HeartLife WOMEN

heartlife.com



HEARTLIFE'S GUIDE TO

Women's Heart Health

About HeartLife

It's about Life

~~Not Failure~~

HeartLife FOUNDATION

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HeartLife Foundation is a patient-led cardiovascular charity. We create practical education, tools, and community support to help people live better with heart and vascular disease. We work with patients, caregivers, clinicians, researchers, and partners across North America to improve awareness, care, and quality of life. Our goal is simple: help people understand what is happening in their bodies, know what questions to ask, and feel supported along the way.



This guide is for education only. It does not replace medical advice, diagnosis, or treatment from a qualified healthcare professional. If you have symptoms that feel urgent or life-threatening, **call 911 or go to the nearest emergency department.**

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Introduction to the HeartLife Women's Guide

This guide is for women experiencing heart symptoms, who have a diagnosis, or want to learn about risk factors. You can use it to feel more prepared and supported.

YOU ARE NOT ALONE

Heart and vascular disease can affect women at any age. It can also feel confusing, because symptoms in women can be missed or misunderstood.

HOW TO USE THIS GUIDE

You do not have to read this in order or all at once. Use the pages that match what you need right now.

If you are living with a heart condition it is normal to feel worried sometimes. You do not have to know everything. The goal is to feel more prepared.

THIS GUIDE WILL HELP YOU

- understand the basics in plain language
- recognize symptoms that should not be ignored
- know your risk across your life span
- prepare for appointments
- track what matters at home

You deserve care that takes your symptoms seriously!

TRY THIS:

01 Read one section at a time.

02 Use checklists and trackers.



03 Bring the Questions to Ask pages to appointments.

Put a sticky note on the pages you want to bring to your next appointment!

04 Share this guide with a family member or friend who supports you.

Safety first

Some symptoms need urgent care.
If it feels serious or suddenly different,
get help.



CALL 911 RIGHT AWAY IF YOU HAVE

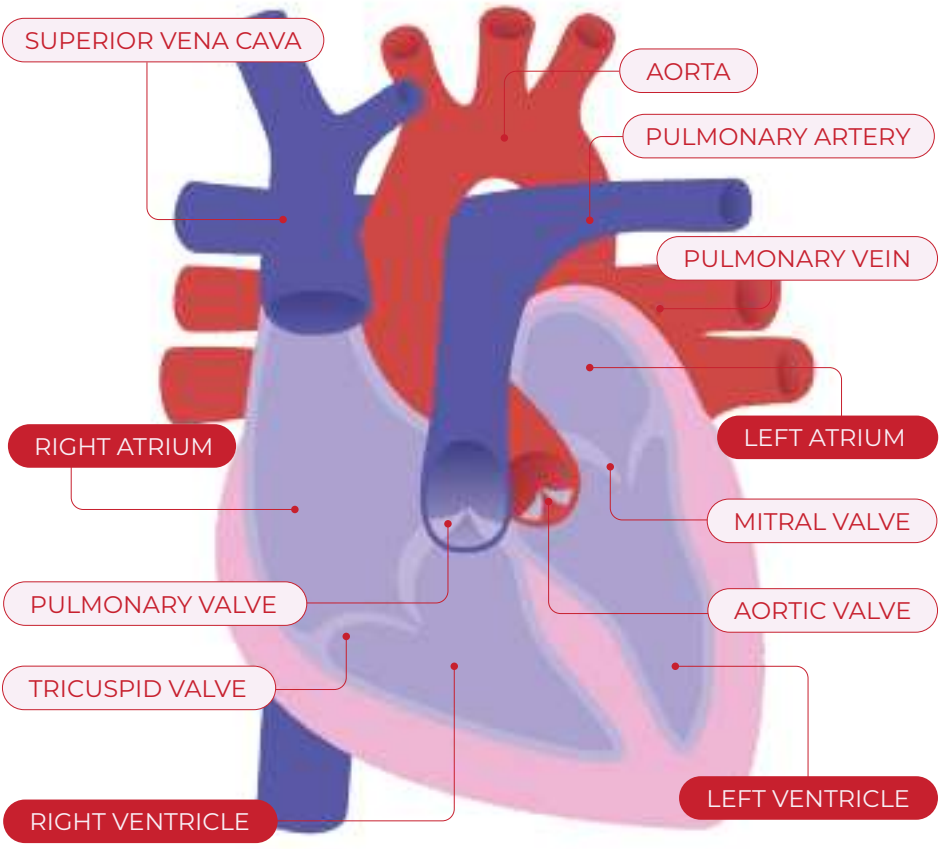
- New or severe **chest pressure**
- Severe **trouble breathing** at rest
- **Fainting or collapse**
- **Stroke signs** (Safety First: Face drooping, Arm weakness, Speech difficulties, Time to call 911.)
- Sudden severe **confusion or severe weakness**

WHAT TO DO NEXT

Keep a photo of Page 17
(My Act Fast Plan)
on your phone.

Your Heart & Blood Vessels

Your heart and blood vessels work together to move oxygen through your body. When blood flow is reduced, symptoms can start.



Your heart is a muscle. It pumps blood through your body.

