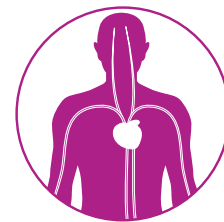


Taking Care of Your HEART DISEASE



A guide to help you manage your heart health.

Diet > Exercise > Medicines > Health Tips



This book belongs to:

Phone:

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

Coronary artery disease is also known as **CAD**, coronary heart disease, or simply heart disease. It is the most common kind of heart disease. The coronary arteries, which bring blood to the tissues that make up the heart, can get blocked. That 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.

For more information contact:

Envolve, Inc.
20 Batterson Park Road
Farmington, CT 06032
800.293.0056

Inside This Guide

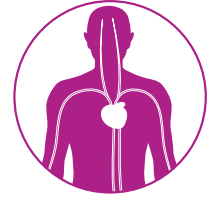
The Basics:	4
What is Coronary Artery Disease?	4
Coronary Artery Disease.....	6
Heart Disease: What’s Involved	6
What is a Heart Attack?.....	7
How Is It Diagnosed?	10
How Can I Manage It?	11
Eating Right and Exercise.....	18
Diet.....	18
Exercise.....	22
Do It for You!	24
Your Healthcare Team.....	24
Managing Your Medicine	25
Recommended Screenings	27
Vaccines	28
Weight Management	28
Quit Tobacco	29
Manage Stress.....	30
Keeping Track of My Health	32
Setting and Reaching Health Goals.....	34
Glossary	36

The information contained in this booklet is for general reference purposes only. This booklet is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem. Our policy prohibits staff members from actively advertising, marketing, or promoting specific products or services to our members or their physicians when discussing the member’s health condition.

The Basics

What Is Coronary Artery Disease?

The most common form of heart disease is **coronary artery disease**. It is also known as **coronary heart disease** or **CAD**.



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 that takes a lot of effort
- > Other symptoms may include unusual tiredness, nausea, dizziness or lightheadedness

First, there are a few things to know about the heart and blood vessels. The heart is a muscle. It works like a pump that moves blood to the lungs and throughout the body. 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. *Veins* carry blood back to the heart from the rest of the body.

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. It can be harder for blood to flow to the heart tissue. That can cause chest pains or a heart attack.

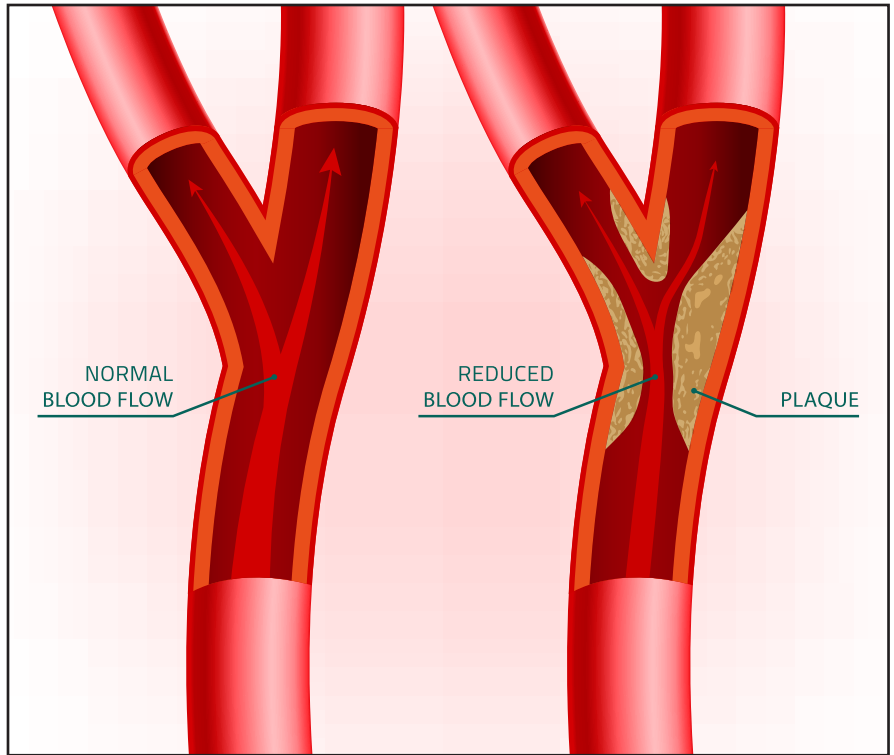
There are other kinds of heart disease other than CAD. Some are because of the heart structure. Others occur when the heart doesn't beat properly. And some people are born with heart issues. Other types of cardiovascular disease might involve blood vessels outside of the heart itself. But the most common type in the United States is coronary artery disease.

You might see it called *cardiovascular* disease. *Cardiovascular* means something is related to the heart and blood vessels. 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 U.S. More people die from heart disease than from cancer or chronic respiratory diseases. More than 370,000 people a year die of heart disease.

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 good.

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.



