

Health information is everywhere. It's confusing. We're sitting down with doctors to help make sense of it.

Take me to Crouse. Take me to Crouse. Take me to Crouse. They saved my life. Welcome to the podcast studio at Crouse Hospital. We are thrilled to have you here and very excited about our first guest. She's known by some people as the queen of women's health here in central New York. Dr. Nelly Kazzaz is a board certified cardiologist. She was recently honored with the game ball at the SU women's basketball team, honored by the university and Crouse Health for her expertise. So, welcome Dr. Kazzaz. Thank you. Thank you for this introduction. Thank you. That's a big responsibility to carry. Well, we're going to do a deep dive today into two of your biggest passions, educating women about their number one killer, which is heart disease. And we'll also talk about something that everybody is talking about today. At least all women are menopause and hormone replacement therapy. That is a hot topic. Thank you. But first, we're going to talk about heart disease because it kills more women than all cancers combined. How do we not know this? It's so true and that's where education of patients come uh very as a very important part of what I do and I always tell my patients they're also very important part of the education. if they tell one friend or one neighbor or one family member about it. Uh the this is bad news that heart disease is the number one killer, but the good news is it's 80% preventable. So that's where my passion for prevention of heart disease come. Well, first, can you just explain why women, so many women do get heart disease, have heart attacks, and they're more likely than men to die from them. Our hearts must be different than men's hearts. It is very true. We're not just smaller men. We are women have very different cardiovascular system. We even though chest pain is still the first most common presentation but women are more likely to present with atypical symptoms which makes it less likely for women to realize that it could be their heart. It makes it less likely to be diagnosed appropriately and as rapidly as men. And unfortunately, we tend to have smaller vessels, unusual presentation, delayed treatment that may lead to higher risk of death. I read somewhere that one in three women who's having a heart attack has absolutely no chest pain. It is so true. I mean, for men, that's like the red light that keeps flashing. It's like, get to the hospital, you know? And and women also don't have like the that clammy feeling and the pain down their left arm. What are the symptoms that women do get? Correct. Not all women have these type of symptoms. We tend to have possibly atypical considering shortness of breath, extreme fatigue, palpitations, heartburn, possibly excessive sweating. A lot of women tell me that they thought they had the flu. Wow. And when they present and the misconception that women are less likely to have heart disease, you don't think of it. It's not like, you know, I mean, I I also was shocked to know that this extreme fatigue that you're talking about is not

just you're tired for a couple of days, but for a few weeks prior to the heart attack, somebody described it as like you're moving through mud and everything is hard and you just you're just sapped from energy. My plea is to make sure don't self diagnose, you know, seek help. you're less likely. It's much better to go with a false alarm than the other way around because remember time is muscle. If we delay the presentation, the likelihood of suffering from congestive heart failure and consequences of heart attack are much more likely. So early presentation, even if it's a false alarm, nobody going to blame anyone for going to the to the doctor or to the emergency room to be evaluated for these vague symptoms. So, some women get some chest pain. Many women get extreme fatigue. Let's just go through um some of the other unusual symptoms. Sometimes women will get tooth pain and they go to the dentist. Uh jaw pain is one of the things I always tell people. It raises a big flag for me as a cardiologist. jaw pain. Obviously, it could be your your dental, you know, dental need, but there is a very unique uh uh ache without in the absence of any acute dental care. It usually happen with activity or it wake you up from sleep suddenly or radiation of the pain to the jaw. So, jaw pain is definitely uh one of the you could have it as a man or a woman and it's a very alarming symptom for us cardiologists. They say that the average man gets uh help within 16 hours of the onset of symptoms that are very obvious that something's wrong. and that women are not reaching out for help for like two days more than two days they sit with this kind of thing. It is true but that's not only for cardiac women tend to have le to be less likely to go um I I tell my husband a lot of time you worry when I stop worrying we right so we worry we push our you know um significant others to go and we're less likely we're the sandwich generation too a lot of women are between aging parents ourselves our jobs our kids, possibly grandkids. So, we uh we prioritize everybody else ahead of us and that is one of the reasons. Unfortunately, there also even when they seek help, uh there's still a discrepancy in the way they're heard and they're addressed. Their women are still less likely uh to get an EKG as fast as men in the emergency room. They're less likely to see a specialist. they're less likely to get a stress test. Uh so there is a still even education beyond the patient population and into the medical field about the risk of heart disease in women particularly in menopausal age women. Well, we have to advocate for ourselves and really um what I'm hearing from you is if you're less likely to get all of those tests, you might be um motivated to say, you know, I really think something is wrong. Could it be my heart? Could it? That's not that's a reasonable thing to say to a doctor in the emergency room. Absolutely. And that's where our hopefully this type of education about your symptoms. I'm not saying every fatigue. I'm not saying every jaw pain, every nausea, every heartburn is cardiac, but rule that out because heart is what kills. I guess first of all, you need to know what your risk is. And most women today probably could tell you if they have a family history of breast cancer. It's been so much in the conversation, but not so much for heart disease. Heart disease in your family means that

