulin regulates fat production. And excess amounts of insulin contribute to heart disease. Eating a lot of starchy carbohydrates increases the insulin in your blood and can eventually cause insulin resistance. Insulin resistance in turn makes it difficult to regulate blood sugar. And, according to the National Cholesterol Education Program, poor fasting blood sugar is a major concern for postmenopausal women and contributes to heart disease risk. (The NCEP got this one right.)

In addition, eating a lot of grain-based foods increases triglyceride levels, another major heart disease risk factor for women. Remember, eat protein at every meal, limit how many carbohydrates you eat, and eat healthy fats.

Ideally you should eat protein as the main course of each meal, eat 3 to 5 servings of vegetables per day (those that grow above ground), 1 to 2 servings each of fruits and nuts

each day, 1 to 2 servings of dairy, and less than one serving total of grains and tubers each day.

Here's one more tool to help you make healthy food choices for your heart. Because triglycerides and rising blood sugar levels are particularly damaging to a woman's heart, choosing foods with a low glycemic load is important. So what does that mean?

In short, if a food has a low glycemic load, it has fewer carbohydrates per serving. Those carbs also convert more slowly into glucose in your blood than those from a high glycemic load source. These foods will help you to keep your fasting blood sugar levels, your insulin levels, and your triglycerides low.

### **The Coming Diet Trend—Will Mainstream Medicine Finally Get it Right?**

There have been numerous studies in the past few years on the effects of glycemic load on heart health. The glycemic index measures the effect of carbohydrates on your blood sugar. A higher GI level means a more dramatic spike in blood sugar.

Glycemic load measures how much carbohydrate is in your food. Simply put, foods with a low glycemic load have fewer carbs. Carrots, for example, have a high GI but a very low GL. So you could eat as many carrots as you wanted without worrying about weight gain.

Studies show that a diet rich in protein with low GL foods is better for your heart than a low-fat diet. It's also better than a diet that restricts carbs without considering what kind of carbs they are. This is dubbed a "slow-carb" diet.

In a study of 75,000 women, the women consuming the highest GL diet had nearly twice the risk of heart disease as women consuming the lowest GL diet.<sup>19</sup>

Another slow-carb diet study done in Canada split participants into two groups. The first group ate according to low-glycemic load principles. The second group ate according to standard recommendations (similar to the US pyramid). Weight loss was greater in the first group. They lost more fat from the abdominal area, their HDL cholesterol levels rose more, their fasting blood glucose levels improved while the control group's got worse, and their triglycerides fell by a greater amount.

Remember those five risk factors for women cited by the NCEP?—HDL cholesterol, blood pressure, fasting blood sugar, triglycerides, and waist size—this study shows a low-glycemic load diet improves four out of five. What's more, after a year, participants eating a low-glycemic load diet maintained their healthy improvements or continued to improve.<sup>20</sup>

A study conducted in Boston on low glycemic load diets found that eating slow-carb foods also reduced plasminogen, a clotting agent, by 39%. What's frightening is that eating according to a calorie-restricted, low-fat diet raised plasminogen levels by 33%.<sup>21</sup>

As you see, eating a high-protein diet rich in low-glycemic load foods can have a dramatic affect on your heart health. To help you make good food choices, I've included a chart of glycemic loads for common foods. Foods that rank less than 25 on the glycemic load scale are considered low—good food choices. A rank between 25 and 40 is moderate. A rank above 40 is high—avoid these foods.

<b>Food</b>	<b>Serving Size (g)</b>	<b>Glycemic Load</b>
<b>BAKED GOODS &amp; CEREALS</b>		
Angel food cake	1 slice	11
Bagel	1 4 inch bagel	33
Blueberry Muffin	1 medium	30
Bran Flakes	3/4 cup	13
Bran Muffin	1 medium	30
Cheerios	1 cup	13
Chocolate cake	1 slice	13
Corn Bread	1 piece	31
Corn Chex	1 cup	21
Corn Flakes	1 cup	21
Corn pops	1 cup	22
Corn tortilla	1 tortilla	8
Croissant, Butter	1 medium	18
Donut	1 large glazed	24
French Bread	1 slice	30
Graham Cracker	2 squares	8
Grapenuts	1/2 cup	32
Kaiser Roll	1 roll	21
Kellogg's Special K	1 cup	15
Melba toast	4 rounds	6
Muselix	2/3 cup	24
Oatmeal	1/2 cup	6
Oatmeal Cookie	1 large	6
Oatmeal, Instant	1 cup	14
Popcorn	1 cup	3
Pound cake, Sara Lee	1 slice	8
Pumpernickel bread	1 slice	5
Raisin Bran	1 cup	24
Rice Krispies	1 ¼ cup	23
Rye bread, 100% whole	1 slice	9
Rye Krisp Crackers	1 wafer	11
Taco shell	1 standard	5
Vanilla Cake	1 slice	16
Waffle (homemade)	1 waffle	19
Wheat Bread	1 slice	8
White Bread	1 slice	8
Whole wheat pita	1 pita	17