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

- 1 _____

- 2 _____

- 3 _____



Coronary Heart Disease

If you've been told you have 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.

Heart Disease: What's Involved

Many problems with the heart and blood vessels are because over many years the blood vessels can become narrowed or blocked. They get 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*. The substance that builds up is called *plaque*. It's not the same as plaque on your teeth. Plaque in blood vessels is made up of fats such as cholesterol as well as other substances like calcium and waste material from your body's cells.

Heart disease can also involve irregular rhythms, or heart arrhythmias. Those get their start in the heart but can affect the whole body if it means that blood is not being pumped well. There is a special type of heart condition called heart failure. That is 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.

You may also have a group of risk factors that have a special name. If you have more than one of these things, your doctor may say you have “metabolic syndrome.” You could be at higher risk for heart disease or stroke. These things are high blood pressure, high blood sugar, high triglycerides (a type of fat), low levels of the “good” cholesterol, and a large waistline. A “large waistline” is one that is more than 35 inches around for women, and more than 40 inches around for 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 bad, 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.

Your lifestyle is a very important piece of the story when it comes to heart disease risk. That's mainly because lifestyle factors can often be reduced. That means your risk for heart trouble can be reduced as well! Some lifestyle factors are tobacco use, diet, physical activity, stress, and body weight. Smoking and other kinds of tobacco are especially dangerous for the heart. Quitting now, no matter your age, can help your heart health right now. Eating a healthy diet and getting more exercise can also make a big difference. Managing stress is also helpful for heart disease.

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

What Is A Heart Attack?

A *heart attack* occurs when the arteries that supply the heart tissue with oxygen-rich blood are cut off. That often is because 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 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 may help lower your chance of having a first heart attack, or another if you've already had one. Quitting smoking, if you do, is a big one. It can also help to eat a healthy low-fat and low sodium (salt) diet, get more exercise, and manage stress. Talk with your doctor about what is right for you.

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. People with diabetes, for instance, are less likely to have the traditional sort of heart-attack sensation. And 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 that lasts more than a few minutes. Women are also more likely to feel pain or discomfort in the arms, back, neck, jaw or stomach. They will also often be short of breath, feel a cold sweat, or feel sick to their stomach.

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! There is one other thing that's different about heart disease for men and women. Men

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 that takes a lot of effort

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

- > A sudden cold sweat
- > Unusual fatigue
- > Nausea (feeling sick to your stomach) 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.**

usually have signs of heart issues in their 50s or 60s. 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 ("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



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

1 _____

2 _____

3 _____

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, it is **time** to get help!

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.

What Is a Stroke?

Blood flow to the brain keeps our bodies functioning. Trouble with a blood vessel in the brain is called a *stroke*. 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. Fast treatment can help stop some of the damage from a stroke. Medicines called *thrombolytics* can help. But those medicines 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.
- > 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) is sometimes a warning sign that heart problems are in your future. Seeking treatment for ED may help you make healthy changes to prevent heart trouble later.

Other Conditions

There are some other conditions that are common in people who also have CAD.

Some people with CAD, especially those who are heavier than their ideal weight, also have **obstructive sleep apnea**, or OSA. In people with sleep apnea, the muscles at the back of the throat relax and block the airway during sleep. This can make it hard to breathe normally. A person can stop breathing for 10 or more seconds, often many times an hour.

Often the first sign of sleep apnea is when someone else notices the person stops breathing, snores very loudly, or makes unusual coughing or gasping sounds. Other signs of sleep apnea include daytime sleepiness, headaches first thing in the morning, or high blood pressure. People with sleep apnea may also have a hard time concentrating or remembering things.

To get checked, your doctor may first ask you some questions. Then he or she may ask you to go to a sleep lab so that you can be monitored while you sleep. If you do have sleep apnea, there are different treatments depending on how severe it is. Some people see their sleep apnea go away when they lose weight. Many people have the most relief from a continuous positive airway pressure unit, or CPAP machine. It is a small air compressor with a

tube and a mask to wear on your face. CPAP can take some getting used to. But many people learn to quickly appreciate their CPAP when they see how much better they feel in the morning!

Diabetes is also common. There are two types of diabetes. Both forms of diabetes can increase your risk for CAD. If you have diabetes and heart disease, it is important to work to control both conditions. Talk with your healthcare team about the best ways to manage both heart disease and diabetes.

How Is It Diagnosed?

If your doctor thinks you may have CAD, you may have some of the following tests. If you aren't already seeing a *cardiologist* you may be sent to one. A cardiologist is a doctor who specializes in the heart and cardiovascular system.

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 is sometimes also called a "lipid profile." That is because the types of things in a cholesterol check are special types of fats, which can also be known as *lipids*.

"Total cholesterol" includes both the "good" and "bad" kinds of cholesterol. Low-density lipoprotein (LDL) is the "bad" cholesterol. High-density lipoprotein (HDL) is the "good" cholesterol. Your test may also look at your levels of triglycerides, or TGs. Lower than average HDL levels, and higher LDL and triglyceride levels, may be a warning sign for heart disease. Be sure and talk with your doctor if your levels are not as good as they can be.

