

Breast cancer screening and treatment: One size doesn't fit all.



LEARN MORE: WWW.CDC.GOV/CANCER/BREAST



There are things you should know to understand what breast cancer is, know your chances for getting it, and how to find it early. Finding breast cancer early is critical because when it is found early, it is easier to treat. Read to learn more about the common symptoms of breast cancer and the best way many women find breast cancer early.

What is breast cancer?

Breast cancer is the second most common cancer among women, after skin cancer. It is a disease in which cells in the breast grow out of control.

Cancer cells can also spread, or *metastasize*, to other parts of the body.



What symptoms should I look for?

Some warning signs of breast cancer are:

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or shape of the breast.
- Pain in the breast.

These symptoms can happen with other conditions that are not cancer. If you notice any of these symptoms, talk to your health care provider right away.

What can I do to find breast cancer early?

Breast cancer screening involves checking a woman's breasts for cancer before there are signs or symptoms of the disease.

A *mammogram* is an X-ray picture of the breast. Doctors use a mammogram to look for early signs of breast cancer. The United States Preventive Services Task Force (USPSTF) recommends that most women who are at average risk and are 50 to 74 years old get one every 2 years. USPSTF recommendations state that women with a parent, sibling, or child with breast cancer are at a higher risk for breast cancer and may benefit from beginning screening in their 40s. Weighing the benefits and risks of screening is important when considering your screening options. If you're 40 to 49 years old, talk to your health care provider about when to start screening.



Are you concerned that you cannot afford to have a mammogram?

Most health insurance plans cover the cost of screening mammograms. If you have a low income or do not have insurance, you may qualify for a free or low-cost mammogram through CDC's National Breast and Cervical Cancer Early Detection Program.



National Breast and Cervical Cancer Early Detection Program

To learn more about the program, call (800) CDC-INFO or visit www.cdc.gov/cancer/nbccedp/.

What can I do to lower my chance of getting breast cancer?

One of the most important things you can do to lower your risk of breast cancer is to know your risk of breast cancer. Talk to your doctor about what that means for you.

Your doctor will consider factors that **cannot** be changed, like:

- Your personal history of breast problems.
- Your family's history of breast cancer.
- Your breast density (the amount of connective and fatty tissue in your breasts).
- Your age. Most breast cancers are found after age 50.
- Your menstrual and childbirth history.
- Your history of radiation treatment therapy to the chest or breasts.
- If you took the drug diethylstilbestrol (DES), which was given to some pregnant women in the United States between 1940 and 1971 to prevent miscarriage, you have a higher risk. Women whose mothers took DES while pregnant with them are also at higher risk.
- If you or close family members have known mutations (changes) in your breast cancer genes (BRCA1 or BRCA2). Women who have inherited these genetic changes are at higher risk of breast and ovarian cancer. You will only know if you have a mutation if you have had genetic testing. Even in the absence of having abnormal genes when tested, it is important to know your family history; we don't know all the genes that cause breast cancer.

Your doctor will also consider factors that **can** be changed, like any hormone replacement use.

Here are some things you can do to reduce your chance of getting breast cancer:

- Keep a healthy weight.
- Engage in regular physical activity.
- Don't drink alcohol, or limit alcoholic drinks to no more than one per day.



To learn more about breast cancer, visit www.cdc.gov/cancer/breast/.

[Bring Your Brave Campaign](#)

Bring Your Brave Campaign

[Bring Your Brave Campaign Home](#)

Take Action



Understanding your cancer risk and being proactive about your health may help you lower your risk for getting breast or ovarian cancer at a young age, or find it at an early stage when treatment works best.

All women can do things to lower their breast and ovarian cancer risk. Young women should learn their family health history, as this can help you learn if you have a higher risk for getting hereditary breast or ovarian cancer at a young age. Learning your family health history also can help you understand if you should talk to your doctor about your risk, and if genetic counseling and testing is right for you. If you learn that you have a higher risk of hereditary breast and ovarian cancer, there are things you can do to manage your risk.



[Learn Your Family History of Breast and Ovarian Cancer](#)

How to talk to your family about your family health history.



[Genetic Counseling and Testing](#)

Learn about genetic counseling and testing, and when to talk to your doctor.



Practice Healthy Behaviors

You can lower your risk of getting breast cancer and increase the chance of finding it early.

Last Reviewed: September 27, 2021

CERVICAL CANCER

There are five main types of cancer that affect a woman's reproductive organs: cervical, ovarian, uterine, vaginal, and vulvar. As a group, they are referred to as gynecologic (GY-neh-kuh-LAH-jik) cancer. (A sixth type of gynecologic cancer is the very rare fallopian tube cancer.)

This fact sheet about cervical cancer is part of the Centers for Disease Control and Prevention's (CDC) *Inside Knowledge: About Gynecologic Cancer* campaign. The campaign helps women get the facts about gynecologic cancer, providing important "inside knowledge" about their bodies and health.

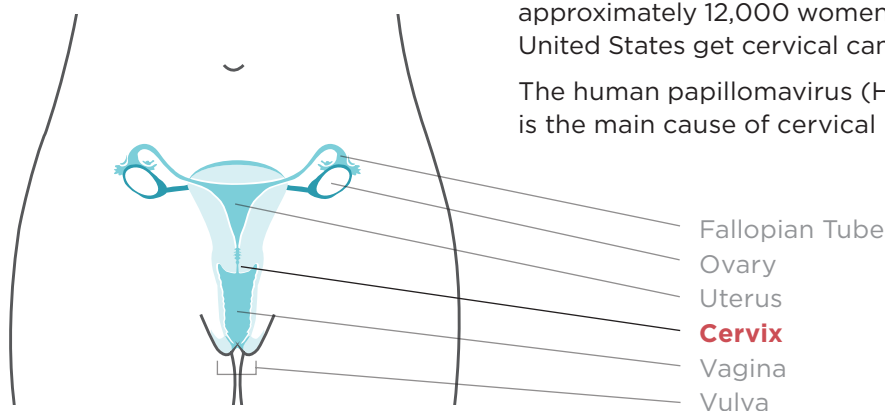


What is cervical cancer?

Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later.

When cancer starts in the cervix, it is called cervical cancer. The cervix is the lower, narrow end of the uterus. The cervix connects the vagina (the birth canal) to the upper part of the uterus. The uterus (or womb) is where a baby grows when a woman is pregnant.

Cervical cancer is the easiest gynecologic cancer to prevent with regular screening tests and follow-up. It also is highly curable when found and treated early.



Are there tests that can prevent cervical cancer or find it early?

There are two tests that can either help prevent cervical cancer or find it early:

- Depending on your age, your doctor may recommend you have a Pap test, or an HPV test, or both tests together.
- The Pap test (or Pap smear) looks for precancers, cell changes, on the cervix that can be treated, so that cervical cancer is prevented. The Pap test also can find cervical cancer early, when treatment is most effective. The Pap test only screens for cervical cancer. It does not screen for any other gynecologic cancer.
- The HPV test looks for HPV—the virus that can cause precancerous cell changes and cervical cancer.

