Missing in Action: Physical Activity for Women with Heart Disease

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Heart disease is the number one killer of women; yet, a large portion of research is focused on intervening in women with heart disease rather than prevention of heart disease. Primary prevention is the focus on minimizing modifiable cardiac risk factors (physical inactivity, smoking, hypertension, obesity, and hypercholesterolemia) to prevent coronary heart disease (CHD) while secondary prevention focuses on minimizing modifiable cardiac risk factors to halt, delay, or reverse the disease process. The American Heart Association (AHA) notes in their 2012 Heart Disease and Stroke Statistics Update (2012) that to meet the goals of improved cardiovascular health, persons must change their behaviors—specifically diet, weight, and increase physical activity. In fact, the INTERHEART study found that modifying risk factors, including increasing physical activity, can reduce risk of an acute myocardial infarction by 90% in both men and women of various ethnic groups [1]. Because increasing physical activity can attenuate hypertension and hypercholesterolemia, decrease stress, and affect weight, this behavior is one of the most effective ways to modify risk for CHD.

The current recommendations for participation in physical activity include both intermediate and ideal levels (Table 1). As the incidence and prevalence CHD increases with aging, it is concerning that those persons, ages 40 and above, have the lowest prevalence of meeting ideal physical activity participation, and fewer women participate in physical activity at Federal guidelines than men [2]. Of greater concern is that those with CHD are less likely to comply with physical activity recommendations than those without CHD [2]. Despite the benefits of physical activity, both as a primary and secondary prevention, the majority of research has focused on the prevalence and the barriers and facilitators of physical inactivity. The research focusing on interventions to change behavior in physical activity have either under-represented women or older adults in their samples [3,4]. Therefore, we have little scientific evidence to guide interventions to increase physical activity in aging women, and thus, reduce or delay the risk of CHD.

A recent meta-analysis [5] found a dose response relationship between physical activity and risk of CHD. Relative risk for CHD was lower for persons who were physically active with the highest reduction associated with higher levels of physical activity. More importantly, this risk association was stronger in women than men. Thus, physical activity may be a more important intervention to reduce risk of CHD in women. Methodological sound interventional studies to increase physical activity are needed in women, especially older women.

References

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<td>Intermediate</td>
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<td>Physical activity (PA) in adults</td>
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