Electrocardiogram (EKG)

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

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 spot problems with your heart's rhythm. 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. It directs ultrasound waves into the heart. Then the information is made into an image on a screen. This test shows the shape and size of your heart. It shows how well your heart valves and chambers work. It will also show your *ejection fraction* (EF). EF shows how much blood leaves your heart each

QUICK TIP

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



time it beats. An EF of 55 means that 55 percent of the blood in the left ventricle (a part of the heart) is pumped out with every heartbeat. Normal EFs are between 55 and 70.

Stress Test

Like an EKG, a stress test uses stick-on sensors to measure your heart rhythm. For this test, you will exercise on an exercise bike or treadmill. Measurements will be taken while you slowly increase how hard you exercise. Measurements will also be taken as you rest and your heart goes back to its usual pattern. If you can't exercise, a medicine may be used to increase your heart rate instead.



Notes:

Catheterization and Angiography

There are a number of different tests that require doctors to place a tiny tube called a *catheter* into the blood vessels to see things more closely. The catheter is usually inserted through an artery in the groin, upper arm, or the neck. Sometimes, as part of the test, a special dye will be used to help the arteries show up better. There are a lot of names for these types of tests. You may hear it called cardiac catheterization, a coronary angiogram, or carotid angiography. Sometimes during these tests, when a blockage is found it can be repaired right away. That is a process called *angioplasty*. A special small deflated balloon may be inserted into the artery and then expanded to help widen the opening. Other times, the doctor may insert a stent. A *stent* is a small, flexible tube that looks like a rolled-up wire fence. It acts as a scaffold for an artery. A stent will prop the artery open. It doesn't take long for the artery to grow around the stent and make the stent part of the artery itself.

How Can I Manage It?

You can play a big role in managing your CAD. You will improve your heart health and lower the chance you'll have serious problems. Understanding how your heart is affected by your lifestyle can help you do the things you need to do in order to stay healthy.

It is common for people with heart disease to have been told they need to keep their blood pressure and cholesterol under control.

Blood pressure – Blood vessels carry blood through the body. Blood pressure measures the force of blood pushed through these vessels. The medical term for high blood pressure is *hypertension*.

Blood pressure is given as two numbers.

Systolic pressure – This is the first number in a blood pressure reading. It is the pressure measured when the heart pumps blood into your body.

Diastolic pressure – This is the second number in a blood pressure reading. It is measured when the heart rests between heart beats.

Blood pressure is measured in a unit called *mmHg*. That is short for *millimeters of mercury*. (Think of an old-style thermometer, where a fluid rises and falls along a scale, depending on temperature. In this case, it moves up and down because of pressure.) If your doctor says your blood pressure is “140 over 90,” that means your systolic pressure is 140 mmHg and your diastolic pressure is 90 mmHg. It is written as “140/90 mmHg.”

If you have high blood pressure, you’ll need to control it. For many people with heart disease, a good goal is to keep blood pressure less than 140/90. Of course, your goal may be different based on your own unique health situation. Ask your doctor what your goal blood pressure should be.

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

Take your medicine.	If your doctor has given you medicine to lower your blood pressure, take it every day.
Exercise.	Make exercise part of your everyday routine. Try walking, biking, playing basketball or other activities you like.
Eat a healthy diet.	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.
Lose weight.	If you are overweight, losing just 5 to 10 percent of your total weight can make a difference. For a 200-pound person, that is 10 to 20 pounds.
Watch your alcohol intake.	Men should limit alcoholic beverages to 2 drinks or less per day. Women should limit alcoholic beverages to 1 drink or less per day.
Stop using tobacco.	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					

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. High levels can also be a sign of other health issues, such as 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 32 for a chart you can fill in with your information.

Here are some ways you can improve your cholesterol.

Eat less fatty foods.	Avoid foods that are high in saturated fat, trans fat and cholesterol. Eat less red meat, cheese, whole milk and fried foods.
Eat fewer “bad” carbs.	Go easy on foods with lots of sugar and starch. Those include cakes, cookies, white bread, and candy.
Add more soluble fiber to your diet.	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.
Add omega-3 fatty acids to your diet.	Omega-3 helps lower cholesterol. Fatty fish, walnuts, almonds, flaxseed and canola oil are all high in omega-3.
Exercise.	Exercise can lower the bad and raise the good cholesterol. Examples of moderate exercise are fast walking, riding a bike and playing basketball.
Stop smoking.	Smoking raises “bad” cholesterol. (It’s also harmful to the rest of your body.)
Take your medicine.	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. The medicines called <i>statins</i> are the best choice, unless your doctor says you are not a good candidate for them.

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 have heart disease.

There's no single way that is best to manage your weight. Here are some actions you can take to manage yours.

