

AHA COVID-19 Clinical Guidance Series
Women and Heart Disease

CREATIVE BRIEF

BRAND STATEMENT: The American Heart Association is deeply concerned about the public health crisis facing our world. Our top priority regarding coronavirus (COVID-19) is the health and well-being of individuals and their families today and in the future, in every community, everywhere. Our mission – to be a relentless force for a world of healthier, longer lives – is more important than ever.

PROJECT BACKGROUND: The American Heart Association is creating a series of podcasts to reach healthcare providers who need critical information to provide care for cardiovascular and cerebrovascular patients who require acute care services within the context of the COVID-19 pandemic in the United States as well as inform urgent clinical care practices within in other countries.

TARGET AUDIENCE: All healthcare providers and especially those on the front lines who provide care for women and pregnant women. Others who may also be interested in, and impacted by, this content include healthcare administrators, policy makers, scientists and the general public.

OBJECTIVE: To share current information with healthcare providers in the assessment and treatment of women as it relates to COVID-19 and to share similar information for women during their pregnancy as well as observational findings of birth outcomes in the context of the COVID-19 pandemic.

KEY CONSUMER BENEFIT: Sharing of information can hopefully improve the response and lessen the impact of COVID-19 in the patients medically treated by those who listen to this program.

TONE: Urgent, Inclusive, Empathetic, Informative, Welcoming

KEY ON-AIR CONTRIBUTORS:

HOST:

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EXPERTS

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RUN OF SHOW

SHOW OPEN (3 MIN) **Laxmi:** Welcome to our American Heart Association Podcast **Part 1 focusing on Women and Heart Disease in this COVID-19 Pandemic. Part 2 will cover High Risk Pregnancy and Covid-19!** My name is Laxmi Mehta and I'll be your host today. I am a Professor of Medicine and the Director of Preventative Cardiology and Women's Cardiovascular Health at The Ohio State University Wexner Medical Center.

The coronavirus should have everyone's attention by now. And people with heart disease have extra reasons to be alert

Based on early reports, 40% of hospitalized COVID-19 patients had cardiovascular disease or cerebrovascular disease.

The virus's main target is the lungs. But there are cardiovascular complications that can occur. For people with underlying heart issues, the concerns are serious. It appears people over 65 with coronary heart disease or hypertension are more likely to be infected and to develop more severe symptoms.

Today we will discuss what women should be concerned about with Covid-19, in particular if they have underlying heart disease. We will review preventative strategies, many of which can be translated to men as well.

GUEST INTRO (30 SEC)

I'm very excited to have Dr. Jennifer Lewey join me for today!

Dr. Lewey is a cardiologist and an Assistant Professor of Medicine at the Hospital of the University of Pennsylvania. She is Director of Penn Women's Cardiovascular Health Program and Co-Directory of Penn's Pregnancy and Heart Disease Program.

Welcome to the podcast Dr. Lewey

Dr. Lewey: Thanks for having me.

Q &A (15 min)

Laxmi: The Covid-19 pandemic has had a devastating impact globally on the lives of patients across the globe and also upon essential workers including healthcare workers. Given the lack of evidence-based guidelines, we have chosen to ask front line physicians like yourself to help answer some questions from your clinical perspective and experience treating women.

So, to start off, Dr. Lewey, could you please review the typical symptoms of Covid-19 and are they different for women or for cardiac patients?

Jenn: Typical symptoms include fever, cough, SOB, fatigue, anorexia.

- Similar symptoms in cardiac patients.

Laxmi: The number of confirmed COVID-19 cases is rising rapidly in the U.S. Dr. Lewey, are there particular patient populations at higher risk of complications from Covid-19?

Jenn: People aged 65 years or older are at greater risk of developing severe illness although people can be affected at any age. Other risk factors for severe illness include known heart disease, hypertension, diabetes, and chronic lung disease. Women, especially women of color, are more likely to be caregivers– for older parents, young children, and those who may be infected with COVID-19.