Understanding Women's Heart Health

YOUR BLOOD DOES THREE BIG JOBS:

01 Blood brings oxygen to your brain.

02 Blood brings nutrients your body needs.

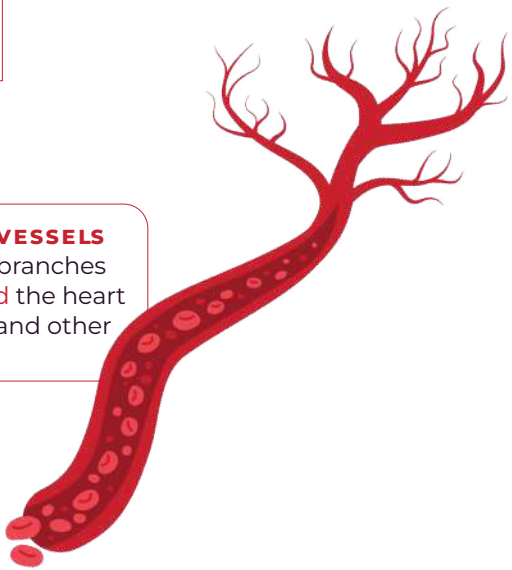
03 Blood carries waste away so your body can get rid of it.

YOUR BLOOD VESSELS ARE THE ROADS:

ARTERIES
carry blood away from the heart.

VEINS
carry blood back to the heart.

SMALL VESSELS
are tiny branches that feed the heart muscle and other organs.



WHY THIS MATTERS FOR WOMEN

Some women have heart symptoms even when the large arteries do not look blocked. The problem can be in the small vessels or from a spasm. You deserve answers and a plan. Women have smaller hearts and smaller blood vessels. The smaller vessels make it more challenging to assess and diagnose certain conditions.

What Heart & Vascular Disease Means

Heart and vascular disease is a group of conditions, not just one diagnosis. Understanding the big picture helps you ask better questions.

HEART AND VASCULAR DISEASE IS A GROUP OF CONDITIONS THAT AFFECT:

- the heart muscle
- the heart valves
- blood vessels
- the heart's electrical system, rhythm

A HELPFUL WAY TO THINK ABOUT IT:

- Some problems build up slowly over years
- Some problems happen suddenly, like a heart attack or stroke. Either way, earlier care is better.

WHAT TO DO NEXT

Ask your provider to name your exact condition.



Why Women's Heart Health is Different

Women are biologically built differently and therefore have a set of risks, symptoms and heart conditions unique to them.

HORMONAL CHANGES
Women's hormones change across their lifespan and do affect heart health.

LANGUAGE MATTERS
Women may use different words to describe their symptoms.

SYMPTOMS
Women may have the classic chest pain but also commonly experience fatigue, shortness of breath, nausea, and back pain.

MISSED WARNING SIGNS
Early heart attack signs are missed in up to 78% of women when they present to ER.



QUICK TAKE

Lack of awareness leads to serious consequences.

Sex & Gender

AND WHY IT MATTERS

Sex and gender can affect risk, symptoms, and care. You deserve respectful, personalized treatment.

SEX refers to the biological traits you are born with—like your genes, hormones, and physical organs. In medical care, biological sex affects how your heart muscle functions, how your blood vessels react, and how your body processes heart medications

GENDER refers to the social roles, behaviors, expressions, and lived experiences of women, men, and gender-diverse people in society. Gender influences your daily stress levels, your lifestyle, and how quickly your symptoms are recognized and treated by doctors.

Both sex and gender can affect heart health because they can shape:

- risk factors
- symptoms
- stress levels and support
- how care is offered and received

WHAT TO DO NEXT

If you are comfortable, please share your preferred pronouns with your care providers.

Everyone deserves respectful, safe, and personalized care!



Myth Busting

Many women believe that heart disease is not their issue. These myths can delay care.

MYTH	FACT
Heart disease is mostly a men's problem.	Heart disease is the leading cause of death in women.
A heart attack always feels like crushing chest pain.	**For women, symptoms can be subtle.** While many experience chest pain or crushing sensations, others feel severe fatigue, shortness of breath, nausea, back pain, or a sense that something is very wrong.
If tests look normal, it must be anxiety or heartburn.	Anxiety is real, but it should not be used to dismiss symptoms. Some women's heart problems involve smaller blood vessels or artery spasms that are harder to detect.
Fit women cannot get heart disease.	Healthy habits are important, but genetics, hormones, pregnancy history, and life stages all matter.

QUICK TAKE

Women can experience a variety of symptoms. Knowing them is a proactive step.

Facts

When it comes to heart health in women, here are 10 facts everyone should know.

01 Heart disease is the #1 killer of women and affects women of all ages.

02 Cardiovascular disease continues to be on the rise for women globally.

03 Cardiovascular disease is responsible for about 1 in 3 deaths in women.

04 In Canada, approximately one woman dies from heart disease or stroke every 16 minutes.

05 In the United States, cardiovascular disease claims the life of a woman about every 80 seconds.

06 Heart attack rates are increasing among younger and midlife women, particularly those under age 55.

07 In Canada, more women die from heart disease than from all cancers combined. Heart disease kills about 5 times more women than breast cancer in the United States.

08 The cardiovascular system shows significant sex-based differences in symptoms, risk factors, and responses to treatment in women.

! ! !

09 A woman's risk for heart disease changes across her lifespan due to hormonal shifts, pregnancy-related factors, and menopause.

10 Women are more likely than men to have heart attack symptoms that are missed, delayed, or misdiagnosed.



Symptoms In Women

WHAT TO WATCH FOR

Women can feel heart symptoms in many ways. If something feels new or wrong for you, it matters.

Many women do have chest pain when experiencing a heart attack. Some do not. Symptoms can be strong or subtle

SYMPTOMS COMMON IN WOMEN

- pain in the back, neck, jaw, shoulder, or both arms
- nausea or vomiting
- sweating that feels unusual
- feeling lightheaded or faint
- a fast, fluttering, or irregular heartbeat
- trouble sleeping because you feel off



COMMON SYMPTOMS TO BOTH SEXES

- chest pressure, tightness, burning, or pain
- shortness of breath
- unusual tiredness that is new for you

Trust your body! If something feels new, scary, or different from your normal, it is worth checking.

