Krames
by WebMD Ignite

Living well with heart disease

A guide for patients, families, and caregivers

We lead with heart

NORTHSIDE HOSPITAL
HEART INSTITUTE

Take the next step in your better health.

Scan the QR code or visit **northside.healthprints.io/heart** for related videos and more content on this topic.

In this book

You can live well with heart disease

You've been given this workbook because you have heart disease. Or you might be recovering from a heart attack or heart surgery. In any case, cardiac rehabilitation can help. This program provides the tools you need to better manage your health. You might feel a little overwhelmed, even scared, about what happens next. This is normal. Just keep in mind, now is the ideal time to change the way you live. This workbook can help you get started.

What is heart disease?

Heart disease refers to any condition that makes it difficult for the heart to do its job. **Coronary artery disease (CAD)** is the most common type of heart disease. It occurs when an artery that supplies blood to the heart muscle becomes narrowed. If the artery becomes blocked, this can lead to a heart attack. Heart disease also includes other conditions such as heart failure, heart valve disease, and heart rhythm problems **(arrhythmias)**.

What is cardiac rehabilitation?

Cardiac rehabilitation (rehab) is a program that helps you improve your health by changing your lifestyle. It includes exercise training, education in heart-healthy living, and counseling to cope with emotions and stress. The program is run by a team of healthcare providers who are specially trained to treat people with heart disease. It often takes place in a group setting. This means you'll have help and support from others. Sometimes, the program is home-based. In such cases, a healthcare provider will offer guidance.

How this workbook can help

This workbook will help you put the skills you learn in cardiac rehab to good use. By supporting what you learn in the program, the workbook will help you:

- Understand the factors that put you at risk of another heart problem
- Learn ways to manage and reduce your heart disease risks
- Track changes in your risk factors over time
- Set and meet realistic goals
- Know when to contact your healthcare provider about a problem

CHAPTER 1

Heart disease and cardiac rehab

In this first chapter, you'll learn about the basics of heart disease. You'll also learn about your risk factors. These are health issues, habits, and other factors that contribute to heart disease. As you progress, you'll have the help of your healthcare provider and your cardiac rehab team. With time and effort, you can master the skills you need to manage risk factors and live healthier.

Contact information

Keep track of contact names and phone numbers here.

Your healthcare provider's name	Phone
Cardiologist's name	Phone
Cardiac rehab program contact person*	Phone
Cardiac rehab program address*	

* If a cardiac rehab program isn't available, this workbook can still help. With guidance from your healthcare provider, the workbook teaches some of the same skills and techniques you would learn in a group program.

Understanding arteries and heart disease

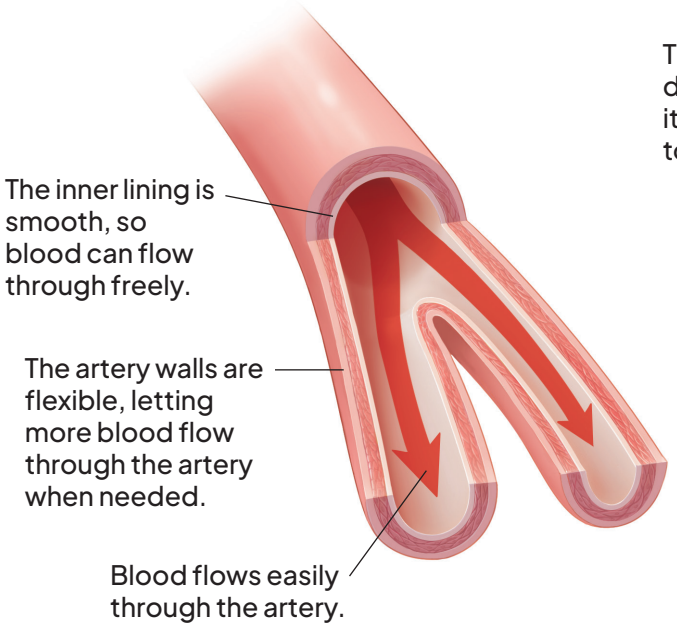
Arteries are blood vessels that carry oxygen-rich blood throughout the body. They can become damaged due to unhealthy habits such as smoking or conditions such as high blood pressure. This makes it easier for a fatty substance called plaque to build up in artery walls. Over time, the arteries stiffen and narrow, causing a condition called atherosclerosis. When this happens in the arteries that supply blood to the heart muscle, it's called coronary artery disease (CAD). But atherosclerosis is not limited to the heart. It can also happen in other arteries, such as those leading to the brain.

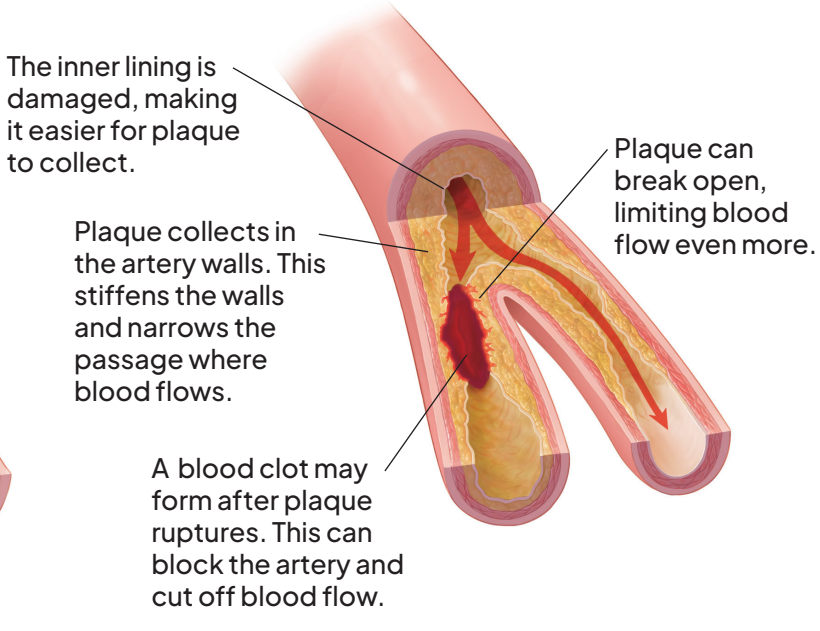
Healthy arteries

Healthy arteries have flexible walls and smooth inner linings. Blood flows freely through them to deliver oxygen all over the body. The coronary arteries lie on the outside surface of the heart. Blood fl ows through these arteries to supply oxygen to the heart muscle. The heart muscle needs this oxygen to stay healthy and keep pumping blood to the whole body.

Unhealthy arteries

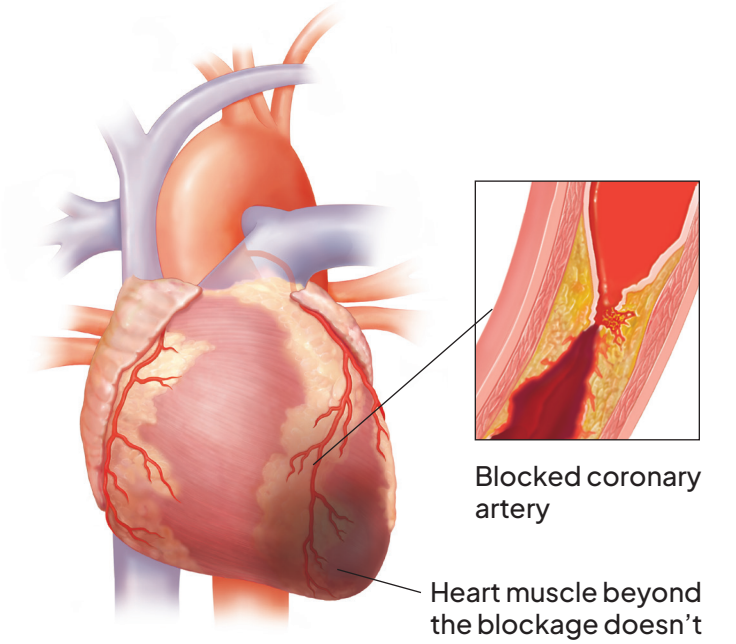
If an artery's inner lining is damaged, cholesterol and other fats in the blood (lipids) can collect in the artery wall. This buildup is plaque. It narrows the artery so that less blood flows through. Over time, plaque may break open (rupture). A blood clot can then form and possibly block the artery.