Weigh yourself weekly. Having a good idea of where you are is a good way to make sure you stay there. It will also help you know what to celebrate when you get to your healthy weight!

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. Be sure to talk with your doctor.

Eat breakfast. Skipping meals can affect your blood sugar levels and make your body burn calories more slowly.

Steer clear of fast food. There are healthy ways to eat, even on the run. Try these quick tips: Always carry a healthy snack. Plan ahead if you think you will be out at mealtime. Read ingredient labels and nutrition information on menus.

Exercise! For weight loss, you should get more than 30 minutes of exercise a day, 5 to 7 days per week. That exercise should be what the experts call “moderate intensity.” Brisk walking is one example. Work your way up to exercising 200 to 300 minutes per week.

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 suggested serving size of a 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 28.

Cardiac Rehabilitation

Have you had a heart attack, peripheral artery disease, or a procedure to treat a blocked artery within the past year? You may want to try a *cardiac rehabilitation* program. These programs help people learn more about heart health, exercise, and other things they can do to feel better now and help prevent future heart problems. You'll also get in touch with 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.

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 medicine made by a single company. Not all medicines will have a brand name. But all medicines will have a generic name. That name is usually in all lowercase letters (such as *lovastatin* or *atorvastatin*). That is the chemical name of the drug. The chemical name may also include another word such as *calcium*.



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 18 for more information on diet and exercise.

Medicines

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

Statins and other cholesterol-lowering medications.

Statins are a type of drug that has been shown to help reduce heart disease risk. They come in a lot of brand names. This family of drugs gets its name from the medicines' chemical names. They have names like atorvastatin, fluvastatin, pravastatin, rosuvastatin and simvastatin. Statins work by keeping an enzyme in the liver from making cholesterol. Reducing cholesterol in the body is how statins can help lower a person's risk for heart problems.

People who are most likely to be helped by a statin include:

- > Those with high LDL ("bad") cholesterol
- > 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*)
- > People who already have *ASCVD*.

Some people shouldn't take statins. That includes women who are pregnant, people with some liver problems, and people who are on certain medicines that interact with them. And some people find that they cause side effects, such as muscle pain. You may also need to avoid grapefruit and grapefruit juice if you take some statins.

Other types of medicines that can lower bad cholesterol are called **fibrates**, **bile acid sequestrants** and **cholesterol absorption inhibitors**.

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 put in. Common antiplatelet agents include Plavix (clopidogrel), Effient (prasugrel) and Brilinta (ticagrelor).

Be sure to talk with your doctor about how long you might need to take your antiplatelet medication. That is especially important if it has been longer than one year since you started taking it.

Many people take aspirin daily for their hearts because aspirin can also prevent clotting. If you take an antiplatelet agent or an anticoagulant, talk with your doctor about whether you should take aspirin, even if you just use it sometimes as a pain reliever. 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.



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

Angiotensin Converting Enzyme (ACE) Inhibitors and **Angiotensin Receptor Blockers (ARB)**. These drugs both have to do with a hormone in the body called *angiotensin II* (“2”). Angiotensin II can cause higher blood pressure. When blood pressure is higher, the heart must work harder. So for some people with high blood pressure, heart disease, or heart failure, it is helpful to make sure there is less angiotensin II working in the body. Different medicines do the job in slightly different ways. An ACE inhibitor interrupts the process where a certain enzyme makes more angiotensin II in the body. An ARB stops angiotensin in the body from doing what it usually does.

Common ACE inhibitors include Prinivil or Zestril (lisinopril), Vasotec (enalapril), Capoten (captopril), or Altace (ramipril). ARBs go by such names as Cozaar (losartan), Diovan (valsartan), or Benicar (olmesartan). How do you know if you are taking an ACE inhibitor or an ARB? Generic names for ACE inhibitors usually end in *-pril*. ARB generic names usually end in *-tan*.

Beta blockers. These medicines help to decrease the workload on the heart, lower blood pressure and heart rate, and can be used to treat abnormal heart beats. It is important to not stop taking a beta blocker suddenly. That could cause rebound rapid heart rate and possible angina. If you are prescribed a beta blocker, you may be asked to take your pulse every day. This is to make sure your heart rate doesn’t get too low. Common beta blockers include the drugs Coreg (carvedilol), Tenormin (atenolol), and Lopressor or Toprol-XL (metoprolol). The generic names for beta blockers usually end in *-lol*.

Calcium channel blockers. These medicines work on the heart and blood vessels at a very tiny level: the cells! Calcium channel blockers change the way substances pass into and out of cells. These drugs lower blood pressure by making it easier for the heart to pump. If you take a calcium channel blocker, you should not eat grapefruit or drink grapefruit juice. You should also avoid alcohol while taking this type of medicine. Both grapefruit and alcohol can stop calcium channel blockers from working the way they should. (You can enjoy plenty of other healthy fruits and vegetables, though!) Some names for calcium channel blockers are amlodipine (brand name Norvasc), verapamil (brand names Calan or Verelan) and diltiazem (brand names Cardizem or Tiazac).

