

# Taking Care of Your **HEART DISEASE**

**A guide to help you manage your heart health.**

Diet • Exercise • Medicines • Health Tips



This guide is designed to help people with coronary artery disease. We'll look at the causes of this condition, how to manage it, and how to live well while taking care of your heart – and the rest of your body!

**Coronary artery disease**, also known as **CAD**, coronary heart disease, or simply heart disease, is the most common form of heart disease. The coronary arteries, which bring blood to the tissues that make up the heart, can get blocked which makes it harder for blood to flow to the heart tissue. Your heart disease will not go away. But you can reduce your health risks and feel better. This guide can help! It will help you learn more about the many ways you can take better health into your own hands.

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## Taking Care of Your HEART DISEASE



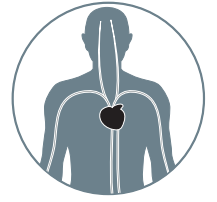
### NEED TO KNOW

**Contact your doctor or 911 immediately if you have any of these heart attack symptoms:**



- Chest pain, pressure, or discomfort
- Pain or discomfort in the upper body (arms, shoulders, back, neck, even jaw)
- Unusual shortness of breath, especially if you aren't doing anything strenuous
- Other symptoms may include unusual fatigue, nausea, dizziness or lightheadedness

# The Basics



## What Is Coronary Artery Disease?

The most common form of heart disease is **coronary artery disease**, also known as **coronary heart disease** or **CAD**. The coronary arteries bring blood to the tissues that make up the heart. The blood carries oxygen and nutrients that the tissues need. But when a person has CAD, those arteries can narrow or get blocked and it can be harder for blood to flow to the heart tissue. That can cause chest pains or a heart attack.

Of course, there are other kinds of heart disease. Some involve the heart structure. Others occur when the heart doesn't beat properly. And some people are born with heart issues. Other types of cardiovascular disease might involve blood vessels outside of the heart itself. But the most common type in the U.S. is coronary artery disease.

CAD has still other names you might see. It can also be called *atherosclerosis* or *hardening of the arteries*. They all have one thing in common: Heart disease can be deadly. It's the No. 1 killer in the United States, taking more lives than cancer and chronic respiratory diseases. A person in the U.S. dies of heart disease on average every 40 seconds.

But you can take care of your heart and reduce your risks. A heart-healthy diet, more exercise, quitting smoking or other tobacco products, and taking your medicines as prescribed can help keep you safe and feeling great.

### QUICK TIP

The *coronary arteries* bring blood to the tissues that make up the heart. That's where *coronary artery disease*, or CAD, gets its name. When a person has CAD, blood does not flow as easily to the heart tissue.



## How the Heart Works

First, let's take a look at the heart. The heart is a pump that moves blood to the lungs and throughout the body. The heart is divided into four parts. Two are on the left and two are on the right. The left atrium and right atrium are on the top of the heart. (The word for more than one atrium is *atria*.) The ventricles are on the bottom of the heart. Between each part is a valve that acts like a flap to help pass your blood along.

Let's follow a drop of blood on its journey.

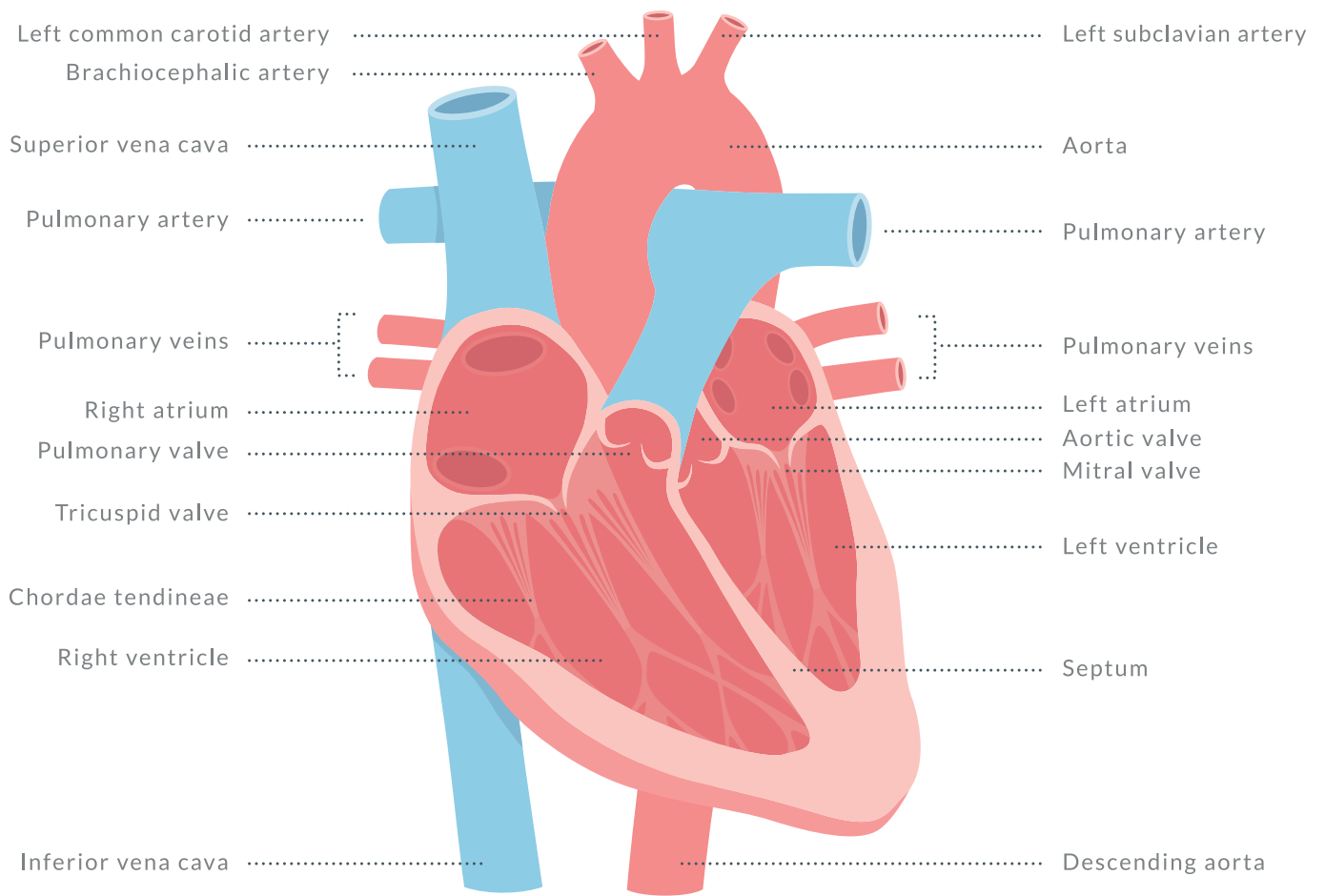
- First, it starts in the heart's *right ventricle*.
- From there, it gets pushed out the *pulmonary valve* to the *pulmonary artery*.
- The pulmonary artery brings blood from the heart to the lungs, where the blood is replenished with fresh oxygen. That oxygen will be carried by the blood to all the body's cells that need oxygen for nourishment.
- Once the blood finishes its visit to the lungs, it travels along the *pulmonary veins* back to the heart's *left atrium*.
- The blood next passes from the left atrium through the *mitral valve* and into the *left ventricle*.
- The left ventricle has the toughest job of all the heart chambers. It pushes the oxygen-rich blood out of the heart, through the *aortic valve*, through the artery known as the *aorta*, and on to the vessels that will transport blood through the entire body.
- Blood comes back to the heart, where, depending on the part of the body it visited, it passes through one of two veins. One is called the *superior vena cava* (carrying blood from the upper part of the body) and the *inferior vena cava* (blood from the lower part of the body). They bring blood to the heart's *right atrium*.
- Then the blood passes through the *tricuspid valve* and into the right ventricle, where it begins the journey again.

### NEED TO KNOW

#### There are two different types of blood vessels in the human body.



- *Arteries* carry blood away from the heart to the rest of the body. (The coronary arteries, however, carry nourishing blood to the heart tissue itself.)
- *Veins* carry blood back to the heart from the rest of the body.