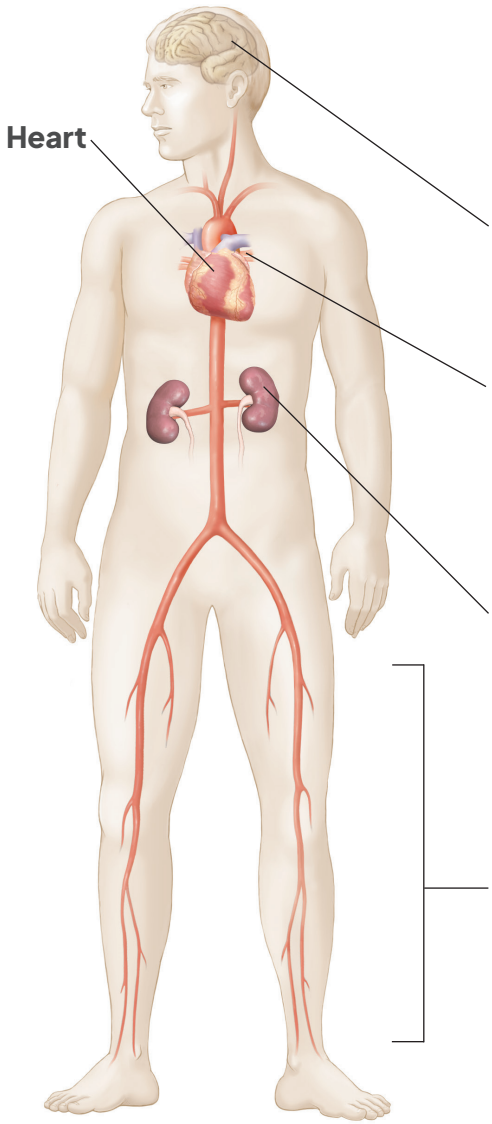
Your heart is at risk

- When a coronary artery narrows, less blood and oxygen flow to the heart muscle. The decreased blood flow can cause symptoms of **angina.** This may be felt as pressure, tightness, burning, discomfort, or pain in the chest, neck, jaw, shoulders, arms, or back. Other symptoms might include shortness of breath, dizziness, nausea, and sweating.
- When a coronary artery narrows too much, very little blood and oxygen reach the heart muscle beyond the narrowed area. If a clot forms, blood flow in the artery may stop. This can result in a **heart attack (myocardial infarction).** If the muscle goes without oxygen for too long, that part of the heart muscle dies.



Your whole body is at risk

Your heart isn't the only part of your body that's at risk. Plaque buildup can lead to problems throughout the body. Common sites of artery problems are discussed below.



The brain. Arteries in the brain or leading to the brain can become blocked. When this happens, part of the brain can't get the oxygen it needs. That portion of the brain is damaged. This is a stroke.

The aorta. This is the body's main artery. It connects directly to the heart and travels through the chest (thoracic aorta) and to the abdomen (abdominal aorta). If this artery is damaged, the affected section can weaken and balloon out. This is called an aortic aneurysm.

The kidneys. If an artery that carries blood to the kidneys is narrowed, the kidneys have a hard time filtering blood. This can lead to kidney damage.

The legs. If arteries in the legs are clogged with plaque, cramping or aching in the buttocks, thighs, or calves can occur when walking. This is called claudication.

What are your risk factors?

Risk factors are things that make heart disease more likely. Some risk factors can't be controlled, such as age, ethnicity, and family history of heart disease. But most others can be managed by making lifestyle changes and taking medicines. For each risk factor you reduce, your chances of heart attack and stroke go down. The length and quality of your life may also go up.

Risk factors you can manage

The risk factors on these pages can all be changed. Check off your risk factors below.

◯ Smoking and other tobacco use

Smoking or using other forms of tobacco damages the arteries. This makes it easier for plaque to build up. You're at risk if you smoke cigarettes, cigars, or a pipe, use smokeless tobacco, or use e-cigarettes.

To manage this risk factor, make it a goal to quit smoking and other tobacco use.

Be sure to read:

- Pages 48–49 (Quitting smoking)
- Pages 50–51 (Working through smoking withdrawal)

◯ Unhealthy cholesterol levels

Unhealthy cholesterol levels make plaque more likely to build up in the arteries. Have your cholesterol levels checked regularly as often as your provider suggests. Your provider will talk with you about how your results and how your numbers affect your overall heart disease risk.

To manage this risk factor, get tested as often as recommended. Then, work with your provider on a plan to improve your cholesterol levels.

Be sure to read:

- Chapter 2 (Healthy eating)
- Chapter 3 (Exercising more)
- Chapter 4 (Taking medicine)
- Page 44 (Understanding cholesterol)

◯ High blood pressure (hypertension)

High blood pressure means that blood pushes too hard against artery walls. This can damage the arteries. In general, blood pressure should be below 120/80.

To manage this risk factor, aim to lower your blood pressure to a healthier number. Your provider may prescribe a personal goal.

Be sure to read:

- Chapter 2 (Healthy eating)
- Chapter 3 (Exercising more)
- Chapter 4 (Taking medicine)
- Page 45 (Understanding blood pressure)

Diabetes

This problem can lead to a high level of sugar in the blood. Diabetes can damage arteries and also increase the risk of silent heart attack (one without symptoms).

To manage this risk factor, work with your provider to control your diabetes. This may involve keeping your A1C at 7% or less or your eAG at 154 or less.

Be sure to read:

- Chapter 2 (Healthy eating)
- Chapter 3 (Exercising more)
- Chapter 4 (Taking medicine)
- Pages 46–47 (Understanding diabetes)

Excess weight

The more excess weight a person has, the harder the heart has to work to pump blood throughout the body. Excess weight also makes high blood pressure and diabetes more likely. You're at risk if your body weight is greater than what is considered healthy for your height. You're also at risk if your waist size is35 inches or more (assigned female at birth) or 40 inches or more (assigned male at birth).

To manage this risk factor, aim to lose excess weight and keep it off.

Be sure to read:

- Chapter 2 (Healthy eating)
- Chapter 3 (Exercising more)

Lack of physical activity

Inactivity worsens heart disease and increases the risk of heart attack and stroke. It also makes it harder to manage blood pressure, cholesterol, diabetes, and weight.

To manage this risk factor, try to be more active daily.

Be sure to read:

- Chapter 3 (Exercising more)

Stress and strong emotions

Stressful events and feelings can raise heart rate and blood pressure. Stress can also bring on feelings of depression, anxiety, and anger. These feelings don't directly lead to heart disease, but they do affect overall health.

To manage this risk factor, learn ways to manage stress and take care of your emotional health.

Be sure to read:

- Chapter 6 (Your emotional health)

What is metabolic syndrome?

Metabolic syndrome is a grouping of risk factors that greatly increases your risk for heart disease, stroke, and diabetes. Talk with your provider if you have 3 or more of these factors:

- Excess fat around your waist
- High triglycerides
- Low HDL cholesterol
- High blood pressure
- High fasting blood sugar

Heart disease tests and treatments

There are many tests and treatments for heart disease. The ones used most often are described on these pages. Before you start a cardiac rehab program, you may need a medical evaluation to assess your overall health. Your provider and cardiac rehab team will let you know if further testing will be needed.

Common tests

Certain tests may be done to check how well your heart is working. Tests may also be used to track how well you're managing your risk factors and overall condition.

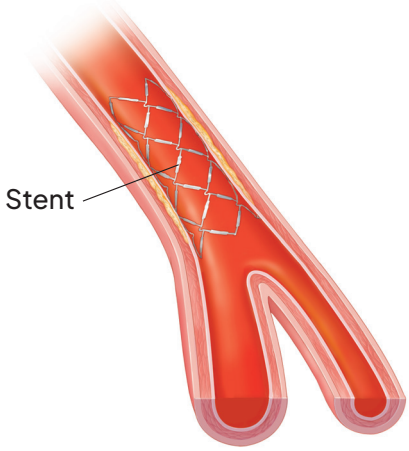
- **Blood tests** help measure the levels of cholesterol (and other lipids), sugars, and proteins in the blood. They can also help check for other health problems.
- A **blood pressure test** measures the force of blood flow against the artery walls. It may be needed to help track blood pressure over time.
- An **electrocardiogram (ECG)** shows the electrical activity of the heart. It can reveal a heart rhythm problem and areas of damage after a heart attack.
- An **exercise stress test** is also called a stress ECG. It records the electrical activity of the heart during exercise. This helps assess the flow of blood to the heart. It also shows how much exercise a person can safely do.
- An **echocardiogram** uses sound waves to create live images of the heart. It shows the size and shape of the heart. It is also used to check the health of the heart valves and heart chambers.
- **Cardiac catheterization** can be used to diagnose certain heart problems. In some cases, it can also be used to help treat heart disease. During the test, a thin, flexible tube called a **catheter** is put into a blood vessel. Once the catheter is in place, a special X-ray called an **angiogram** may be done. It helps detect narrowing or blockages in the coronary arteries.