<u>BEVERAGES</u>		
Apple Juice	1 8oz cup	12
Cola, Carbonated	12oz can	25
Cranberry Juice Cocktail	1 8oz cup	25
Gatorade Powder	3/4 scoop	12
Grapefruit Juice, sweetened	1 8oz cup	13
Hot Chocolate Mix	1 packet	12
Orange Juice	1 8oz cup	14
Pineapple Juice	1 8oz cup	15
Soy Milk	1 8oz cup	4
Tomato Juice	1 8oz cup	3
<u>DAIRY</u>		
Ice Cream (Lower Fat)	1/2 cup	9
Ice Cream	1/2 cup	6
Milk, Whole	1 8oz cup	4
Pudding	1/2 cup	8
Yogurt, Plain	1 cup	6
<u>LEGUMES</u>		
Baked Beans	1 cup	18
Chickpeas, Boiled	1 cup	13
Kidney Beans	1 cup	7
Lentils	1 cup	7
Lima Beans	1 cup	7
Peanuts	1 cup	2
Pinto Beans	1 cup	12
<u>VEGETABLES</u>		
Beets, canned	1/2 cup	10
Broccoli, cooked	1/2 cup	0
Cabbage, cooked	1/2 cup	0
Carrot, raw	1 large	1
Celery, raw	1 stalk	0
Corn, yellow	1 cup	62
Cauliflower	1 cup	0
Green Beans	1 cup	0
Mushrooms	1 cup	0
Parsnip	1/2 cup	12
Peas, Frozen	1/2 cup	3
Potato	1 medium	36
Spinach	1 cup	0
<u>Food</u>	<u>Serving Size (g)</u>	<u>Glycemic Load</u>
Sweet Potato	1 cup	12

Tomato	1 medium	2
Yam	1 cup	17
<b>FRUIT</b>		
Apples, w/ skin	1 medium	6
Apricot, canned in light syrup	1 cup	24
Apricot, dried	1 cup	23
Banana	1 medium	12
Cantaloupe	1 cup	8
Fruit Cocktail, drained	1 cup	20
Grapes	1 cup	7
Grapefruit	1/2 fruit	3
Kiwi, w/ skin	1 fruit	5
Mango	1 cup	13
Orange	1 fruit	7
Papaya	1 cup	7
Peach	1 medium	2
Peaches, canned, heavy syrup	1 cup	28
Peaches, canned, light syrup	1 cup	18
Pears	1 medium	7
Pears, canned in pear juice	1 cup	12
Pineapple, raw	1 cup	12
Plum	1 fruit	2
Prunes	1 cup	34
Raisins	small box	21
Strawberries	1 cup	4
Sweet Cherries, raw	1 cup	4
Watermelon	1 cup	7

### **The One Fat Women Should Avoid**

Natural fats are good for you. That may be hard to accept, but it's true. I'll prove it in just a moment. But there's a type of fat you should avoid. Trans fat.

Trans fat is not a natural fat. It's a chemically-altered fat that food manufacturers use in processed foods. In a 20-year study of 79,000 women, trans fat consumption increased the relative risk of heart disease by 50%.<sup>22</sup> Trans fats pose a greater risk to women as they age, so remember, it's never too late to cut them out.