WHAT TO DO NEXT

Track symptoms consistently. Use the My Tracking resource [page 48]

Act Fast Plan

This page is here for urgent moments.
You do not need to second-guess
yourself in an emergency.

CALL 911 RIGHT AWAY IF YOU HAVE

- New or severe **chest pressure**
- Severe **trouble breathing** at rest
- **Fainting or collapse**
- **Stroke signs** (face droop, arm weakness, speech trouble)
- Sudden severe **confusion or severe weakness**

WHILE YOU WAIT:

- sit down and **stay calm** if you can
- **unlock the door** if possible
- **tell the dispatcher what you feel** and when it started
- if you are alone, **call someone** to stay on the phone with you

Do not drive yourself to the hospital. Call and wait for emergency services

Conditions Diagnosed more Commonly in Women

Some cardiovascular conditions are more common in women or are more often missed in women.

EXAMPLES INCLUDE:

- Spontaneous Coronary Artery Dissection (SCAD): a tear in a heart artery wall
- Microvascular angina: problems in small heart vessels
- Coronary spasm: an coronary artery tightens suddenly
- Takotsubo syndrome (often referred to as Broken Heart syndrome): temporary weakening of the heart muscle, often after stress
- Pregnancy and hormonal related heart conditions
- Certain autoimmune conditions

QUICK TAKE

Normal tests do not always mean nothing is wrong.

Ask Your Doctor

Does SCAD, spasm, or small vessel disease fit my symptoms and have they been considered?

SCAD & Small Vessel Problems

These conditions can cause serious symptoms. You are not overreacting by asking about them.

SCAD

WHAT IT IS: A tear in the wall of a heart artery that can reduce or even stop blood flow causing a heart attack.

WHAT IT CAN FEEL LIKE:
chest pain, shortness of breath, sweating, nausea, dizziness, arm, back, jaw pain, sudden unwell feeling.

HOW IT IS FOUND:
hospital heart tests and imaging.

WHAT HELPS:
medicine, rest and recovery, cardiac rehab, follow-up.

QUESTIONS TO ASK:

- Could this be SCAD?
- What confirms it?
- What should I avoid while healing?
- When should I return to the ER?

Microvascular angina and coronary spasm

WHAT IT IS: small vessels not working well, or an artery tightening suddenly.

WHAT IT CAN FEEL LIKE:
chest discomfort, shortness of breath, symptoms with stress, cold, activity or at rest, unusual fatigue.

HOW IT IS FOUND:
may need more than one test, sometimes specialized.

WHAT HELPS:
medicine, rehab, stress and sleep support, risk-factor control.

QUESTIONS TO ASK:

- What is the next step if symptoms continue?
- Are you checking my small vessels or considering spasms?
- What should I do if it happens again?

Takotsubo Syndrome

STRESS-INDUCED CARDIOMYOPATHY

Takotsubo syndrome, commonly referred to as broken heart syndrome, can feel like a heart attack.

WHAT IT IS:
temporary weakening of the heart muscle, often after intense emotional or physical stress.

WHAT HELPS:
follow-up, medicine when needed, recovery and stress support.

WHAT IT CAN FEEL LIKE:
chest pressure, shortness of breath, racing heart, sudden unwell feeling.

HOW IT IS FOUND:
hospital tests, blood tests, ECG, imaging.

QUESTIONS TO ASK:

- What caused it in my case?
- What follow-up tests do I need?
- When can I return to normal activity?
- Can cardiac rehab help me gain confidence?

QUICK TAKE

Stress can affect the heart in real physical ways.





Pregnancy

Your heart works harder during pregnancy. For some women, that can lead to serious conditions worth knowing about.

Peripartum Cardiomyopathy

OVERVIEW: Peripartum cardio myopathy is a form of heart failure that can develop in the last month of pregnancy or up to five months postpartum. It involves the heart's inability to pump blood effectively and can be life-threatening.

RISK FACTORS:
Older maternal age, multiple pregnancies, preeclampsia, carrying multiples (twins or triplets), and/or gestational diabetes all increase the risk of peripartum cardiomyopathy.

SYMPTOMS:
Shortness of breath, fatigue, swelling in the legs, and rapid heart rate.

DIAGNOSIS & TREATMENT:
Treatment depends on whether you are still pregnant or have delivered. During pregnancy, ACE inhibitors, ARBs and ARNIs must be avoided because they can harm the baby. Other heart failure medicines may be used when appropriate. After delivery, additional medications may be introduced based on your recovery, breastfeeding, and individual needs.



Gestational Hypertension & Preeclampsia

OVERVIEW: Gestational hypertension is high blood pressure that occurs during pregnancy. Preeclampsia is a more serious condition that involves high blood pressure along with damage to organs such as the kidneys and liver. Both conditions increase the risk of future cardiovascular disease.

RISK FACTORS:
First-time pregnancy, obesity, a family history of preeclampsia, carrying multiples and gestational diabetes all must be considered.

SYMPTOMS:
High blood pressure, protein in the urine, headaches, and swelling in the hands and feet.

DIAGNOSIS & TREATMENT
Close monitoring of blood pressure is essential. Treatment may include medication to control blood pressure and prevent complications, with early delivery of the baby sometimes required in severe cases.

Preeclampsia & Future Heart Risk

OVERVIEW: Women who experience preeclampsia during pregnancy are at a higher risk for cardiovascular disease later in life, including hypertension, stroke, and coronary artery disease. Preeclampsia causes long-term damage to blood vessels and increases the risk of atherosclerosis (plaque buildup in arteries).

RISK FACTORS:
Women with a history of preeclampsia, especially those who delivered prematurely or had severe cases, should be monitored for heart health in the years following pregnancy.