Who gets cervical cancer?

All women are at risk for cervical cancer. It occurs most often in women over age 30. Each year, approximately 12,000 women in the United States get cervical cancer.

The human papillomavirus (HPV) is the main cause of cervical

cancer. HPV is a common virus that is passed from one person to another during sex. Most sexually active people will have HPV at some point in their lives, but few women will get cervical cancer.

What are the symptoms?

Early on, cervical cancer may not cause signs and symptoms. Advanced cervical cancer may cause bleeding or discharge from the vagina that is not normal for you, such as bleeding after sex. If you have any of these signs, see your doctor. They may be caused by something other than cancer, but the only way to know is to see your doctor.

When should I get tested for cervical cancer?

The Pap test is one of the most reliable and effective cancer screening tests available. The Pap test is recommended for all women between the ages of 21 and 29 years old. If your Pap test results are normal, your doctor may say that you will not need another Pap test for three years.

If you are 30 years old or older, you may choose to have a Pap test, or an HPV test, or both tests together. If the results are normal, your chance of getting cervical cancer in the next few years is very low. Your doctor may then say that you can wait up to five years for your next screening.

The HPV test is also used to provide more information when women aged 21 years or older have unclear Pap test results.

For women aged 21-65, it is important to continue getting a Pap and/or HPV test as directed by your doctor—even if you think you are too old to have a child or are not having sex anymore. However, your doctor may tell you that you do not need to have a Pap or HPV test if either of these is true for you:

- You are older than 65 and have had a normal Pap or HPV test for several years.
- You have had your cervix removed as part of a total hysterectomy for non-cancerous conditions, like fibroids.

What raises a woman's chance of getting cervical cancer?

Almost all cervical cancers are caused by HPV. You are more likely to get HPV if you started having sex at an early age, or if you or your partner have had sex with several others. However, any woman who has ever had sex is at risk for HPV.

There are many types of HPV. Usually HPV will go away on its own, but if it does not, it may cause cervical cancer over time.

In addition to having HPV, these things also can increase your risk of cervical cancer:

- Smoking.
- Having HIV (the virus that causes AIDS) or another condition that makes it hard for your body to fight off health problems.
- Using birth control pills for a long time (five or more years).
- Having given birth to three or more children.

How can I prevent cervical cancer?

- See your doctor regularly for a Pap and/or HPV test.
- Follow up with your doctor if your cervical cancer screening test results are not normal.
- Get the HPV vaccine. It protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers. It is recommended for preteens (both boys and girls) aged 11 to 12 years, but can be given as early as age 9 and until age 26. The vaccine is given in a series of either two or three shots, depending on age. It is important to note that even

women who are vaccinated against HPV need to have regular Pap tests to screen for cervical cancer. To learn more about the HPV vaccine visit www.cdc.gov/hpv.

- Don't smoke.
- Use condoms during sex.*
- Limit your number of sexual partners.

* HPV infection can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. While the effect of condoms in preventing HPV infection is unknown, condom use has been associated with a lower rate of cervical cancer.

What should I do if my doctor says I have cervical cancer?

If your doctor says that you have cervical cancer, ask to be referred to a gynecologic oncologist—a doctor who has been trained to treat cancers like this. This doctor will work with you to create a treatment plan.

Where can I find free or low-cost cervical cancer screening tests?

If you have a low income or do not have insurance, you may be able to get a free or low-cost cervical cancer screening test through the National Breast and Cervical Cancer Early Detection Program. To learn more, call **800-CDC-INFO** or visit www.cdc.gov/cancer/nbccedp.

Where can I find more information about cervical and other gynecologic cancers?

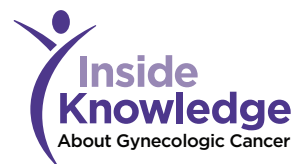
Centers for Disease Control and Prevention: 800-CDC-INFO or www.cdc.gov/cancer/gynecologic

National Cancer Institute: 800-4-CANCER or www.cancer.gov



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

cdc.gov/cancer/knowledge
800-CDC-INFO



Top Questions About Fitness and Women

Being physically active is one of the most important steps you can take to get and stay healthy. Women of all ages, shapes, and abilities benefit from getting active. Regular physical activity (exercise) can help lower your risk for many diseases that affect women, including heart disease and stroke. Exercise can also help relieve symptoms of some conditions, such as depression, type 2 diabetes, and high blood pressure. Women need to do different types of physical activities to reach or stay at a healthy weight and build strength and endurance.

Q: How can physical activity help my health?

A: Getting regular physical activity is one of the best things you can do for your health. Regular physical activity can help:

- Lower blood pressure and cholesterol
- Improve depression
- Improve sleep
- Lower your risk of diseases such as breast cancer, colon cancer, type 2 diabetes, heart disease, and stroke
- Lower your risk of dying early

Q: How much physical activity should I do?

A: Each week, women should get at least:

- **2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic physical activity.** You know you are doing a moderate-intensity activity when your heart is beating faster but you can still carry on a conversation. Try a brisk, 30-minute walk five times a week.

OR

- **1 hour and 15 minutes (75 minutes) of vigorous-intensity aerobic activity.** You know you are doing a vigorous-intensity physical activity when you are breathing hard and it is difficult to have a conversation. This could be a 40-minute jog or step class twice a week.

AND

- **Muscle-strengthening activities** on two or more days.

Q: Can I exercise if I have underweight, overweight, or obesity?

A: Maybe. People who are underweight due to an eating disorder should not exercise unless their doctor tells them to. Women who have overweight or obesity should talk to their doctor or nurse about any concerns they have about beginning an exercise program.

For most people, any amount or type of physical activity will help your overall health. Physical activity can also improve muscle strength, balance, and flexibility.

Start slowly if you haven't been physically active before or if it has been a while. Talk to your doctor or nurse about exercise if you have a health condition. Your doctor or nurse can help you develop an exercise plan that is healthy and safe for a person of your current weight and fitness level.

Q: Can exercise help menstrual cramps?

A: Maybe. Researchers have found that some women have fewer painful cramps during menstruation if they

exercise regularly. There are almost no risks to regular physical activity, like walking, which may also help you feel better during your period.

Q: Is it safe to exercise during pregnancy?

A: Physical activity during pregnancy is usually safe and healthy for you and your baby. And the more active you are during pregnancy, the easier it will be to start getting active after your baby is born. Talk to your doctor about your activity level throughout your pregnancy.

Q: How can I avoid weight gain after menopause?

A: As you age, and especially in the years after menopause, you may find it harder to maintain your weight. You may need to increase the amount of physical activity you get and lower how many calories you eat to stay the same weight.

Q: How can physical activity help older women?

