

UC DAVIS-LINKS WOMEN'S CARDIOVASCULAR GRANT  
CURRICULUM FOR SIGNS AND SYMPTOMS OF HEART DISEASE IN WOMEN

Heart Healthy Women: [www.hearthealthywomen.org](http://www.hearthealthywomen.org)

## Signs & Symptoms

Symptoms

Background

Why is recognizing symptoms important?

What are the common symptoms of a heart attack?

What are some "atypical" symptoms?

What are pre-heart attack symptoms?

Should I tell my doctor about these pre-heart attack symptoms?

Do women and men experience pain differently?

References

## Summary

Women are less likely to experience chest pain during a heart attack than men

Women are more prone to experience so-called "atypical" symptoms such as nausea, indigestion, or fatigue before and during a heart attack

In women, many prodromal (pre-heart-attack)-symptoms are the same as "atypical" symptoms at the time of a heart attack

Recognizing heart attack symptoms and getting help early can prevent lasting heart damage due to a heart attack

[Return to Top](#)

## Background

When people think of a heart attack, they often picture the "Hollywood Heart Attack": someone grips their chest in pain and collapses to the floor. While chest pain is the most common symptom of a heart attack, not everyone experiences chest pain during a heart attack. In fact, women are less likely than men to feel chest pain during a heart attack. Studies suggest that more women than men experience so-called "atypical" symptoms, such as back pain, nausea, or fatigue. And for many people, a heart attack won't strike without warning. A study of 515 women who had a heart attack found that 95% experienced symptoms before the attack.' For this reason, it is important for women to recognize the various signs and symptoms of a heart attack so that they can take immediate action if the need arises. Even if you have already suffered a heart attack, the symptoms of a second attack may not be the same as your first.

## Why is recognizing symptoms important?

Lifesaving heart attack treatments, such as clot busting drugs and balloon angioplasty, work best if given within the first hour after a heart attack begins. Many heart attack patients,

especially women, wait 2 hours or more after their symptoms begin before they seek medical help. This delay can result in death or long-lasting heart damage, and it is one of the reasons why women tend to experience worse outcomes after a heart attack than men. Learning to recognize the wide variety of symptoms that may be experienced before and during a heart attack will help you get the treatment you need fast - and may even save your life.

## **What are the common symptoms of a heart attack?**

The most common symptoms of a heart attack are:

- Chest pain
- Shortness of breath
- Sweating
- Pain in one or both arms

Chest pain is the most common symptom of a heart attack. Women often describe their chest pain as pressure, tightness, or an ache. But many women do not experience severe pain during a heart attack;<sup>1</sup> for this reason, women should also take milder chest pain seriously. When chest pain occurs, it usually feels like discomfort in the center of the chest that lasts for more than a few minutes; this pain may come and go.

Many heart attack patients do not feel any chest pain. This is especially true for women. In the study of 515 women who suffered heart attacks, 43% did not experience any type of chest pain or pressure during their heart attack.' About one third of the women in the study did feel chest pain, but most did not describe the sensation as "pain," instead describing the feeling as "pressure," "aching," or "tightness." Although you may not consider what you are feeling to be pain, chest sensations may indicate heart disease or a heart attack.

Shortness of breath may occur at the same time as the chest pain or it may occur before it. Shortness of breath has been found to be more common in women, whereas sweating is more common in men.<sup>2,3</sup>

## **What are some "atypical" symptoms?**

members of my family had died of heart disease, but since they were all smokers and I was not, I assumed that I was not at risk. Even when blood test results showed high levels of total cholesterol and low levels of good cholesterol, I was not concerned.

On April 10, 1995, just a month after my 41st birthday, I realized that I was having a heart attack. I had woken up earlier that evening feeling nauseous and thought it was indigestion, so I went back to bed. I woke up later with cold sweats and dry heaves, and began to suspect that it wasn't the leftover Chinese food.

I asked my husband to call 9-1-1 even though I had no prior symptoms, such as angina or shortness of breath. "You're crazy," he said to me. "I don't care," I replied. "Let them tell me it's indigestion."

The ambulance arrived and my EKG showed that I was having a heart attack. To this day, doctors and others marvel that I realized I was having a heart attack and insisted upon receiving the proper care. Many physicians told me that any other premenopausal Caucasian woman showing up at the ER would have been sent home with a diagnosis of indigestion.

After being treated in the Cardiac Care Unit of my local hospital, I was moved to another hospital for further treatment. When I arrived at the second hospital, my new doctor was waiting for me. "Well," she said, "You must tell me the truth, what drugs were you taking that caused your heart attack?" My denial of illegal drug use was futile until the angiogram the next day revealed my very narrow arteries, 2 of which were 90% clogged and a third that was 40% clogged. My doctor never doubted me again! My arteries were so narrow that the angioplasty had to be delayed until small-sized stents could be delivered to the hospital. I was beginning to think that the cardiac care industry was not designed for women. I didn't end up having the stents implanted.

A few years later, after a routine nuclear imaging stress test, a different doctor told me that my arteries had clogged up and that I needed immediate angioplasty and additional medication. I was shocked since I was feeling fine. When I took my test results to another doctor for a second opinion, he explained that my breast tissue had obscured part of my heart, making the results of the nuclear imaging test difficult to read. I was fine and my arteries were okay.

It is now more than 10 years since the original heart attack and angioplasty and I feel great. I attribute my good health to a couple of things: correct diagnosis and proper treatment when I had the heart attack, and major lifestyle changes afterwards, such as a low-fat diet and exercise (one hour a day, 5-6 times a week).

## **Heart Attack Action Plan**

**(If you've already had a heart attack or you are at high risk for having a heart attack, be prepared)**

Call 9-1-1

Chew aspirin (165 mg to 325 mg)

Put a nitroglycerin tablet under your tongue

Have the address of nearest hospital with emergency cardiac care facilities readily available

Have your resting ECG available

Keep a list of medications you are taking and/or ones you are allergic to