SYMPTOMS:
Vision changes, including blurriness and light sensitivity, and severe upper-right abdominal pain.

DIAGNOSIS & TREATMENT
Blood pressure monitoring and lifestyle changes such as improved diet, exercise, and weight management can help mitigate risks. Regular screenings for heart disease may also be recommended.

Ask your doctor

What Are

Risks for Women?



Are You at Risk?

QUICK CHECKLIST

Risk is not blame. This checklist helps you spot clues so you can get the right screening. Knowing your risks means you can reduce your risks.

80% of heart disease can be prevented if we know our individual risks and modify those we can.

This page is a starting point. It helps you notice risk and start a conversation with your healthcare team. Check any that apply.

FAMILY HISTORY

- ◯ Ethnicity - Black, South Asian and Indigenous population are at higher risk
- ◯ A parent, sibling, or child has heart disease or has had a stroke.
- ◯ High cholesterol or high Lp(a) runs in my family
- ◯ Family has history of diabetes
- ◯ I have had a heart problem before

BLOOD PRESSURE & BLOOD SUGAR

- ◯ I have high blood pressure
- ◯ I have diabetes or prediabetes
- ◯ I had diabetes during pregnancy

If you checked 2 or more, bring these pages to your next appointment (or print a free downloadable checklist from lifeinhearts.ca)

Ask Your Doctor

How is my Heart? What should I do next?

Assessing Your Risk



PREGNANCY & HORMONES

- ◯ I had high blood pressure in pregnancy
- ◯ I had pre-eclampsia
- ◯ I gave birth early due to a pregnancy complication
- ◯ I had miscarriages
- ◯ I went through menopause early, before age 40
- ◯ I started my period before the age of 10
- ◯ I have PMOC or endometriosis

OTHER HEALTH FACTORS

- ◯ I have an autoimmune disease
- ◯ I have kidney disease
- ◯ I have sleep apnea
- ◯ I have had cancer treatment

LIFESTYLE & STRESS

- ◯ I smoke, vape or use nicotine or cannabis
- ◯ I do not move much most days
- ◯ I feel high stress most days
- ◯ I sleep poorly most nights
- ◯ I drink alcohol
- ◯ I do not eat well

Risk Factors That Matter For Women

Some risk factors affect everyone. Others are unique to women's lives, like pregnancy, menopause, and certain autoimmune conditions.

An important fact:
The more risk factors you have, the greater risk there is for heart disease to develop - it compounds.

Risk factors that affect everyone but pose a disproportionately higher mortality and morbidity burden in women:

- high blood pressure
- high cholesterol
- diabetes
- smoking or vaping
- kidney disease
- sleep apnea
- not moving enough
- ongoing stress
- family history

QUICK TAKE

Menstruation and Pregnancy are part of heart history.



RISK FACTORS THAT MATTER A LOT FOR WOMEN

PREGNANCY
Pregnancy places additional demands on the heart and can reveal underlying cardiovascular risk.

These include high blood pressure during pregnancy, pre-eclampsia, gestational diabetes, and early delivery.

HORMONES
Menstrual and menopause start dates are important to overall heart health considerations. Heart risk rises after menopause when the protection of estrogen drops. Blood pressure, sleep, weight, and cholesterol can change significantly with menopause.



QUICK TAKE

The more risks you have, the greater risk for cardiovascular disease.

AUTOIMMUNE DISEASE
Some autoimmune diseases are more common in women and can raise heart risk.

MENTAL HEALTH AND STRESS
Chronic stress, anxiety, depression, and trauma can affect sleep, blood pressure, and daily habits. It is part of overall health. Women are 2x more likely to experience depression than men.

CANCER TREATMENT
Some cancer treatments can leave a lasting legacy on the heart and blood vessels. Survivorship care matters.

Gentle note: Risk factors are not blame. They are information.

WHAT TO DO NEXT

Write your pregnancy and menopause history in your notes.
See Notes & Reflections [page 58]

The 4 M's

MENSTRUATION, MATERNAL, MENOPAUSE, MENTAL HEALTH

The 4 M's are a simple way to remember key moments that can affect women's heart risk.



MENSTRUATION

Things to note: early periods, Polyendocrine Metabolic Ovarian Syndrome (PMOS), endometriosis, inconsistent or irregular periods before perimenopause.



MATERNAL

Red flags in pregnancy history are high blood pressure, pre-eclampsia, gestational diabetes, early delivery, miscarriages, and stillbirths.

If you had any of these, ask for heart follow-up, even years later.



MENOPAUSE

Menopause can change cholesterol, blood pressure, sleep, mood, and energy. Ask what tests you need and how often. Consider and discuss hormone therapy with your care providers.



MENTAL HEALTH

Stress and mental health matter for the heart. If you feel overwhelmed, you deserve support.

Ask Your Doctor

How do the 4 M's apply to me?

Across Your Life

WHAT TO FOCUS ON

Heart health changes over time. The goal is to focus on what matters most for your age and life stage.

You do not need to do everything at once. Pick one or two steps that feel doable.



20S & 30S

- learn your family history
- know basic symptoms
- check blood pressure sometimes
- build movement into your week
- 150 minutes of movement per week
- take note of irregular periods and tell your doctor

40S & 50S

- ask about blood pressure, cholesterol, blood sugar, and Lp(a) testing. Know your numbers.
- take sleep seriously
- notice new symptoms like breathlessness, chest discomfort, or palpitations

PREGNANCY & POSTPARTUM

- take pregnancy complications seriously
- ask what follow-up you need after delivery
- do not ignore chest pain, fainting, severe shortness of breath, or swelling

60+

- keep moving in safe ways
- review medicines with your pharmacist or doctor
- ask about dizziness, mention falls, new swelling, or worsening shortness of breath

WHAT TO DO NEXT

Pick one small change you can do this week.