Treatments you may have

Along with the lifestyle changes you will learn in cardiac rehab, you may need medicines or procedures to help manage heart disease. You may have already had some of the treatments mentioned below. Or they may be part of your current or future treatment plan.

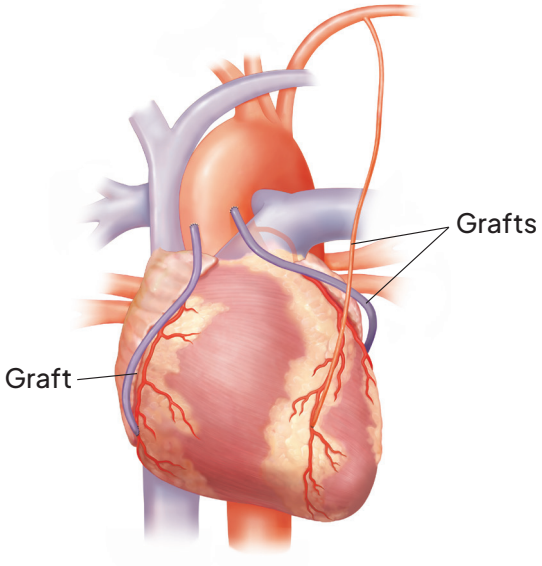
Medicines

Medicines may be prescribed to manage symptoms or underlying health conditions. For instance, they may help improve blood flow, lower blood pressure, manage cholesterol, or regulate heart rate or rhythm. Some medicines may also help reduce the chances of heart attack or stroke.



Angioplasty and stenting

If an angiogram shows a narrowing or blockage, **angioplasty and stenting** may be done to open the affected arteries. With angioplasty, a balloon-tipped catheter is guided into a narrowed or blocked artery. The balloon is inflated to flatten plaque against the artery wall. A **stent** (small wire mesh tube) may be placed to provide support and help keep the path of blood flow open.



Coronary artery bypass graft surgery

Some people with severe blockages may need coronary artery bypass graft surgery. This surgery is also called **CABG** (pronounced cabbage). During the surgery, a healthy blood vessel **(graft)** is taken from the arm, chest, or leg. The graft is used to create a new pathway (bypass) around the blocked part of the artery. This helps restore blood flow to the heart muscle.

Your cardiac rehab program

Joining a cardiac rehab program will allow you to learn the skills needed for heart-healthy living. Your team will work with you to create a plan to manage your risk factors. They will also help you set realistic goals and teach you how to meet those goals. The team is there for you, so don't hesitate to ask for their help.

The cardiac rehab program

Most cardiac rehab programs take place at a hospital or clinic. Programs can also be held at a wellness or community center. Some are home based. Programs often last 8 to 12 weeks, with 2 or 3 sessions each week. Each session may include supervised exercise. There will also be sessions to teach you about heart disease, lifestyle changes, and medicines.

Team members

The cardiac rehab team often includes providers, nurses, and exercise specialists. Physical and occupational therapists, nutritionists, dietitians, pharmacists, and counselors may also be included. Most programs take place in a group setting. Team members also provide 1-on-1 help when you need it.

Get ready to make changes

During the rehab program, you'll begin making certain changes in the way you live. The tips below can make the process of changing a little smoother:

- **Expect new emotions.** It's common to resist or feel angry or scared about having to make changes. You're not alone. Sharing your feelings with the rehab team and people you are close to can help.
- **Prepare yourself for slow, steady progress.** Change doesn't happen overnight. To feel your best, you need to commit to practicing your new skills.
- **Get support.** Allow family and friends to support your efforts. Tell the people in your life how they can help you reach your goals. You might even suggest they join you in trying new foods and activities. Share your ideas and tips for success with other members of your cardiac rehab group.

My reasons for changing

What's really motivating you to improve your heart health? It doesn't matter what other people think you should do. Why do you want to change? Mark the statements below that apply to you. Keep them in mind when old habits are tempting. People often want to change right after an event such as a heart attack or surgery. But this drive can lessen over time. Only your own motivation will create lasting change.

I want to:

- ◯ Live to enjoy my children and grandchildren
- ◯ Return to work I enjoy
- ◯ Return to hobbies and favorite activities
- ◯ Be healthy and active enough to enjoy my retirement
- ◯ Travel to places I haven't visited yet
- ◯ Do daily activities such as walking up stairs in comfort

My own reasons for changing:

_____

_____

_____

Signs and symptoms of an emergency

There is no cure for heart disease. Cardiac rehab and other treatments can help make you healthier. But an emergency such as a heart attack or stroke could still happen. For this reason, it's important to watch for signs of these problems. This way you can get help as soon as possible. Family members should watch for these signs, too.

Signs of a heart attack

Many heart attacks start as pain or discomfort in the center of the chest. People assigned female at birth are more likely to have certain symptoms, such as shortness of breath, nausea or vomiting, or back or jaw pain. Common signs of heart attack include:

- Chest discomfort, such as pain, aching, tightness, or pressure that lasts more than a few minutes, or that comes and goes
- Pain or discomfort in the stomach, 1 or both arms, back, shoulders, neck, or jaw
- Shortness of breath
- Sweating (often a cold, clammy sweat)
- Nausea
- Lightheadedness

The difference between angina and a heart attack

Angina can cause symptoms similar to a heart attack. But it doesn't cause lasting damage to the heart. Instead, it may be a sign that a heart attack may occur in the future. If your symptoms last for only a few minutes, you might be having an angina attack. Fast-acting nitroglycerin can usually stop this (see page 38). Keep this medicine with you at all times. If nitroglycerin doesn't relieve your discomfort within 5 minutes, **CALL 911.** You could be having a heart attack.

Signs of a stroke

- Sudden numbness or weakness of the face, arms, or legs, especially on 1 side
- Sudden confusion or trouble speaking or understanding
- Sudden trouble seeing in 1 or both eyes
- Sudden trouble walking, dizziness, or loss of balance
- Sudden, severe headache with no known cause

Heed the warning: TIA

Most people get a warning that a stroke is coming on. This warning is called a **TIA (transient ischemic attack)**. It is a temporary loss of blood flow to part of the brain. During a TIA, you experience some or all the symptoms above. While a TIA usually leaves no permanent damage, it should be taken very seriously. If you ever have symptoms of a stroke or TIA, even if they don't last, **CALL 911.**

If you think you're having a heart attack or stroke

Get help right away if you have the signs and symptoms described on these pages. In some cases, medicines can stop a heart attack and even reverse some of the damage. For best results, these medicines need to be used as soon as possible. If you think you're having a heart attack or stroke:

- **CALL 911** or have someone else call. Do NOT try to drive yourself to the hospital.
- Take nitroglycerin if it has been prescribed (for heart attack symptoms only). See page 38 to learn more.
- Take aspirin if directed to (for heart attack symptoms only).
- Wait for help to arrive. Unlock your door if you can.
- Rest in a comfortable position. Loosen tight clothing.
- Do NOT ignore the signs or tell yourself they will pass.

Track your progress

You can monitor some risk factors yourself. Others can be checked only with blood tests. To track how well you are managing your risk factors, fill in the chart below. Include the numbers from your most recent tests. The closer your numbers are to the ideal numbers, the better. Use the chart to update your numbers about every 3 months. This will show how well your risk factors are being controlled.