A: As you get older, regular physical activity helps:

- Keep bones strong
- Prevent hip fractures (breaking your hip)
- Decrease pain from arthritis
- Prevent dementia
- Maintain your independence

Balance exercises are important for all women, but especially older women who are at a higher risk of falls. Examples of these exercises include tai chi and standing from a sitting position.

For more information...

For more information about fitness, call the OWH Helpline at 1-800-994-9662 or contact the following organizations:

Centers for Disease Control and Prevention (CDC), HHS

1-800-232-4636 • www.cdc.gov/physicalactivity/index.html

ChooseMyPlate.gov

www.choosemyplate.gov/physical-activity.html

National Institute on Aging (NIA), NIH, HHS

1-800-222-2225 • go4life.nia.nih.gov

National Heart, Lung, and Blood Institute (NHLBI), NIH, HHS

301-592-8573 • www.nhlbi.nih.gov/health/health-topics/topics/phys

President's Council on Fitness, Sports & Nutrition, HHS

240-276-9567 • www.hhs.gov/fitness/index.html

All materials contained on these pages are free of copyright restrictions and may be copied, reproduced, or duplicated without permission of the Office on Women's Health in the Department of Health and Human Services. Citation of the source is appreciated.

Content last updated: January 29, 2018.



www.facebook.com/HHSOWH



www.twitter.com/WomensHealth



www.youtube.com/WomensHealthgov

www.womenshealth.gov | 1-800-994-9662



Top Questions About Nutrition and Women

Healthy eating is a way of eating that improves your health, helps prevent disease, and gives you energy. It means eating fruits, vegetables, whole grains, and healthy types of protein, fat, and dairy, and not eating or drinking too many calories for your body type. It also means not eating a lot of food with added sugars, saturated and trans fats, and sodium (salt). Healthy eating also means that you usually get nutrients from food rather than from vitamins or other supplements. Some women might need vitamins, minerals, or other supplements at certain times in life, such as before or during pregnancy. Some vegan and vegetarian women might need specific vitamins that are easier to get from animal products than plant sources, such as vitamin B-12.

Q: What does healthy eating look like?

A: Healthy eating means choosing different types of healthy food from all of the food groups (fruits, vegetables, grains, dairy, and proteins), most of the time, in the correct amounts for you. Fill your plate with foods from the five food groups at each meal. Half of your plate should be fruits or vegetables. Most women do not get enough fruits, vegetables, whole grains, seafood, fiber, or healthy fats, such as olive oil or canola oil. Most of us don't need complicated calorie counting programs or special recipes for healthy eating. Healthy eating also means not eating a lot of foods with added sugar, sodium (salt), and saturated and trans fats.

Q: How do women's nutritional needs change throughout life?

A: Women's nutritional needs change as our bodies change during different stages of our lives.

- **During the teen years.** Girls ages 9 to 18 need more calcium and vitamin D to build strong bones and help prevent osteoporosis later in life. Girls need 1,300 milligrams (mg) of calcium and 600 international units (IU) of vitamin D every day. Girls ages 14 to 18 also need more iron.
- **Young adults.** Teen girls and young women usually need more calories than when they were younger, to support their growing and developing bodies. After about age 25, a woman's resting metabolism (the number of calories her body needs to sustain itself at rest) goes down.
- **Before and during pregnancy.** You need more of certain nutrients than usual to support your health and your baby's development. These nutrients include protein, calcium, iron, and folic acid. Many doctors, nurses, and midwives recommend prenatal vitamins or a folic acid supplement during this time.
- **During breastfeeding.** Continue eating healthy foods while breastfeeding. You may also need to drink more water. Nursing mothers may need about 13 cups of water a day. Try drinking a glass of water every time you nurse and with each meal.
- **After menopause.** Lower levels of estrogen after menopause raise your risk for chronic diseases, such as heart disease, stroke, diabetes, and osteoporosis. What you eat also affects these chronic diseases. Talk to your doctor about healthy eating plans and whether you need more calcium and vitamin D to protect your bones.

Q: Are low-fat or low-carb diets safe for women?

A: Yes, these diets can be safe, but you should always talk to your doctor or nurse before limiting the amount of any specific nutrient like fat or carbs. Fats and carbs are essential, which means your body needs them to work correctly and for good health.

- **Low-carb diets** can help you lose weight, but they can also limit the amount of fiber you get each day. Most women do not get enough fiber.

- **Low-fat diets** also can help you lose weight. But the amount of weight lost is usually small.

For weight loss, what is more important is eating healthy carbs and unsaturated fats and limiting the amount of calories you take in. It helps to cut out or eat less of foods that don't have essential vitamins, minerals, or nutrients. Try one of the healthy eating plans at www.choosemyplate.gov or the top-rated Dietary Approaches to Stop Hypertension (DASH) diet at www.nhlbi.nih.gov.

For more information...

For more information about nutrition, call the OWH Helpline at 1-800-994-9662 or contact the following organizations:

Centers for Disease Control and Prevention (CDC), HHS

1-800-232-4636 • www.cdc.gov/nutrition

ChooseMyPlate.gov

www.choosemyplate.gov

Nutrition.gov

www.nutrition.gov

Office of Dietary Supplements, NIH, HHS

301-435-2920 • ods.od.nih.gov

All materials contained on these pages are free of copyright restrictions and may be copied, reproduced, or duplicated without permission of the Office on Women's Health in the Department of Health and Human Services. Citation of the source is appreciated.

Content last updated: January 11, 2018.



www.facebook.com/HHSOWH



www.twitter.com/WomensHealth

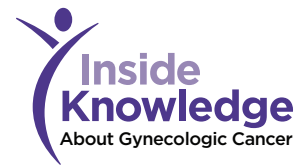


www.youtube.com/WomensHealthgov

www.womenshealth.gov | 1-800-994-9662



FAMILY HISTORY & CANCER



There are five main types of cancer that affect a woman's reproductive organs: cervical, ovarian, uterine, vaginal, and vulvar. As a group, they are referred to as gynecologic (GY-neh-kuh-LAH-jik) cancer.

This fact sheet about family history and cancer is part of the Centers for Disease Control and Prevention's (CDC) *Inside Knowledge: Get the Facts About Gynecologic Cancer* campaign. Knowing more about family or personal history of cancer may help women to know if they have an increased risk of developing gynecologic and other cancers.



What is family history of cancer?

Your family medical history is a record of diseases and conditions that run in your family, especially among close relatives. A family history of breast, ovarian, uterine, and colorectal cancers can increase a woman's risk for developing these cancers.

What can family history tell me about my risk?

Knowing your family history helps provide clues about your chances of getting cancer. You may share similar genes, habits, and environments that can affect your cancer risk. Telling your doctor your family history is important. It will also guide you and your doctor in deciding what tests you need, when to start, and how often to be tested.

Knowing your family history also helps you and your doctor decide if genetic counseling or testing may be right for you. While genetic counseling and testing are not recommended for all women, it is important for all women to know their family history.