Know Yourself

REDUCE YOUR RISK

Numbers are not grades. They are tools that help you and your care team make decisions.

Blood pressure: .....

Resting heart rate: .....

Weight: .....

Cholesterol LDL: .....

Blood sugar A1C: .....

Lipoprotein (a): .....

Lp(a) is mostly genetic. Healthy habits help your heart overall, but they may not lower Lp(a). If it runs in your family, ask about testing and family screening.

Medications: .....

Supplements and Vitamins: .....

My top 3 symptoms:

1. .....
2. .....
3. .....

WHAT TO DO NEXT

Ask for a copy of your latest results. Keep a file for yourself so you can be familiar with your numbers and compare your results.

WHAT TO BRING

FILL IN WHAT YOU KNOW AND BRING IT TO YOUR NEXT APPOINTMENT.

Tests You Might Get

Tests can feel stressful. Knowing what each test looks for can make the process less scary. Testing procedures are standard for men and women.



BLOOD TESTS

Blood tests can check heart strain or injury, cholesterol, blood sugar, kidney function, and more.

ECHOCARDIOGRAM

Echocardiogram is an ultrasound that shows how the heart pumps and how valves work. Easy and non-invasive—some women may feel discomfort as the technician navigates breasts. Requires a requisition from a doctor. May be repeated over time depending on your condition and care plan.

ANGIOGRAM

An angiogram uses X-rays and contrast dye to look at the blood vessels that supply your heart. It may be used if your healthcare team suspects narrowed or blocked arteries are causing a heart attack, chest pain, or contributing to heart failure.

CT (COMPUTED TOMOGRAPHY)

A CT scan uses X-rays to create detailed images of your heart, blood vessels, and chest. You may need an IV so contrast dye can be used to make certain areas easier to see. The scan is usually quick and can help your healthcare team look for structural problems or other possible causes of your s.ymptoms.

STRESS TESTS

Stress test shows how your heart responds to activity—can involve you physically moving or can be done through medicine that is injected via an IV that acts like exercise. The physically moving test can be difficult for some who have shortness of breath, yet the medication version can create anxiety issues. Speak with your care provider on the best option for you.

ELECTROCARDIOGRAM (ECG OR EKG)

ECG shows heart rhythm. Easy and non-invasive - typically done in the doctor's office.

Diagnosis & Monitoring

HOLTER MONITORING

A Holter monitor is a small, wearable device that records your heart's electrical activity, usually over 24 hours or longer. It can help detect abnormal heart rhythms that may not appear during a regular ECG. Your healthcare team may recommend one if you have symptoms such as palpitations, dizziness, fainting, or an irregular heartbeat.

MUGA AND MIBI

MUGA AND MIBI—isotope testing. Nuclear imaging tests that use a small amount of radioactive tracer to show how well blood flows through the heart and how effectively the heart is pumping.

IMPORTANT NOTE:

Sometimes symptoms continue even when one test looks normal.

If you still feel unwell, ask:

- What is the next step towards a diagnosis?
- Are you checking small vessel disease or spasms?
- What should I do if symptoms happen again?

CARDIAC MRI

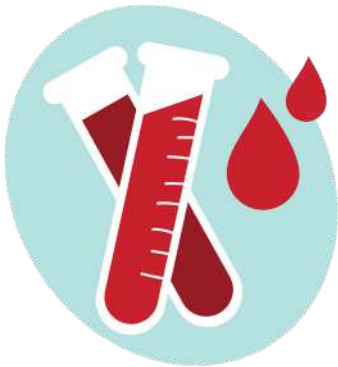
A cardiac MRI uses a strong magnetic field to create detailed images of the heart. It can show how well the heart is pumping, the size and structure of the heart, and whether there is inflammation, scarring, or other changes in the heart muscle. It can also help your healthcare team better understand the possible cause of heart failure and guide treatment decisions.

MICROVASCULAR TESTING

Microvascular testing looks at the small blood vessels of the heart that may not appear on standard angiograms.

Types of tests include:

- Coronary Flow Reserve (CFR) testing
- Cardiac PET scan
- Stress Cardiac MRI
- Coronary Reactivity Testing (during cardiac catheterization)
- Transthoracic Doppler Echocardiography (for coronary flow)



Treatment

BASICS & MEDICINES

Most treatment plans use more than one tool.

CARE PLANS MAY INCLUDE:

- healthy movement
- food choices that support heart health
- sleep and stress support
- medicines
- cardiac rehab
- follow-up and monitoring
- a medical device (Pacemaker, ICD, CRT-D)

MEDICATIONS, WHAT WOMEN SHOULD KNOW:

- Tell your care team if you are pregnant, trying to get pregnant, or breastfeeding.
- Ask about side effects and what to do if they happen.
- Do not stop a medicine suddenly without advice.

Ask your doctor about guideline directed medical therapy for your specific condition.

QUICK MEDICATION TRACKER

Medicine: Dose: Why I Take it:

Side effects I notice: When it started:

What it helps:

QUESTIONS TO ASK

- What is this medication for?
- What side effects should I watch for?
- When will we review if it is working?
- Should this be taken with or without food?
- What should I do if I miss a dose?
- Are there interaction concerns with vitamins, supplements, or over-the-counter medications?
- Is there a preferred time of day to take each medication?

Stress, Worry, & Recovery

After heart symptoms or a diagnosis, fear is common. Support is an important part of recovery.

Living with heart symptoms can affect mood, sleep, and confidence. Stress is not just in your head. It can show up in your body.