Risk factors	*Ideal numbers*	*Current levels*	*3 months*	*6 months*	*9 months*	*1 year*
Smoking	0 cigarettes or other tobacco products used per day					
Cholesterol and blood lipids						
• Total cholesterol	You and your provider will determine what cholesterol levels are right for you. This will depend on your age, family history, and whether you have other heart disease risk factors.					
• LDL						
• HDL						
• Triglycerides						
Blood pressure	You and your provider will determine your personal goal.					
Diabetes	A1C of 7% or less or an eAG of 154 or less					
Weight and waist size	If overweight or obese, reduce body weight by 5% to 10%. Assigned male waist size: Less than 40 inches Assigned female waist size: Less than 35 inches					
Physical activity	At least 30 minutes, 5 days a week					

CHAPTER 2

Healthy eating

By eating healthy foods more often, you'll take a big step toward better health. That's because most heart disease risk factors are linked to what and how much you eat. Eating healthier will help you improve cholesterol and blood pressure levels. It can also help you lose extra pounds or maintain a healthy weight. In addition, if you have diabetes, healthy eating can help you manage it. This chapter helps you make heart-healthy changes in your diet—without giving up all the foods or flavors you love.

Room to improve?

Have you already made a few changes in your eating habits? If so, good for you. If not, now's a good time to start. Either way, there's always room to improve. Think about your reasons for not eating healthier. Then try to come up with 1 or 2 possible solutions.

Example

What's stopping me? I don't have time to cook healthy meals.

Ways to improve: Prepare a healthy recipe on the weekend, and warm it up during the week.

Buy prechopped vegetables for salad.

What's stopping me? _____

_____

Ways to improve: _____

_____

Choose to eat healthier

Eating for heart health doesn't mean carrot sticks and chicken breasts are the only foods you can have. You can choose a variety of foods! Just eat more of the healthier ones, and ease up on less-healthy ones. How much you put on your plate is also part of healthier eating. Cutting down on portion sizes will help you manage your weight.

Eat more…

Set a goal to add more of these types of foods to your diet:

- **Fresh fruits and vegetables.** These have many health benefits. Most Americans don't eat enough.
- **Whole grains, such as whole-wheat bread and brown rice.** These are high in fiber and rich in vitamins.
- **Foods high in unsaturated fat,** such as olive oil, nuts, and fish. In moderate amounts, this type of fat is good for your heart.
- **Nonmeat sources of protein,** such as beans and soy products. These supply your body with the protein it needs, just as lean cuts of meat do.

Have less…

To improve your heart health, cut back on these types of foods:

- **High-fat animal products,** such as fatty cuts of meat, butter, and full-fat milk and other dairy products. These contain saturated fats, which raise LDL ("bad") cholesterol.
- **Foods high in salt (sodium).** These can make it harder to manage problems such as high blood pressure or heart failure.
- **Added sugars** in sodas and other sweetened beverages, candy, and desserts. These add calories with no nutrition, which can lead to weight gain. They can also increase triglyceride levels.
- **Snack foods and fast food.** These are often high in salt and sugar and contain trans fat, the worst type of fat for your heart.
- **Alcohol.** Drinking too much alcohol can be bad for your heart and overall health.

What about calories?

A **calorie** is a unit of energy. You get calories from the foods you eat. Your body burns some calories to fuel its functions. More calories are burned during activity. If you eat more calories than your body burns, the extra calories are stored as fat. Tracking how many calories you eat helps you maintain a healthy weight. The chart at right shows recommended calorie intake based on sex assigned at birth, age, and activity level.

Get back to basics

Fresh foods are the best bet for taste and texture. All foods have calories, but fresh foods also hold a lot of nutrients. To get back to basics:

- Don't eat foods with added fat, sugar, colors, or sodium. These foods tend to be high in calories and low in nutrients.
- Compare labels to find foods high in fiber, vitamins, and other nutrients. Reading labels can also help you stay away from foods high in fat, sodium, and added sugars. See page 20 to learn more.
- Put processed foods back on the shelf. Do you buy boxed pasta meals, instant noodles, or rice with powdered flavor packets? If so, cook regular pasta or rice seasoned with fresh herbs instead. Even better, use whole grains.

Keep portions reasonable

How much you eat is just as important as what you eat. Most Americans eat too much. To reduce portion sizes, try eating your meals from a smaller plate. As a goal, fill half your plate with vegetables and fruits. Split the other half between whole grains and protein. Pick low-fat or fat-free milk and dairy products. Also, try to limit second helpings as much as possible.

Recommended calories per day

		Activity level		
		Not active	Moderately active	Active
Sex	Age (years)	Calories	Calories	Calories
Assigned female at birth	31–50	1,800	2,000	2,200
	51+	1,600	1,800	2,000–2,200
Assigned male at birth	31–50	2,200–2,400	2,400–2,600	2,800–3,000
	51+	2,000–2,200	2,200–2,400	2,400–2,800

Source: Dietary Guidelines for Americans, 2020–2025 and Online Materials. Dietary Guidelines for Americans website. https://www.dietaryguidelines.gov/resources/2020–2025–dietary-guidelines-online-materials.

Calories and your weight

To maintain a healthy weight, eat only as many calories as your body burns. To lose weight, you need to burn more calories than you eat. Your provider, cardiac rehab team, and a dietitian can help you set up a diet and exercise program to meet your needs. If you're trying to lose weight, your calorie needs may be different from those on this chart.

Learn how to use MyPlate

MyPlate is a visual guide that can help you choose the best types and right amounts of foods to eat. Serving suggestions in this workbook are based on MyPlate's guidelines for a daily intake of 2,000 calories. Your needs may vary depending on your sex assigned at birth, age, and activity level. Visit **www.MyPlate.gov** to find guidelines specific to you.

Vegetables

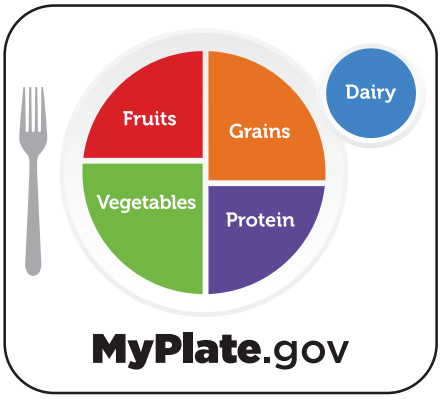
- All vegetables are high in nutrients. If you eat plenty of different colored vegetables, you get a variety of nutrients.
- Good choices include dark green vegetables (spinach, collard greens, broccoli); bright red and orange vegetables (carrots, red bell peppers, tomatoes); and starchy vegetables (potatoes, squash).

Grains

- Grains (which are starches) make up such foods as bread, pasta, rice, cereal, and tortillas.
- At least half the grains you eat should be whole grains. Look for foods that list a whole grain (whole wheat or whole rolled oats) as the first ingredient.

Dairy

- This group includes milk as well as foods made from milk, which are also high in calcium (cheese, cottage cheese, and yogurt). Calcium-fortified soymilk is also part of this group.
- Choose low-fat or nonfat milk products.
- If you can't digest milk well, try lactose-free or lower-lactose milk products that have calcium added.



Fruits

- Most of your fruits should come from whole sources. Try any fruit that's fresh, frozen, or canned in its own juice (no sugar added).
- Juice is high in calories. If you drink juice, make it 100% fruit juice (no sugar added).

Protein

- This group includes foods such as fish, poultry, meat, soy products, beans, nuts, seeds, and eggs. Try to get your protein from a variety of sources.
- Before cooking meat, cut off all fat you can see. Remove skin from poultry. Choose lean ground beef.

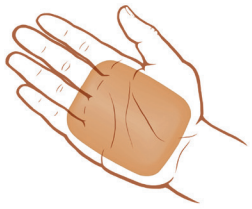
Oils

- Oils are fats that are liquid at room temperature. This includes oils you cook with, plus foods that are mostly oil, such as mayonnaise and salad dressing.
- Choose olive, canola, and nut oils whenever you can. Oils are high in calories, so have them in moderation.

How much should I eat?

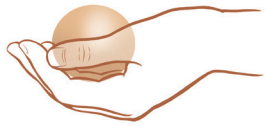
Use MyPlate to learn how to plan healthy meals. Once there, read about daily calorie requirements and healthy ways to meet them. The chart below shows an example of how a person who needs 2,000 calories a day can get the right amount of each food group.

How big is that?



The size of your palm or a deck of cards is 2 to 3 ounces.

The size of your fist or a tennis ball is 1 cup.



The size of your cupped hand or a golf ball is ½ cup.

