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## Heart Disease Health Center

### Many Women Misinformed About Heart Disease Study Shows Lack of Knowledge About Heart Attack Symptoms

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WebMD Health News

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Feb. 10, 2010 -- [Heart disease](#) is the leading cause of death among women, yet nearly half of women would not call 911 if they thought they were having symptoms of a [heart attack](#).

That's just one of several concerning findings revealed today by The Go Red for Women Study, funded by the American Heart Association. The program looked at women's heart-health awareness and trends since 1997.

Researchers at New York-Presbyterian Hospital surveyed 2,300 women 25 or older by phone and online to determine who knew that heart disease was the No. 1 killer of women, and what they would do if they might be having a heart attack.

Women's awareness of heart disease has greatly increased over the last 10 years, but it's still relatively low. Furthermore, the level of knowledge has fluctuated between different racial groups. The recent survey shows that minority women continue to be significantly less aware of their risk of heart disease than white women.

The percentages of women surveyed who correctly identified heart disease as the leading cause of death for their sex were:

White women: 60%

Black women: 43%

Hispanic women: 44%

Asian women: 34%

Less than half of women ages 25-34, regardless of ethnicity, did not know that heart disease is the No. 1 killer of women.

The study also revealed that a women's knowledge of heart attack symptoms has not improved over the years, a finding that warrants attention, researchers say.

Only 56% of women knew chest, neck, shoulder, and arm pain could be a heart attack symptom.

Only 29% of women knew shortness of breath was a symptom.

17% correctly said chest tightness could be a symptom of a heart attack, while 15% knew [nausea](#) was a warning sign.

[Fatigue](#) can also be a warning sign of a heart attack in women, yet only 7% of those surveyed were aware of this symptom.

#### Misunderstanding of Prevention Strategies

Most of the women surveyed were also unaware of evidence-based therapies for preventing cardiovascular disease. "Despite recent research showing no benefit of antioxidant vitamins in women, the majority of women surveyed cited them as a way to prevent heart disease," Lori Mosca, MD, PhD, MPH, director of preventive cardiology at New York-Presbyterian Hospital in New York City, says in a news release. Slightly less than a third of women thought [aromatherapy](#) could also help prevent heart disease, but this is not a proven strategy.

Those surveyed said that better access to healthy foods and public recreation facilities as well as listing nutritional information in restaurants would make it easier for them to follow healthier lifestyles. Right now, the most common reason they did not do so was that they were busy taking care of a loved one. The second most common reason cited for failing to follow a heart-healthy lifestyle was uncertainty about how to proceed, which stemmed from confusing media reports.

#### Misunderstanding of Prevention Strategies continued...

The findings underscore the importance of heart disease education among women and their families. Educational campaigns can help prevent death and disability from cardiovascular disease, the researchers say.

"It's particularly important that national campaigns cut through the mixed messages women receive and deliver the facts about

how they can prevent heart disease," says Mosca.

The American Heart Association recently announced its strategic goal for 2020: improve the cardiovascular health of Americans by 20% and reduce heart disease-related and stroke-related deaths by the same amount.

"Our study shows that these goals will be virtually impossible to achieve without first creating awareness among multicultural and younger women, educating women about the warning signs of heart attack and underscoring the importance of calling 9-1-1 immediately if they are experiencing heart attack symptoms," Mosca says.

The findings appear in *Circulation: Cardiovascular Quality and Outcomes*.

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