Diuretics. You may know these medicines as water pills. That is because they help your kidneys let your body get rid of extra water (and extra sodium). Clearing extra water and sodium helps lower blood pressure and decreases swelling. One type of diuretic you may be prescribed is called a *thiazide diuretic*. They include chlorothiazide (brand name Diuril) and hydrochlorothiazide (Esidrix or Microzide).



These are some other medicines I take:

Nitrates. Nitrates help open the blood vessels. That decreases the heart’s workload and improves blood flow to the heart muscle. These medicines 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. The combination can drop your blood pressure to dangerous levels and can cause a heart attack. Nitrates are sensitive to heat, light, and air. 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 health needs. 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. It can help lower cholesterol as well.

Medicines You Take for Other Reasons

Be sure all your health care professionals 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 your medicine, including how it was tested and what side effects people taking the drug have felt.

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 questions I have about my medicines:

1 _____

2 _____

3 _____



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. 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. When 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. One serving is about three ounces. That is about the size of a deck of cards. Leaner cuts of beef usually have the words *round* or *loin* in the name. *Tenderloin*, *sirloin*, *top round* or *eye of round* are examples. 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. Vegetable oils, such as canola oil, olive oil, corn oil and soybean oil, are good choices too. Just be sure to use only a little bit of vegetable oils. They have about 120 calories per tablespoon.

You may already know that a heart-healthy diet means eating less salt and fat. But eating heart-healthy also means eating more of other 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.

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!



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 in the ingredients. Instead, look for *sodium* under the Nutrition Facts section.

Don't default to salt. Taste your food first. Better yet, put your salt shaker away. Having it out can make it too easy to use. One teaspoon of salt contains about 2,300 mg of sodium.

Give 'em a rinse. If you use canned vegetables and beans, rinse with water before using. Or pick frozen vegetables instead of canned. They are just as quick to prepare and do not have added salt.

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 something salty.

Look out for convenience foods. Prepared foods and mixes with flavor packets are often high in sodium. Meals made from scratch often have less. Plus you can control the ingredients and leave out the salt.

Train your taste buds to get used to foods with less salt. Stick with your low-salt diet. After a while, you might find you aren't reaching for the shaker.

The DASH Eating Plan

DASH stands for "Dietary Approaches to Stop Hypertension." Many people know the DASH diet as a way to eat less salt. 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 diet means eating and drinking no more than 2,300 milligrams of sodium a day. But when experts studied DASH, they saw that some people did even better if they had no more than 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, ask your doctor about it.

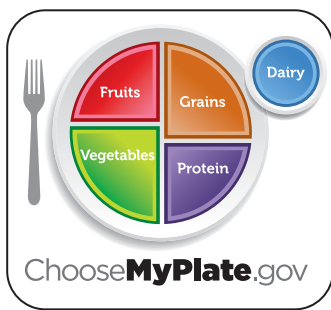
Heart-Healthy Eating

The American Heart Association recommends eating in a way that is very similar to some of the other healthy diets. There are four things to know.

- 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.** To keep 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 happens when you burn more calories than you take in. Exercise helps with that.

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. That kind is better for you. That includes fish, olives, and nuts. Some vegetables, such as avocados, also contain healthy fats.

4 Maintain healthy blood pressure. Foods and beverages can affect your blood pressure. Limit your alcohol intake. 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 taking any 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 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 come in five basic types. **Dark green vegetables** include broccoli, greens, and kale. **Starchy vegetables** include corn, potatoes, and peas. **Red and orange vegetables** include tomatoes, carrots, sweet potatoes, and squash. The **beans and peas** category includes limas, pintos, and black-eyed peas. **Other vegetables** include asparagus, beets, cabbage, and onions. Try to eat 4 servings of fruits and 4 servings of vegetables a day. They can be fresh, frozen, or canned. Any fruit or 100% fruit juice counts as part of the fruit group. Whole fruits and dried fruits are good sources of fiber. Try to “eat the rainbow.” That means eat different color fruits to get a variety of nutrients and flavors.

Grains

There are two types of grains, called *refined grains* and *whole grains*. Refined grains are processed, or made into food products, usually in a factory. An example is white bread and flour. Fiber and other nutrients are removed during processing. Some nutrients are added back in but the fiber is not. Whole grains are not processed. They have all the parts of the grain. That includes the parts

that contain fiber, which helps with digestion and helps us feel full. Choose whole grains instead of refined grains for better health.

Protein

Protein is found in many foods. It’s also found in our bodies. Protein is sometimes called the building block for our body’s cells. Meat, poultry, seafood, beans and peas, eggs, soy, nuts, seeds and foods made from those ingredients are protein foods. Aim for 6 oz. of lean meats, poultry or seafood a day. (That is about two servings.) When it comes to nuts, seeds and legumes, try to eat 4 servings a week.