Sample food chart

Food	*Equivalents*	*Amount per day**	*My amount per day*
Vegetables	**1 cup is equal to:** • 1 cup cooked vegetables • 2 cups raw leafy greens • 1 cup vegetable juice	2½ cups	
Fruits	**1 cup is equal to:** • 1 small apple, 1 large orange, or banana • 1 cup raw or cooked fruit • ½ cup dried fruit	2 cups	
Grains	**1 ounce is equal to:** • 1 slice bread • 1 cup dry cereal • ½ cup cooked rice, pasta, or oatmeal	6 ounces (At least 3 ounces should be whole grains.)	
Protein	**1 ounce is equal to:** • 1 ounce lean meat, fish, or poultry • ¼ cup cooked beans • 1 egg • 1 tablespoon peanut butter • ¼ cup tofu	5½ ounces	
Dairy	**1 cup is equal to:** • 1 cup low-fat or fat-free milk or yogurt • 1½ ounces natural cheese • 2 ounces processed cheese	3 cups	
Oils	**1 teaspoon is equal to:** • 1 teaspoon vegetable oil (Note: Oil is hidden in other foods. You probably get plenty in the food you eat.)	6 teaspoons	

Source: U.S. Department of Agriculture, MyPlate.gov website

* Based on a 2,000–calorie diet for persons who get at least 30 minutes per day of moderate physical activity, at least 5 days of the week.

Heart-healthy shopping

Healthy eating starts at the store. Pay attention to food labels and make healthy choices as you shop. Doing so ensures you'll have healthy foods on hand at home when it's time to eat. The tips on these pages will help you get started.

Get the facts

Reading Nutrition Facts labels is easy once you know how. Look for the words highlighted below. (Note: The Nutrition Facts label is changing. Below is an example of a food with the new label. You may still see foods with the old label for a time.)

Nutrition Facts

8 servings per container
Serving size **2/3 cup (55g)**

Amount per serving
Calories **230**

	% Daily Value*
Total Fat 8g	**10%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**13%**
Dietary Fiber 4g	**14%**
Total Sugars 12g	
Includes 10g Added Sugars	**20%**
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Serving Size is the basis for all values on the label. If you eat more than 1 serving, all other values on the label increase, too.

Calories is the number of calories in each serving.

Total Fat is the total amount of all types of fat per serving.

Saturated Fat can worsen cholesterol levels. Look for foods with little or no saturated fat.

Trans Fat is even worse for your heart than saturated fat. New laws restrict the use of trans fat. But it may still be found in some foods. Look for foods with no trans fat.

Sodium can worsen problems such as high blood pressure and heart failure. Try to limit sodium to no more than 1,500 mg each day unless told otherwise by your provider.

Dietary Fiber aids digestion and helps control cholesterol. Try to get 14 grams of fiber for every 1,000 calories you eat.

Total Sugars is the total amount of all types of sugar per serving.

Added Sugars may contribute to higher risk of heart disease, stroke, and diabetes. Limit or don't have foods and drinks that are high in added sugars as much as possible.

Let packaging claims work for you

Claims on a product's front label can be confusing. "Healthy" and "Natural" have no nutritional meaning. But what about "Reduced Fat" and "Light in Sodium"? The claims below are defined by the government. Brands with these claims are more healthy than the standard version of the product.

What it says	What it means
Fat free	Less than 0.5 g fat per serving
No trans fat	Less than 0.5 g trans fat per serving
Low in saturated fat	1 g or less saturated fat per serving
Low fat	3 g or less fat per serving
Reduced fat	At least 25% less fat than standard version
Sodium free, salt free	Less than 5 mg sodium or salt per serving
Very low sodium	35 mg or less sodium per serving
Low sodium	140 mg or less sodium per serving
Reduced sodium, less sodium	At least 25% less sodium than standard version
Light in sodium	50% less sodium than standard version
Unsalted, no salt added	No salt added during processing

Be a heart-smart shopper

Most people shop by habit. Now's the time to turn off the automatic pilot! Make a shopping list before you enter the store. Then stick to the list and don't make impulse buys. The following tips can help you make heart-healthy choices while you shop.

- **Produce section:** Start shopping here. Build lower-fat meals around produce instead of meat. Also, fresh fruits and vegetables contain no added sugars and almost no sodium!
- **Meat counter:** Try fish or chicken instead of red meat. Remember: Beans, tofu, or nuts are good alternatives to meat. Don't eat cured or smoked meats. They are higher in sodium.
- **Frozen food section:** Frozen dinners are often high in fat and sodium. Look for plain frozen foods without sauces.
- **Dairy section:** Try lower-fat dairy products. Instead of whole milk, try low fat or nonfat. Limit sweetened yogurts and high-fat, high-sugar dairy such as ice cream.
- **Snack food section:** Look for low-fat, low-sodium versions of your favorite snacks. Snack foods often contain trans fat, so read labels with care.

What can you choose instead?

Lots of foods can give you the taste or texture you crave—without overloading you with fat, sugar, and sodium. Here are a few switches you can make. Start by making 1 change a week. Work up to a change a day. Of course, what you choose depends on what you like. Put a star next to the options you might try first. Can you think of other heart-healthy switches for foods you often eat?

	If you often eat these foods	*Try instead*
Breakfast	Sweet roll or doughnut	Raisin toast with low-sugar jam
	Bacon	Turkey bacon or Canadian bacon
	Cream cheese	Fat-free cream cheese or 1%–2% cottage cheese
	Eggs fried in butter	Scrambled egg whites or eggs cooked with olive oil or nonstick cooking spray
	Whole milk	Nonfat or low-fat milk; "light" soymilk or almond milk

Lunch	Creamy potato salad or coleslaw	Raw vegetables or salad with vinaigrette
	Grilled cheese sandwich	Tuna with low-fat mayo on toast
	Salami sandwich	Roast turkey sandwich
	Pastry or candy	Unsweetened dried fruit

Dinner	Ground beef	Ground turkey or 96%–99% lean ground beef
	Fried chicken or fish	Broiled chicken or fish
	Cheese sauce	Olive oil, herbs, and lemon
	Ice cream	Half-portion of frozen yogurt with fresh fruit

Breakfast

If you often eat these foods	*Try instead*
Flavored oatmeal, grits, or other instant cooked cereal	Plain instant or cooked cereal with cinnamon or fresh fruit
Vegetable juice	100% fruit juice or low-sodium vegetable juice
Frozen hash browns	Fresh hash browns or a low-sodium frozen brand

Lunch

Dill pickles	Cucumber slices with vinegar
Peanut butter	Unsalted, unsweetened peanut butter
Lunchmeat	Roast chicken or turkey, sliced
Processed cheese (American)	Natural cheese (such as Swiss) or string cheese
Noodle soup and pasta meals with flavor packets	Plain noodles or homemade soup with nonsalt seasoning
Chips or french fries	Unsalted pretzels, nuts, or chips

Dinner

Table salt (for cooking)	Lemon, garlic, pepper, spices, low-sodium spice mixes
Garlic salt (for cooking)	Garlic powder or fresh garlic
Bottled salad dressing	Olive oil, vinegar, and herbs
Boxed rice mix	White or brown rice with your own seasoning
Canned vegetables or beans	Frozen, fresh, or low-sodium canned vegetables or beans
Ham	Roast pork with fat trimmed
Smoked turkey	Roast turkey or chicken
Sausage	Lean hamburger patty, grilled
Canned or bottled spaghetti sauce	Homemade sauce (no salt added)

Healthy eating at home

Healthy cooking starts with cutting down on the fat and salt you add to foods. This doesn't mean you have to sacrifice flavor or spend more time in the kitchen. There are lots of quick, easy ways to cook without using fat and salt. A cookbook with low-fat, low-sodium recipes can help. So can the tips below.

Swap out some ingredients

- Replace whole milk or cream in soups and sauces with low-fat milk.
- Replace half the fat called for in baked goods with applesauce.
- Use reduced-fat or skim-milk cheese in place of full-fat cheese.

Sharpen new cooking skills

- Remove skin from chicken and turkey. Trim all visible fat from meat before cooking.
- Broil, bake, stew, poach, or microwave fish, chicken, turkey, and red meat.
- Brown meat under the broiler.
- Roast on a rack so the fat drips away.
- Simmer in low-sodium broth or wine instead of frying in fat.
- Use nonstick pans or nonstick cooking spray.
- Steam or microwave vegetables without adding fat or salt.
- Chill soups and stews. Then skim off any fat before reheating and serving.