In this same study, researchers also looked at the effects of *natural* fats on a woman's health. Polyunsaturated fat proved to reduce the risk of heart disease especially in women who were younger (pre-menopause) and in women who struggled with weight.<sup>23</sup>

Even saturated fats, which took the brunt of criticism from the low-fat craze, don't harm your heart. They do raise the level of LDL cholesterol in your blood, but they also raise

the level of HDL cholesterol. The ratio of the two is more important than LDL alone, which means that saturated fat has very little impact on your overall cholesterol levels.<sup>24</sup>

### Stop this Disease Early – Before it Stops You

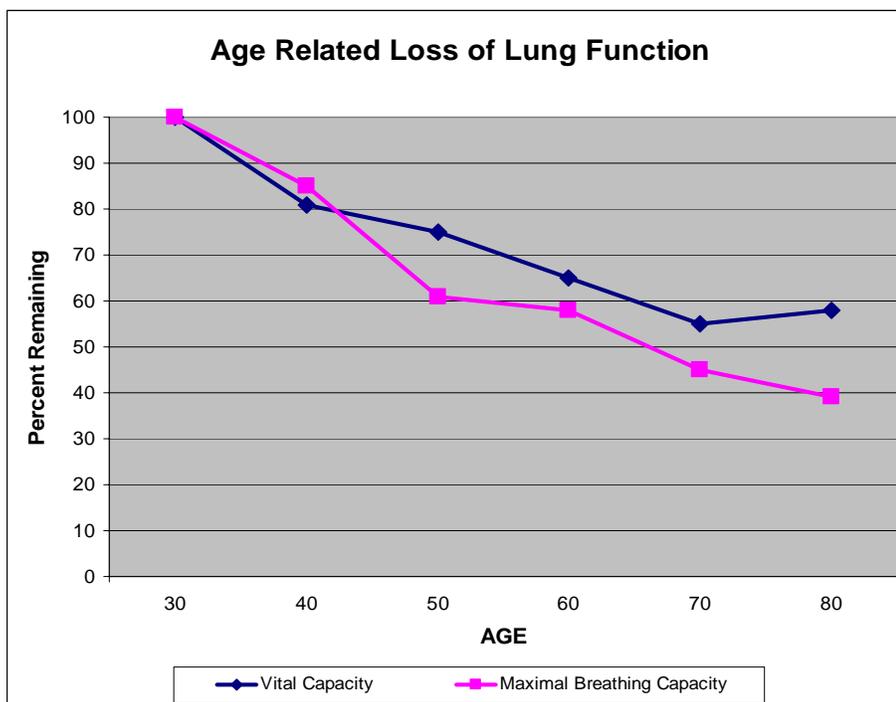
Of all American women, 23% have metabolic syndrome. This is a precursor to both diabetes and heart disease.<sup>25</sup> Combinations of risk factors are more dangerous than single risk factors. Remember the top five risk factors for postmenopausal women according to the NCEP. They are: high blood pressure, high triglyceride levels, low HDL cholesterol levels, high fasting blood sugar, and excess weight around the middle.

Combinations of these risk factors have become so prevalent, that there's a name for it: Metabolic Syndrome. You can correct it with the changes you are learning in this book. Take any combination of these risk factors very seriously and make the changes that will put them right.

### Use 10 to 20 minutes of the Right Kind of Exercise to Strengthen Your Heart

When it comes to heart strength, women are born with a slight disadvantage when compared with men. Their hearts are smaller and their oxygen capacity is lower. These lower capacities also decrease more rapidly as women age than in men.

If you're unfamiliar with oxygen capacity, this is a way doctors measure your overall fitness. Women with a low oxygen capacity may find it difficult to do everyday things like make the bed or carry a bag of groceries up the stairs. If your oxygen capacity falls too low, you may find you need assistance with daily tasks and have to give up a certain level of independence. This is very common in older women.



A low oxygen capacity is not necessarily the result of too little physical activity. In my practice, I see more women than men who actually spend hours each week at the gym or out jogging. Yet many more women have problematic loss of lung capacity.