What questions do you have for your health coach?  
Write them here:

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**2** \_\_\_\_\_

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**3** \_\_\_\_\_

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Taking Care of Your  
**HEART DISEASE**



# Coronary Heart Disease

If you've been told you have one or more of the conditions that are sometimes referred to as "heart disease," there are things you can do to feel better. Learning about your heart, and how to manage your condition and your symptoms, can help you continue doing things you love to do.

## What's Involved

Many problems with the heart and blood vessels are because over many years the blood vessels can become narrowed or blocked by buildup in the blood vessels, usually the arteries. Some of the most common and dangerous spots for buildup to occur are the coronary arteries that bring blood to the heart itself.

This buildup process is called *atherosclerosis* or *arteriosclerosis* and the substance that accumulates is called *plaque*. It's not the same as plaque on your teeth – plaque in the blood vessels is made up of fats such as cholesterol as well as other substances such as calcium and waste material from your body's cells.

Heart disease can also involve irregular rhythms, or heart arrhythmias, that get their start in the heart but can affect the whole body if it means that blood is not being pumped effectively. And a special type of heart condition, called heart failure, occurs when the heart is weak and does not pump blood as well as it should.

## Why Do I Have Heart Disease?

It's not always clear why one person develops heart disease and another person does not. Family history can play a role: if one of your immediate family members – parents, siblings, or grandparents – had heart disease or stroke, you may be at risk. (Your risk is especially high if your father or a brother had a heart attack before age 55, or if your mother or a sister had one before age 65.) People who belong to certain ethnic groups in the U.S. also seem to have higher risks for high blood pressure, high cholesterol, or stroke.

Some or all of the following risk factors, which, when combined, are called "metabolic syndrome," have also been linked to heart disease and stroke risk: high blood pressure, high blood sugar, high triglycerides (a type of fat), low levels of the "good" cholesterol, called high-density lipoprotein or HDL, and a large waistline. A "large waistline" is one that is 35 inches around or greater in women, and 40 inches or greater in men. Waistline is an important measurement because the more fat there is around a person's stomach, the more at risk that person is for high blood pressure, heart disease and diabetes. Your waistline should be measured around the smallest part of your bare waist. This usually is just above your belly button.

## NEED TO KNOW

### Other words that can mean "heart disease":



- coronary artery disease (CAD)
- coronary heart disease
- cardiovascular disease
- atherosclerosis hardening of the arteries
- angina
- heart attack
- myocardial infarction (MI)

## QUICK TIP

**What does heart disease 'risk' really mean?**

*Risk* means there's a possibility that something, usually negative, could happen. When it comes to your health, having a *high risk* of something can also mean *there is a good chance that something might happen*. When it comes to heart disease, there are things you can do to reduce your risk – or, in other words, make it less likely – that you will have serious trouble.

Information on a person's age, sex, blood pressure, cholesterol, and whether or not the person smokes can help determine what that person's risk for heart problems might be in the next 10 years, or even over his or her lifetime.

Lifestyle factors are very important pieces of the story when it comes to heart disease risk, mainly because they can often be reversed. That means your risk for heart trouble can be reduced as well. Smoking and other forms of tobacco are especially dangerous for the heart. Quitting now, no matter your age, can have immediate benefits for your heart health. Eating a healthy, low-fat, low-sodium (salt), and low sugar diet and getting more exercise can also make major improvements. You may also be advised to make healthy changes based on some other factors, such as high cholesterol or blood pressure.

Talk with your doctor and your health coach about what any of these risk factors, if you have them, might mean for you.



Let us know how we can help you reach your health goals! What questions do you have for your health coach? Write them here:

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## NEED TO KNOW

**These are some common symptoms of a heart attack.**

- Chest pain, pressure, or discomfort
- Pain or discomfort in the upper body (arms, shoulders, back, neck, even jaw)
- Shortness of breath, even if you aren't doing anything strenuous

These other symptoms are less common, but still important to know:

- A sudden cold sweat
- Unusual fatigue
- Nausea or vomiting
- Dizziness or lightheadedness

If you think you or someone you know might be having a heart attack, get emergency medical help by calling 911.

**Heart Attack**

A *heart attack* occurs when the arteries that supply the heart tissue with oxygen-rich blood are cut off, often as a result of buildup in the coronary arteries. (Remember, the *coronary arteries* are the ones that supply heart tissue with blood.) Other words for heart attack include *myocardial infarction*, *coronary thrombosis*, or *coronary occlusion*. Related terms include *ischemia* or *unstable angina*. Both of those words mean that part of the heart tissue is starved for oxygen-rich blood.

Sometimes people don't even know they have coronary artery disease until they've had a heart attack. Of course, not everyone with CAD will have a heart attack. That is where you come in! Lifestyle changes, including eating a healthy low-fat and low sodium (salt) diet, getting more exercise, and maybe taking a cholesterol-lowering drug, may help lower your chance of having a first heart attack, or another if you've already had one.

But if you or someone you know is having a heart attack, there are things you can do to help. First, know that not everyone has the same kinds of heart attack symptoms that you see in the movies or on TV. In fact, the so-called "Hollywood heart attack" – where a person grips his or her chest, cries out, and collapses – is not the way a heart attack feels to many people. It's especially uncommon for women to have that kind of intense chest pain when they have a heart attack. A woman is more likely to feel an uncomfortable pressure or fullness in her chest, lasting more than a few minutes; pain or discomfort in the arms, back, neck, jaw or stomach; shortness of breath; a cold sweat; or nausea. People with diabetes are also less likely to have the traditional sort of heart-attack sensation.

And that's another thing to know: Women are just as likely as men to have heart disease or heart attacks. It isn't just a disease for men! Part of that belief may stem from the fact that men tend to develop heart problems about a decade earlier in life than women do. Men usually have signs of heart issues in their 50s or 60s, but women often don't have the same signs until their 60s or 70s. And women are more likely to die from a heart attack than men are. (Of course, everyone is different. Talk with your doctor about your situation.)



## QUICK TIP

### These things might make you more likely to have a heart attack.



- A previous heart attack
- An already blocked coronary artery or other blood vessel
- Some or all of these risk factors, which when combined, are called “metabolic syndrome”: high blood pressure, high blood sugar, high triglycerides (a type of fat), low HDL (good) cholesterol, and a large waistline
- Tobacco use, especially smoking
- A high body mass index (BMI), which is a measure of body size

## NEED TO KNOW

### Know the signs of stroke. You can remember them using the word FAST.



- **F**, for FACE: Ask the person to smile. Is one side of the person's **face** drooping?
- **A**, for ARMS: Ask the person to raise both **arms**. Is one arm droopy, weak, or numb?
- **S**, for SPEECH: Is the person having a hard time **speaking**, or are their words slurred or hard to understand?
- **T**, for TIME: If the person is having any of these signs, **time** is of the essence! Call 911 or find an emergency services provider fast. It's possible to reduce or avoid long-term damage from a stroke with prompt medical care.

### Stroke

Blood flow to the brain is essential for keeping our bodies functioning. Trouble with a blood vessel in the brain is called a *stroke*, and strokes can be very dangerous or deadly. A stroke that results from a blocked vessel in the brain or a clot is called an *ischemic stroke*. Vessels in the brain may even burst: when that happens, it's called a *hemorrhagic stroke*. It's important to know the symptoms of a possible stroke and act quickly, because fast treatment can help stop some of the damage that may be occurring while a person is having a stroke. Medicines called *thrombolytics* can help, but can only be given to a person within the first few hours after stroke symptoms began. Learn the symptoms and spread the word.

Other body parts can become involved when blood vessels are affected by cardiovascular disease.

- You may have a specific type of atherosclerosis that involves the *carotid arteries*, which extend up the neck to the head, instead of the coronary arteries of the heart.
- You may have trouble with arteries in your lungs; if one becomes blocked, it's called a *pulmonary embolism*.
- A condition called *deep vein thrombosis* or DVT occurs when a vein deep inside the body, usually in the legs, becomes blocked.
- Inadequate blood flow, such as from a blocked blood vessel, can also cause problems with sexual functioning in men. There are many good reasons to talk with your doctor about any problems you may be having in the bedroom, but one reason is that erectile dysfunction (ED)



**QUICK TIP**

Your heart beats about 100,000 times every day. That's about 35 million times in one year!



sugar (also called *glucose*) in the blood can get very high. That can be dangerous. People with type 2 diabetes must check their blood sugar regularly. Type 2 diabetes can be controlled with diet, exercise, and medicines. As many as 28 million people in the U.S. may have type 2 diabetes.