QUICK TAKE

Stress affects the body, not just the mind.

Signs you may need extra support:

- you feel anxious many days
- you avoid activity because you are nervous or scared
- your sleep is poor most nights - this can include trouble falling asleep or waking too often or not feeling rested after getting sleep.
- you feel alone or overwhelmed
- you sleep too much
- you pull away from family and friends



Support can include counseling, peer support, cardiac rehab, medication review, and sleep support. If you are struggling, tell someone. You deserve support.

WHAT TO DO NEXT

Tell your provider if stress or worry are stopping you from being active.

The Spoon Theory

WHAT IS IT LIKE WITH A CHRONIC ILLNESS?

Living with heart disease isn't just about managing your heart, it's about managing every ounce of energy your heart can give you.

For women living with heart disease or heart failure, even the simplest daily tasks can feel like a monumental effort. The Spoon Theory, created by Christine Miserandino, gives language to this invisible struggle by reframing energy as a finite, precious resource. Imagine starting every day with a set number of spoons, where brushing your teeth costs one and getting dressed costs another.

HOW THE SPOON THEORY APPLIES

LIMITED ENERGY RESERVE
Energy is finite. Simple tasks like walking, getting dressed, or doing the dishes each cost a significant number of spoons.

EXERTION = MORE SPOONS USED
Any extra effort uses more spoons. Feeling winded or fatigued is a sign you may have overdone it.

REST AND RECOVERY
Rest helps regenerate spoons, but full recovery is rarely possible. Most women find themselves running on empty by end of day.



PRIORITIZING TASKS
Cleaning, cooking, or socializing may have to wait in order to conserve energy for essentials like eating or taking medications.

A NOTE ON SLEEP: Sleep is critical for daily replenishment. If you had a poor night's sleep, subtract up to 4 spoons from your starting count.

Your Daily Spoons

You start each day with 20 spoons.
How will you spend them?



1 SPOON

Brushing teeth / Taking medications / Reading / Texting / Watching TV / Listening to music / Picking up an item / Cup of tea



2 SPOONS

Getting dressed / Make up / Going to the bathroom / Feeding the pet / Cuddling a pet / Socializing (small talk) / Eating a meal / Going to bed / Getting out of bed



3 SPOONS

Showering / Making breakfast / Light house cleaning / Pay bills / Walking to the car / Driving to an appointment / Video games / Board games / Emotional stress / Crafting



4 SPOON

Cooking dinner / Going to the doctor / Grocery shopping / Dinner out / Baking / Cheering kids at sports / Going to the movies / Kids to school



5 SPOON

Laundry / Yard work / Work day / Travelling / Exercise / Shovelling / Changing sheets / Play with kids

YOUR DAILY SPOONS

Small acts of rest can help you recover energy throughout the day.



Coffee (1 - 2 cups): +1 - 2 spoons



Nap (1 h): +1 - 3 spoons



Rest (30 min): +1 - 3 spoons

Sex, Intimacy, & Relationships

Sex is part of health. It is okay to ask questions and get clear guidance.

Many people have questions about sex after a heart event or a cardiovascular disease diagnosis. This is normal.

For many people, sex is safe when symptoms are stable. But it depends on your condition and how you feel.

Stop and get medical advice if you have chest pain, shortness of breath that does not settle, dizziness or fainting, or a fast irregular heartbeat that does not settle.

Common reasons sex can feel different include fear, tiredness, hormone changes, medication side effects, pain, or dryness.

Ask Your Doctor

Is sex safe for me right now?



QUESTIONS TO ASK

- Is sex safe for me right now?
- What symptoms mean I should stop?
- Do any of my medicines affect sexual health?
- If pregnancy is possible, what do I need to know?
- What can help if I have pain or dryness?
- Can I have sex with an ICD?

DON'T BE SHY!

If pain or dryness is an issue, ask about options that can help.

Life's Glimmers

A COPING TOOL

Small moments of calm can help your body recover from stress. This page gives you a simple tool to practice.

A glimmer is a small moment that makes you feel calmer, safer, or more like yourself.

Examples: sunlight, a warm drink, a friend's text, music, laughter, nature, a pet nearby.

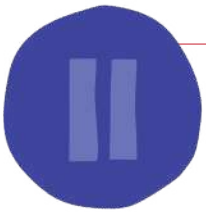
TRY THIS, THE 30-SECOND GLIMMER PRACTICE



2. NOTICE ONE GOOD OR STEADY MOMENT



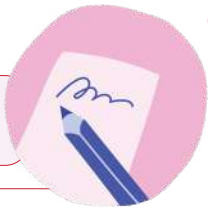
3. NAME IT, THIS IS A GLIMMER



1.PAUSE



4. TAKE ONE SLOW BREATH



5. WRITE IT DOWN IF YOU CAN

WHAT TO DO NEXT

Write 5 glimmers and put the list where you will see it.

Talking To Your Healthcare Team

Good care is a partnership. This page helps you prepare, speak up, and leave with a clear plan.

BEFORE YOUR APPOINTMENT, BRING:

- ◯ a list of symptoms and when they happen
- ◯ your medications, vitamins and supplements or a photo
- ◯ blood pressure readings if you have them
- ◯ a support person if possible
- ◯ your top 5 questions written down

If you feel dismissed, try these conversation starters:

- → This is new for me, and I am worried.
- → Can you explain what you think is causing this?
- → What is the next step if it does not improve?
- → Can you write the plan down so I understand it?
- → Bring someone with you if you can

WHAT TO DO NEXT

Ask for the plan in writing.