How do I collect family history information?

- At family gatherings, ask questions about your relatives' history of cancer.
- Look through family records to find information about relatives who have had cancer (such as family trees, birth and death certificates, photo albums, and obituaries posted online or clipped from the newspaper).

Which hereditary conditions increase your chances of getting cancer?

The most common hereditary conditions that increase your cancer risk are Hereditary Breast and Ovarian Cancer Syndrome and Lynch Syndrome.

- **Women with Hereditary Breast and Ovarian Cancer (HBOC) Syndrome** have an increased risk for breast, ovarian, and several other cancers. Having HBOC means you have mutations (changes) in your BRCA1 or BRCA2 genes. Family history information helps identify these women so they can be referred to genetic counseling to consider genetic testing.

- **Women with Lynch Syndrome** are at increased risk for uterine, colorectal, and ovarian cancers. Usually, people with Lynch Syndrome have a family history of these cancers.

What if cancer does not run in my family?

Women with no family history may still get cancer. You are considered to be at average risk of developing ovarian, uterine, colorectal, and breast cancers if you do not have a family history of these cancers. So you should get screened regularly for breast, cervical, and colorectal cancers. Knowing your family history will help you and your doctor make decisions about when and how often to get screened.

What kind of information do I need to collect?

Gather information about your:

- Parents and grandparents
- Sisters, brothers
- Children
- Aunts, uncles, nieces, nephews

Information should include:

- Who had cancer; what kind?
- Age when diagnosed.
- Are they still living? If not, at what age did they die and what was their cause of death?

This is especially important if you have a first-degree relative (parent, sibling, or child) who was diagnosed before age 50 with ovarian, uterine, breast, or colorectal cancer.

It is also important to know if you have at least two or three other relatives (grandparents, aunts, uncles, nieces, nephews) on either your mother's or father's side who have had ovarian, uterine, breast, or colorectal cancer.

What should I do if cancer runs in my family?

Here are things to know:

- Many women have a family history of cancer, but few carry a genetic mutation that increases their cancer risk.
- Knowing your family history and telling your doctor about it is the first step in helping you understand your chances of developing cancer.
- You may benefit from genetic counseling and testing to find out if you have a genetic mutation that affects your cancer risk.

What is genetic counseling?

If your family history suggests that you may carry a genetic mutation, your doctor can refer you to genetic counseling.

A genetic counselor will ask you about your family's health history and discuss whether genetic testing may be right for you.

There are many things to consider when you're thinking about genetic testing. Counseling helps to focus on what's right for you.

What is a genetic test?

A genetic test uses your saliva or blood to look at your DNA. This can show if there are mutations or changes in a single gene (or several genes) that may place you and your family at greater risk for developing a disease, such as cancer.

Are certain groups more likely to have genetic mutations?

Certain groups may be more likely to carry a genetic mutation that increases their risk of developing cancer, including people with:

- Strong family histories of cancer.
- Family members diagnosed with ovarian, uterine, colorectal, or breast cancer at or before age 50.
- Ancestors from Eastern Europe or who are Ashkenazi Jewish.

What should I do if I have a genetic mutation?

Don't panic. Having a genetic mutation that increases your cancer risk does not mean you will get cancer. There are several things that you can do to lower or manage your cancer risk. Talk to your doctor about:

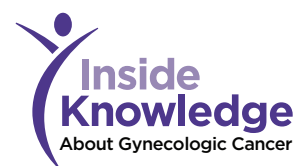
- Tests that may benefit you. You may need to be tested earlier and more often than average-risk women.
- Medication that could reduce your cancer risk.
- Risk-reducing surgery.
- Making healthy choices, like quitting smoking, not drinking alcoholic beverages, and maintaining a healthy weight through good nutrition and regular physical activity.

For additional resources visit cdc.gov/cancer/knowledge



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

www.cdc.gov/cancer/knowledge
800-CDC-INFO



THE HEART TRUTH® FOR WOMEN

**It's never too early to
start thinking about
your blood pressure.**

**Have your blood
pressure checked at
least once a year.**



National Heart, Lung,
and Blood Institute



hearttruth.gov

Celebrating Native American Heritage Month



Almost 43 million women are living with some form of cardiovascular disease (CVD) in the U.S. CVD is the leading cause of death among American Indians/Alaska Natives (AI/AN). Not only are AI/AN women at a high risk for CVD, but they also die from it at younger ages than other racial and ethnic groups in the United States.

NATIVE AMERICAN WOMEN & HEART DISEASE



1100 17th Street NW • Suite 500 • Washington, DC 20036
P 202.728.7199 • F 202.728.7238 • www.womenheart.org

www.womenheart.org

WOMENHEART: The National Coalition for Women with Heart Disease is the nation's first and only patient-centered organization organization serving the 43 million American women living with or at risk for heart disease — the leading cause of death in women. WomenHeart is solely devoted to advancing women's heart health through advocacy, community education, and the nation's only patient support network for women living with heart disease. WomenHeart is both a coalition and a community of thousands of members nationwide, including women heart patients and their families, physicians, and health advocates, all committed to helping women live longer, healthier lives. To receive a free online heart health action kit or to donate visit www.womenheart.org.

SOURCES

American Heart Association. (2016). *American Indian/Alaska Natives & cardiovascular diseases*. Retrieved from http://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm_483964.pdf

Centers for Disease Control and Prevention. (2014). *American Indian and Alaska Native heart disease and stroke fact sheet*. Retrieved from http://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/docs/fs_aian.pdf

Robert Wood Johnson Foundation. (2007). *Significant health care needs of American Indians and Alaska Natives living in urban areas go unmet*. Retrieved from <http://www.rwjf.org/en/library/articles-and-news/2007/11/significant-health-care-needs-of-american-indians-and-alaska-nat.html>


Tong, V. T., Dietz, P. M., & Morrow, B. (2013). Trends in smoking before, during, and after pregnancy—pregnancy risk assessment monitoring system, United States, 40 Sites, 2000–2010. *Morbidity and Mortality Weekly Report*, 62(SS06), 1–19.

U.S. Department of Health and Human Services Office of Minority Health. (2014). *Obesity and American Indians/Alaska Natives*. Retrieved from <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=40>

U.S. Department of Health and Human Services Office of Minority Health. (2016). *Diabetes and American Indians/Alaska Natives*. Retrieved from <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=33>


U.S. Department of Health and Human Services Office of Minority Health. (2016). *Profile: American Indian/Alaska Native*. Retrieved from <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>

NATIVE AMERICAN WOMEN & HEART DISEASE



Cardiovascular disease (CVD), often used interchangeably with heart disease, generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain, or stroke. Other conditions, such as those that affect the heart's muscle, valves, or rhythm, are also diagnosed as heart disease.


American Indians/Alaska Natives (AI/AN) **ARE AT HIGHER RISK** for CVD when compared to Caucasians.