**How Is It Diagnosed?**

If your doctor suspects you may have CAD, you may have some of the following tests. If you aren't already seeing a *cardiologist* – a doctor who specializes in the heart and cardiovascular system – you may be referred to one as well.

**Blood tests**

Not surprisingly, blood contains many clues about our heart health. One of the most common tests is checking your cholesterol. A cholesterol check includes total cholesterol, which looks at low-density lipoprotein (LDL), or “bad” cholesterol; high-density lipoprotein (HDL), which is “good” cholesterol; and triglycerides, or TGs. Your doctor or lab may call this a “lipid profile.” Cholesterol and triglycerides are special kinds of fats, also known as *lipids*.

Other blood tests look for specific substances that can be spotted when things are happening to the heart and blood vessels. For instance, high levels of two proteins, lipoprotein A and apolipoprotein B, and low levels of one called apolipoprotein A1, are related to what may be going on with your other cholesterol measures. Levels of another protein, called *fibrinogen*, can provide your doctor with information about your risk for blood clots. Yet another, called C-reactive protein, can, if present, indicate there is *inflammation*, or disturbance, in the body. Finally, an enzyme called lipoprotein associated-phospholipase A2 can pinpoint inflammation specifically related to the heart.

**Electrocardiogram (EKG)**

This is a simple test that's often done in a doctor's office during a routine physical. You'll be asked to lie down and not move. Sensors, or *electrodes*, will be placed on different spots on your bare chest. The machine will then detect the electrical signals given off by your heart as it beats while you are at rest.

**Echocardiogram**

An echocardiogram uses sound waves to make a picture of your heart. (*Echocardiography* is a type of ultrasound.) Like an EKG, an echocardiogram can help detect problems with your heart's rhythm, but it is especially useful for knowing what the structure of your heart looks like. One type of echocardiogram is the *transthoracic echo* or TTE. It is an ultrasound of the heart. A technician places a device called a *transducer* on your skin to direct the ultrasound waves into the heart.





## Here are six steps you can take to lower your blood pressure.

<b>Take your medicine</b>	If your doctor has given you medicine to lower your blood pressure, take it every day.
<b>Exercise</b>	Aim for at least 40 minutes of moderate exercise four or more times per week. Try walking, biking, playing basketball or other activities you like.
<b>Eat a healthy diet</b>	Follow the DASH eating plan. DASH stands for Dietary Approaches to Stop Hypertension. One of the key parts of the DASH diet is that it is low in sodium.
<b>Lose weight</b>	Losing just 5 to 10 percent of your total weight can make a difference. For a 200 pound person, that is just 10 to 20 pounds.
<b>Watch your alcohol intake</b>	Men should limit alcoholic beverages to 2 drinks or less per day. Women should limit alcoholic beverages to 1 drink or less per day.
<b>Stop using tobacco</b>	Cigarette smoking raises your blood pressure. So do other types of tobacco including cigars, pipes, and chew. If you use tobacco products, quit.

Measurement	Goal	Date:	Date:	Date:	Date:
Blood pressure					
Weight					

### QUICK TIP

#### Here are target goals for most people:



- Total cholesterol: less than 200
- HDL: greater than 40 for men, greater than 50 for women
- Triglycerides: less than 150
- LDL: your best number is based on your individual risk

## Cholesterol

Cholesterol is a soft, waxy substance that your body makes. It is also in some of the foods we eat. Cholesterol is found in your blood and in the cells of your body. Your body needs some cholesterol to help build cells and some hormones.

There are two types of cholesterol:

**Low-density lipoprotein (LDL)** is the “bad” cholesterol. Over time, it builds up in the vessels that carry blood through your body. This buildup can block the flow of blood to your body. Try to keep your LDL on the low side.

**High-density lipoprotein (HDL)** is the “good” cholesterol. It helps clear the bad type of cholesterol from your arteries. Try to keep your HDL on the high side.

An easy way to remember the difference between these types of cholesterol is to think “*lousy*” for LDL and “*happy*” for HDL.

*Triglycerides* are another type of fat in your body. Your body makes it out of the extra calories you eat. It is stored as body fat and used as a source of energy between meals. High triglyceride levels can cause unhealthy changes in the blood vessels. It also can be a sign of other health issues, including obesity and diabetes.

Ask your doctor what your goal levels for LDL, HDL, and triglycerides should be. Let your health coach know what those goal levels are. He or she can offer tips and support to help you get there! See Page 47 for a chart you can fill in with your information.

**Here are some ways to lower your triglyceride and LDL cholesterol levels while raising your levels of HDL cholesterol:**

<b>Eat less fatty foods.</b>	Avoid foods that are high in saturated fat, trans fat and cholesterol. Eat less red meat, cheese, whole milk and fried foods.
<b>Eat fewer “bad” carbs.</b>	Go easy on foods with lots of sugar and starch. Those include cakes, cookies, white bread, and candy.
<b>Add more soluble fiber to your diet.</b>	A type of fiber called <i>soluble fiber</i> may help pull cholesterol out of your body. Oatmeal, kidney beans and apples are some foods with more soluble fiber.
<b>Add omega-3 fatty acids to your diet.</b>	Omega-3 helps lower cholesterol. Fatty fish, walnuts, almonds, flaxseed and canola oil are all high in omega-3.
<b>Exercise.</b>	Exercise can lower the bad and raise the good cholesterol. Examples of moderate exercise are fast walking, riding a bike and playing basketball.
<b>If you smoke, quit.</b>	Smoking raises “bad” cholesterol. (It’s also harmful to the rest of your cardiovascular system.)
<b>Sometimes a medicine can help.</b>	Sometimes diet and exercise are not enough to lower cholesterol. If this is the case, your doctor may ask you to take a medicine to help lower it.

**Weight management**

Getting to a healthy weight – or staying at one if you are already there – is healthy for everyone. But it can be even more important when you are managing a heart condition.

There’s no single way that the experts say is best to manage your weight. Instead, all of these methods together are the healthiest.

**Weigh yourself weekly.** Having a good idea of where you are is a good way to make sure you stay there – and so that you’ll know what to celebrate when you get to your healthy weight!



### Notes:

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**Balance your calories.** For weight loss, that means burning more calories than you take in. One estimate is to cut about 500 calories a day from your diet to lose one pound per week. Of course, everyone is different, however, so be sure to talk with your doctor.

**Eat breakfast.** Skipping meals can affect your blood sugar levels and lower your metabolism.

**Steer clear of fast food.** There are healthy ways to eat, even on the run. Always carry a healthy snack, plan ahead if you think you will be out at mealtime, and read ingredient labels and nutrition information on menus.

**Exercise!** For weight loss, you should aim for more than 30 minutes of daily moderate-intensity exercise, such as brisk walking, 5 to 7 days per week. Eventually work up to 200 to 300 minutes per week. And be sure to combine cardiovascular exercise with resistance exercise for a complete routine.

**Watch your portion sizes.** A *portion* is the amount of food that you choose to eat. But a *serving* is a measured amount of food. Try and match your portion size to the recommended serving size of any given food.

To learn more healthy ways to lose weight, talk to your doctor and your health coach. You can also read more about healthy weight management on Page 33.

### Cardiac Rehabilitation

If you've had a heart attack, instance of peripheral artery disease, or a procedure to treat a blocked artery within the past year, you may benefit from taking part in a cardiac rehabilitation program. These programs are designed to help people learn more about heart health, exercise more, and do other things to feel better now and help prevent future heart problems. You'll also gain access to local experts who can help you learn to eat healthy, exercise safely, even quit smoking.

Cardiac rehab programs are often held in hospitals, community centers, or other locations all over the country. Ask at your doctor's office about what's available in your community, or talk with your health coach about other ways to find a program and how to make the most of it.

### Diet and Exercise

How you eat and the amount of physical activity you get are two extremely important parts of your heart health plan. See page 21 for more information on diet and exercise.



