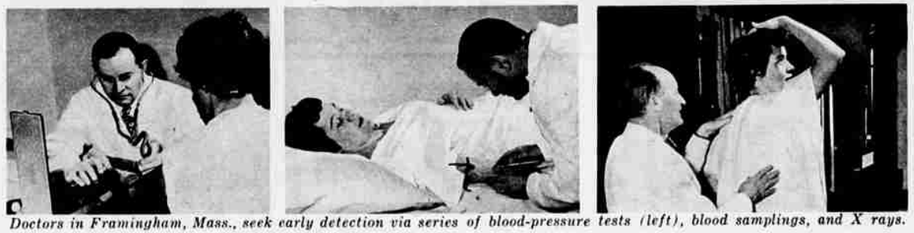
Could a "Heart Detective"



Doctors in Framingham, Mass., seek early detection via series of blood-pressure tests (left), blood samplings, and X rays.

"Of the hundreds of articles I've written," says this author, "this was the toughest; yet it had to be done as a warning to other women, other mothers of kids like my own"

ON THE BALMY evening of March 27, my wife and I were vacationing at a beachfront motel in Sarasota, Fla.

As Rita sat back reading a novel, she suddenly felt nauseous, rose, and walked unsteadily toward the bathroom. At the door, she uttered an almost inaudible moan, then collapsed, unconscious. I sprang to her side and carried her to a bed. For a moment she revived, put a hand to her chest, and winced as if in pain.

I phoned for a doctor. Luckily, Dr. Rudolph Garber lived just a few blocks away. He arrived within five minutes. After feeling Rita's pulse and applying his stethoscope, he summoned an ambulance.

"Is it a coronary?" I asked Dr. Garber.

He nodded. "Almost no pulse or heartbeat."

Rita evidently overheard his remark. "Isn't this silly of me?" she whispered.

On the way to the hospital, trailing the ambulance in Dr. Garber's car, he told me: "We're lucky if your wife gets there alive. She has an acute myocardial infarction." (That's a stoppage of one of the large arteries supplying blood to the heart muscle.)

For five hours, Dr. Garber and two nurses used every known technique to keep my wife alive. The end came shortly after midnight.

I found it impossible to believe. There hadn't been the slightest warning that something was wrong. Rita, at 53, seemingly had been in excellent health. That pleasantly sunny day on the beach, she had been cheerful and vibrant as always, under no strain.

Next morning I asked Dr. Garber: "What do you think caused my wife's heart attack?"

He shook his head. "We don't know."

Since then I've wondered: could Rita's sudden death have been averted somehow? If she had been prone to heart disease, could doctors have detected the "heart-attack type" and done something about it?

Like most women, Rita had thought of heart trouble as a "man's disease." Such magazine articles as "How to Protect Your Husband's Heart" had inclined her to worry about me, not herself. Presumably other women also are exposing themselves to heart attacks.

As a medical writer, spurred by the devastating loss of my wife, I decided to find out what science has learned thus far about women and heart disease. After talking to leading heart specialists, I went to the National Heart Institute in Bethesda, Md., the federal agency that sponsors more than 2,000 heart-research projects throughout the country. These are the harsh facts I uncovered:

Up to the age of 50 (or menopause), women suffer from various types of cardiovascular disease—but they seem to have a natural protection against dying from them. During her childbearing years, the female sex hormones (estrogens) apparently keep a woman's coronary arteries from hardening or thickening. Menopause is believed to remove this protection.

THUS, while up to the age of 50, men have a five-times higher death rate from heart disease than women, the ratio after that is almost even. In recent years, both acute myocardial infarction and angina pectoris have been as common in women as in men.

Sudden death, as in my wife's case, occurs in one out of six heart fatalities. For these, and other types of coronary heart disease which can be helped only partially by treatment, the answer clearly lies in prevention.

"It is now possible," says Dr. Jeremiah Stamler, director of Chicago's Heart Disease Control Program, "to find out whether a heart attack is likely to strike—and prevent it. Susceptibility and proneness *can* be measured."

Through the National Heart Institute and the American Heart Association, the multifaceted nature of heart trouble is being attacked by medical investigators or, as I call them, "heart detectives," from many directions. As part of their Heart Disease Control Program, long-range studies are going on with thousands of people in at least a dozen communities, including Minneapolis, Los Angeles, Claxton, Ga., Albany, N. Y., Tecumseh, Mich., and Framingham, Mass.