HEART DISEASE IS THE LEADING CAUSE OF DEATH AMONG AMERICAN INDIANS/ALASKA NATIVES — they die from heart disease at younger ages than other racial and ethnic groups in the United States.



42.3% of AI/AN adults are obese.



26.2% of the AI/AN population have high blood pressure.




AI/AN women have a higher percentage of smoking-related deaths from heart disease than Caucasian women. **22%** of AI/AN women smoke, a rate higher than any racial or ethnic group, increasing their risk for heart disease.



AI/AN adults are **2.4x MORE LIKELY** than Caucasian adults to be diagnosed with diabetes.

51.6% of AI/AN adults do not meet the 2008 Federal Physical Activity Guidelines.*



AI/AN women should talk to their doctor or health care provider about:

**NON-MODIFIABLE
RISK FACTORS**
(things you can't change)

- race
- age
- gender
- family history

**MODIFIABLE
RISK FACTORS**
(things you can change)

- physical activity
- diet
- smoking cessation
- weight
- blood pressure
- cholesterol

WWW.WOMENHEART.ORG

* Either 150 minutes of moderate physical activity or 75 minutes of vigorous physical activity per week.



Get Active



Did you know? Women of all ages who get enough physical activity can reduce their risk of heart disease and cancer — the most common diseases women have to worry about. Men get more physical activity than women. We can change this — let's move!



Women need 2.5 hours of moderate-intensity physical activity every week — about **30 minutes a day**.¹ But fewer than 50% of women are getting enough aerobic activity, and only 20% get enough muscle-strengthening activity.²

Just **30 minutes** of brisk walking a day is enough to **lower your risk of breast cancer**.³



The more exercise you do, the more your risk of early death goes down. A woman who exercises 30 minutes every day can lower her risk of dying early by 27% compared with someone who exercises just 30 minutes once a week.⁴

Tips

Try these ideas for fitting more physical activity into your daily routine.

- ✓ Add walking or biking to your commute.
- ✓ Take the stairs instead of the elevator.
- ✓ Turn on your favorite music and dance.



Schedule your well-woman visit

A well-woman visit is a time to see your health care provider to:

- ▶ Discuss family history, family planning, and personal habits, such as alcohol and tobacco use
- ▶ Schedule necessary tests, such as screenings for high blood pressure, high cholesterol, and diabetes
- ▶ Set health goals, such as being active and maintaining a healthy weight



-
- ▶ Learn more about how to fit physical activity into your daily life at www.health.gov/PAguidelines.
 - ▶ Learn more about National Women's Health Week at womenshealth.gov/nwhw.



Sources

¹ www.health.gov/paguidelines/pdf/paguide.pdf

² www.cdc.gov/nchs/data/has/2014/063.pdf

³ www.cancer.gov/cancertopics/factsheet/prevention/physicalactivity

⁴ www.health.gov/paguidelines/guidelines/chapter2.aspx

Eat Healthy



Did you know? We make 200 decisions about food each day.¹ That's a lot of chances to eat healthy every day. All of your food and drink choices matter!



Nearly **2 out of 3** women in the United States die from chronic diseases like heart disease, cancer, or diabetes.² A healthy diet and weight can help protect you from many chronic diseases. Choose lots of fruits, vegetables, whole grains, low-fat dairy, and lean proteins to keep you healthy.

Fruits and vegetables are a great way to get the vitamins and nutrients you need!³

- **Potassium** can help lower blood pressure.
- **Fiber** from fruits and vegetables can help lower cholesterol.
- **Vitamin A** keeps eyes and skin healthy and helps to protect against infections.



Tips

Switch some of your everyday foods for healthier options.

- ✓ Eat whole-grain bread instead of white bread, and brown rice instead of white rice.
- ✓ Try whole fruit, like apples and oranges, instead of fruit bars or fruit-flavored snacks.
- ✓ Drink water, seltzer, or unsweetened tea instead of energy or fruit drinks or soda.



Schedule your well-woman visit

A well-woman visit is a time to see your health care provider to:

- ▶ Discuss family history, family planning, and personal habits, such as alcohol and tobacco use
- ▶ Schedule necessary tests, such as screenings for high blood pressure, high cholesterol, and obesity
- ▶ Set health goals, such as being active and maintaining a healthy weight



-
- ▶ Learn more about healthy eating habits at **ChooseMyPlate.gov**.
 - ▶ Track your daily food plan with **SuperTracker.usda.gov**.
 - ▶ Learn more about National Women's Health Week at **womenshealth.gov/nwhw**.



Sources

¹ www.cnpp.usda.gov/sites/default/files/dietary_guidelines_for_americans/DGAC-Mtg3-Minutes-final.pdf

² www.cdc.gov/women/lcod/2013/index.htm

³ www.choosemyplate.gov/vegetables-nutrients-health

Menopause & Hormones

Common Questions



U.S. FOOD & DRUG
ADMINISTRATION

What is menopause?

Menopause is a normal, natural change in a woman's life when her period stops. That's why some people call menopause "the change of life" or "the change." During menopause a woman's body slowly produces less of the hormones estrogen and progesterone. This often happens between ages 45 and 55. A woman has reached menopause when she has not had a period for 12 months in a row.

What are the symptoms of menopause?

Every woman's period will stop at menopause. Some women may not have any other symptoms at all. As you near menopause, you may have:

- Changes in your period—time between periods or flow may be different.
- Hot flashes ("hot flushes")—getting warm in the face, neck, or chest, with and without sweating.
- Night sweats that may lead to problems sleeping and feeling tired, stressed, or tense.
- Vaginal changes—the vagina may become dry and thin, and sex may be painful.
- Thinning of your bones, which may lead to loss of height and bone breaks (osteoporosis).

Who needs treatment for symptoms of menopause?

- For some women, many of these changes will go away over time without treatment.
- Some women will choose treatment for their symptoms and to prevent bone loss. If you choose hormone treatment, estrogen alone or estrogen with progestin (for a woman who still has her uterus or womb) can be used.

What is hormone therapy for menopause?

Lower hormone levels in menopause may lead to hot flashes, vaginal dryness, and thin bones. To help with these problems, women may be prescribed estrogen or estrogen with progestin (another hormone). Like all medicines, hormone therapy has benefits and risks. Talk to your doctor, nurse, or pharmacist about hormone therapy. If you decide to use hormone therapy, use it at the lowest dose that helps. Also use hormones for the shortest time that you need them.

Who should not take hormone therapy for menopause?

Women who:

- Think they are pregnant.
- Have problems with vaginal bleeding.
- Have certain kinds of cancers.
- Have had a stroke or heart attack.
- Have had blood clots.
- Have liver disease.

What are the benefits of using hormone therapy for menopause?

- Hormone therapy may help relieve hot flashes, night sweats, vaginal dryness, or dyspareunia (pain with sexual activity).
- Hormones may reduce your chances of getting thin, weak bones (osteoporosis), which break easily.