## QUICK TIP

Look on the label or package insert of your medicine. You might see two names. Your medicine may have a brand name, usually capitalized (such as *Mevacor* or *Lipitor*). The brand name is the name for a specific formulation made by a single company. Not all medicines will have a brand name. All medicines will, however, have a generic name. That name is usually in all lowercase letters (such as *lovastatin* or *atorvastatin*). That is the chemical formulation of the drug. The chemical name may also include another word such as *calcium*.



## Medicines

There are a number of types of medicines to treat CAD. Here is a look at some of the most common and most effective.

**Statins and other cholesterol-lowering medications.** One type of drug that has been shown to help reduce heart disease risk is very popular and comes in a lot of brand names. Drugs in this family are called *statins*. This family of drugs gets its name from the medicines' chemical names, which include atorvastatin, fluvastatin, pravastatin, rosuvastatin and simvastatin. Statins work by keeping a certain enzyme in the liver from making cholesterol. That effect of reducing cholesterol is how statins can help to lower a person's risk factors.

People who are most likely to benefit from taking a statin include those with high LDL ("bad") cholesterol, including people with diabetes who have an LDL level that might be OK in a person without diabetes; people ages 40 to 70 who have a higher than average risk of heart disease from blocked arteries (called *atherosclerotic cardiovascular disease* or *ASCVD*), or people who already have *ASCVD*. Some people, such as women who are pregnant, people with some liver problems, and people who are on certain medicines that interact with statins, shouldn't take them. And some people find that statins give them side effects, such as muscle pain. You may also need to avoid grapefruit and grapefruit juice if you take some statins.

**Fibrates, bile acid sequestrants and cholesterol absorption inhibitors** are also types of medicines that can lower bad cholesterol.

**Antiplatelet agents.** These drugs help keep the blood from forming clots that might block arteries and veins. They may also help keep clots that have already formed from getting bigger or more dangerous. Many people take antiplatelet agents after a heart attack or after having angioplasty or a stent placement. Common antiplatelet agents include Plavix (clopidogrel), Effient (prasugrel) and Brilinta (ticagrelor). A related group of drugs are *anticoagulants*, or "blood thinners." One anticoagulant that many people know is Coumadin (warfarin).

Be sure to talk with your doctor about how long you might need to take your antiplatelet medication, especially if it has been longer than one year since you started taking it. Aspirin does much the same thing to prevent clotting as prescription drugs, but it's often meant to be taken much longer than the others; your doctor may tell you to take aspirin daily for the rest of your life. But don't start or stop taking aspirin without checking with your doctor – even though it can be bought easily without a prescription, aspirin is a powerful medicine and can interact with other medicines that affect clotting.





### Notes:

are amlodipine (brand name Norvasc), verapamil (brand names Calan or Verelan) and diltiazem (brand names Cardizem or Tiazac).

**Diuretics.** You may know these types of medicines as water pills. That is because they help your kidneys allow your body to get rid of extra water (and extra sodium). Clearing the extra water and sodium helps lower blood pressure and decreases swelling. One type of diuretic you may be prescribed will probably be called a *thiazide diuretic*. Common thiazide diuretics include chlorothiazide (brand name Diuril) and hydrochlorothiazide (Esidrix or Microzide). Or you may be treated with another type of diuretic: a *loop diuretic* or a *potassium-sparing diuretic*. All diuretics work in similar ways to help remove excess fluid. But with loop diuretics, potassium levels in the body can sometimes become too low, and with potassium-sparing diuretics, potassium levels can become too high. Examples of loop diuretics are bumetanide (brand name Bumex), and furosemide (brand name Lasix). A common potassium-sparing diuretic is spironolactone (Aldactone).

**Nitrates.** Nitrates help open the blood vessels, decreasing the heart's workload and improving blood flow to the heart muscle. They also help treat angina or chest pain. Nitrates come in pills, tablets that you dissolve under your tongue, ointments, sprays, or patches. You may be told to take your medicine daily, or just use it as needed before activities that may bring on angina. You should not take medicine for erectile dysfunction if you have been prescribed a nitrate because the combination can drop your blood pressure to dangerous levels and can cause a heart attack. These types of medicines are sensitive to heat, light, and air and can deteriorate easily, so store them at room temperature and dispose of any tablets in an open container after 6 months. Types of nitrates include isosorbide dinitrate (brand names Dilatrate or Isordil), isosorbide mononitrate (brand names Imdur, Monoket, or Ismo), and nitroglycerin (brand names Nitro-Dur, Nitrolingual, Nitrostat).

There are many other drugs used to treat different parts of heart disease or other related health needs you may have. A type of medicine you may recognize as an over-the-counter supplement but that your doctor may prescribe in a different dose is called **omega-3 fatty acids**. Those can help lower cholesterol as well.

### Medicines You Take for Other Reasons

Be sure all the health care professionals you work with know about all of your medicines. That includes any vitamins or supplements you are taking, even those that you buy without a prescription. It's important for your doctor to know all of your medicines so you can be sure you have the right combination. It is also important to avoid any interactions between different medicines you are taking.

If you have a package insert or printout from the pharmacy, you can read more about the medicine, including how it was tested and what side effects have been experienced by some people taking the drug.

Talk with your doctor if you have any questions about your medicines. Not sure what to ask? Your health coach can help you list questions to bring up at your next checkup.



### These are the medicines I take to treat my heart disease:

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### These are some other medicines I take:

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### These are questions I have about my medicines:

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### QUICK TIP

See the section “More on Medicines” on page 30 for more tips on managing your prescriptions.



## Taking Care of Your HEART DISEASE



### QUICK TIP

There are 9 calories in 1 gram of fat. That means there are 90 calories in 10 grams of fat... and a whopping 225 calories in 25 grams of fat!



# Eating Right and Exercise

## Diet

As you probably already know, a healthy diet is good for everyone. But that goes double for people with heart disease. Talk with your doctor and your health coach about how you should eat to keep your heart healthy, and always be sure and talk with your doctor before starting any new diet or eating plan.

Here is a look at a few of the most common approaches to eating right.

### A Heart-Healthy Diet

This style of eating is a smart move for just about everyone. One definition of a “heart healthy” diet is one that is low in saturated fat and trans fats. Those types of fat can raise the body’s levels of bad cholesterol (that’s *low-density lipoprotein*, or *LDL* cholesterol). Try to get the percentage of your daily calories that come from saturated fat down to just 5 percent to 6 percent of calories. That means if you eat 2,000 calories in one day, you should only eat between 100 and 120 calories’ worth of saturated fat.

Better fats to choose are monounsaturated and polyunsaturated fats, such as vegetable oils. How can you tell what kind of fat you are looking at? The bad kind of fat is usually solid at room temperature: Think of butter or shortening. The good kind of fat is a liquid at room temperature, as vegetable oil is.

Meat is a main source of fat in many people’s diets. A heart-healthy diet is one that is very low in red meats. For those times that you do eat red meat, look for lean varieties – that means one serving has less than 10 grams of total fat and 4.5 grams or less of saturated fat. Leaner cuts of beef usually have the words *round* or *loin* in the name, such as *tenderloin*, *sirloin*, *top round* or *eye of round*. Ground beef can be found in leaner varieties too. Look for *95% lean* or *5% fat* on the label. And when choosing pork, look for the word *loin*, such as *loin chop* or *tenderloin*.

There are also tasty ways to eat healthy fats. Omega-3 fatty acids are found in fish, such as mackerel and salmon. That type of fat can raise your body’s level of the good kind of cholesterol, known as *high-density lipoprotein* (or *HDL* cholesterol). Vegetable oils, such as canola oil, olive oil, corn oil and soybean oil, are good choices too. (Just be sure to use vegetable oils sparingly, because they have about 120 calories per tablespoon.)

## QUICK TIP

### Top Tips for Reducing Salt in Your Diet



**Read food labels.** We might call it *salt*, but you'll rarely see that word listed in the ingredients section of a food label. Instead, look for *sodium* under the Nutrition Facts section.

**Don't default to salt.** Taste your food first, before automatically adding salt. Better yet, put your salt shaker away – having it handy on the kitchen table can make it too easy to use. Keep in mind that one teaspoon of salt contains about 2,300 mg of sodium.

