



The Heart Truth for Lesbians: An Action Plan

When you hear the term “heart disease,” what’s your first reaction? Like many women you may think, “That’s a man’s disease.” But here’s The Heart Truth: Heart disease is the #1 killer of women in the United States. In fact, one in three women dies of heart disease.

For Lesbians, the risk of heart disease may be even higher. Factors that increase women’s risk for heart disease – such as obesity, smoking, stress and lack of exercise – are prevalent among lesbians. But because lesbians are left out of most research studies, the true impact of heart disease among lesbians is unknown.

But there’s good news too: By taking action, you can lower your chance of developing heart disease and its risk factors. In fact, lesbians can lower their heart disease risk by as much as 82 percent just by leading a healthy lifestyle. This fact sheet gives steps you can take to protect your heart health starting today.

WHAT IS HEART DISEASE?

Coronary heart disease (the most common form to heart disease) is a disorder of the blood vessels of the heart that can lead to a heart attack. It is a lifelong condition and will steadily worsen unless you can make changes in your daily habits.

Risk Factors for Health Disease

Risk factors are conditions or habits that increase the chances of developing a disease or having it worsen, and lifestyle affects many of the “risk factors” for heart disease. For heart disease, there are two types of risk factors – those you can’t change and those you can control. The ones you can’t change are a family history of early heart disease and age, which for women becomes a risk factor at 55. That’s because, after menopause, women are more likely to get heart disease. Partly, this is because their body no longer produces estrogen. Also, middle age is a time when women tend to develop other heart disease risk factors.

The good news is that most of the risk factors can be controlled. Often, all it takes are lifestyle changes; sometimes, medication also is needed. Here’s a quick review of some major risk factors:

Access to care: Lesbians have decreased access to health care due factors such as lower levels of health insurance, and heterosexism/ homophobia among health care providers. These barriers mean that lesbians often delay seeking care until their conditions are advanced. Making sure that you have access to routine health care and a good relationship with your provider are important ways to identify health problems early and get appropriate treatment. It’s also important to “come out” to your provider and have the necessary legal and medical documents (e.g., medical powers of attorney, living will, hospital visitation rights, etc.) in case of emergency.

Smoking: Lesbians are more likely to smoke and often smoke more than heterosexual women. If you quit, just one year later, your heart disease risk will drop more than half. There’s no easy way to quit, and it may take many tries, but you can do it. Many organizations have LGBT-specific smoking cessation programs – ask The Mautner Project to help you find one. Medication is also available – ask your doctor or healthcare provider if it’s right for you.

High Blood Pressure. Also called hypertension, high blood pressure increases your risk of heart disease, stroke, and congestive heart failure. Even levels just slightly above normal (called prehypertension) increase your heart disease risk.

Elevated blood pressure can be lowered by following a heart-healthy eating plan, including limiting your intake of salt and other forms of sodium, getting regular physical activity, maintaining a healthy weight, and, if you drink alcoholic beverages, doing so in moderation (not more than one drink a day). If you have high blood pressure, you may need to take medication – check with your healthcare provider.

High Blood Cholesterol. Excess cholesterol and fat in your blood builds up in the walls of vessels that supply blood to the heart and can lead to blockages. A “lipoprotein profile” tests your levels of key types of cholesterol – total, LDL (“bad”), and HDL (“good”) cholesterol – and triglycerides, a fatty substance in the blood. You can lower your cholesterol by following a heart-healthy eating plan, being physically active, maintaining a healthy weight, and if needed, taking medication.

Overweight/Obesity. According to the Institute of Medicine, Lesbians tend to have a higher body mass index than non-lesbians, increasing the risk not only of heart disease but also a host of other conditions, including stroke, gallbladder disease, arthritis, and some cancers. If you’re overweight, even a small weight loss will help lower your risk. At the very least, try not to gain more weight. Lasting weight loss needs a change of lifestyle--adopt a healthy, lower-calorie eating plan and get regular physical activity. Concentrate on getting fit, and losing fat will follow. Aim to lose no more than ½ to 2 pounds per week.

Physical Inactivity. Physical activity is crucial for good health, including heart health. Try to do at least 30 minutes of a moderate-intensity activity such as brisk walking on most and, preferably, all days of the week. If you need to, divide your exercise into shorter periods of at least 10 minutes. Look for activities that you enjoy.

Diabetes: About 11 million Americans have been diagnosed with diabetes – and another 5.7 million don’t know they have it. Two-third of those with diabetes die of a heart or blood vessel disease. Diabetes can be detected with a blood sugar test and modest changes in diet and exercise can often prevent or delay development of the disease.

Stress: In addition to the stressors of everyday life facing all women, lesbians must deal with increased stress due to anti-gay discrimination at work, in their families and in society in general. Because of this, it’s especially important for lesbians be aware of their stress levels and work to reduce them. Exercise, stress reduction techniques like meditation and yoga, support groups and good eating habits can help. If stress is a serious problem for you, ask your healthcare provider to assess your stress levels and whether counseling or medication can help.

QUESTIONS TO ASK YOUR DOCTOR

1. What is my risk for heart disease?
2. What is my blood pressure? What does it mean for me and what do I need to do about it?
3. What are my cholesterol numbers? [including total cholesterol, LDL, HDL, and triglycerides] What do they mean for me and what do I need to do about it?
4. What is my “body mass index” (BMI)? Does it mean I need to lose weight for my health?
5. What is my blood sugar level, and does it mean I’m at risk for diabetes? What do I need to do about it?
6. What other screening tests for heart disease do I need?
7. What can you do to help me quit smoking?
8. How much physical activity do I need to help protect my heart?
9. What’s a heart-healthy eating plan for me?
10. How can I tell if I may be having a heart attack? If I think I’m having one, what should I do?

TAKING ACTION

Now that you know the Heart Truth for Lesbians, what should you do? Begin by finding out your “risk profile.” See the box above for questions to ask your doctor. Then begin taking the steps to heart health – don’t smoke, follow a heart-healthy eating plan, be physically active, and maintain a healthy weight. Start today to keep your lesbian heart strong!

TO LEARN MORE

The Mautner Project

National Lesbian Health Organization

Phone: 202.332.5536

www.mautnerproject.org

NHLBI Health Information Center

Phone: 301.592.8573

TTY: 240.629.3255

www.nhlbi.nih.gov/health/hearttruth

American Heart Association

Phone: 1-888-My Heart

www.americanheart.org/simplesolutions

WomenHeart: The National Coalition for Women with Heart Disease

Phone: 202.728.7199

www.womenheart.org

Office on Women’s Health

U.S. Department of Health and Human Services

National Women’s Health Initiative Center

Phone: 1-800-994-Women



Materials were developed in collaboration with the Heart Truth Campaign.
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