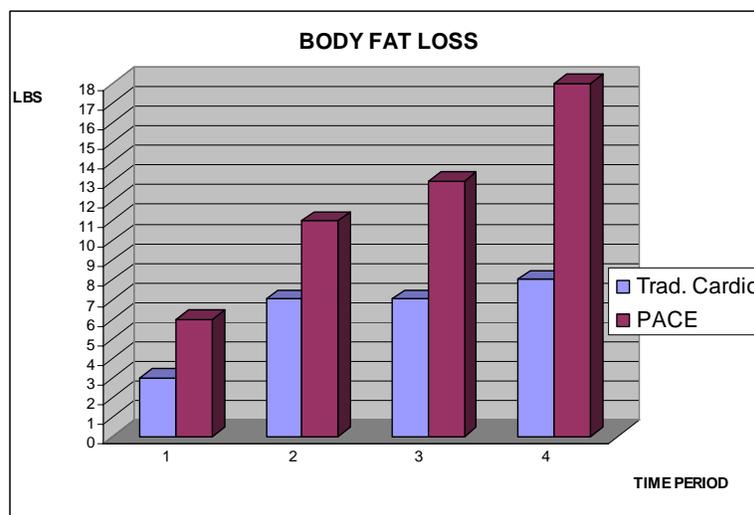
One of the greatest differences between women and men when it comes to exercise is that men are more likely to get their exercise through their leisure activities. Only 17% of men report that their leisure time never involves physical activity compared with 27% of women.<sup>26</sup> Women make more of a job out of exercising, often with the goal of losing weight.

When it comes to losing weight, long duration aerobic exercise just does not work. Study after study has shown that aerobic exercise provides only marginal help when it comes to weight loss.<sup>27</sup>

Interval training on the other hand works very well at improving muscle tone without creating the bulky look that many women want to avoid. Our research center recently conducted a study on female twins. One did progressively longer endurance exercise. The other did progressively shorter bursts of intense exercise, increasing the intensity during each session.

After sixteen-weeks, the twin doing interval training lost 13 pounds of fat and increased her muscle mass by 8 pounds. Her body fat fell from 24.5% to 14.2%. The twin doing long bouts of aerobic exercise lost only 7 pounds of fat and gained only 1 pound of muscle mass. Her body fat fell from 24.5% to 19.5%.

Neither of these women looked bulky, but the twin doing the interval training had better muscle tone at the end of the study. And she had far less body fat.



Of course, there is more to heart health than a slim figure. And that's where interval training programs can help you. In study after study, interval training increases exercise and oxygen capacity and provides real benefit to the cardiovascular system.

By increasing your exercise capacity—which makes your muscles, including your heart—you're better able to deal with stress. Now let's take a closer look at why that works particularly well for women.

High intensity training increases peak oxygen capacity (a measure of heart and lung health) by an additional 10% compared with moderate intensity exercise.<sup>28</sup> And high intensity exercise done in intervals is even better. It increases exercise capacity while lowering cardiac stress. In other words, intervals teach your heart to work harder for less cost in terms of stress.<sup>29</sup>

The benefits are stronger muscles, better exercise capacity, longer endurance, and lower body fat. And you can get these benefits from just 20 minutes a day, 3 to 5 times a week. (Imagine how much easier it will be to stick to an exercise plan that doesn't require hours and hours at the gym...)

You can set up your own interval training program using any activity that you enjoy—biking, hiking, sprinting (walk during rest intervals rather than jog), dancing, swimming – whatever works for you. Here are just a couple of examples of how you can work interval training into different activities.

### **Swimming:**

Week 1: 3, 20-minute sessions

In each 20-minute session, sprint 1 lap, then take two at an easy pace. Repeat this for the entire 20 minutes.

Week 2: 3, 20-minute sessions

In each 20-minute session sprint 2 laps, then take two at an easy pace. Repeat this for the entire 20-minute session.

Week 3: 3, 20-minute sessions

In each 20-minute session, sprint 2 laps, and then take one at an easy pace. Repeat this for the entire 20-minute session.

In the weeks following, keep this same schedule, but push your self harder during your sprints.

### **Dancing:**

Week 1: 3, 20-minute sessions

In each 20-minute session, dance at an upbeat pace (something that winds you) for one minutes, then slow your pace down for two minutes. Repeat this for the entire 20 minutes

Week 2: 3, 20-minute sessions

In each 20-minute session dance at an upbeat pace (something that winds you) for two minutes, and then slow your pace down for two minutes. Repeat this for the entire 20 minutes

Week 3: 3, 20-minute sessions

In each 20-minute session, dance at an upbeat pace (something that winds you) for two minutes, and then slow your pace down for one minute. Repeat this for the entire 20 minutes.

In the weeks following, keep this same schedule, but push your self harder (increase the intensity) during the upbeat intervals.