you're more likely to have heart disease. that will urge you to start the prevention journey earlier. I want to urge people to talk about these things and not only about heart attacks. Ask about the history of hypertension, the history of valvular heart disease, the history of congestive heart failure and history of stroke. All of these are considered cardiovascular risks which will increase our risk of having the same problems at a at the same age or an earlier age depending on the environmental factors. And you may also have a close relative who maybe died in their sleep that could very well have been heart disease. Absolutely. Most sudden deaths are considered cardiac death and unless there's you know confirmation with an autopsy is made. A lot of them are presumed to be cardiac and it's very important particularly if they happen at young age and what we consider young age 55 and below in men and 65 and below in women is considered premature uh disease and it is it will increase your risk as a family member. So, you're the doctor. You are very uh focused on prevention. Are there some things that you're doing that we should all be doing? Thank you for saying that. All my friends would say I live I live by what I preach. Okay. Uh the best news about heart disease, it is 80% preventable. Uh so, the things that you need to know, first of all, knowledge is power. You need to know your blood pressure. You need to know your cholesterol. You need to know your blood sugar. You need to know your ideal weight. So that's what you need to start with. Then you need to eat healthy, exercise regularly, avoid bad habits like heavy drinking, smoking, vaping, and the last important part that was recently added to the list is good sleep. 7 to n hours of sleep are essential to reduce the risk of cardiovascular disease. Now, you have all these people who are watching and listening going, "Uhoh, I don't sleep enough. I don't have time to exercise. I'm not sure that I'm eating anywhere near as well as I could be or should be." So, let's just break this down for people. How much exercise? because you don't necessarily need to go out and run for a half an hour or 40 minutes a day. How much can you get away with and really make a difference in your heart health? You do not have to be a marathon runner. You do not have to be an athlete. The American Heart Association had recommended 150 minutes a week of moderate level of exercise, which is brisk walking, which we could do around our kitchen table if we need to. And 150 minutes a week, meaning five five times a week, 30 minutes at a time or 20 minutes a day. And when you say brisk, you mean you can have a conversation with a friend, but you be a little bit sing. You can't sing, but you can talk. You can talk. Yes. Okay. You don't need a gym for that. You do not. And that is very important. I talk about this every day in my office. People say, "Well, winter came. Winter come back every year." Unfortunately, around here, three things we should be adding to our diet that many people are not. That will make a difference. Mediterranean. Mediterranean. Mediterranean. olive oil, salmon, white fish, tree nuts, almond, pistachios, hazelnuts, and fiber. Vegetables like I mentioned more. Yes, absolutely. And they say eat the rainbow. That's probably good for all kinds of health. Correct. The brighter the fruit or the vegetable, the more the anti-

inflammatory benefits in it. Absolutely. What is more important? Can you say is it genetics or is it lifestyle? So first of all what we have to concentrate on what we can change. We cannot change our genetics. So uh there are two things in uh cardiology that we can't change that will increase our risk of heart disease. Aging it's inevitable but we can control how we age and our genetics is we cannot change that. But working on the lifestyle and the risk factor modification is what we have control with and that's what we need to concentrate on. All right. When we come back, the subject that everybody is waiting to hear about because Dr. Kazzaz just got back from a major conference on menopause and hormonal replacement therapy. Yes. 20 second break. We'll be right back. For more information on what you're hearing on this podcast, go to [crouse.org/carrie](http://crouse.org/carrie). The information in this podcast is not intended as medical advice. It's always best to check with your doctor.

