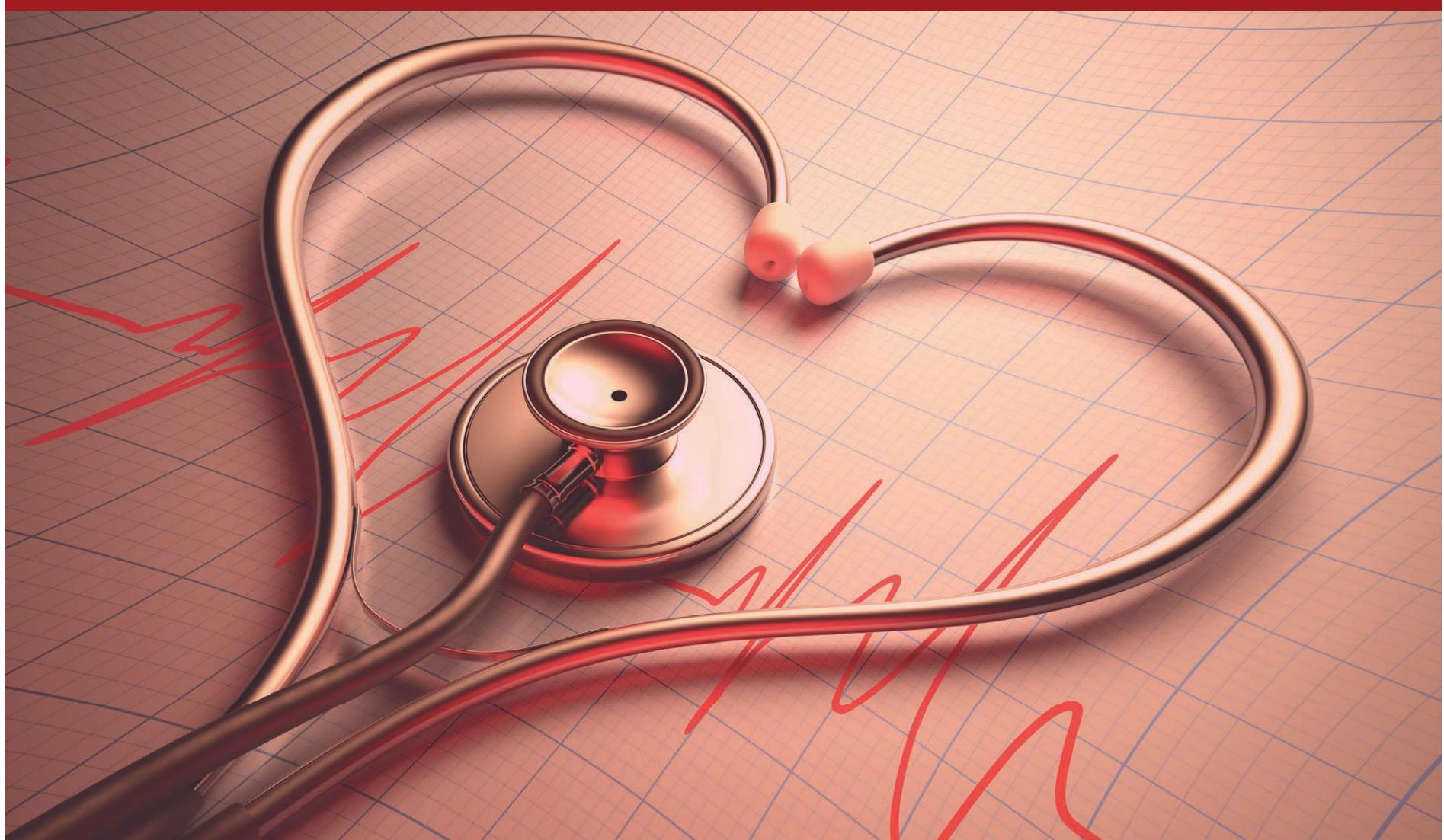


# HEART HEALTH

## AWA R E N E S S



## Action is Needed for a Heart-Healthy World

A world without cardiovascular disease (CVD) is possible, yet millions of lives are lost prematurely to heart disease each year, according to the new Global Burden of Disease (GBD) special report published late last year in the Journal of the American College of Cardiology. The report provided an update of health estimates for the global, regional and national burden and trends of CVD from 1990-2022 by analyzing the impact of cardiovascular conditions and risk factors across 21 global regions.