Add flavor without fat or salt

- Try herb blends, lemon juice, pepper, or flavored vinegar on vegetables.
- Add chopped onions, garlic, and peppers to flavor beans and rice.
- Sprinkle herbs on fish, chicken, turkey, and meat, and in soups.
- Marinate fish, chicken, turkey, and meat for flavor. Try ginger, lemon juice, low-sodium salsa, or a little wine.
- Spoon natural cooking juices over meat in place of gravy or cream sauce.

Healthy eating out

When you eat out, scan the menu for healthy choices. Restaurants often will make a dish in a healthier way. Ask for your order to be cooked without cheese, with no added salt, or with sauce on the side. Sometimes you can even get a meatless version of an item on the menu. Cooks may not be able to meet every request, but many will help when they can. For a head start on healthy ordering, try the tips on this page.

American food

- Order grilled chicken or fish (without breading) instead of fried.
- Have a salad or baked potato instead of fries.
- At the salad bar, stick with fresh vegetables. Use oil and vinegar dressing. Keep in mind that low-fat dressings and canned and pickled items are often high in salt.
- Try a veggie burger instead of a hamburger.

Italian food

- Order pasta with marinara sauce. If you add parmesan cheese, add only a small amount.
- Ask for a light amount of cheese on pizza. Or check the menu for options with no cheese.
- Order pasta or pizza with broccoli, spinach, and mushrooms instead of salty, fatty meats such as sausage and pepperoni.
- Don't eat dishes with cheese or cream sauce.

Asian food

- Order steamed dishes instead of fried. Steamed dishes are often lower in fat and sodium.
- Have fish, chicken, or tofu.
- Order a vegetable dish instead of a meat dish.
- Dip food into sauce instead of pouring sauce on top.

Mexican food

- Fajitas are a good choice because you add your own fillings. Have them with vegetables, chicken, chili peppers, and a pinch of cheese.
- Eat soft flour or corn tortillas instead of chips and go light on the sour cream. Have guacamole instead—it's made from avocados, which contain a good kind of fat (monounsaturated fat).
- Choose black beans over refried.

Fast food

Fast food tends to be high in fat and salt. Eat at fast food restaurants only once in a while, if at all. If you do have fast food now and then, choose healthier items. Most fast food restaurants have a nutrition list for the foods they serve. This can help you order. Ask for this list at the counter. It may also be on the restaurant's website.

Setting goals for healthier eating

The tips in the chapter you just read can help you eat healthier. But you don't need to make all the changes suggested all at once. Start by breaking a big goal into realistic, smaller steps. Here's how specific steps can add up to big success.

Goal: Cut sodium intake

1. **Start by leaving salt out of your food.** Use the tips on page 24 for cooking without sodium. When you're comfortable with these changes, move on to step 2.
2. **Cut back on high-sodium foods.** Use food labels to see which foods you eat are highest in sodium. Phase these out of your meals.
3. **Track your progress.** At least once a week, add up all the sodium you eat in a day. Compare these sodium logs to see how much your daily sodium intake goes down.
4. **When you're at your daily target sodium level, celebrate!** Reward yourself for a job well done. Go to the movies or buy yourself a special nonfood treat. How else could you reward yourself?

Goal: Meet USDA guidelines

1. **Start by choosing 1 new vegetable to try this week.** Or, fix an old favorite in a new, healthy way. Variety can keep you interested in eating more healthy foods.
2. **Have at least a serving of 1 vegetable each day with lunch.** Eat a green salad with your sandwich instead of chips. Order vegetable soup and a whole-grain roll. Or pile fresh vegetables on a baked potato.
3. **Track your progress.** Add up the servings of vegetables you eat daily. Mark a calendar each day you eat 2½ cups of vegetables.
4. **When you meet the guideline of 2½ cups daily for 1 week, celebrate!** Watch a ball game or chat with an old friend. How else could you reward yourself?

My healthy eating goals

This process can be applied to any of your goals. Some common eating-related goals are listed here. You can start with these or come up with your own. Check off the goal that you want to tackle first. Then start working toward it with a step-by-step approach. Remember, each goal you meet improves your heart health!

Goals	Steps I will take:
○ Add more fruits and vegetables to my diet.	
○ Cut down on fatty animal products.	
○	

CHAPTER 3

Exercising more

Exercise helps you get into better shape so your heart doesn't have to work as hard. It also helps you control risk factors, such as unhealthy cholesterol, high blood pressure, and excess weight. And it sets you up for a healthier future. For lasting results, exercise needs to be a lifelong commitment. You may get started with a program in cardiac rehab. But when the program ends, it's up to you to keep going. The skills you learn in cardiac rehab will benefit you for the rest of your life—if you keep them up!

Overcoming your barriers

You probably take a walk once in a while. But what keeps you from exercising as much as you should? For each exercise barrier, try to list 1 or 2 things you can do to overcome it.

Example

What's stopping me? I'm just too tired to exercise for 30 to 40 minutes at a time.

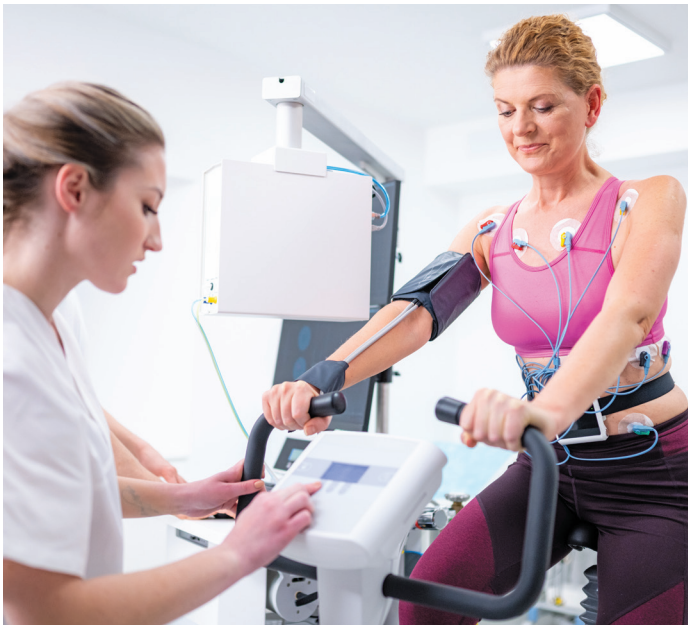
Ways to improve: Break up exercise into short 10-minute segments throughout my day.

What's stopping me? _____

Ways to improve: _____

Getting started with cardiac rehab

Exercise can be as simple as walking. In rehab, it can include stretching and strengthening, too. Are you just starting to be active again? If so, you may wonder if exercise will bring on chest pain or a heart attack. Rest assured, your rehab team will let you start slowly and progress safely. Exercise goes a long way in helping to prevent future heart problems.



Assessing your needs

Before you begin an exercise program, you will likely have an exercise stress test to show how your heart responds to exercise. During this test, your heart rate and rhythm are measured while you're at rest and then again when you use a treadmill or stationary bicycle. Results of this test and others are used to help the cardiac rehab team develop an exercise program that is personalized for you.

How hard should you work?

Test results help the rehab team decide how hard you should exercise. You may be given goals for target heart rate and **rate of perceived exertion (RPE).** These 2 ways of measuring effort can help you get the most benefit from exercise.

Fill in your numbers

My target heart rate range:

_____

My target RPE range:

_____

Measuring effort

Exertion is your level of effort during exercise. It tells you how hard your heart is working. The goal is to exercise at a level that's safe but beneficial to your heart. You can measure exertion in 2 ways:

- Your **target heart rate** is the number of heartbeats per minute to aim for during exercise.
- The **Borg RPE scale** lets you gauge how hard you feel you're working.

Checking your heart rate

Gently press 2 fingers to the inside of your wrist. Count the number of beats you feel for 30 seconds. Multiply the number of beats by 2. Or count the number of beats for 60 seconds. This is your heart rate (also called **pulse**). During exercise, try to meet your target heart rate goal.

Signs of overexertion

Stop exercising and tell your provider or a member of the cardiac rehab team if you have any of these symptoms:

- Pain, discomfort, burning, tightness, heaviness, or pressure in your chest, neck, jaw, shoulders, arms, or back
- Unusual shortness of breath
- A racing or skipping heartbeat
- Extreme tiredness
- Lightheadedness, dizziness, or nausea

If you are exercising at home and have any of these symptoms, **CALL 911 immediately**.