What are the risks of using hormone therapy?

For some women, hormone therapy may increase their chances of getting blood clots, heart attacks, strokes, breast cancer, and gall bladder disease. For a woman with a uterus, estrogen increases the chance of getting endometrial cancer (cancer of the uterine lining). Adding progestin lowers this risk.

Menopause & Hormones

How long should I use hormone therapy for menopause symptoms?

- You should talk to your doctor, nurse, or pharmacist.
- Treatment of menopausal symptoms should be decided with your healthcare provider, as there are many different FDA-approved hormones for treatment of the symptoms of menopause.

Does it make a difference what form of hormones I use for menopause?

Yes. FDA recommends that women use hormone therapies that are FDA-approved. FDA-approved hormone therapies are evaluated for safety and effectiveness.

Are compounded “bioidentical hormones” safer or more effective than FDA-approved hormone therapy for menopause?

Many marketed products that are called “bioidentical hormones” are compounded drugs, which are not FDA-approved. FDA does not have evidence that compounded “bioidentical hormones” are safe and effective, or safer or more effective than FDA-approved hormone therapy.

FDA has approved drugs containing hormones that are identical to the hormones made naturally by women in their reproductive years.

Is the hormone estriol a “safer form of estrogen”?

FDA does not have evidence that drugs containing estriol are safe and effective, or are “safer forms of estrogen.” There are no FDA-approved drugs containing estriol. Marketed drugs that contain estriol are compounded drugs, which are not FDA-approved.

Has FDA approved other treatments for menopause?

Yes. In 2013, FDA approved:

- A non-hormonal treatment for moderate to severe hot flashes associated with menopause.
- A medicine to treat moderate to severe dyspareunia (pain with sexual activity) due to vaginal changes that occur with menopause.

Are herbs and other “natural” products useful in treating symptoms of menopause?

At this time, FDA does not know if herbs or other “natural” products are helpful or safe.

Should I use estrogen just to prevent thin bones?

You can, but there are also other medicines and things you can do to help your bones. Speak to your healthcare provider.

Should I use hormone therapy to protect the heart or prevent strokes?

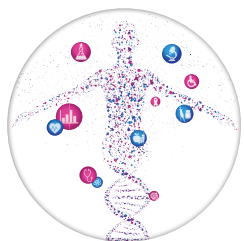
No, do not use hormone therapy to prevent heart attacks or strokes.

Should I use hormone therapy to prevent memory loss or Alzheimer’s disease?

No, do not use hormone therapy to prevent memory loss or Alzheimer’s disease.

Do hormones protect against aging and wrinkles or increase my sex drive?

Studies have not shown that hormone therapy prevents aging and wrinkles or increases sex drive.



For more information: FDA Office of Women’s Health

www.fda.gov/menopause





UTERINE FIBROIDS: TIPS FOR YOUNG WOMEN

What are fibroids?

Uterine fibroids are the most common benign (not cancerous) tumors, or growths, in women of childbearing age. They grow in and around the muscular wall of the uterus (womb).

The logo for the U.S. Food and Drug Administration (FDA), consisting of the letters "FDA" in a bold, blue, sans-serif font.

What are the symptoms of fibroids?

Symptoms can include **changes in your period (heavy bleeding), fullness or pressure, pain (painful periods and during sex), and reproductive problems.** Unless you have symptoms, you might not know you have fibroids. In some cases, a healthcare provider will find fibroids during a routine pelvic exam.

What causes fibroids?

No one knows for sure what causes fibroids. Researchers think more than one factor could play a role like age, family history and genetics, race/ethnic origin, weight, hormones, high blood pressure and dietary factors.

How are fibroids treated?

If you have symptoms, there are medical treatments to help. Talk with your healthcare provider about the best way to treat your fibroids. If you don't have symptoms, you may not need treatment.

Learn more about uterine fibroids at www.fda.gov/uterinefibroids. For more women's health tips from the **FDA Office of Women's Health**, visit www.fda.gov/collegewomen.





U.S. FOOD & DRUG
ADMINISTRATION

Uterine Fibroids

What are fibroids?

Uterine fibroids are the most common benign (not cancerous) tumors, or growths, in women of childbearing age. They grow in and around the muscular wall of the uterus (womb) and can grow as a single tumor or there can be many. They can be as small as an apple seed or as big as a grapefruit. Fibroids can grow or stay about the same size over time. Another medical term for fibroids is leiomyoma or just “myoma.”

What are the symptoms of fibroids?

Fibroids do not always cause symptoms. People who have symptoms may find fibroids hard to live with. Symptoms of fibroids can include:

- **Changes in menstruation (your period)**
 - Heavy bleeding during your period that soaks through one or more tampon or pad every hour or lasts more than seven days
 - Vaginal bleeding between periods
 - Heavy and irregular bleeding can cause anemia (low red blood cell count)
 - Painful periods
- **Fullness or pressure**
 - Feeling “full” in the lower abdomen (belly)
 - An urge to urinate more often or difficulty urinating
- **Pain**
 - Pain during sex
 - Pain in the belly or lower back
- **Reproductive problems**
 - Infertility
 - Miscarriage
 - Early Labor

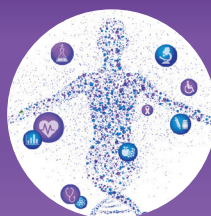
What causes fibroids?

No one knows for sure what causes fibroids. Researchers think more than one factor could play a role. These factors could include:

- **Age.** Risk of fibroids increases with age and peaks at around age 50. In some women, fibroids may shrink after menopause.
- **Family history or genetics.** Having a family member (such as a mother, sister or aunt) with fibroids increases your risk.
- **Race/ethnic origin.** Fibroids are 2-3 times more common in African-American people than Asian, Hispanic, or White people. African-American people also tend to get fibroids at a younger age, and their fibroids tend to grow faster.
- **Weight.** Being overweight or obese increases the risk of fibroids.
- **Hormones.** Fibroids can be affected by the levels of hormones— estrogen and progesterone.
- **High blood pressure** increases the risk of fibroids.
- **Dietary factors.** (e.g. Vitamin D deficiency, use of soybean milk).

How do I know if I have fibroids?

Unless you have symptoms, you might not know if you have fibroids. In some cases, a healthcare provider will find fibroids during a routine pelvic exam. Your provider may also order imaging tests to see a picture of the fibroids. Surgery (i.e. hysteroscopy) can confirm the ultrasound diagnosis of fibroids and provide additional information like the location of the fibroids.



**FDA Office of
Women's Health**
www.fda.gov/womens

How are fibroids treated?