Research from this study reflects an urgent need for countries to establish public-health strategies aimed at preventing cardiovascular diseases by underscoring the global action needed to disseminate information and implement health programs, especially in hard-to-reach countries. While cardiovascular disease rates are high globally, regions of Asia, Europe, Africa and the Middle East were estimated to have the highest burden of CVD mortality. High blood pressure, high cholesterol, dietary risks and air pollution remain its leading causes.

“Cardiovascular diseases are a persistent challenge that lead to an enormous number of premature and preventable deaths,” said Gregory A. Roth, MD, MPH, senior author of the paper and associate professor in the Division of Cardiology and director of the Program in Cardiovascular Health Metrics at the Institute for Health Metrics and Evaluation at the University of Washington. “There are many inexpensive, effective treatments. We know what risk factors we need to identify and treat. There are simple healthy choices that people can make

to improve their health. This atlas provides detailed information on where countries stand in their efforts to prevent and treat cardiovascular diseases.”

The mortality rates are broken down by location, along with age, sex and time categories. The report identifies disability-adjusted life years (DALYs), the years of life lost due to premature mortality (YLLs), and years lived with disability (YLDs). The results presented include several updates to previously published estimates, reflecting new data and new disease modelling methods.

The paper specifically addresses 18 cardiovascular conditions and provides estimates for 15 leading risk factors for cardiovascular disease: environmental (air pollution, household air pollution, lead exposure, low temperature, high temperature), metabolic (systolic blood pressure, LDL-C, body mass index, fasting plasma glucose, kidney dysfunction) and behavioral (dietary, smoking, secondhand smoke, alcohol use, physical activity).

“We formed the Global Burden of Cardiovascular Diseases Collaboration three years ago to help bring state-of-the-art research to the forefront of the global cardiovascular community,” said Valentin Fuster, MD, PhD, an author of the paper, president of Mount Sinai Fuster Heart Hospital, physician-in-chief of The Mount Sinai Hospital, and editor-in-chief of JACC. “We are excited to publish this 2023 Almanac as a dedicated issue of the Journal to inform the realities of CVD risk and inspire strategies for a heart-healthy world.”

Key takeaways from the report:

- Ischemic heart disease remains the leading cause of global CVD mortality with an age-standardized rate per 100,000 of 108.8 deaths, followed by intracerebral hemorrhage and ischemic stroke.

- High systolic blood pressure accounted for the largest contribution to attributable age-standardized CVD disability-adjusted life years (DALYs) at 2,564.9 per 100,000 globally.

- Dietary risks were the leading contributor to age-standardized CVD DALYs among the behavioral risks, while ambient particulate matter pollution led the environmental risks.

- Global death counts due to CVD increased from 12.4 million in 1990 to 19.8 million in 2022 reflecting global population growth and aging and the contributions from preventable metabolic, environmental, and behavioral risks.

“Identifying sustainable ways to work with communities to take action to prevent and control modifiable risk factors for heart disease is essential for reducing the global burden of heart disease,” said George A. Mensah, MD, FACC, FAHA, director of the Center for Translation Research and Implementation Science at the National Heart, Lung, and Blood Institute. “The 2023 Almanac represents an important resource for using locally relevant data to inform local-level actions for heart-healthy and thriving communities.”

Learn more at [ACC.org](https://ACC.org) or follow @ACCinTouch.