## Supplements That Do a Woman's Heart Good

To keep your heart young and healthy, you have to give it the right tools. You need certain nutrients for an ageless heart, and even if you're eating a diet based on high quality protein, healthy fats and low glycemic-load carbohydrates, you may not be getting enough of certain valuable nutrients.

Several nutrients can help you build a healthy heart. You may already know about the importance of Coenzyme Q10. You may be less familiar with L-carnitine, L-arginine, and a number of other antioxidants.

A study we've just completed at our Wellness Research Foundation shows that on average, women have 60% less CoQ10 in their systems than men. Women typically eat less red meat than men do. Red meat is the best dietary source of CoQ10. Given the importance of CoQ10 to good heart health, these results should concern you. Eat more grass-fed beef. Grass-fed beef has a good balance of essential fatty acids (unlike grain fed beef), and it's a great source of CoQ10. You can find links to grass fed meat and wild seafood (the next best source of CoQ10) at [www.AISearsMD.com](http://www.AISearsMD.com).

Also, take a quality CoQ10 supplement. We usually start women at 100mg per day and check blood levels in 6 weeks. If you are a vegetarian, start at 200 mg per day and don't wait until you get blood levels checked. The worst deficiencies of CoQ10 my clinic has ever seen are in vegetarian women.

Use other nutrients important to a woman to build a healthy heart.

- **Postmenopausal women taking vitamin C increased the elasticity of their major arteries by 26%.** This is an important benefit because a woman's arteries stiffen dramatically after menopause.<sup>30</sup> Vitamin C helps to fight free radicals and support your immune system, both of which benefit your heart. As a woman, vitamin C clearly plays an important role.
- **Women are almost twice as likely as men to have a B12 deficiency.** This leads to high homocysteine.<sup>31</sup> Vitamins B12, B6 and folic acid keep homocysteine from

getting too high and damaging arteries. Vitamin B12 is also an important component to healthy aging in women.

- **Eat foods high in alpha-linolenic acid.** ALA has been linked to a lower risk of fatal heart attack in women (up to 45% lower risk).<sup>32</sup> No matter how healthy you eat, it is sometimes impossible to know if you are getting an adequate amount of a specific nutrient. You can prevent deficiency with 100 mg per day.

If you haven't already formed a supplement plan, I urge you to do so. Supplements give your body the tools it needs to stay healthy and fit.

## Build Your Own Ageless Heart

Heart disease is not just a man's disease. It's the greatest threat to a woman's health, too. And while heart disease levels have begun to steadily fall in men, they continue to rise in women. Women also appear more susceptible to many of the negative consequences of aging on the heart, lungs and blood vessels. Moreover, many of these losses with aging only worsened with a generation of flawed advice.

Fortunately, women are generally more receptive to preventive measures. They listen and act on health advice.

Make the few simple changes in your daily routine. They are often welcome changes because you can eat a greater variety of the natural foods your body craves. You'll save time by exercising less, but more effectively. And... you'll feel better than ever!

### Reference:

1. "Heart Disease and Stroke Statistics—2005 Update," American Heart Association. Viewed 6/28/2005
2. Tennen, Melissa. "Women and Heart Disease: In the ER," Health AtoZ. Viewed 6/28/2005
3. Tennen, Melissa. "Women and Heart Disease: In the ER," Health AtoZ. Viewed 6/28/2005
4. Murphy B, Worcester M, et al. Causal attributions for coronary heart disease among female cardiac patients. *J Cardiopulm Rehabil* 2005; 25(3): 135-43
5. Tennen, Melissa. "Women and Heart Disease: In the ER," Health AtoZ. Viewed 6/28/2005
6. "Enlarged Waist + Elevated Triglycerides = Heart, Stroke Risks for Women," American Heart Association. 4/18/2005
7. Castelli WP. Cholesterol and lipids in the risk of coronary artery disease—the Framingham Heart Study. *Canadian Journal of Cardiology* 1998; 4 Suppl A: 5A-10A
8. Wang TD, Chen WI, et al. Efficacy of cholesterol levels and ratios in predicting future coronary heart disease in a Chinese population. *Am J Cardiol* 2001; 88(7): 737-43
9. Gordon T, Castelli WP, et al. High Density Lipoprotein as a Protective Factor Against Coronary Heart Disease: the Framingham Study. *Am J Med* 1977; 62(5): 707-14
10. Takahashi K, Miura S, et al. Impact of Menopause on the Augmentation of Arterial Stiffness with Aging. *Gynecol Obstet Invest* 2005; 60(3): 162-66
11. Jacobs DR, Mebane IL, et al. High density lipoprotein as a predictor of cardiovascular disease mortality in men and women: the follow up study of the Lipid Research Clinics Prevalence Study. *Am J of Epidem*; 131(1): 32-47
12. Clarke R, Daly L, et al. Hyperhomocysteinemia: an independent risk factor for vascular disease. *NEJM* 1991; 324(17): 1149-55
13. Cullen P. Evidence that triglycerides are an independent coronary heart disease risk factor. *Am J Cardiol* 2000; 86(9): 943-49