**Give 'em a rinse.** Pour canned vegetables and beans into a strainer and rinse with water before using.

**Sauce wisely.** Condiments, marinades, gravies, and sauces are often very high in sodium. That includes ketchup, salsa, soy sauce, and many salad dressings. Try to use less of those things, or replace them with herbs, spices, or a heart-healthy oil and vinegar. Marinade meats in orange juice or pineapple juice instead of giving them a salty soak.

**Look out for convenience foods.** Partially prepared foods and frozen mixes with flavor packets can save time, but often at a price. Meals made from scratch often contain less sodium in the first place, but you can also control the ingredients and leave out the salt.

**Have patience!** You can train your taste buds to get used to foods with less salt. Stick with your low-salt diet and after a while you might be surprised to find you aren't reaching for the shaker as often as you used to.

But you don't have to only cut food out of your diet. Another essential part of eating heart-healthy involves eating more of certain kinds of foods. Eat lots of vegetables, fruits, and whole grains. And you can still eat low-fat dairy, fish, poultry (such as chicken or turkey), legumes (such as beans, peas, and lentils) and nuts.

### The DASH Eating Plan

DASH stands for "Dietary Approaches to Stop Hypertension." Many people know the DASH diet as a way to reduce the amount of salt a person eats. But there's more to DASH. This way of eating has been shown to improve cholesterol levels and lower blood pressure.

DASH includes:

- A lot of fruits and vegetables
- Fat-free or low-fat dairy
- Whole grains
- Lean protein such as poultry
- Fish
- Beans, seeds and nuts
- Foods rich in potassium, calcium and magnesium

DASH is low in:

- Saturated fats
- *Trans* fats
- Sodium or salt
- Sweets and sugary drinks
- Red meat

For many people, the DASH eating plan means eating and drinking no more than 2,300 milligrams of sodium a day. But when experts have studied DASH, they saw that certain groups of people did even better if they kept to 1,500 milligrams or less of sodium a day. That included people who already had high blood pressure, people with diabetes or kidney disease, people over age 50, and people of African American background. If you've never heard of the DASH diet and you think it might help you, ask your doctor about it.

## Heart-Healthy Eating

The American Heart Association recommends eating in a way that is very similar to some of the other healthy diets. It has four major components:

### 1 Eat an overall healthy pattern of foods.

That means to eat a good mix of fruits and vegetables, grains, low-fat or nonfat dairy foods, fish, poultry, lean meats, and legumes such as beans, peas, and lentils.

### 2 Maintain a healthy body weight.

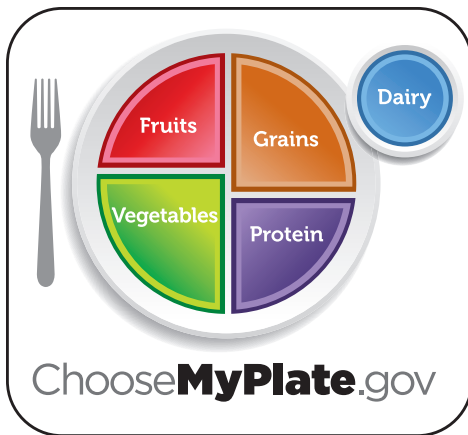
In order to maintain your weight at a healthy level, you need to take in the right number of calories that matches the amount of energy you need. If you eat many more calories than you burn, over time, that leads to weight gain. Weight loss results when you burn more calories, such as through exercise, than you take in.

### 3 Keep an eye on fats in foods you eat.

Limit the amount of saturated fat, trans fats, and cholesterol you eat. Just 5 to 6 percent of the calories you take in every day should be from saturated fats. Instead, look for foods that have “healthy fats,” or unsaturated fat, which is better for you. That includes fish, legumes, and nuts. Some vegetables, such as avocados, also contain healthy fats.

### 4 Maintain healthy blood pressure.

The foods and beverages you consume can affect your blood pressure. Limit your alcohol intake and be careful about foods and drinks (including soup and broths) with too much sodium. Too much salt can raise blood pressure quickly. Other ways you can help control your blood pressure include staying at a healthy body weight, following the other heart-healthy eating tips, getting enough exercise, and possibly taking medicine your doctor prescribes.



## The “My Plate” method

In your mind, divide your plate up into four sections. Imagine that one is for fruits, one is for vegetables, one is for grains, and the last one is for protein. Then choose foods that fit into each of the four sections. Remembering the plate method can help you eat more balanced meals.

## Fruits and Vegetables

Half of your plate should be fruits and vegetables. Vegetables can be divided into five basic types. They are dark green vegetables (broccoli, greens, kale), starchy vegetables (corn, potatoes, peas), red and orange vegetables (tomatoes, carrots, sweet potatoes, squash), beans and peas (limas, pintos, black-eyed peas), and other vegetables (which includes asparagus, beets, cabbage, and onions). Aim to eat 4 servings of fruits and 4 servings of vegetables a day.





Here is a sample label, with more information on each of the label's parts.

**1 – Serving Size.** A serving is a measured amount of food, such as 1 slice of bread or ½ cup of vegetables. This is different from a portion size, which is the amount of food you choose to eat at a time. Look at the serving size to help you decide how much to eat.

**2 – Calories.** On the left are the number of calories in one serving of the food. On the right are the number of calories in that serving that come from fat. That information can help you manage your weight.

**3 – Limit these nutrients.** This section tells you how much fat, cholesterol, and sodium are in one serving of the food.

**4 – Get enough of these nutrients.** This section of the label tells you how much of the food is made up of healthy nutrients such as fiber, and essential vitamins and minerals. If you don't see a certain nutrient listed, that means the food does not contain it.

**5 – Percent Daily Value.** This part of the label tells you how the amount of each nutrient in one serving of the food helps you meet your daily needs. In general, if there is 5 percent or less of a given nutrient, the food is low in that nutrient. If there is 20 percent or more of the daily value of a given nutrient, that food is high in the nutrient.

**6 – Footnote with Daily Values.** This note tells you a little bit more about the Daily Values for healthy nutrients. It's like a handy reminder – if you should be eating 2,000 calories a day, for instance, the footnote says how much of certain nutrients you should limit yourself to (or, in the case of fiber, make sure you get) each day. Your needs may be different, so talk with your doctor or health coach about your specific needs and health goals.

<b>Nutrition Facts</b>	
Serving Size 1 cup (228g)	
Servings Per Container about 2	
<b>Amount Per Serving</b>	
<b>Calories</b> 250	Calories from Fat 110
<b>% Daily Value*</b>	
<b>Total Fat</b> 12g	<b>18%</b>
Saturated Fat 3g	<b>15%</b>
Trans Fat 3g	
<b>Cholesterol</b> 30mg	<b>10%</b>
<b>Sodium</b> 470mg	<b>20%</b>
<b>Total Carbohydrate</b> 31g	<b>10%</b>
Dietary Fiber 0g	<b>0%</b>
Sugars 5g	
<b>Proteins</b> 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%
* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:	
	Calories: 2,000    2,500
Total Fat	Less than 65g    80g
Saturated Fat	Less than 20g    25g
Cholesterol	Less than 300mg    300mg
Sodium	Less than 2,400mg    2,400mg
Total Carbohydrate	300g    375g
Dietary Fiber	25g    30g

SOURCE: [www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm114155.htm](http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm114155.htm)





WARM-UP – Exercise/Activity	Minutes	RPE	Try to do 5 to 10 minutes of warm-up exercises.	
FLEXIBILITY – Exercise/Activity	Reps	Sets	Hold time	RPE
CARDIORESPIRATORY (Aerobic) – Exercise/Activity	Minutes	RPE	The RPE scale measures exertion, which is how much an activity takes out of you.	
STRENGTH TRAINING – Exercises	Weight	Reps	Sets	RPE
COOLDOWN – Exercises	Minutes	RPE	Try to do 5 to 10 minutes of cooldown exercises.	

**Rate of Perceived Exertion Scale** Use the chart below to help you choose the RPE for each of your exercises. The RPE can range from 0, which is nothing, to a 10, which is the hardest exercise you can do. An example of exercise that is a 10 on the scale might be pushing yourself for the final stretch of a road race. You can check how hard you are working by seeing whether you can talk while exercising. If it is hard to carry on a conversation, you are probably exercising at an RPE of 8, 9, or 10.