## HEART HEALTH AWARENESS



## Making an Impact: 20 Years of Go Red for Women

A century ago, so little was known about heart disease that people who had it resigned themselves to years of bed rest or, worse, an early death. Even less was known about how heart disease affected women – because nobody thought it did.

Women were believed to have some natural protection from heart disease until their hormone levels dropped during menopause, said Dr. Gina Lundberg, clinical director of the Emory Woman's Heart Center and a professor at Emory University School of Medicine in Atlanta.

"It was, 'Get a pap smear and a mammogram and you're good,'" Lundberg said. "We left out all the things we were checking men for, like diabetes and cardiovascular disease. But between a woman's breasts and her reproductive organs is her heart."

As the turn of the century neared, evidence began to slowly emerge that women, as well as men, faced a substantial risk from heart disease, beginning at a much earlier stage in life and with sometimes differing symptoms than men.

It wasn't until the mid-80s when anyone began looking at how heart disease might affect women. And it took about another decade before Congress passed a law ensuring women are equally included in National Institutes of Health-funded research.

In 2004, the American Heart Association established the Go Red for Women movement to raise awareness of heart disease and stroke as leading killers of women and to advance the science of sex differences in heart disease.

Over two decades, Go Red for Women dedicated itself to educating and empowering women to take action to protect themselves from the threat of cardiovascular disease (CVD) and helping all women reduce their risk by removing the barriers they face to better health and well-being.

meeting the evolving needs of women now, and at every age, every stage, and every season of their lives.

With support from funders, volunteers and champions, Go Red for Women is focused on:

- **Advancing lifesaving research for women by women:** Women continue to be

**In 2004, the American Heart Association established the Go Red for Women movement to raise awareness of heart disease and stroke as leading killers of women and to advance the science of sex differences in heart disease.**

Cardiovascular disease continues to be the No. 1 killer of women — claiming more lives than all forms of cancer combined. Nearly 45% of women over age 20 are living with some form of CVD. Women experience unique life stages, such as pregnancy and menopause, that can increase their risk of developing CVD. Even more startling is the fact that less than half of women are aware that cardiovascular disease is their greatest health threat.

As the American Heart Association celebrates its 100th birthday and enters its second century, Go Red for Women is committed to

underrepresented — and underfunded — in both research and STEM fields. The American Heart Association is working to close the gaps through Research Goes Red, which calls on women to participate in health research to improve understanding of cardiovascular disease in women, and STEM Goes Red, which aims to engage more women, especially women of color, in science, technology, engineering and math careers.

- **Championing women's mental well-being:** Women are twice as likely to be diagnosed with depression, and through the

pandemic, 80% said their load increased at home and work. Go Red for Women is developing solutions to promote positive well-being and support across every stage of a woman's life.

- **Addressing maternal health challenges:**

The U.S. has one of the worst maternal mortality rates among developed countries, and pregnancy-related deaths are on the rise. CVD is the culprit. Black women pay the highest price, followed by Native American, Asian, and Hispanic/Latina women. Go Red for Women is advocating for more equitable health care and determined to close the gaps in education, resources, and support that disadvantage so many women during pregnancy and beyond.