Dairy

Think of dairy as a glass on the side of your plate. But you don’t have to drink your dairy. Other types of dairy include yogurt and cheese. Just be sure to choose low-fat or fat-free dairy products. Try for two to three dairy servings daily. If you can’t or don’t eat dairy, but would like a tall, cool glass of something creamy, look for soy milk, rice milk or almond milk that has added calcium and vitamin D. Those beverages have a similar taste to milk. But they are not a complete nutrition replacement for the dairy group.

Reading A Nutrition Facts Label

For many foods, there is information right at your fingertips that can help you make healthy food choices. It's the Nutrition Facts label! Found on packaged foods, it provides information on things such as serving size, calories, fats, carbohydrates, sugars, and more.

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

Nutrition Facts

Serving Size 1 cup (228g)
Servings Per Container about 2

Amount Per Serving

Calories 250 Calories from Fat 110

% Daily Value*

Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 30mg	10%
Sodium 470mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Proteins 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

1 **Serving Size**

2 **Amount of Calories**

3 **Limit these Nutrients**

4 **Get Enough of these Nutrients**

5 **Percent (%) Daily Value**

6 **Footnote with Daily Values (DV's)**

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.

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. If there is 5 percent or less of a nutrient, the food is low in it. If there is 20 percent or more of a nutrient, that food is high in it.

6 – Footnote with Daily Values. This note tells you more about the Daily Values for healthy nutrients. 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 needs and health goals.

Exercise

Most people can benefit from more exercise. It just depends on what kind of exercise is right for you – and whether or not you do it! Talk with your doctor and health coach about what you can do to get moving, and how to get started. One of the easiest ways for most people to get moving is to go for a walk. Try it today! But that’s just one type of exercise you can do.

Many exercises are safe for people with CAD. (Be sure and talk with your doctor before starting any new exercise program if you have recently had a heart attack or heart procedure, have been having chest pains or a feeling of pressure in your chest, or if you have diabetes.) **Regular exercise will help people with heart disease:**

- > improve blood circulation
- > manage weight
- > improve cholesterol and blood pressure
- > better manage stress and depression
- > strengthen muscles
- > reduce the risk of having a stroke

There are four main types of exercise. Each helps your body in a different way.

Cardiorespiratory exercise is what most people think of when they think of “exercise.” That type of exercise gets your heart beating faster. It also gets your lungs breathing heavier. (*Cardio* means heart and *respiratory* means breathing.) You might also know this type as *aerobic exercise*. Examples include brisk walking, an aerobics class, running, bicycling, swimming and many sports.

Resistance exercise helps you build strength. You can use weights, special elastic bands or your own body weight. This type of exercise isn’t just for weightlifters. It’s for everyone! Resistance exercise can help build muscles, of course. But it can also improve your heart health and overall wellness. Exercising with resistance can even help the body build stronger bones.

Flexibility exercises involve stretching. A flexibility routine doesn’t take very long to do. A focus on flexibility during your workout can help with your balance,

stretching and range of motion. It can also help with posture and how well you play a sport. Flexibility exercises can also keep you safe from injury and help with soreness after a workout.

Functional fitness exercise is easier than it sounds. Functional fitness involves motor skills such as balance and agility. It mixes them with resistance and flexibility exercise. These types of exercises have been shown to be especially helpful for older adults. Examples are tai chi and yoga.

How to Get Started

Again, it is very important to talk with your doctor before starting any exercise program. Bring a list of activities you want to try. Your doctor can help you figure out whether they are OK for you.

There are many activities you can choose from. In fact, some things that count as exercise, such as housework or gardening, might surprise you. Or you may be interested in dance, golfing, tennis, cycling, swimming, even jogging. The most important thing is to find types of exercise that you enjoy doing. It is also good to have a mix of activities to do on different days. Try and find activities that help you do each of the four main types of exercise. A well-rounded exercise program will also keep things interesting. After all, the best exercise is exercise that you actually do!

Exercise Log

A great way to make sure you are getting enough exercise is to log the amount and type of physical activity you get each day. **Write down these things:**

- > The name of each exercise
- > Number of repetitions, or times you repeat the exercise
- > How many minutes you exercise
- > Rate of Perceived Exertion scale, or RPE (see next page)

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	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

RPE measures how much you feel exercise takes out of you. An RPE of 0 is nothing. An RPE of 10 is the hardest exercise you can do. An exercise that is a 10 might be pushing yourself hard for the last part of a running race. Check how hard you are working by seeing whether you can talk while exercising. Is it hard to carry on a conversation? If so 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 can see how far you have come! If you have just one copy, slip the page inside a clear plastic page protector. Write on the outside with a fine-tipped dry-erase marker. Each day, erase yesterday's info and start fresh with what you do today.



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 disease and any medicines 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. Here are a few helpful tips to help you manage your heart health.