14. Ridker PM, et al. Prospective study of c-reactive protein and the risk of future cardiovascular events among apparently healthy women. *Circulation* 1998; 98: 731-33
15. Meade TW, et al. Fibrinolytic activity and clotting factors in ischemic heart disease in women. *BMJ* 1995; 312(7046): 1581
16. Pick, Marcelle OB/GYN. Weight Loss for Women. *Women to Women*. 7/5/2005
20. "Sharp Declines in Heart Disease in Women Attributable to Improving Diet, Quitting Smoking, and Other Lifestyle Changes." Harvard School of Public Health Press Release. 8/23/2000
17. Hu FB, et al. Dietary protein and risk of ischemic heart disease in women. *Am J Clin Nutr* 1999; 70(2): 221-27
18. Liu S, Willett WC, et al. A prospective study of dietary glycemic load, carbohydrate intake, and risk of coronary heart disease in US women. *Am J Clin Nutr* 2000; 71(6): 1455-61
19. Lahaye SA, et al. Comparison between a low glycemic load diet and a Canada Food Guide diet in cardiac rehabilitation patients in Ontario. *Can J Cardiol* 2005; 21(6): 489-94
20. Ebbeling CB, et al. Effects of an ad libitum low-glycemic load diet on cardiovascular disease risk factors in obese young adults. *Am J Clin Nutr* 2005; 81(5): 976-82
21. Oh K, Hu FB, et al. Dietary fat intake and risk of coronary heart disease in women: 20 years of follow-up of the nurses' health study. *Am J Epidemiol* 2005; 161(7): 672-9
22. Oh K, Hu FB, et al. Dietary fat intake and risk of coronary heart disease in women: 20 years of follow-up of the nurses' health study. *Am J Epidemiol* 2005; 161(7): 672-9
23. Taubes, Gary. "What if it's all been a big fat lie?" Low Carb Research and Studies. 7/5/2005
24. "Metabolic Syndrome," Heart Healthy Women. (<http://www.hearthealthywomen.org>) 7/7/2005
25. Crespo CJ, et al. Leisure-time physical activity among US adults. Results from the Third National Health and Nutrition Examination Survey. *Archives of Internal Medicine* 1996; 156(1)
26. "Weight Loss and Aerobic Exercise: What Works and What Doesn't" The Facts About Fitness. Viewed 7/14/2005
27. Rognmo O, Hetland E, et al. High intensity aerobic interval exercise is superior to moderate intensity exercise for increasing aerobic capacity in patients with coronary artery disease. *European Journal of Cardiovascular Prevention & Rehabilitation*.2004; 11(3): 216-222
28. Meyer K, Samek L, et al. Interval training in patients with severe chronic heart failure: analysis and recommendations for exercise procedures. *Medicine & Science in Sports & Exercise*. 1997 29(3):306-312
29. 36. Moreau KL, et al. Ascorbic acid selectively improves large elastic artery compliance in postmenopausal women. *Hypertension* 2005; 45(6): 1107-12
30. Carmel R. Prevalence of undiagnosed pernicious anemia in the elderly. *Arch Intern Med* 1996; 156(10): 1097-1100
31. La Croix AZ, et al. Health aging: A woman's issue. *West J Med* 1997; 167(4): 220-32
32. Hu, FB, Stampfer, MJ, et al. Dietary intake of alpha-linolenic acid and risk of fatal ischemic heart disease among women. *Am J Clin Nutr* 1999; 69(5): 890-97