



WOMEN'S HEALTH

Healthy Heart, Healthy Life

Risk Identification and Reduction





Gender Matters

Clinicians providing primary care to women should know the heart disease risks for women.

Heart disease is considered a “man’s disease” however, it strikes more women than men.¹ Despite this, women are less likely than men to receive guideline-recommended testing and therapies.² Heart disease is the cause of one out of every three deaths in Women.¹

Did You Know

64% of women who die suddenly from heart disease have no previous symptoms.¹

- Early identification of ASCVD risk factors is crucial

90% of women have one or more risk factors for ASCVD.²

- Traditional risk factors may be more potent in women than in men.

Development of gender-based guidelines has led and if applied properly can continue to lead to a significant reduction in the rates of death among women.

A 2018 Presidential Advisory from the American Heart Association (AHA) and the American College of Obstetricians and Gynecologists states that less than half of all primary care physicians consider CVD a top concern in women after breast health and weight.² During child-bearing years, a majority of woman consider their OB/GYN to be their primary care physician.



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CVD Prevention in Women: Can More Be Done?

Guidelines³

The 2019 guidelines for the primary prevention of cardiovascular disease from the American College of Cardiology (ACC) and the AHA offers guidance to clinicians who provide women's health care.

- **20-39 years of age:** reasonable to assess traditional ASCVD risk factors at least every 4 to 6 years (specifically screen for diabetes, hypertension, and smoking and measure total cholesterol + HDL)
- **40 to 75 years of age:** routinely assess traditional cardiovascular risk factors. Use race and sex - specific pooled cohort equations to calculate 10 year risk of a first ASCVD event and use this for cholesterol management with lifestyle guidelines
- **20 to 39 years of age and those 40-59 years of age** who have ASCVD risk, estimate lifetime or 30-year ASCVD risk

Risk-Enhancing Factors In Women

Women can be impacted differently and more adversely than men by traditional ASCVD risk factors. The population-adjusted risk mortality for women is 20.9% versus 14.9% for men.⁴

Traditional ASCVD risk factors and how they vary in women

- Diabetes, either type 1 or type 2, conveys a greater CVD risk for women than diabetic men²
- Diabetic women are less likely to be treated for CV risk factors than men*²
- Hypercholesterolemia imparts the highest CV risk for women²
- Obese women have a higher coronary artery disease risk compared to obese men²
- Lipids and biomarkers associated with increased ASCVD risk³
 - Persistently elevated triglycerides*
 - If measured:
 - Elevated high-sensitivity C-reactive protein (≥ 2.0 mg/L)
 - Elevated Lipoprotein(a) ≥ 125 nmol/L constitutes risk-enhancing factor. Relative indication for measurement is family history of premature ASCVD
 - Elevated Apolipoprotein B (≥ 130 mg/dL, corresponding to LDL-C > 160 mg/dL) constitutes risk-enhancing factor
 - Relative indication for measurement is triglyceride ≥ 200 mg/dL (≥ 130 mg/dL)

Other Risk-Enhancing Factors

In addition to the traditional risk factors, be aware that there are female sex-specific and female-predominant ASCVD risk factors to consider when managing your patients.

Female Sex-Specific²

- History of premature menopause (< 40 years)³
- History of pregnancy-associated conditions that increase risk later^{2,3}
 - Pre-eclampsia
 - Eclampsia
 - Gestational hypertension
 - Functional hypothalamic amenorrhea
 - Gestational diabetes
 - Pre-term delivery
 - Low birthweight for gestational age
 - Polycystic Ovary Disease
- Reproductive hormones including oral contraceptives and hormone replacement

Female-Predominant

- Breast cancer
 - In post-menopausal women, the risk attributable to CVD is higher in breast cancer survivors than in women without a history of breast cancer.⁵
- Chronic inflammatory conditions such as rheumatoid arthritis, lupus, and scleroderma
 - Women with chronic inflammatory disease have an increased risk of CVD that may not be fully captured by traditional ASCVD risk factors.⁶

* On three separate determinations

Labcorp provides the testing to support evaluation and prevention strategies

| Test/Panel Name | Test No. |
|--|----------|
| Apolipoprotein B | 167015 |
| C-Reactive Protein (CRP), High Sensitivity (Cardiac Risk Assessment) | 120766 |
| Diabetes Comorbidity Assessment | 023400 |
| Diabetes Risk Index (DRI) | 123855 |
| Diabetes Risk-Asymptomatic Adults | 090400 |
| GlycA | 123850 |
| Kidney Profile | 140301 |
| Kidney Profile Plus Metabolic Panel (8), Basic | 140302 |
| Kidney Profile Plus Metabolic Panel (14), Comprehensive | 140303 |
| Lipid Cascade With Reflex to Apolipoprotein B | 363676 |
| Lipid Panel | 303756 |
| Lipoprotein(a) | 120188 |

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The information submitted will be available to Labcorp. LabCorp will use the information in the manner consistent with our privacy statement on Labcorp.com. You may unsubscribe from these email updates anytime by selecting a link provided at the bottom of each email.

We are all about Women's Health

Wherever women are in their lives, whatever their health and personal situation, wherever they go for their testing, and whoever they see, we aspire to be the laboratory that supports their needs.

Whether supporting pregnancy, offering insight to help understand issues related to infertility, or helping women live healthier lives, Labcorp Women's Health provides an industry-leading portfolio of tests, combined with the excellent support, services, and ease-of-use on which health care providers, patients, and health plans rely.

References

1. Common myths about heart disease. <https://www.goredforwomen.org/en/about-heart-disease-in-women/facts/common-myths-about-heart-disease>. Accessed September 5, 2019.
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3. Arnett DK, Blumenthal RS, Albert MA, et al. 2019 ACC/AHA guideline on the primary prevention of cardiovascular disease: A report of the American College of Cardiology/American Heart Association Task Force on clinical practice guidelines. *J Am Coll Cardiol*. 2019.
4. Yusuf S, Hawken S, Ounpuu S, et al. Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study. *Lancet*. 2004;364:937-952.
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6. American College of Cardiology. Cardiovascular diseases in chronic inflammatory disorders. <https://www.acc.org/latest-in-cardiology/articles/2016/07/15/10/04/cardiovascular-diseases-in-chronic-inflammatory-disorders>. Accessed November 19, 2019.

Contact your local representative at **Labcorp.com/contact-Labcorp-account-representative** or go to **Labcorp.com/cardiovascular-disease-cvd-prevention-women** to learn more about these special services for women.