- > **Keep your appointments.** Put a reminder note on your refrigerator, bathroom mirror, or the calendar of your cell phone. If you can't keep your appointment, don't forget to call and reschedule.
- > **Find a ride.** 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.
- > **Ask questions.** Make sure you understand all of the instructions in your health care plan. If you don't understand something the doctor or nurse said, speak up right away and ask questions.
- > **Be prepared.** Make a list of your questions before your visit. Grab a piece of paper right now and think: What questions do I have about my health?

- > **Be honest!** Don't be afraid to tell your doctor about your symptoms, problems, or concerns.
- > **Take notes.** Don't try to remember all the details of your office visit! Take notes during appointments with your health care team.
- > **Follow through.** Remember to follow any instructions your doctor or other healthcare providers have given you. That includes instructions on how to take your medicine, manage symptoms, and more.

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 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. They can be easily mixed up if you can't see them well.
- > **Check expiration dates** on your medicines. Expired medicines can hurt you. You should throw them away. But do it safely. Ask your healthcare team how best to dispose of old medicine.
- > **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 pill box. These pill boxes can remind you to take your medicine at the right time each day. They can also 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.
- > **Just ask!** Before your next appointment, write down the questions you have about your medicines.



Notes:



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.) _____

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 of flu. Each year, disease experts decide which types of flu are most likely to be around. Then they make that year's flu shot protect people from them. Sometimes a type of 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, like ear infections and *meningitis*. Talk with your

doctor about which type of shot is right for you, especially if you have had 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 say everyone age 60 and older should 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. It can even help 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. But 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 a number that has to do with your weight and height. It 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 muscle mass, a different number may be healthier for you. Talk with your health coach or doctor about how to come up with your best BMI.)

What Does My BMI Number Mean?

18.5 – 24.9	You are at a healthy weight. Try to keep your weight the same.
25 – 29.9	You are overweight. You may want to lose weight, especially if you have any other risk factors.
30 or greater	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 make it more likely that you will develop 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?

The good news is that losing as little as 5 percent of your body weight may lower your risk for some diseases. 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 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 heart-healthy diet can meet 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.

NEED TO KNOW

Tobacco-free resources



- > www.smokefree.gov
- > 1-800-QUIT-NOW
- > You can also look for local resources from your city or state.

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 able to get nicotine replacement products, such as skin patches, lozenges, or gum, which can help people quit. Special medicines can help with cravings. And support from family, friends, co-workers and a professional counselor are also essential.

Managing Alcohol Use

Many people enjoy alcohol safely. But it is a good idea to be aware of the possible health effects of drinking too much. It's recommended that men have no more than 14 drinks in a week. That means no more than 2 drinks a day. Women should have no more than 7 drinks in a week. That means no more than 1 drink a day.

Heavy drinking may cause health and wellness problems. First, having too much to drink on just one occasion can affect a person's decision-making skills, which can lead to injuries and also cause a person to make risky choices when it comes to sex, driving, the law, or associating with dangerous people. In addition, some people have a tendency to become depressed, anxious, even violent when they drink too much, causing harm to others.

Over a long period of time, alcohol use can put some people at risk for certain diseases. If you are concerned about your drinking or that of a loved one, talk with your healthcare providers or check your phone book for local resources.

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. Stress may also be involved with 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.** Exercise can also help you strengthen your muscles and help you get to or stay at 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.
- > **Talk with your doctor about your stress level.** If you are feeling extra stress because of your heart disease, 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) minutes 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.
- > Take 20 deep breaths.
- > 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.
- > Listen to a relaxation tape or podcast.
- > 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.
- > Take a yoga class.
- > 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 _____



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. Ask your health care providers to tell you what each of the numbers means for your health. Learn what your goals should be and how to get there.

Name of Test	Goal	Date	Date
Blood Pressure	Often 140/90*. Ask your doctor what your goal should be. My goal: _____		
Height and weight	Used to get body mass index (BMI). Ask your doctor for your BMI. My goal: _____		
Total cholesterol	Less than 200* Ask your doctor what your goal should be. My goal: _____		
LDL cholesterol LDL stands for <i>low density lipoprotein</i> . It is also known as <i>bad cholesterol</i> .	Ask your doctor what your goal should be. My goal: _____		
HDL cholesterol 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: _____		
Triglycerides Triglycerides are another type of cholesterol.	Less than 150* Ask your doctor what your goal should be. My goal: _____		
Hemoglobin A1C This is how much glucose is in your blood. It helps doctors measure your risk for diabetes.	Less than 7 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:

Office Phone:

I visit this doctor for:

Name:

Office Phone:

I visit this doctor for:

Name:

Office Phone:

I visit this doctor for:

Date:

1 Question

Answer

2 Question

Answer

3 Question

Answer

1 Question

Answer

2 Question

Answer

3 Question

Answer

1 Question

Answer

2 Question

Answer

3 Question

Answer



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 "SMART**ER**" goal if you add **E**valuation and **R**eward.)*

Specific

Spell out exactly what your goal will be. If it is too general 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 regularly to see how you are doing. Reaching the goals you have 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
Specific	My health goal is:	_____
Measurable	It is important to me because:	_____
Achievable	This is what I can do to work toward it:	_____
Realistic	I know I can do it because:	_____
Timed	I think I can reach my goal by this date:	_____ Date

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

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

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

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

→ “I will check and write down my blood pressure weekly and call my doctor

→ if it’s higher than 180/100 or less than 90/60.”



