
Focus on Health

February 2005

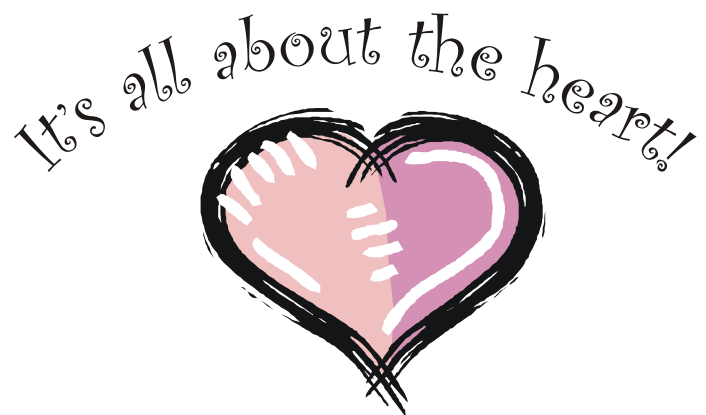
John R. Woodward, M.D.,P.A.
Gynecologic Endocrinology,
Gynecologic Urology

Nearly one third of patients with high blood pressure don't realize it, and nearly 70 per cent of patients with high blood pressure don't have it under control. New research has found that the risk of death from heart attack and stroke begins to rise at blood pressure as low as 115/75. Pulse pressure, the difference between the systolic reading and diastolic level, is an indicator of stiffness and inflammation in the blood vessel walls, and studies have shown it to be a strong predictor of heart attack and stroke risk. The ideal pulse pressure is between 30 and 40. Anything above or below that range signals increased risk for heart problems, reaching clinical significance at 60 and becoming even stronger at 70.

A tape measure around the waist is a way to measure the unhealthiest fat in your body. A waist size of greater than 35 inches in women and 40 inches for a man is an important predictor of heart health and may be one sign that you are at risk for metabolic syndrome, a collection of risk factors that make you vulnerable to diabetes and heart disease.

Within the next year a simple blood test for the enzyme myeloperoxidase, or MPO, can alert patients with chest pain whether they are at immediate risk for a heart attack. About 26,000 patients a year have a heart attack after being sent home from the emergency room because existing tests showed they weren't at risk. Women and younger patients are most likely to be sent home by mistake. Research at the Cleveland Clinic shows that the MPO test not only indicates who is at imminent risk, but also can help to identify those patients most likely to need a major heart procedure or suffer a heart attack during the next six months. Doctors can now use a combination of CT and MRI scanning to assess whether plaque buildup is benign or risky without subjecting a patient to invasive diagnostic procedures.

A very high C Reactive protein blood level in patients with stable angina can signal risk for rapid narrowing of the arteries. It's important because patients with stable angina, which is chest pain that isn't a heart attack, may be considered non-urgent candidates for angioplasty. Identifying patients likely to get worse quickly will allow doctors to treat them sooner.



John R. Woodward, M.D.,P.A.
7777 Forest Lane, Suite A338
Dallas, Texas 75230
(972) 566-7870

Visit our website at www.womenandhormones.com