Laxmi: Dr. Lewey, what are you telling your female patients with heart disease, such as those with HTN, SCAD, congenital heart disease? What about those who are pregnant?

Jenn: Many questions remain unanswered, continue medications. If you are unsure contact your doctor and ask about medications. Certainly, universal prevention recommendations for all.

- Many questions remain unanswered. For example, what is the risk of having a poor outcome in women with HTN or diabetes that is under good control? What is the risk for younger women with heart disease? What about heart disease that is asymptomatic or well managed with medications? We just don't have data with enough granularity to answer these questions yet
- Besides emphasizing preventive measure, I reinforce the importance of:
 - taking medications as prescribed
 - maintaining regular cardiac follow-up (even if by telemedicine)
 - maintaining healthy habits, and
 - self-care
- Also highlight the importance of seeking care if women experience any cardiac symptoms, such as chest pain or shortness of breath. Routine cardiac complications can still occur, even during a pandemic, and it is really important to pay attention to symptoms and not delay care.
- There has been intense debate about the use of ACEI/ARBs in patients with or at risk of COVID infection. The American Heart Association and other professional societies recommend continuing treatment with ACE inhibitors/ARBS and only stopping therapy in patients who are infected with COVID-19 if there are clinical indications to do so, such as hypotension.
 - A number of clinical trials are already underway to study this exact question, including starting an ARB in patients diagnosed with COVID-19 who are not already taking one

- **(Jenn to respond to second part of question about women who are pregnant)**

Laxmi: Dr. Lewey, what if your female cardiac patient has Covid-19, what should she do to take care of herself at home? And when should she go to the ER?

Jenn:

- Although it may sound cliché, I often have to remind women that they first need to take care of themselves before helping other people at home.
- I emphasize the importance of
 - staying in touch with primary health care provider and/or cardiologist
 - staying home and isolating from other family members. Wearing a mask in the house can be helpful if you can't avoid close contact.
 - monitoring symptoms, especially worsening shortness of breath

- I emphasize the reasons to seek care, including difficulty breathing at rest or with mild activity, persistent chest pain, blueish lips or fingers, or mental status changes
- We know that some people will decompensate about a week after the onset of symptoms and I warn patients to look out for and seek care if they are feeling worse within this window of time.

Laxmi: Prevention and self-care is critically important now. Dr. Lewey, what are you recommending your patients to do in terms of prevention:

Jenn:

- Handwashing
- Social distancing - even asymptomatic people can transmit the virus
- Wearing a mask if you are going to be around other people
- Avoid touching your face
- Clean surfaces
- Also pay attention to healthy habits that keep heart disease in check, like trying to eat healthy and exercising – this may be in new ways

Laxmi: Stress levels are very high for patients, families and healthcare workers. What are you recommending your patients to do for stress management?

Jenn:

- There are so many layers of stress, not only health-related, but also the stress of caring for children who are home from school, caring for other family members, and the reality that many of our patients are losing their jobs and may lose their regular health insurance.
- Emphasize that social isolation does not need to mean social distancing
- Exercise is just as important to mental health as physical health
- Hobbies
- Spiritual connections
- Reaching out if feeling depressed or overwhelmed

Here are some Calls-to-Action

1. Know the symptoms of Covid-19 to watch for: fevers, cough, SOB
2. Watch for your typical heart symptoms and contact your doctor if needed to discuss these symptoms. Remember you can still have heart events outside of Covid-19.
3. Most importantly remember the prevention tips, whether you have underlying heart disease or not, and also regardless of age and gender....WE all should be washing our hands, avoid touching our faces, wearing a mask and definitely maintain social distance.
4. When in doubt, speak with your PCP, cardiologist or OB.

LAXMI – This concludes Part 1 of the podcast series focusing on women and heart disease.

Thank you and NAMASTE Dr. Lewey for sharing clinical perspectives today on Covid-19 as it pertains to your practice.