0	1	2	3	4	5	6	7	8	9	10
nothing	easy			harder			hardest			maximum

**How to Use This Log** Make enough copies of this page so you have a new page every day. If you keep your logs, after a few weeks or months, you will be able to look back at how far you have come! If you have just one copy, you can slip the page inside a clear plastic page protector and write on the outside using a fine-tipped dry-erase marker. Each day, erase yesterday's info and start fresh with today's accomplishments.

Taking Care of Your  
**HEART DISEASE**



# Do It for You!

## Your Healthcare Team

Your heart health team is made up of different people. They may include:

- a primary care doctor, such as an internist or family medicine doctor
- a cardiologist, who is a doctor who specializes in the heart and cardiovascular system
- a physician's assistant (PA)
- a nurse, such as an advanced practice registered nurse (APRN), registered nurse (RN), or licensed practical nurse (LPN) or licensed vocational nurse (LVN)
- a diet and nutrition expert called a registered dietitian (RD) or registered dietitian nutritionist (RDN)

Some of the people you meet with will be experts in more than one of these areas. You may also see an endocrinologist (if you have diabetes or another endocrine disorder), pulmonologist (if you have any respiratory conditions), gastroenterologist (to help with the digestive system), urologist (for kidney or male reproductive issues), or gynecologist (for women's health). And everyone should also have a dentist and eye doctor. Be sure all your doctors know about your heart condition and any medications you are taking.

## Be An Active Partner In Your Care

Doctors appreciate a person who takes an active role in his or her own care. Listed below are a few helpful tips to help you take a more active role in managing your heart health.

- Keep all of your appointments. Put a reminder note on your refrigerator, bathroom mirror, or the calendar of your mobile phone. If you cannot keep your appointment, don't forget to call and reschedule.
- If you can't drive or use public transportation to your appointment, try and arrange a ride as early as possible. Need help finding a way to get to the doctor? See if there is help in your community, such as a Dial-A-Ride service. Sometimes your health plan can help with transportation too. Call your health plan's Member Services department or the toll-free number on the back of your card to find out more.
- Make sure you understand your medical condition clearly. If you don't understand something your doctor says, speak up immediately and ask him or her to explain.



### Notes:

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- Write down your questions before the visit.
- Be honest! Don't be afraid to tell your doctor about your symptoms, problems, and concerns.
- Don't rely on your memory to remember all the details of your office visit. Take notes whenever you are with your doctor or nurse.

## More on Medicines

### Managing Your Medicine

Medicine works best when you follow your doctor's instructions. Taken incorrectly, it might not help you and might even be harmful. Here are some tips for managing your medicine.

- **Read the label** carefully before taking any medicine. Make sure you are taking the right amount of each medicine at the right time.
- **Take the medicine properly.** Don't skip doses or change the amount of the medicine you take each time. It could be dangerous. If your medicine does not have a label, call your doctor and ask for directions. Remember to write down the instructions. It can help to write down a description of what each pill looks like.
- **Flip the switch!** Take your medicine in a room that is well lit. Many medicine bottles and pills look alike and they can be easily mixed up.
- **Check expiration dates** on your medicines. Expired medicines can hurt you. You should throw them away.
- **Tell your doctor** about any side effects you have. That can include an upset stomach, dizziness, or anything else that is out-of-the-ordinary.
- **Organize your medicines** in a pillbox. These pillboxes can remind you to take your medicine at the right time each day and help you spot if you have forgotten a dose.
- **Do not share medicines.** Sharing medicine with another person, even if he or she has the same symptoms or condition, can be dangerous.
- **Know about interactions.** Some medicines should not be taken together. Other medicines should not be taken with certain foods. (Grapefruit juice is one food that can cause problems with some heart medicines.) Be sure all of your doctors and pharmacists know which medicines you take to avoid dangerous side effects.
- **Just ask!** Before your next appointment, prepare a written list of questions about your medications.



**Here are some questions to ask, and a spot to write your answers.**

Here are the medicines I am taking: (Ask your doctor to check the list and make sure it is accurate.) \_\_\_\_\_

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Why am I taking these medicines? \_\_\_\_\_

What time of day should I take each of my medicines? \_\_\_\_\_

If I take a medicine more than once a day, how long should I wait between the doses? \_\_\_\_\_

How long will I be taking each of my medicines? \_\_\_\_\_

What are the possible side effects? \_\_\_\_\_

What other drugs or foods may interact with my medicines? \_\_\_\_\_

What symptoms should prompt me to call you right away? \_\_\_\_\_

Should I take it with food or on an empty stomach? \_\_\_\_\_

*An "empty stomach" means you should take the medicines at least two hours after you ate last, and at least two hours before you eat again. Other medicines should be taken with food. And yet other medicines should be taken with a full glass of water. Know which of these methods is recommended for each of your medicines.*

Can I drink alcohol while taking these medicines? \_\_\_\_\_

Where should I store my medicines? \_\_\_\_\_

*Some medicines should not be stored in a warm, moist place such as the bathroom. Other medicines need to be kept in a refrigerator.*

**If you have a new medication or if your dosage has changed, ask your doctor these questions:**

Should I continue to take all of the other medications I was taking before? \_\_\_\_\_

Should I continue to take the same amount (dose) of all of my other medications? \_\_\_\_\_

Should I continue to take my other medicines at the same time that I was taking them before? \_\_\_\_\_

## Recommended Screenings

Here are some screenings and tests that you should have regularly. Of course, check with your doctor about your specific situation. There may be other tests that you should be having as well because of your specific situation or family history. In the blank boxes in the chart below, write in any additional tests you need to remember to have.

Name of test	What it does	How often?
Blood pressure	Measures your blood pressure when the heart beats (the top number, called <i>systolic</i> ) and when it rests ( <i>diastolic</i> , the bottom number)	At least every 3 or 6 months (or more often, depending on your results*)
Cholesterol	Measures levels of HDL ("good") cholesterol, LDL ("bad") cholesterol, and triglycerides in the blood	At least once a year*
Dental exam and cleaning	Keeps your teeth clean and checks for dental issues	Every 6 months
Eye exam	Checks for eye issues and ensure your prescription is up to date if you wear glasses or contact lenses.	Once a year
Electrocardiogram (EKG)	Detects electrical signals given off by your heart as it beats.	Ask your healthcare team.
Stress Test	Measures your heart rhythm.	Ask your healthcare team.
Echocardiogram	Uses sound waves to make a picture of your heart.	Ask your healthcare team.

*\* You are likely to need to check or have these checked more often if you have had any changes in how you feel or changes made to your medications. Talk with your health care provider about exactly how often you should check these.*

Other tests you may need to have regularly, depending on your sex, age, lifestyle factors, other conditions, or family history, might include a Pap test, mammogram, prostate screening, hemoglobin A1C test, colonoscopy, sexually transmitted infection screening, or bone density test.



## Vaccines

Everyone ages 6 months and older should have a seasonal flu shot every year. The flu is not a lot of fun for anyone – but if you have a chronic condition such as heart disease, the flu can be very dangerous. The **seasonal flu shot** can protect you.

Sometimes people get the flu anyway. It's not because the shot doesn't work; instead, it's because there are many types, or strains of the flu that circulate. Each year, infectious disease experts decide which types of flu are most likely to be around and they make that year's flu shot protect against them. Sometimes a strain of the flu that wasn't in that year's flu shot can spread because people aren't protected from it. But usually the flu shot is pretty good at matching what flu bugs are around. And you also can't get the flu from a flu shot. The vaccine contains a killed version of the flu virus – it can't come back to life and make you sick.

There are some other vaccines that can be helpful for adults with heart issues. Talk with your doctor to find out whether you might need the following vaccines:

**Pneumococcal vaccines.** There are two different types of pneumococcal vaccine. They protect against *pneumonia*, a lung infection that can be very dangerous for people with chronic conditions. They also protect you

from some other sicknesses, ranging from ear infections to *meningitis*. Talk with your doctor about which type is right for you, especially if you have received one before. Both pneumococcal vaccines are very safe. You cannot get pneumonia from the shot. In fact, one type of pneumococcal vaccine is now routinely given to babies.