If you have symptoms, there are medical treatments that can help. Talk with your healthcare provider about the best way to treat your fibroids. They will consider many things, such as:

- What symptoms you have and their severity
- If you want to get pregnant in the future
- The size of the fibroids
- The location of the fibroids
- Your age and how close you are to the onset of menopause

If you have fibroids but do not have symptoms, you may not need medical intervention. Your provider can check during regular exams to see if your fibroids have grown and ask you whether you have noticed any new or worsening symptoms. Your provider may recommend an imaging test to check growth or change in size.

Talk to your provider to discuss if you should take medicine to manage your symptoms such as:

- Iron supplements to treat or prevent anemia (low red blood cell count) caused by heavy bleeding.
- Stool softener to help with constipation.
- Over-the-counter (OTC) or prescription pain medicines to help ease the pain due to fibroids.

Your provider may recommend a medical treatment with hormones to help control bleeding. This may include:

- Birth control products, such as pills, patches, or vaginal contraceptive rings
- Progesterone pills or injections (shots)
- Intrauterine device (IUD) with hormone (progesterone)
- Newer medicines approved to manage heavy menstrual bleeding associated with fibroids in premenopausal women.

Talk with your provider about the risks, benefits, and side effects before you start or stop a medical treatment.



**U.S. FOOD & DRUG
ADMINISTRATION**

If you have moderate or severe symptoms from your fibroids, your provider may recommend medical treatments as discussed above or surgical procedures. Surgical options include:

- **Myomectomy** – Surgery to remove fibroids without removing healthy tissue of the uterus.
- **Hysterectomy** – Surgery to remove the entire uterus.
- **Fibroid ablation** – A surgical procedure that uses energy to destroy fibroid tissue while avoiding damage to the normal uterine tissue. The fibroids are not removed, but shrink in size.
- **Uterine fibroid embolization (UFE) or uterine artery embolization (UAE)** – A thin tube is threaded into the blood vessels that supply blood to the fibroid. Then, tiny plastic or gel particles are injected into the blood vessels. This blocks the blood supply to the fibroid, causing it to shrink.

Talk with your provider about all your medical treatment options and their risks and benefits. Your provider can answer all your questions and together you can decide which treatment is right for you.

This fact sheet was developed by the FDA Office of Women's Health. This information is for educational purposes, not all inclusive, and should not be used in place of talking to your healthcare provider.

**To learn more about
uterine fibroids, go to:
www.fda.gov/uterinefibroids**



June 2022

What Wise Women Know

We feel obligated to our family. That's just how Native women are. We put our children, partners, parents and extended family members first. So putting ourselves first can be hard. But sometimes that's what we need to do to avoid diabetes, heart disease and other illnesses. We have to take time for ourselves, to exercise and eat right.

A program in Juneau, Alaska, knows that Native women want to take care of their families. It feels good. But, we must also take care of ourselves, so we will be around for a long time!

The Wisewoman Program has a goal to help Native women have healthy hearts. The program helps women be more active, eat healthier foods and quit smoking.

It's a success! Many women are exercising, eating healthy foods and losing weight. One of the main reasons the program is working is because it encourages all women to include their families.

Take a walk in the woods with your partner! Gather shellfish on the beach with your children! Change the eating habits of your whole family! These are messages that Native women like to hear.

Charmayne Druley (Tlingit) has been a member of the Wisewoman Program for 1 ½

years. She agrees that her husband, three children and two stepchildren are very important. She says she sticks with the program because her entire family is involved.

"My husband walks with me. He has lost 15 pounds," she says.

Every family member has become more active and changed eating habits. They eat more fresh fruits and vegetables. They eat less fast food and fewer chips and fried foods. They make dinner, and don't eat as many TV dinners.

"Now, my children ask for healthy meals," says Charmayne.

Since joining the Wisewoman Program, Charmayne has lost 10 inches. Her dress size has gone from 22 to 16. Her blood sugar and cholesterol levels have gone down.

She says she has changed her lifestyle. Here are some things she does regularly:

- ▶ has her blood sugar and cholesterol checked
- ▶ wears a pedometer, and tries to walk at least 10,000 steps each day
- ▶ goes to Wisewoman cooking classes and learns new recipes that use less fat and sugar
- ▶ swims
- ▶ knows when she feels stress, then breathes deeply or exercises to get rid of stress

Everything that Charmayne does to help her heart will also help her prevent diabetes. She wants to stay healthy for herself and for her family. She does not think she is a hero. These changes took many months. She did not do them by herself.

She is thankful to her grandfather for making her feel special when she was a child. She is thankful to her husband and children for joining her in making healthy lifestyle changes.

Charmayne has a stressful job. She says the Wisewoman Program taught her how to get rid of stress. Regular exercise helps her. And, when she feels stressed, she takes time out to breathe deeply.





Questions & Answers



About Women and Heart Disease

Charmayne Druley (Tlingit) is at risk for heart disease and diabetes. She knows that the leading cause of death for women is heart disease. She is taking steps to reduce her risk. She is part of the Wisewoman Program at the SouthEast Alaska Regional Health Consortium.

Charmayne is learning that what she does to prevent heart disease will also help her prevent diabetes. She is eating more healthy foods and being active every day.

Her husband and children are joining her. Her husband walks with her. He has lost 15 pounds. Her children are eating fewer fast foods and more fresh foods. Charmayne is glad her entire family is taking steps to reduce their risk for heart disease.

What is heart disease?

Coronary heart disease, the most common form of heart disease, affects the blood vessels of the heart. It causes heart attacks and angina. Angina is a pain in the chest that happens when a part of the heart does not get enough blood.

Are Native American women at risk for heart disease?

Yes. Heart disease is the leading cause of death for American Indians and Alaska Natives.

If I have diabetes, am I at greater risk?

Yes. Women with diabetes are more likely than others to die from heart attacks. Controlling your blood sugar, blood pressure, and cholesterol level will help reduce your risk.

What puts Native American women at risk for heart disease?

You are at risk for heart disease if you:

- have diabetes
- have high blood pressure
- have high cholesterol
- are overweight or obese
- are not physically active
- smoke or use tobacco

Do women experience heart attacks differently than men?

Yes. When a man has a heart attack, he will often feel pressure, fullness, squeezing, or pain in the center of the chest. It often lasts longer than a few minutes, or comes and goes. The pain might spread to one or both arms, the back, jaw or stomach. He might have cold sweats and nausea. While some women have similar symptoms, there are others to watch out for.

What are some different symptoms women should look for?

Women may have symptoms such as an upset stomach, a burning feeling in the upper abdomen and light-headedness.

How can I reduce my risk of heart disease?

There are many small ways to help reduce your chances for getting heart disease. You can:

- keep your blood pressure under control
- keep cholesterol at healthy levels—eat more fresh fruits and vegetables—eat more lean meats and

MORE →

continued from previous page

fewer
high-fat foods

- don't smoke
- get at least 30 minutes of exercise on most days of the week—if you are just starting to exercise, see your health care provider first—start slowly with 10 minutes of exercise
- maintain a healthy weight—ask your health care provider what a healthy weight is for you
- choose foods carefully—eat less fat, less salt, fewer calories and more fiber

How can I help my family reduce their risk of heart disease?