When I asked Dr. Kazzaz asked to come on the podcast. She said, "Well, wait till I come back from this conference in Boston because I'm going to learn so much about women's health, menopause and hormone replacement therapy." You were just there last weekend. It was amazing. There was a study that was done about 20 years ago uh the women's health initiative and one of the things that they looked at was what are the risks of giving women hormone replacement therapy to ease their symptoms of menopause. And the study came to some very frightening conclusions. Correct. and that was that the hormones could increase the risk of major diseases, breast cancer, heart disease. It was discontinued early and that was in 2002. I still remember I was in training for cardiology at the time. So automatically doctors were like, "Okay, you're going to have to suffer. the hot flashes won't kill you and all of these things, but a heart attack can, breast cancer can. And so really, Dr. Kazzaz, we have a whole generation of women who missed the boat on what we now know is just the opposite, that hormone replacement therapy can help women prevent these diseases and stay healthier. What did you learn in the conference about how we can now do better for women. So, it's very important to identify the problems with that study. And you're right, we lost a generation of doctors trained to take care of women and we lost generation of women that died from from possibly preventable diseases. Um, uh, first of all, in medicine, we don't always do things to save lives. Okay? We don't replace a knee to save lives but it improve life lifestyle right it improve the quality of life that is very important to remember not everything in medicine is about saving lives and it's very important to not ignore the major symptoms that happen during that time of perimenopause and menopause and treating symptoms is a very critical part of of the yet that life period most women live 40% of their lifetime in menopause. Wow. 40% of your life. You live it in menopause. You think about it. It is so true. It did stop me when when it was told in the

conference. I had to stop and think about it. So, so from what you heard at that conference and I know obviously this was not all news to you because you are a passionate advocate of doing whatever we can and whatever the science supports. Would you have any doubts in your own mind about taking hormone replacement therapy? No. And I do it myself. I say that I am on hormonal replacement treatment. And does it help? Oh, absolutely. It changed my life in the last few years since I started it. And the interesting part is I presented with frozen shoulder and I was taken very good care of by my colleagues in ortho and I assumed it's because I box for fitness and I hurt it and it turned out it was low estrogen. What caused lower estrogen is what caused my frozen shoulder. And uh I don't only sleep better. I uh I feel better. Um I um um I'm much more myself. My mood is different. And I I I definitely I say something. I don't know if I should say it here. I say, "You will take my patch off my dead body." Oh, well that nobody's going to take your patch away. I can be sure after that. Yeah. Sorry. Well, no, this is it's it's it's personal. I think people will feel different when I say that, but you know, obviously I talked to my OB/GYN about the perfect combination for me and appropriate use of it and the dosage. Yes. Yeah. Well, this has been so um interesting and informative and I just uh really appreciate the way you are giving women agency to uh learn and advocate and recognize that again quality of life is so important and that is the reason to make sure that they are getting the health care that they deserve, right? Prevention of osteoporosis, hip fracture is the most common reason for admitting uh older woman to hospitals. It can it can lead to major complications and that is a known fact. Dr. Nelly Kazzaz, thank you so much for being with us. My pleasure. Thank you for giving me this opportunity. That was fantastic. And thank you for being here and investing this time in your health. Informed patients make stronger decisions and that starts with information you can trust from people actually providing health care in our community. That's why we do this. I'm Carrie Lazarus and we'll see you next time on Take Me to Crouse.