**The shingles, or zoster, vaccine.** Health experts recommend everyone age 60 and older get this vaccine. It helps protect the body from shingles, a painful illness caused by the same virus that causes chickenpox. Shingles usually shows itself as a burning, tingling rash on one side of the body or the torso. The vaccine can help reduce your risk of shingles, especially if you have had chickenpox in the past and even if you have had shingles before.

**Tdap booster,** which stands for *tetanus, diphtheria,* and *pertussis* (whooping cough). This combined vaccine helps protect people against some diseases we don't hear too much about anymore but can be very harmful. Most people have had doses early in life, and a booster is recommended for everyone age 65 and up, and all adults every 10 years. (You may need one sooner if you have had a wound that was at risk of tetanus infection, or less often if you've had more than 3 of these boosters already in your life.)

## Weight Management

Getting to a healthy weight, or staying at your best weight, is important for everyone.

First, it can help to know your body mass index, or BMI. That number is one of several ways to measure your current health status. You and your doctor can use this measure to identify your risk for certain health conditions. BMI is the ratio of your weight to your height and estimates your total body fat. How much fat you carry can increase your overall health risk.

A good target BMI for most people is a number between 18 and 25. (Depending on your body type and level of muscle mass, a different number may be healthier for you. Talk with your health coach about how to come up with your best BMI.)

## What does my BMI number mean?

<b>18.5 – 24.9</b>	You are at a healthy weight. Try to keep your weight the same.
<b>25 – 29.9</b>	You are overweight. You may want to lose weight, especially if you have any other risk factors.
<b>30 or greater</b>	You are obese (very overweight). You should lose weight, especially if you have any other risk factors.

### What are the health risks of a high BMI?

The more you weigh, the higher your BMI will be. A high BMI can lead to health problems. Weighing too much may increase your risk for developing many health problems. If you are overweight or obese, you may be at risk for:

- Type 2 diabetes
- Heart disease and stroke
- Some types of cancer
- Sleep apnea
- Osteoarthritis
- Gallbladder disease
- Fatty liver disease
- Problems during pregnancy

**If you are overweight or obese, your risks for those health problems are even higher if you also:**

- Smoke cigarettes
- Have high blood pressure (hypertension)
- Have high bad cholesterol (LDL cholesterol)
- Have low good cholesterol (HDL cholesterol)
- Have high triglycerides (a special fat in the blood)
- Have high blood sugar
- Have a family history of early heart disease
- Don't exercise regularly

### What can I do to lower my health risks because of my BMI?

The good news is that losing as little as 5 percent of your body weight may lower your risk for some diseases. That includes heart disease and type 2 diabetes. If you weigh 200 pounds, for instance, that means losing 10 pounds. Slow and steady weight loss is healthiest. A goal of just a half a pound to two pounds a week can help you get there.

**Here are some ways to get started:**

To lose weight, most people need more than 30 minutes of exercise every day. If you are not doing any exercise now, check with your doctor first. Then start slowly by walking 10 to 20 minutes a day. Work up to 30 minutes of exercise a day.

- Eat more vegetables, fruits, and whole grains. Choose low fat meat and dairy.
- Cut down on high-fat foods such as cookies and ice cream, cheese, fried foods, chips and deli meats.
- Try not to skip meals. That can make you eat too much at your next meal.

If you have other concerns that may affect what you eat in addition to your heart health – such as diabetes or food allergies, or if you have religious or ethical needs when it comes to food – be sure and talk with your doctor and health coach about how your diet can accommodate those needs as well.

## Quit Tobacco

Tobacco use isn't healthy for anyone, but it can be especially dangerous when you have a heart issue. Quitting is one of the best things you can do for your health. If you used to be a tobacco user but aren't anymore, great job! If you've tried to quit before, it doesn't mean you'll never succeed. Many people must try quitting several times before they become a nonsmoker for good.

Have you thought about quitting tobacco for the first time, or trying to quit again? Let your health coach know! He or she can help you figure out how ready you are to quit now, what you can do to get ready to quit, and how you can do it. You may be eligible for nicotine replacement products, such as skin patches, lozenges, or gum, which can help people quit. And support from family, friends, co-workers and a professional counselor are also essential.

For additional information and support, talk with your doctor or your health coach or go online to learn more.

### NEED TO KNOW

#### Tobacco-free resources



- [www.smokefree.gov](http://www.smokefree.gov)
- 1-800-QUIT-NOW
- You can also look for local resources from your city or state.

## Manage stress

Your mental and emotional health is important when dealing with a chronic condition. Stress, worry, and negative emotions can get in the way of taking care of yourself. There is also more and more evidence that stress contributes to heart disease. That is why it is so important to be aware of your stress and work to manage it.

Here are some ways to manage stress:

- **Exercise** to manage your stress, strengthen your muscles, and help get to or maintain a healthy weight.
- **Get a good night's rest.** If you don't sleep through the night, if you often wake up and still feel tired, or if you fall asleep often during the day, talk to your doctor. He or she may have some ideas or solutions.
- **Stay positive.** When you find yourself thinking a negative thought, try to do these three things instead:
  - 1 Stop.
  - 2 Think a good thought.
  - 3 Smile.
- **Deal with stress.** Think about what things in your life cause you stress or worry. Consider healthy ways to approach those situations. It may also be possible for you to try and eliminate sources of stress in your life.
- **Talk with your doctor** about your stress level. If you are feeling extra stress because of your heart condition, let your doctor know how you are feeling. It can also help to speak with a counselor or other mental health professional.
- **Make relaxation routine.** Here are some ways to take 5 (or more) for yourself and make stress melt away.

## Relaxation Techniques For The Time You Have

### *If you have 5 minutes ...*

- Make a paper airplane. Fly it across the room!
- Read a poem.
- Listen to a favorite song.
- Sit somewhere quiet – anywhere you can find – and close your eyes for 5 minutes.
- Apply a nice lotion to your hands, elbows, and arms.

### *If you have 15 minutes ...*

- Re-read a favorite inspirational essay, religious text, or old letter from a loved one.
- Send a quick email to a friend or loved one just to say hello.
- Visit with a pet. It doesn't need to be yours!
- Visualize a favorite vacation spot.
- Light a candle.

### *If you have a half hour ...*

- Take a power nap.
- Go for a walk.
- Watch fish swimming.
- Watch one episode of a funny TV show you enjoy.
- Try a “body scan meditation” or “guided imagery” technique. Learn about them ahead of time and have one at the ready whenever you have a half hour.

### *If you have an hour ...*

- Plant some flowers or herbs in a container or garden.
- Get a massage.
- Volunteer in your community.
- Take a shower, take a bath, or get into a pool of water to relax and refresh.
- Have lunch – or just a cup of coffee or tea and a snack – outside. Call it a picnic!



## My Stress Relievers

These are some things that help me feel at ease and relaxed:

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

Taking Care of Your  
**HEART DISEASE**



# Keeping Track of My Health

Some numbers tell a story. The numbers you get from medical tests such as blood pressure or cholesterol, and other numbers like your height and weight help tell the story of your health.

Find out the story behind *your* numbers. Ask for your numbers at each doctor visit and write them in the chart below. Have the health care providers tell you what each of the numbers means for your health. Ask what your goals should be and what you can do to get there.

Name of Test	Goal	Date	Date
<b>Blood Pressure</b>	Often 140/90* Ask your doctor what your goal should be.  My goal: _____		
<b>Height and weight</b>	Used to get body mass index (BMI). Ask your doctor for your BMI.  My goal: _____		
<b>Total cholesterol</b>	Less than 200* Ask your doctor what your goal should be.  My goal: _____		
<b>LDL cholesterol</b> LDL stands for <i>low density lipoprotein</i> . It is also known as <i>bad cholesterol</i> .	Ask your doctor about what your LDL goal should be.  My goal: _____		
<b>HDL cholesterol</b> HDL stands for <i>high density lipoprotein</i> . It is also known as <i>good cholesterol</i> .	Men: Over 40* Women: Over 50* Ask your doctor what your goal should be.  My goal: _____		
<b>Triglycerides</b> A type of fat.	Less than 150* Ask your doctor what your goal should be.  My goal: _____		
<b>Hemoglobin A1C</b> This is how much glucose is in your blood. it helps doctors measure your risk for diabetes.	Less than 7.0 percent (%) (for some people, less than 8.0%) Ask your doctor what your goal should be.  My goal: _____		

\* Blood pressure is measured in *millimeters of mercury*, or "mmHg" for short. And cholesterol numbers are measured in *milligrams per deciliter*, or "mg/dL." But for both of these measurements, you can just write the numbers here.