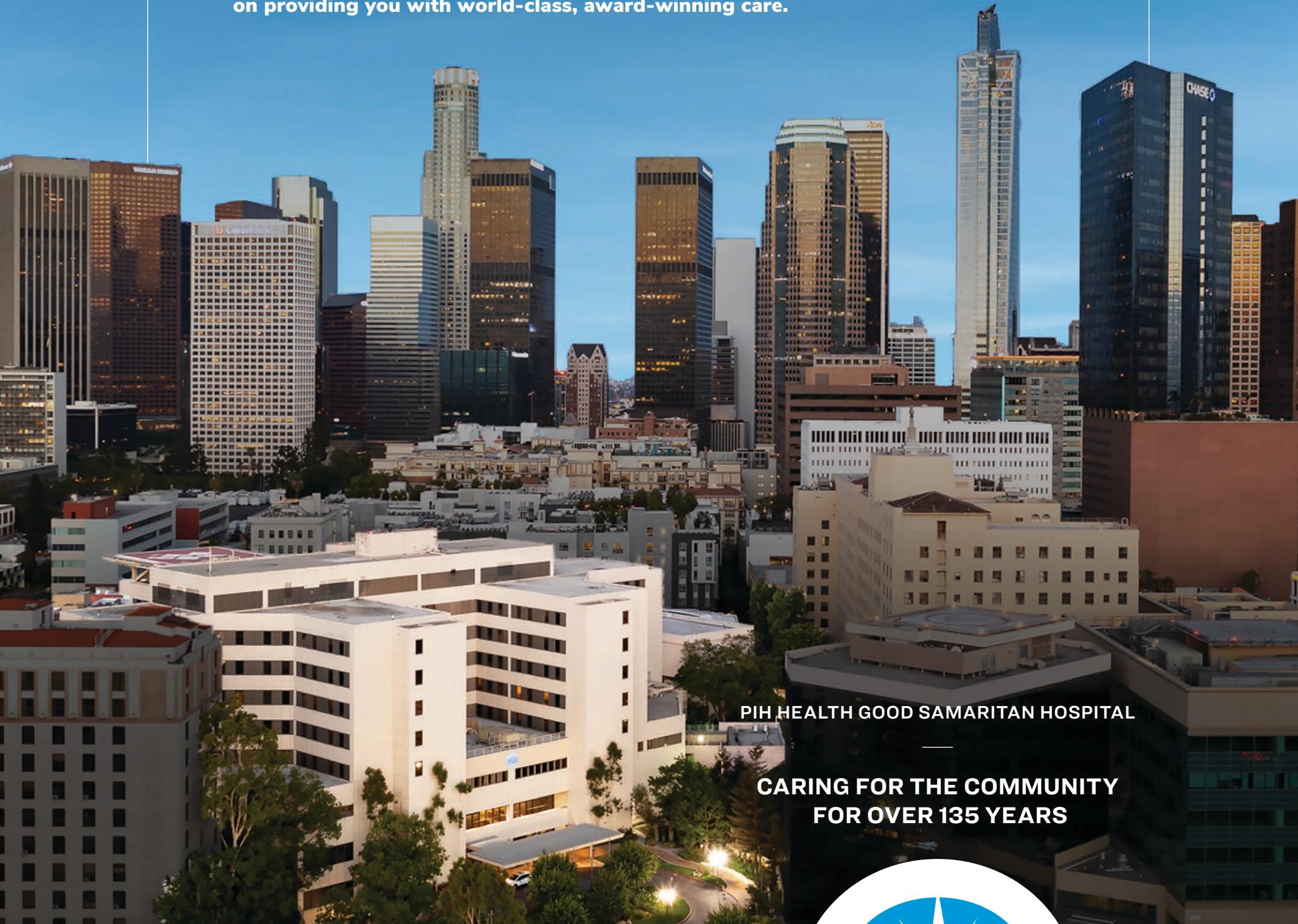
In Los Angeles, business and community leaders are invited to join the Circle of Red giving society to help improve women's heart and brain health and, ultimately, end cardiovascular disease.

Local companies can also join the Go Red for Women Luncheon, which takes place on March 20, 2024 at the Terranea Resort in Rancho Palos Verdes. The campaign is led by LA Go Red for Women chairperson Betsy Hart, COO of Dignity Health Northridge Hospital Medical Center, a sponsor of the campaign. Additional supporters include Keck Medicine of USC, SCAN Health Plan, Providence and UCLA Health.

For information and sponsorship inquiries, go to [heart.org/GoRedLA](http://heart.org/GoRedLA).