A SIMPLE WAY TO DESCRIBE SYMPTOMS:

What I feel:

When it happens:

How long it lasts:

What makes it better or worse:

How often:

Your Care Team

Write down your symptoms and how you feel:

Questions to Ask

Questions help you get clearer answers. You do not need to memorize these. Pick the ones that fit your situation.

SYMPTOMS AND DIAGNOSIS

- What do you think is causing my symptoms?
- What conditions are you ruling out today?
- Could this be SCAD, spasm, or small vessel disease?
- What test is best for my symptoms?
- What should make me go to the ER?

RISK AND PREVENTION

- What are my biggest risk factors right now?
- Do I need Lp(a) testing?
- How often should we check blood pressure, cholesterol, and blood sugar?
- How often should I be recording my blood pressure, heart rate, and weight?
- Does my pregnancy history change my risk?
- Does my menstruation history affect my heart risk?
- What is one change that would help me most this month?

TREATMENT AND MEDICINES

- What is each medication for?
- What side effects should I watch for?
- What should I do if I miss a dose?
- Are any over-the-counter medications, vitamins or supplements not safe for me?
- Can you refer me to cardiac rehab?



LIVING WELL

- What level of movement is safe for me?
- What symptoms mean I should slow down?
- What supports are available for stress and sleep?
- Is community support available? **Yes**, visit heartlife.com

WHAT TO DO NEXT

Write down your top 5 questions before your next visit.

Your Care Team

Write down your questions and answers:

Ask your doctor

What can

I do for my heart health?



How to Help Yourself

Lifestyle changes matter at any age! Try these top tips to improve your heart health.



MOVE MORE, SIT LESS
Choose an activity that you enjoy and that fits with your lifestyle. Aim for 30 minutes of moderate movement a day.



EAT HEART HEALTHY
Aim for 7 servings of fruits and/or vegetables a day.



QUIT SMOKING
If you smoke cigarettes, vape or use cannabis, find support to quit.



TAKE YOUR MEDICATION as prescribed



KNOW YOUR NUMBERS (ABCs)
and what they mean. Ask your healthcare provider to test your A1C and fasting blood glucose (tests for blood sugars) Blood pressure & Cholesterol



REDUCE ALCOHOL
Minimize or abstain from drinking alcohol.



TIME FOR SELF-CARE.
Find ways to minimize the impact of stress. Read a book, take a bath, meditate, keep a gratitude journal or colour.

Medications & You

Heart medications are an important part of protecting your health. Women may sometimes experience medications and side effects differently, so it's important to know what to watch for and keep your care team informed.

KNOW WHAT YOU'RE TAKING

- Ask what each medication does and why it has been prescribed.
- Ask about common side effects and what you should watch for.
- Keep an up-to-date list of your medications and doses.

SPEAK UP ABOUT SIDE EFFECTS

- Tell your care team about new or persistent symptoms such as dizziness, fatigue, nausea, unusual bleeding, or changes in your heartbeat.
- Don't stop or change a medication on your own—your care team can help determine whether the dose or medication should be adjusted.

ASK ABOUT YOUR OPTIONS

- If a medication isn't working well for you, ask whether another dose, medication, or approach may be appropriate.
- Your age, hormones, body composition, other medications, and life stage can all influence how you respond to treatment.

WHAT WE'RE STILL LEARNING

Women have historically been underrepresented in cardiovascular drug research, and researchers are continuing to learn more about sex-related differences in medication response.

QUICK TAKE

Your medications should work for you. Ask questions, report side effects, and work with your care team to find the treatment that best supports your heart health.



WHAT DOES THIS MEAN FOR WOMEN:

- Heart medications like beta-blockers, ACE inhibitors, anticoagulants, and statins may act differently in women.
- Women are more likely to be under-prescribed guideline-based therapies and less likely to be referred to cardiac rehab.
- Awareness among women about heart disease and medication risks has declined in the past decade.

7 COMMON MEDICATIONS NOT TESTED ADEQUATELY ON WOMEN

- Antihistamines (Allergy Medications)
- Ambien (Zolpidem)
- Statins (Cholesterol-Lowering Drugs)
- Aspirin (for Heart Attack Prevention)
- Pain Medications
- Heart Medications (Beta-Blockers and ACE Inhibitors)
- Antidepressants



WHAT YOU CAN DO!

Ask questions: "How does this medication work differently for women?"
Track side effects: Keep a journal and report changes promptly.
Advocate: Push for sex-specific research and inclusion in clinical trials.
Educate peers: Share accurate information to challenge the "male default" in medicine.
Support organizations: Join campaigns like #HerHeartMatters to amplify women's voices

My Health Tracker

Tracking helps you and your care team see patterns that a single appointment may miss.

WHY THIS MATTERS

These tools help you and your care team see patterns over time. Patterns can make it easier to get the right diagnosis and treatment.



HOW TO USE THIS PAGE

- → Use it for 2–4 weeks, or anytime symptoms change
- → Bring it to appointments or urgent care
- → If writing is hard, use your phone notes and copy the key details later

Tip: If symptoms come with activity, note how far you walked or what you were carrying. If symptoms come at rest, note stress, sleep, or meals.

SYMPTOM TRACKER

Fill in what you can. Even a few words helps.

Date: ..... Time: .....

What I felt: .....

Where I felt it: .....

What I was doing: .....

How long it lasted: ..... Intensity (0-10): .....

What helped: .....

Did I seek care? ..... What happened? .....

Tools & References



BLOOD PRESSURE

WHY LOG BP?
Blood pressure changes across the day. A log is more helpful than one reading in a clinic.

HOW TO LOG?
Take your blood pressure at the same times if possible. Sit quietly for 5 minutes prior to taking it. Ensure you sit up and your feet are flat on the ground.