# My Health Questions

Write down the questions you would like to ask your doctor. Many people find it is helpful to try and have three questions about your health to ask at each visit. You can write the answers here too.



## My doctors are:

Name:

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Office Phone:

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I visit this doctor for:

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Name:

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Office Phone:

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I visit this doctor for:

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Name:

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Office Phone:

---

I visit this doctor for:

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**Date:**

**1. Question:** \_\_\_\_\_

Answer: \_\_\_\_\_

**2. Question:** \_\_\_\_\_

Answer: \_\_\_\_\_

**3. Question:** \_\_\_\_\_

Answer: \_\_\_\_\_

**Date:**

**1. Question:** \_\_\_\_\_

Answer: \_\_\_\_\_

**2. Question:** \_\_\_\_\_

Answer: \_\_\_\_\_

**3. Question:** \_\_\_\_\_

Answer: \_\_\_\_\_

**Date:**

**1. Question:** \_\_\_\_\_

Answer: \_\_\_\_\_

**2. Question:** \_\_\_\_\_

Answer: \_\_\_\_\_

**3. Question:** \_\_\_\_\_

Answer: \_\_\_\_\_

Taking Care of Your  
**HEART DISEASE**



# Setting and Reaching Health Goals

What *is* a goal, really? It's not just something that happens. A goal is something you have to work to achieve. But you don't want your goal to be impossible to reach either.

So how do you set a goal? It helps if your goal is a "SMART" one. Those letters stand for **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imed. (You can go even farther and make a "SMARTER" goal if you add **E**valuation and **R**eward.) You may have heard of these types of goals in the workplace. This goal-setting structure also works for health goals. Let's look at how.

## Specific

Spell out exactly what your goal will be. If it is too vague you won't know when you have reached it!

## Measurable

Your goal should be something that can be measured over time. Measuring your goal makes it easier to see your progress toward reaching the goal.

## Achievable

A good goal is one that you can actively work toward to achieve, rather than something that you won't have much control over.

## Realistic

Here is where the "work" part comes in. Don't make your goal too hard to achieve that you might give up before you reach it. But don't make it so easy that you reach your goal too easily, without making any desired changes.

## Timed

A time frame is what makes your goal real. You may find it helpful to set several small steps toward your goal within a set time frame. Once you finish the first step, you can concentrate on the next one.

## Evaluation

Check in with yourself periodically to see how you are doing. Achieving the goals you have been set, no matter how small, can help you feel confident about your progress.

## Reward

Don't forget to celebrate once you reach your goal! Pat yourself on the back for a job well done.

Talk to your health coach about what you can do to fill in the blanks  
– and make your health goal a reality!

SMART	My Goal	Description
<b>Specific</b>	My health goal is:	_____
<b>Measurable</b>	It is important to me because:	_____
<b>Achievable</b>	This is what I can do to work toward it:	_____
<b>Realistic</b>	I know I can do it because:	_____
<b>Timed</b>	I think I can reach my goal by this date:	_____ Date

SMARTER	My Goal	Description
<b>Evaluation</b>	I will check in with myself every:	_____ Week(s)
<b>Reward</b>	When I reach my goal, I will:	_____

Here are some examples of SMART goals that other people have found to be helpful.

→ "I will walk 30 minutes a day, 3 times a week until my next coaching call."

→ "I will follow the DASH diet over the next 60 days."

→ "I will monitor and record my blood pressure weekly and call my doctor if it's greater than 180/100 or less than 90/60."



# Glossary

<b>angina</b> – chest pain that happens because of lessened blood flow to heart muscle
<b>angioplasty</b> – a procedure to clear a blocked coronary (heart) artery
<b>anticoagulant</b> – drug that prevents blood from <i>coagulating</i> , or clotting.
<b>arrhythmia</b> – an irregular beating or rhythm of the heart
<b>arteriosclerosis</b> – a condition in which the arteries become thick and stiff and are less able to allow blood flow to the body.
<b>atherosclerosis</b> – a disease that develops when plaque builds up in the arteries. Atherosclerosis is a type of <i>arteriosclerosis</i> .
<b>cardiologist</b> – doctor who specializes in the heart and blood vessels
<b>catheterization and angiography</b> There are a number of different tests that require doctors to place a tiny tube called a <i>catheter</i> into the blood vessels to see things more closely.
<b>chest X-ray</b> – Your doctor may want to take a chest X-ray to see the structure of the organs in your chest, including your heart.
<b>continuous positive airway pressure (CPAP)</b> – a machine used to help people with sleep apnea breathe better during the night.
<b>coronary occlusion</b> – blockage of a coronary artery
<b>coronary thrombosis</b> – blood clot in a coronary artery
<b>deep vein thrombosis</b> – blood clot in a vein deep within the body, often in the thigh or lower leg
<b>ejection fraction</b> – a measurement of the percentage of blood leaving your heart each time it beats. Normal ejection fractions are between 55 and 70.
<b>electrocardiogram (EKG)</b> – This is a simple test that's often done in a doctor's office during a routine physical.
<b>echocardiogram</b> – An echocardiogram uses sound waves to make a picture of your heart. ( <i>Echocardiography</i> is a type of ultrasound.)
<b>glucose</b> – another word for sugar
<b>hemorrhagic stroke</b> – when a blood vessel in the brain ruptures and bleeds
<b>holter monitor</b> – A Holter monitor is like an EKG but it's not just done at the doctor's office: instead, it is a special type that measures your heart while you are on the go.

<b>inflammation</b> – an immune reaction or disturbance in the body
<b>insulin</b> – a hormone (body chemical) that helps the body process sugars and starches from food and beverages into energy the body can use
<b>ischemia</b> – when tissue (usually heart tissue) is starved for blood flow and oxygen
<b>ischemic stroke</b> – when a blood vessel supplying the brain is blocked
<b>meningitis</b> – an infection of the brain and other nervous system tissues
<b>myocardial infarction</b> – also known as a heart attack, it's when heart muscle dies because of lack of oxygen.
<b>obstructive sleep apnea</b> – a condition where a sleeping person regularly stops breathing because the airway narrows or becomes <i>obstructed</i> , which means partly blocked.
<b>plaque</b> – deposits on the insides of arteries. Plaque is made up of fat, cholesterol, calcium, and other substances found in the bloodstream.
<b>pneumonia</b> – lung infection that can be very dangerous for people with chronic conditions
<b>positron emission tomography</b> – PET scan, used to detect blood flow problems in the heart
<b>pulmonary embolism</b> – blockage in one of the pulmonary arteries of the lungs
<b>saturated fats</b> – fats containing molecules which are naturally high in hydrogen. The way these molecules are structured means they can be harmful to the heart and arteries.
<b>stent</b> – a small, flexible tube used as a scaffold for an artery
<b>stroke</b> – when brain cells die because of lack of blood flow and oxygen
<b>trans fats</b> – Food oils that have had hydrogen added in a factory to make the fats more solid. Like saturated fats, the way these fats are structured means they can be harmful to the heart and arteries.
<b>ultrasound</b> – high-frequency sound waves used to help doctors see inside the body
<b>unstable angina</b> – an occasion of unexpected chest pain because of reduced blood flow to the heart that occurs when resting, gets worse, or doesn't respond to treatment

## Sources

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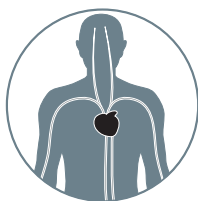
## TELL US WHAT YOU THINK!

**How did this guide help you?** What worked for you? What didn't work? Is there anything else you wish it covered? We want to hear about it!

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## Taking Care of Your **HEART DISEASE**

Wellness is as much about managing life  
as it is about managing health.



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