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## HEART HEALTH AWARENESS

# Study Links Increased Cardiovascular Risks to Sleep Apnea

Researchers have found that people with obstructive sleep apnea have an increased cardiovascular risk due to reduced blood oxygen levels, largely explained by interrupted breathing. Obstructive sleep apnea has long been associated with increased risk of cardiovascular issues, including heart attack, stroke, and death, but the findings from this study, partially supported by the National Institutes of Health and published in the American Journal of Respiratory and Critical Care Medicine, show the mechanism mostly responsible for the link.

“These findings will help better characterize high-risk versions of obstructive sleep apnea,” said Ali Azarbarzin, Ph.D., a study author and director of the Sleep Apnea Health Outcomes Research Group at Brigham and Women’s Hospital and Harvard Medical School, Boston. “We think that including a higher-risk version of obstructive sleep apnea in a randomized clinical trial would hopefully show that treating sleep apnea could help prevent future cardiovascular outcomes.”

Researchers reviewed data from more than 4,500 middle-aged and older adults and sought to identify features of obstructive sleep apnea that could explain why some people were more likely than others to develop cardiovascular disease or related death.

Physiological features of obstructive sleep apnea assessed included hypoxic burden, which

is a reduction in blood oxygen levels during sleep; ventilatory burden, which are interruptions in breathing due to airway obstruction; and nighttime arousals, which are when a person suddenly wakes up from sleep due to interrupted breathing and that can cause their blood pressure or heart rate to rise.

While sleep apnea severity is defined as how many times the airways become blocked during an hour of sleep, this study sought to better characterize underlying mechanisms of obstructive sleep apnea and identify those that strongly predict increased cardiovascular risks.

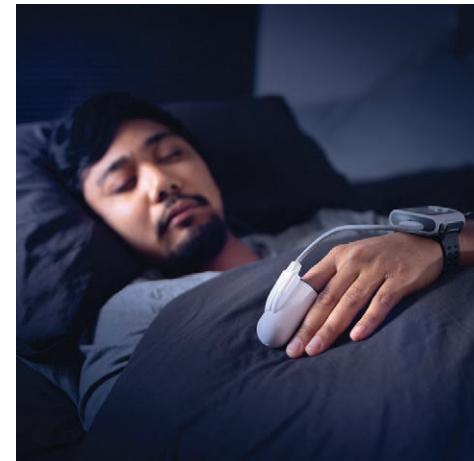
One study (MrOS) tracked 2,627 men, with an average age of 76, who were followed for about nine to 12 years. Another (MESA) included data from 1,973 men and women, with an average age of 67, who were followed for about seven years. During this time, participants completed medical check-ins and sleep assessments and shared information about their health. Approximately 110 participants in MESA and 382 in MrOS experienced a primary cardiovascular event.

For every measure of observed reduction in blood oxygen levels, or hypoxic burden, a person in MESA had a 45% increased associated risk for having a primary cardiovascular event. In MrOS, the observed increased risk was 13%. Airway obstruction, measured by a full or partial closing of the airways, accounted for 38% of observed risks in MESA and for 12% in MrOS.

**‘We think that including a higher-risk version of obstructive sleep apnea in a randomized clinical trial would hopefully show that treating sleep apnea could help prevent future cardiovascular outcomes.’**

Similar findings for predicting premature death based on hypoxic and ventilatory burden were also observed. Sudden awakenings weren’t associated with cardiovascular outcomes in MESA, but were linked with cardiovascular-related deaths in MrOS. Additionally, the researchers found that a high hypoxic burden was mostly due to severe obstruction of the airway and not other factors, such as abdominal obesity or reduced lung function.

“That’s something that makes this metric specific to sleep apnea,” said Gonzalo Labarca, M.D., a study author and an instructor in medicine at Brigham and Women’s Hospital and



Harvard Medical School. “The connections are less explained by obesity or another factor.”

The authors noted the findings have the potential to change how sleep apnea is assessed but need to be validated through future studies.