Using the Borg RPE scale®

The numbers on the Borg RPE scale reflect how much effort you feel you're making during exercise. Ask your provider or rehab team what level you should aim for. For complete instructions on how to use the scale, see page 64.

Level	How it feels
6	No exertion at all
7	Extremely light
8	
9	Very light
10	
11	Light
12	
13	Somewhat hard
14	
15	Hard (heavy)
16	
17	Very hard
18	
19	Extremely hard
20	Maximum exertion

Borg G. Borg's Perceived Exertion and Pain Scale. Champaign, IL: Human Kinetics; 1998.

Scales with instruction can be obtained from Borg Perception, www.borgperception.se.

Types of exercise

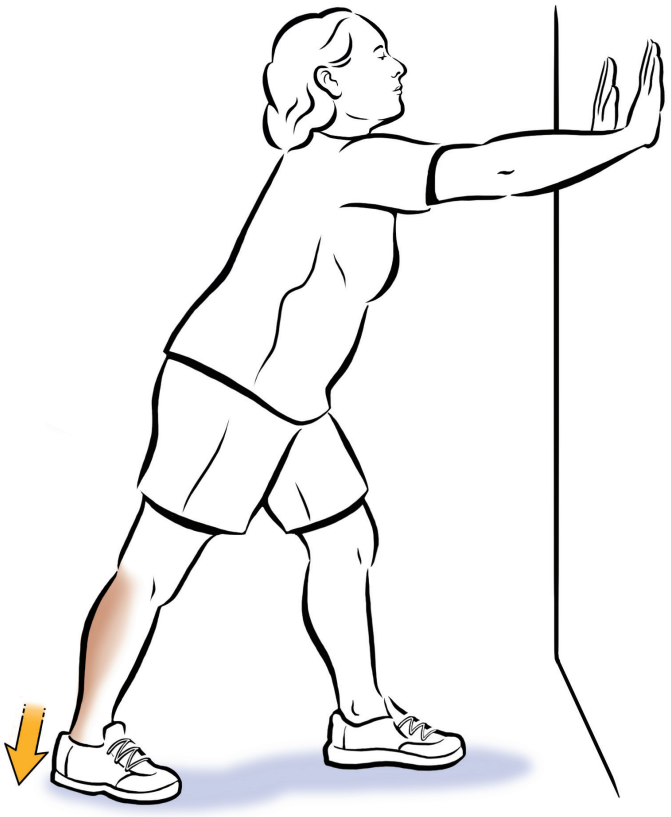
Your exercise program is likely to include 3 types of exercise. Stretching exercises improve flexibility, balance, and posture. Aerobic exercises increase endurance (how much you can do). Strength exercises help build muscles. An example of each type is shown on these pages. Your cardiac rehab team may teach you others. Exercise examples may also be provided by the resources listed on page 62. Check with your rehab team or provider before trying any exercises.

Stretching exercises

Stretching relaxes tight muscles. This helps keep you from getting hurt during exercise. Stretching is also a good way to reduce stress. You should always stretch before and after a workout. Your cardiac rehab team may give you more specific instructions.

Calf stretch

1. Stand facing a wall with your feet side by side. Put your arms out at shoulder level. Rest your hands against the wall with your elbows slightly bent. (Don't push against the wall.)
2. Step back with your right foot. Gently lower your heel to the floor. Keep your toes pointing forward and your left knee slightly bent. You'll feel the stretch in the back of your right calf (lower leg).
3. Hold the stretch for 15 to 30 seconds.
4. Return to starting position. Repeat the stretch using your left leg



Special instructions: This stretch can also be done while holding on to the back of a sturdy chair.

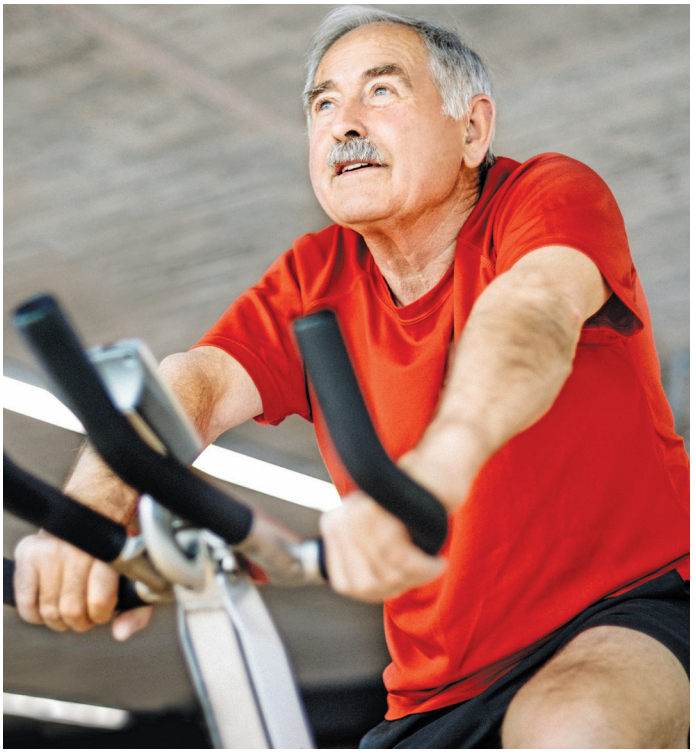
Aerobic exercises

Aerobic exercises help strengthen the heart and lungs. They make you breathe harder and sweat a bit. Most of your workout should consist of this type of exercise. Good choices include walking, biking, and swimming.

Riding a stationary bicycle

1. Adjust the seat so your knees are only slightly bent when the pedals are at their lowest points.
2. Begin to pedal at a comfortable pace.
3. In time, your cardiac rehab team may suggest adding resistance to make your muscles work harder.
4. Use the bike for _____ minutes.

Special instructions:



Riding a stationary bike or using a treadmill are good ways to do aerobic exercises at home.

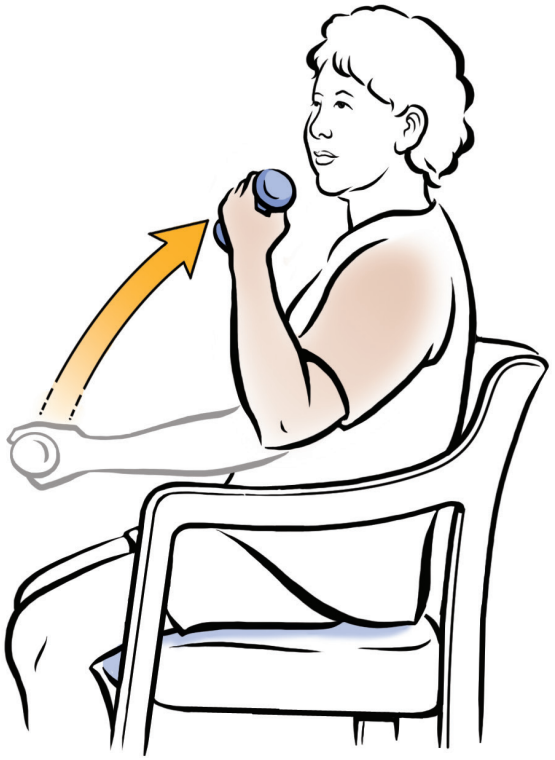
Strength exercises

Your cardiac rehab team may have you do strength exercises as part of your workout. These exercises help build muscles. Examples include lifting weights and doing sit-ups.

Biceps curl

1. Stand or sit with a weight in each hand. Keep your arms straight and very close to your sides. Your palms should face forward. Inhale.
2. Exhale as you slowly bend your elbows and lift the weights to shoulder level.
3. Inhale while you slowly return to starting position. Repeat as directed.

Special instructions:



Get moving

Walking is the easiest way to exercise. It's great for your heart, and it requires nothing more than a pair of sneakers and your own 2 feet. Work toward a goal of at least 150 minutes of exercise a week. This can be 30 minutes a day 5 days a week. Taking daily walks can help you meet this goal.

Ease in and out of exercise

Break each walking session into phases: Stroll, Stride, Stroll, Stretch. Gradually work up to the pace your cardiac rehab team suggests. Then ease back down. These are good guidelines for other forms of aerobic exercise, too.

Stroll: Speed up gently

Start walking slowly. Take 5 minutes to work up to full stride. This warm-up loosens muscles and increases your heart rate little by little.