From such research projects, investigators can now point to the main factors that heighten the risk of heart disease. In effect, these may be the characteristic features in the profile of the coronary-prone:

1. High blood pressure (hypertension) affects twice as many women as men in the U.S. Over a period of years, if undiagnosed and untreated, it speeds up the deposit of foreign material in the coronary artery and, in time, can permanently damage the heart by enlarging it to the point where it can't function properly. With hypertension, the chances of heart disease are increased sixfold among women aged 40-59; among men, the threat is less than half as great.

2. Danger is increased two or three times when, in addition to high blood pressure, an X ray or electrocardiograph shows enlargement of the heart's main pumping chamber, the left ventricle. This can be due to hypertension or to various forms of structural heart disease, medical experts say.

3. Diet, or more precisely the kind of fats you consume, may be an important influence. A number of medical authorities suspect that a high level of cholesterol, a fatty substance in the blood, is "associated" with heart attacks. At Framingham, Los Angeles, and elsewhere, it appeared that people with high cholesterol were about four times more vulnerable to heart disease than those with low blood fat. (Many experts, however, maintain there is no conclusive proof that changing dietary habits of fat consumption will actually reduce the peril of having a heart attack.)

4. Heredity increases susceptibility. If two or more members of your family have had heart disease, the odds are that you will develop it, too.

5. The study in Framingham shows a definite link between overweight and heart disease. Obesity boosts the hazard of myocardial infarction by about 50 percent.

6. The presence of diabetes is four times more common among women with acute myocardial infarction than among those in the general population.

7. Heavy smokers, according to combined reports from Framingham and Albany, "experience a threefold increase in incidence of myocardial infarction" as compared with nonsmokers. (The American Heart Association, however, believes that further research is needed over a long period for definite proof that smoking "causes" coronaries.)

Scientific evidence also is lacking on other suspected factors. Does stress or tension bring on heart trouble? Experts aren't sure. Significantly, however, a recent survey in San Francisco of 69 hard-driving, aggressive career women in competitive jobs disclosed that they had five to eight times more heart trouble than housewives of the same age.

Lack of exercise is being increasingly suggested by medical researchers as an important cause of coronary disease. One recent study showed that people in sedentary occupations had three times as many heart attacks as those who worked at hard labor.

I found it revealing, though sometimes mystifying, to compare my wife's case with this picture of the coronary-prone. Rita's father had died of coronary thrombosis, her mother died of a stroke, and a young sister was the victim of rheumatic fever.

Rita smoked heavily and frowned on all forms of exercise. Yet she was not overweight, and if she had high blood pressure, diabetes, or enlargement of the left ventricle, she was not aware of it. Her cholesterol level had never been measured, although since she was just past menopause, she was particularly vulnerable.

COULD A "heart detective"—or any competent doctor—have warded off her fatal attack? Whatever the answer, I'm convinced that most women would be wise to take the simple preventive measures available to them.

Obviously, my wife was stuck with her heredity, but she could have accepted it as a hint to control or combat other factors, thus lessening her chances of a premature attack. A medical check-up, which she was always reluctant to undergo, might have detected hypertension. Then she could have been treated with any one of a variety of effective drugs to lower her blood pressure. With these and other medical tools, people with severe hypertension are living longer, and those with milder forms have fewer heart attacks.

If her doctor had found that Rita's blood cholesterol count was too high, she could have reduced it by changing her diet. Members of anticoronary clubs in Chicago and New York have been able to drop their cholesterol levels by 10 to 20 percent.

Apparently, as was the case with Rita, many women are not even alerted to the symptoms of heart disease. "Women are often neglectful of themselves," Dr. Donald S. Fredrickson, clinical director of the National Heart Institute, told me. "They should pay attention, for instance, to a chest pain in cold weather when they take clothes out to the line—it could be a sign of angina pectoris. Visual difficulties, dizziness, or a certain characteristic headache may reflect severe hypertension. Unusual shortness of breath, attacks of fainting, or prolonged palpitations (an irregular heartbeat) are other warnings."

Sudden death—"struck from the blue"—brings a chill fear of the unknown to the family of a victim who had been in the prime of life. But we should realize that it is within our power to do something that can prevent or postpone a heart attack.

I can't forget my wife's last words: "Isn't this silly of me?" It is my hope, in writing this painful article, that Rita's case can be an object lesson to all women.

Have Saved My Wife?

Periodic X rays reveal any heart enlargement.

The author poses with wife Rita in happier days.

By THEODORE IRWIN