“Understanding these mechanisms could change the way that sleep apnea clinical trials are designed and what is measured in clinical practice,” said Marishka K. Brown, Ph.D., director of the National Center for Sleep Disorders Research at the National Heart, Lung, and Blood Institute, part of NIH.

For more information, visit [nhlbi.nih.gov](http://nhlbi.nih.gov).

## LOS ANGELES BUSINESS JOURNAL

## HEALTH CARE SPOTLIGHT

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The **Los Angeles Business Journal** continues to recognize the important role the health care industry has played in providing the best medical care to our affluent readers. LA is home to so many world-class medical treatment and research centers and our readers are fortunate to have access to such exceptional care and choices. We are committed to educating our readers so they can be informed and lead healthier lives.

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# Preventing Common Heart Conditions in Women

Women are at risk of heart disease just like men. Here's what you can do to lower your risk.

By PIH HEALTH

Heart disease has long been thought of as a man's disease. But this disease does not discriminate on the basis of sex and is also the most serious disease that women in the US face. In fact, heart disease is the number one cause of death in both men and women. But the good news is that it is also very preventable.

"Knowing you are at risk of developing heart disease and taking steps to keep your heart healthier is one of the best things you can do for your health," said Jessica Weiss MD, PIH Health cardiologist.

Here are some of the most common cardiovascular conditions affecting women:

- **Coronary artery disease.** This disease causes plaque to form in the walls of the arteries that supply blood to your heart, as well as other parts of your body, including your brain. This can lead to serious complications such as heart attack or stroke. Women are at a higher risk of coronary artery disease after menopause due to hormonal changes.

- **Heart failure.** This occurs when your heart becomes weakened, causing it to lose its ability to pump enough blood to support organs and tissue throughout the body. The condition cannot be cured but can be managed with medication and lifestyle changes.

- **Arrhythmias.** This refers to a problem with the electrical system in the heart causing the heart to beat too fast, too slow or in an irregular way. Some arrhythmias are relatively harmless, but others can cause serious complications, such as atrial fibrillation. In some cases, arrhythmias may result in sudden cardiac arrest, which can lead to death.

- **High blood pressure.** More than 56 million women in the US have high blood pressure, according to the Centers for Disease Control and Prevention (CDC). Fewer than one in four women have their high blood pressure under control and the condition is often underdiagnosed in women. High blood pressure is a major risk factor for heart disease, heart attack and stroke.

## HEART DISEASE RISK FACTORS IN WOMEN

Several health conditions and lifestyle habits may increase a woman's risk of developing heart disease. These include:

- High cholesterol
- High blood pressure
- Diabetes
- Polycystic ovary syndrome (PCOS)
- Early first period (before age 11)
- Early menopause (before age 40)
- Hypertensive disorders during pregnancy and/or gestational diabetes
- Stress
- Depression
- Overweight or obesity
- Physical inactivity
- An unhealthy diet



Many women do not realize that they are at risk for heart disease. Understanding that women may have unique risk factors is critical to fighting heart disease in women.

- Smoking
- Drinking too much alcohol

"Although not every risk factor for heart disease is under your control, practicing healthy lifestyle habits can go a long way towards keeping your heart healthier and lowering your risk of developing heart disease," said Dr. Weiss. "Managing your weight by following a healthy diet and getting in regular physical activity not only keeps your heart healthier but is good for your body in many ways. This also includes not smoking and

limiting alcohol to no more than one drink per day. Reducing stress and regularly seeing a doctor to check your blood pressure, cholesterol and blood sugar levels are all proactive steps you can take to live a heart-healthy life."

PIH Health offers a wide range of heart and vascular specialty care. Visit [PIHHealth.org/HeartCare](http://PIHHealth.org/HeartCare) to learn more. To find a doctor, please visit [PIHHealth.org/Doctors](http://PIHHealth.org/Doctors).

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American Heart Association.



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Cardiovascular disease is the No. 1 killer of women, causing 1 in 3 deaths each year. That's a third of the women we can't bear to live without — our mothers, sisters, friends.

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