MEDICATION LIST

WHY LIST MEDICATIONS, VITAMINS AND SUPPLEMENTS?
Some supplements and vitamins may interact with prescription medications and must be managed safely.



Tip: If you stopped a medication, write why: "side effects, cost, felt worse, forgot" and tell your care team immediately.

HEART RATE

WHY TRACK HEART RATE?
It helps spot patterns, shows how your heart responds to treatment, and can reveal changes during hormonal shifts like menstruation or menopause.

WEIGHT

WHY TRACK WEIGHT?
Sudden weight gain can signal fluid buildup around the abdomen, ankles, hands, face, heart or lungs. Women may also notice fluid retention with hormonal changes, helping you tell the difference between normal fluctuations and warning signs.

MONITORING MY HEALTH



BLOOD PRESSURE

My normal blood pressure is between

_____ / _____ and

_____ / _____ mmHg

If your blood pressure is consistently higher

than _____ mmHg* or lower than

_____ mmHg*, or you have a headache, or feel dizzy or faint, discuss this with your doctor or nurse.



HEART RATE

My normal heart rate is between

_____ and

_____ beats/min

If your heart rate is consistently higher than

____ beats/min* or lower than

_____ beats/min*, or you have a headache, or feel dizzy or faint, discuss this with your doctor or nurse.



WEIGHT

My normal weight is between

_____ and

_____ lbs

If your weight increases more than

____ lbs* in a day or

____ lbs* in a week then contact our doctor.

ADDITIONAL NOTES:

Tools & References



MY MEDICATION

NAME OF MEDICATION, VITAMINS, HERBAL REMEDIES, ETC.:	DOSE (e.g., two 40 mg pills morning & night)	HOW DOES IT HELP:	THINGS TO CONSIDER: (possible side effects)

Resources & Support Groups

You do not have to figure this out alone. These resources can help you learn, connect, and take next steps.

Start with one resource that fits where you are right now.

Feeling isolated? Connect with peer support—choose online or in-person groups based on what's available in your area and what feels comfortable to you.

Feeling overwhelmed by information? Begin with educational resources to help things make sense.

Ready to take action? Reach out to your primary care provider and ask about cardiac rehab programs if they're available near you.



Tools & References

COMMUNITY & LEARNING

HEARTLIFE FOUNDATION
download free resources and connect with women who share similar experiences.

heartlife.com

HEARTLIFE WOMEN
find free resources and groups to support your learning about heart disease or heart failure.

heartlife.com/women

CANADIAN WOMEN'S HEART HEALTH ALLIANCE
A national collaboration working to improve women's heart health through research, education, and better care across Canada.

cwhha.ca

WOMENHEART - USA
Patient-centered organization dedicated to supporting women living with or at risk of heart disease.

womenheart.org

OURHEARTHUB.CA - CANADA
A patient education website that helps people understand heart conditions, treatments, and how to manage their heart health.

ourhearthub.ca

HEART & STROKE - CANADA
Funding lifesaving research, provides trusted information and resources on heart disease, stroke prevention, recovery, and healthy living.

heartandstroke.ca

THE MENDED HEARTS INC. - USA
A cardiovascular peer-to-peer support network for heart disease patients and their families.

mendedhearts.org

MY WOMEN'S HEART

Action Plan

This page is your quick plan. Fill it in once, then update it when things change.

When you feel unwell, you do not need perfect words. You need a clear plan.

Keep a photo on your phone!



CALL 911 RIGHT AWAY IF YOU HAVE

- New or severe **chest pressure**
- Severe **trouble breathing** at rest
- **Fainting or collapse**
- **Stroke signs** (face droop, arm weakness, speech trouble)
- Sudden severe **confusion or severe weakness**



WHILE YOU WAIT:

- sit down and **stay calm** if you can
- **unlock the door** if possible
- **tell the dispatcher what you feel** and when it started
- if you are alone, **call someone** to stay on the phone with you



Do not drive yourself if you think it could be a heart attack or stroke.



Action Plan

WHAT I WILL DO WHILE I WAIT
Sit down. Unlock the door. Call someone to stay on the phone with me.

My top symptoms are:
(symptoms to take seriously)

1. .....

2. .....

3. .....

What usually triggers them: .....

.....

What usually helps: .....

.....

MY CONDITIONS AND KEY HISTORY

My diagnosis or suspected condition(s): .....

.....

My key history, check any that apply:

- ◯ Pregnancy complications, high blood pressure, pre-eclampsia, gestational diabetes
- ◯ Early menstruation and/or early menopause
- ◯ Autoimmune disease
- ◯ Cancer treatment
- ◯ High Lp(a) or strong family history

Other: .....

.....

Action Plan

MY MEDICATION

Primary medicines I take:

NAME OF MEDICATION, VITAMINS, HERBAL REMEDIES, ETC.:	DOSE (e.g., two 40 mg pills morning & night)	WHEN DO YOU TAKE IT:	WHY DO YOU TAKE IT:

Medicine allergies or bad reactions: .....

MY NUMBERS

Blood pressure goal or usual range: .....

My recent blood pressure readings: .....

LDL if known: ..... HbA1C if known: .....

Lp(a) if known: .....

Any other important numbers: .....

Action Plan

MY CARE TEAM AND CONTACTS

Primary care provider: .....

Phone: .....

Cardiologist or clinic: .....

Phone: .....

Pharmacy: .....

Phone: .....

Emergency contact: .....

Phone: .....

MY NEXT STEPS

Next appointment date:

My top 3 questions for my next visit:

1. .....
2. .....
3. .....



WHAT TO BRING

BRING THESE PAGES AND YOUR HEALTH TRACKERS TO HELP YOUR CARE TEAM SEE THE FULL PICTURE

Notes

Notes

Notes