The steps you take to reduce your risk will help your entire family. Your partner and children can join you in preventing heart disease. Start today!

- be physically active daily
 - take walks together
 - ride bikes
 - go swimming
 - play basketball
- eat more healthy foods
 - eat more fresh fruits and vegetables
- eat more lean meats

- eat fewer high-fat and high-sugar foods
- avoid tobacco
 - if you smoke, stop
 - if you don't smoke, don't start
- take care of your spirit
 - pray or meditate every day
 - walk in nature
 - learn more about your traditions
 - choose to be around people who treat you with respect
 - know you are worthy of love



Produced by IHS
Division of Diabetes Treatment
and Prevention, 2/2012

“It’s not work! It’s guilt-free fun!”

Sandra Armijo (Santa Ana) has been running and doing aerobics for 15 years. It helps prevent diabetes and makes her feel great. She says making time for herself is a good thing.

“At first, I felt some guilt. I thought I should be home. But, if I wasn’t exercising, I’d be home, sitting on the couch, eating chips! My health is important for me and my family!”



THE HEART TRUTH®: SERIOUS MESSAGES ABOUT WOMEN'S HEART HEALTH

The Heart Truth®, sponsored by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health, is a national program for women that raises awareness about heart disease and its risk factors and educates and motivates them to take action to prevent the disease. Through the program, launched in 2002, the NHLBI leads the Nation in a landmark heart health movement embraced by millions who share the common goal of better heart health for all women.

The Heart Truth is primarily targeted to women ages 40 to 60, the time when a woman's risk for heart disease begins to increase. However, it's never too early—or too late—to take action to protect your heart health, since heart disease develops over time and its risk factors can start at a young age—even in the teen years.

WHAT'S A RED DRESS GOT TO DO WITH IT?

The centerpiece of *The Heart Truth* is the *Red Dress*®, which was created by the NHLBI and introduced as the national symbol for women and heart disease awareness in 2002. *The Red Dress*® is a powerful red alert that inspires women to learn more about their personal risk for heart disease and take action to protect their heart health.

NHLBI RESOURCES

The NHLBI's website, www.nhlbi.nih.gov, and *The Heart Truth* Web pages, www.hearttruth.gov (English) and www.nhlbi.nih.gov/educational/hearttruth/espanol (Spanish), offer many interactive tools and resources for individuals and communities, including:

- Educational materials for women about heart disease
- Speaker's Kit (English and Spanish) with everything needed to make a 1-hour presentation on heart disease
- Online toolkits: *The Heart Truth*, National Wear Red Day®, and Faith-Based
- *The Heart Truth* image library, videos, digital infographics, and Web banners
- *The Heart Truth* logo usage guidelines
- Deliciously Healthy Eating—Web pages featuring healthy recipes, tools, and cooking resources: www.healthyeating.nhlbi.nih.gov
- NHLBI's Health Topics resource—featuring science-based, plain-language information related to heart, lung, and blood diseases and sleep disorders: www.nhlbi.nih.gov/health/health-topics/by-alpha

Printer's files are available for many NHLBI publications by contacting the NHLBI Health Information Center at NHLBIinfo@nhlbi.nih.gov or **301-592-8573**.



Join fans of *The Heart Truth* on Facebook to pledge your commitment to living a heart healthy lifestyle. www.facebook.com/hearttruth



Follow *The Heart Truth* on Twitter. www.twitter.com/thehearttruth



Find *The Heart Truth* on Pinterest. www.pinterest.com/thehearttruth



National Heart, Lung,
and Blood Institute



NIH Publication No. 14-5206

Originally printed February 2003

Revised July 2006, August 2013, May 2014, June 2014, December 2016
The Heart Truth, its logo, *Red Dress*, and *The Red Dress* are registered trademarks of the U.S. Department of Health and Human Services (HHS). National Wear Red Day is a registered trademark of HHS and the American Heart Association.

THE HEART TRUTH® *for Women*



U.S. Department of Health and Human Services
National Institutes of Health
National Heart, Lung, and Blood Institute



THE HEART TRUTH®: HEART DISEASE IS THE #1 CAUSE OF DEATH IN WOMEN

The Heart Truth® is that heart disease is the leading cause of death and disability among women in the United States. But there's good news. You have the power to take action and lower your chance of developing heart disease and its risk factors. Start today. Make a commitment to find out your risk for heart disease and take steps toward a heart healthy lifestyle.



The power of sisterhood enabled Cindy to transform her life and health. In February 2012, she joined Follow the Fifty, a *Heart Truth*-funded program in northeast Connecticut with her daughter. Together, along with 200 other women, they pledged to become models of heart health. In 9 months, Cindy lost 77 pounds, lowered her body mass index by 11 points, and decreased her blood pressure to 110/72. Cindy's heart health pledge has become an oath for life.



Theresa's Story

Theresa watched her mother suffer a heart attack at age 52. Thirty years later, her mother died of a second heart attack. By changing her lifestyle, Theresa's mother prolonged her life and taught Theresa the significance of understanding her risk factors for heart disease. Theresa, who is now 60, manages her high blood pressure through regular physical activity and healthy eating. She shares the lessons she's learned with her friends and family so they also are motivated to lower their risk for the disease.

Take Action: Tips for Heart Health

- Don't smoke and, if you do, quit. Talk with your health care provider about programs and products that can help you quit smoking.
- Aim for a healthy weight—it is important for a long, vigorous life.
- Get moving—make a pledge to be more physically active.
- Plan to eat heart healthy—limit saturated and *trans* fats, cholesterol, sodium (salt), and added sugars.
- Learn how to manage stress and relax.

Make Changes for a More Healthy Life

- Set realistic, specific goals for a heart healthy lifestyle.
- Act on your goals—take one step at a time.
- Figure out what's stopping you from making or sticking to healthy lifestyle changes. Keeping a record of your daily food intake and physical activity may help you identify barriers and inspire you to reach your goals.
- Don't give up—get back on track when you slip up.
- Reward yourself for the gains you've made—with something you like to do, not with food.
- Make a plan to maintain your healthy lifestyle changes. Involve friends and family!

Find Out Your Personal Risk for Heart Disease

To have a healthy heart, it is critical to know the risk factors for heart disease—that is, the behaviors or conditions that increase your chance of getting heart disease. Having just one risk factor increases your chance of developing heart disease, and your risk skyrockets with each added risk factor.

They are:

- Smoking
- High blood pressure
- High blood cholesterol
- Diabetes and prediabetes
- Overweight and obesity
- Lack of physical activity
- Unhealthy diet
- Metabolic syndrome
- Family history of early heart disease
- Age (55 or older for women)
- Preeclampsia during pregnancy

Find out your personal risk for heart disease. Talk to your health care provider—ask to have your blood pressure, cholesterol, body mass index, and blood glucose checked.