

## Complete Transcript of The Impact on Women's and Children's Health

[00:00:03] Welcome to SMA's Women's and Children's Health podcast, a publication of the Southern Medical Association. This podcast explores all aspects of care of the female patient across her lifespan. It will also explore the special and unique care of children and adolescents.

[00:00:23] Welcome to the Southern Medical Association's Women's and Children's Health Podcast. I'm Lee Boughton. Today we are meeting with Dr. Donald DiPette. He is the Health Sciences Distinguished Professor at the University of South Carolina and the University of South Carolina School of Medicine. Dr. DiPette is the co-chair of SMA's 2019 Focus on Women's Health Conference in Kiawah, South Carolina and a part of the faculty for this year's meeting. Welcome Dr. DiPette.

[00:00:51] Well it's good to be with you Lee and it's always a pleasure.

[00:00:55] Thank you for joining us today to discuss your lectures and to give us a little bit about what we can expect for the 2019 meeting. So, the program this year includes a few lectures on cardiovascular disease, including hypertension and diabetes. Why are these topics important?

[00:01:14] Lee, that's a good question and always when you're putting together a program curricular time - whether it's in a medical school curriculum, in classrooms - or whether it's in a robust symposium, such as ours this summer - the curricular time is really very valuable. So, program committees should really give this serious thought. So, it is a big question - why did the Committee suggest and agree to devote a significant portion of the program to cardiovascular disease, particularly hypertension and diabetes? And the answer is very straightforward. Together with cancer, cardiovascular disease is a leading cause of morbidity and mortality in the United States. And - interestingly enough - it's now becoming a leading cause of morbidity and mortality worldwide, which is really a drastic change. So, it's not just that we are experiencing the ravages of cardiovascular disease, but also the world is heading in our direction very very rapidly. More importantly hypertension and diabetes are leading risk factors for cardiovascular disease in general and that is why they are robustly positioned in the program.

[00:02:29] What's important to note though, however, is both are eminently treatable - and that's a dilemma. We have two disorders - hypertension and diabetes - which we have safe and effective pharmacologic therapy. We know a lot about the pathophysiology of both diseases, although there's still a lot to be learned. On the other hand, however we are undertreating both of them dramatically. For instance, hypertension control rates even in a wealthy country like the United States are only 50 to 60 percent. And worldwide they are 14 percent globally, which is abysmal. Similar - similarly - there's information about the undertreatment of our patients with diabetes as well. So, despite safe and effective nonpharmacologic therapies, such as lifestyle modification - which we well know works in both disorders - and effective pharmacologic drug therapy, both of them are presently severely undertreated. So therefore, that's the platform. And that's sort of like the sense of urgency to continue to place hypertension and diabetes coexisting with what their target organ damage in the heart, the lungs, the kidney, and the brain - and to give valuable curricular time to both. So that we can have not only the time, but we can have robust discussion and education for all of our primary care providers. Again - with both sexes,

even though our upcoming symposium is focused on women's health - clearly both of them are gender non-specific.

[00:04:09] So that segues into our next question - how does cardiovascular disease relate to women's health?

[00:04:15] Well again, Lee, that's very important. We know that cardiovascular disease in general presents differently between the genders. Cardiovascular disease, particularly coronary artery disease - coronary dyskinesia symptoms of myocardial infarction - differ dramatically between women and men. So, that would be one platform which is that even though the diseases are the same - the pathophysiology of the diseases may be the same - there are presentations that differ between the sexes. And, of course, we're going to be particularly centering on women's health and disease presentation in the female patient. But, interestingly, hypertension and diabetes affect women, as well as men.

[00:05:00] We used to think that, you know, it's particularly hypertension - which is more my shield - was really a male's disease. But now it's just like coronary heart disease where we are now finding out that an elevated blood pressure - even as it gets to the formal diagnosis of hypertension - is just as ominous in women as in men. And, in fact, as the aging process continues more women - actually, in fact - have hypertension than men. So that is that is the reason why we robustly put forth both hypertension and diabetes on the presentation. And, interestingly, even the treatment in general is the same - be it a female or a male - for, particularly, hypertension - there are nuances between the two. Particularly again, since this is women's health, in the areas of the women's initiative to want to become actively pregnant, or also when they are pregnant. And we can discuss that further.

[00:06:03] So you mentioned pregnancy - is that something that is going to be discussed more at the meeting this year? How hypertension relates to women attempting to become pregnant and hypertension in pregnancy?

[00:06:15] Oh absolutely, Lee. There's going to be a robust discussion and lecture, also with Dr. Phillips, who is really a leading authority in this area. And I will chime in as necessary regarding hypertension and pregnancy. Not only in pregnancy, but when the woman has made the decision to become actively pregnant. They're both important. For instance, even though in general the pharmacologic treatment of hypertension is similar between females and males - not so in the woman that's attempting to become pregnant or the woman that is already pregnant.

[00:06:53] So what's the difference? And the difference is pregnancy is another entity is coming along, not just the woman - or the mom - in this instance. So, if a woman wants to become actively pregnant and they've made that decision and they share that with their primary care physician or their obstetrics and gynecologist there are certain pharmacological agents that cannot be used for instance. Even though they're safe and effective for females and males - they are not safe and effective during these circumstances. And the big class, of course, is well known to all of us - and that's the renin-angiotensin system inhibitors. They are not to be prescribed because of teratogenic effect on the fetus. In addition, to becoming pregnant or when you're pregnant - but also the subsets of the renin-angiotensin system inhibitors, such as the angiotensin converting enzyme inhibitors and the angiotensin receptor blockers, are not to be used once the woman has decided to attempt to become actively pregnant. And, of course, when she is already pregnant.

[00:08:11] In addition to that situation, the disease itself becomes more ominous once a woman is pregnant. Hypertension in pregnancy is not benign. So, it must be followed. It potentially would need to be treated, both pharmacologically and non-pharmacologically. We now know that simply an elevated blood pressure, or so-called hypertension in pregnancy, is not only deleterious during a pregnancy. It also is deleterious after the pregnancy. For instance, if a woman becomes hypertensive during pregnancy, we now know that that predicts enhanced cardiovascular risk well into their adulthood and well into their later stages of their lifespan, if you will. Secondly, there are specific hypertension disorders within pregnancy which Dr. Phillips will elaborate on and, of course, they are well known to all of us -- pre-eclampsia and eclampsia. Those two disorders are extremely serious, and they are ominous for both the mother and the fetus.

[00:09:22] Thank you for joining us again today, Dr. DiPette. The meeting – I'm really looking forward to it. I think it's going to be another great year.

[00:09:29] Lee, I certainly thank you too and it's always a pleasure to be involved and to actively support the Women's Health conference. I look forward to seeing many faces that have previously been to our conference, since this conference is many many years old, and I look forward to seeing new faces as well - this summer at the Women's Health Conference in Kiawah, South Carolina.

[00:09:56] If you're interested in seeing, Dr. DiPette and learning more - please visit our Website – [sma.org/whpodcast](http://sma.org/whpodcast). The meeting is held at Kiawah Golf Resort, in beautiful Kiawah, South Carolina on July 15th through 18th. If you want to learn more and you cannot attend the meeting live, we have you covered. Focus on Women's Health is also available as a webcast.