Glossary

angina – chest pain that happens because of lessened blood flow to heart muscle
angioplasty – a procedure to clear a blocked coronary (heart) artery
anticoagulant – drug that prevents blood from <i>coagulating</i> , or clotting.
arrhythmia – an irregular beating or rhythm of the heart
arteriosclerosis – a condition in which the arteries become thick and stiff and are less able to allow blood flow to the body.
atherosclerosis – a disease that develops when plaque builds up in the arteries. Atherosclerosis is a type of <i>arteriosclerosis</i> .
cardiologist – doctor who specializes in the heart and blood vessels
cardiovascular – related to the heart and blood vessels
catheterization and angiography – 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.
chest X-ray – Your doctor may want to take a chest X-ray to see the structure of the organs in your chest, including your heart.
continuous positive airway pressure (CPAP) – a machine used to help people with sleep apnea breathe better during the night.
coronary occlusion – blockage of a coronary artery
coronary thrombosis – blood clot in a coronary artery
deep vein thrombosis – blood clot in a vein deep within the body, often in the thigh or lower leg
ejection fraction – a measurement of the percentage of blood leaving your heart each time it beats. Normal ejection fractions are between 55 and 70.
electrocardiogram (EKG) – This is a simple test that’s often done in a doctor’s office during a routine physical.
echocardiogram – An echocardiogram uses sound waves to make a picture of your heart. (Echocardiography is a type of ultrasound.)
glucose – another word for sugar
hemorrhagic stroke – when a blood vessel in the brain ruptures and bleeds
holter monitor – 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.

inflammation – an immune reaction or disturbance in the body
insulin – a hormone (body chemical) that helps the body process sugars and starches from food and beverages into energy the body can use
ischemia – when tissue (usually heart tissue) is starved for blood flow and oxygen
ischemic stroke – when a blood vessel supplying the brain is blocked
meningitis – an infection of the brain and other nervous system tissues
myocardial infarction – also known as a heart attack, it's when heart muscle dies because of lack of oxygen.
obstructive sleep apnea – a condition where a sleeping person regularly stops breathing because the airway narrows or becomes obstructed, which means partly blocked.
plaque – deposits on the insides of arteries. Plaque is made up of fat, cholesterol, calcium, and other substances found in the bloodstream.
pneumonia – lung infection that can be very dangerous for people with chronic conditions
positron emission tomography – PET scan, used to detect blood flow problems in the heart
pulmonary embolism – blockage in one of the pulmonary arteries of the lungs
saturated fats – 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.
stent – a small, flexible tube used as a scaffold for an artery
stroke – when brain cells die because of lack of blood flow and oxygen
trans fats – 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.
ultrasound – high-frequency sound waves used to help doctors see inside the body
unstable angina – 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

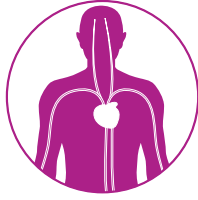
American College of Cardiology/American Heart Association Task Force on Practice Guidelines
American College of Sports Medicine
American Council on Exercise
American Heart Association
American Stroke Association
Centers for Disease Control and Prevention
Centers for Medicare and Medicaid Services
Circulation, a journal of the American Heart Association
Cleveland Clinic
Framingham Heart Study
Journal of the American Medical Association
Lorig, Kate and others. *Living a Healthy Life with Chronic Conditions*, Fourth Edition, Bull Publishing Co., 2012
Mayo Clinic
Medscape
Merriam-Webster's Collegiate Dictionary, 11th Edition
National Cancer Institute
National Heart, Lung, and Blood Institute of the National Institutes of Health
Texas Heart Institute
U.S. Department of Health and Human Services Office on Women's Health
U.S. Food and Drug Administration
U.S. National Library of Medicine
World Health Organization
A detailed list of references is available by request.

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! Send us an email: healthliteracy@envolvehealth.com





Taking Care of Your HEART DISEASE

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

Authors and Editors

Erin R. King, Tiffany Falls, Pamela Neff, Peggy Parrent, Carol Peckham, Kathy Sedlet

Graphic Designer

Holly Pelton

Medical Reviewers

Jeremy J. Corbett, M.D., Chief Science and Product Officer, Envolve PeopleCare

Frank Crociata, D.O.

Woody V. Kageler, M.D., FACP

Tiffany Falls, RN, MSN

Peggy Parrent, RN, MS, CDE

Judith Wanyoike, MHRM, MSN, RN

Reviewed for medical accuracy by a team of experienced health practitioners, May 2016