Stride: Move briskly

At first, walk briskly for 1 or 2 minutes. Build up to 5 minutes, then 10. Gradually increase the amount of time you walk until you work up to at least 30 minutes.

Stroll: Taper down

Spend 5 minutes slowing back down. This lowers heart rate and blood pressure gently. This is especially important if you take certain blood pressure medicines.

Stretch: Stay limber

Finish by gently stretching your legs and arms. Stretch for 5 minutes. Don't jerk or bounce. Hold each stretch for a few seconds. Breathe normally. If a stretch hurts, ease up.

Safety tips

- Wear sturdy shoes with arch support.
- Drink plenty of water before, during, and after exercise.
- If nitroglycerin has been prescribed, keep it with you during exercise.
- Report any changes in symptoms, such as pain or shortness of breath, to your provider or rehab team.

Make every step count

To track your activity, try a wearable fitness tracker. Or download a fitness app for your smartphone. These often count how many steps you take each day. You can use this information to set goals and challenges for yourself. For instance, if you usually walk 4,000 steps a day, try to get 200 more steps each day for a week. Set a daily goal to work toward. Talk with your healthcare provider about a good goal for you. A common goal is to work toward 10,000 steps each day.

Add activity to your day

In addition to scheduled workouts, try to be more active overall. A few easy ways to increase daily movement are listed below. Check off 1 to try this week.

- Take the stairs at your apartment or job instead of the elevator.
- Park your car a little farther from stores and walk.
- Play with your kids or grandkids more often.
- Walk your dog around the block a few extra times.
- Take a lap around the market or mall before you start shopping.
- Visit a zoo, museum, or park.
- Take a short walk at lunch.
- Walk to see a coworker or a neighbor instead of phoning, texting, or emailing.

Add your own ideas:

Tracking exercise and activity

Use this chart to track the exercise you do each week. Remember: You are working up to a goal of at least 30 minutes per day, 5 days a week. Also try to increase the number of steps you take each day to increase overall activity.

	Exercise I did	Total minutes of exercise	Total steps per day
Sunday Date:			
Monday Date:			
Tuesday Date:			
Wednesday Date:			
Thursday Date:			
Friday Date:			
Saturday Date:			

CHAPTER 4

Taking medicine

Like many people with heart disease, you take a few types of medicine. Some reduce the chance of heart attack and stroke. Others help control risk factors, such as high blood pressure, unhealthy cholesterol, or diabetes. You may also take medicines for other heart problems, such as heart failure or an arrhythmia. Keeping track of your medicines and knowing what each does can get confusing. This chapter helps you understand the medicines you're taking and teaches you skills for using them correctly and safely.

Room to improve?

If you're taking all your medicines exactly as directed, good for you. If you're not, what's keeping you from doing so? Write down your reasons for not taking your medicines. Then come up with 1 or 2 ways to do better.

Example

What's stopping me? I have a hard time remembering when to take my medicines.

Ways to improve: Set an alarm to remind me to take them.

What's stopping me? _____

_____

Ways to improve: _____

_____

Medicines for heart disease

Many people with heart disease need to take the medicines described in this chart. Other common heart medicines are listed at the bottom of these pages. With your provider's or cardiac rehab team's help, check off the types of medicines that have been prescribed for you and write the name of each.

Medicines you'll probably take

Type of medicine	What it does
◯ Statin Name: _____	• Reduces the amount of LDL ("bad") cholesterol and other fats in the blood. This reduces the chance of clogged arteries. • May improve levels of HDL ("good") cholesterol.
◯ ACE inhibitor, angiotensin receptor blocker (ARB) Name: _____	• Lowers blood pressure and decreases strain on the heart. This makes it easier for the heart to pump and also improves blood flow.
◯ Aspirin or antiplatelet medicine Name: _____	• Helps prevent blood clots, which could block an artery. • May reduce your risk of a heart attack.
◯ Beta-blocker Name: _____	• Lowers blood pressure and slows heart rate. • May strengthen the heart's pumping action over time.

Medicines you may also take

◯ **Angiotensin receptor–neprilysin inhibitor** (ARNI) helps treat heart failure.

Name: _____

◯ **Antiarrhythmic** helps slow and regulate a fast or irregular heartbeat.

Name: _____

◯ **Anticoagulant** helps reduce the risk that a blood clot will form and block the artery.

Name: _____

◯ **Antihypertensive** helps treat high blood pressure.

Name: _____

◯ **Calcium** channel blocker helps blood flow more easily through the arteries.

Name: _____

Possible side effects	Notes
Upset stomach, gas, constipation, and abdominal pain or cramps; abnormal liver function; muscle soreness, pain, and weakness.	Well tolerated, with few side effects. Call your provider if you have severe muscle pain or weakness or if your urine turns brown.
Low blood pressure (may make you dizzy); dry cough; change in kidney function; too much potassium in the body; swelling of mouth, lips, or tongue.	Dose will start low and increase slowly over time. Get medical help right away if mouth, lips, or tongue becomes swollen. While on this medicine, you will have lab tests to monitor potassium levels and kidney function.
Bleeding; heartburn or indigestion; ringing in the ears; sleepiness; headache.	Before taking these medicines, tell your provider if you also take anticoagulants, such as Coumadin (warfarin). Call your provider if you have uncontrolled bleeding or notice blood in your urine or stool.
Low blood pressure (may make you dizzy); low heart rate; depression; tiredness; sexual dysfunction. Heart failure symptoms may be worse at first, but will improve over time.	Dose will start low and increase slowly over time. Don't suddenly stop taking this medicine. Call your provider if you have side effects.

- ◯ **Digoxin** slows heart rate and helps the heart pump more with each beat.

  Name: _____

- ◯ **Diuretic** helps rid the body of excess water (important if you have high blood pressure or heart failure).

  Name: _____

- ◯ **Nitrate** (nitroglycerin) helps prevent and treat angina.

  Name: _____

- ◯ **SGLT2 inhibitors** help treat heart failure, ongoing coronary artery disease, diabetes, and kidney disease.

  Name: _____

- ◯ **Vasodilator** helps blood flow more easily through the arteries.

  Name: _____

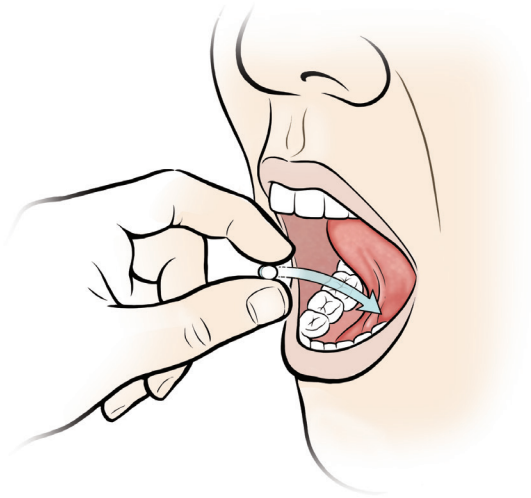
Nitroglycerin therapy

Nitroglycerin widens blood vessels, which increases blood flow. It is prescribed to relieve the discomfort of angina (see page 5). Taken daily, long-acting nitroglycerin may help prevent bouts of angina. Fast-acting nitroglycerin often can stop an angina attack. If it doesn't relieve your symptoms within 5 minutes, seek medical help right away.

Using fast-acting nitroglycerin

Fast-acting nitroglycerin comes in tablet or spray form. A dose is 1 tablet or 1 spray. The usual way to take it is described below. If your provider has told you differently, then follow their instructions.

- Sit down before you take your dose. The medicine may make you feel dizzy.
- Place a tablet under your tongue. Let the tablet dissolve completely. **Don't swallow it.** If you do, it will work too slowly. If using spray, spray once on or under your tongue.
- Wait 5 minutes. If the angina goes away, rest awhile and return to your normal routine.
- If your angina lasts longer than 5 minutes or gets worse, **CALL 911.** Don't delay. You may be having a heart attack. (To learn more about heart attack symptoms, see page 12.)
- After you call 911, take a second dose of nitroglycerin. Wait another 5 minutes. If the angina still doesn't go away, take a third dose. You can take up to 3 doses within 15 minutes. Stay on the phone with 911 for further instructions.



About nitroglycerin

- Carry a few doses of nitroglycerin with you at all times. Keep it at room temperature, tightly closed in the container it came in.
- Check the expiration date. Refill your prescriptions, and discard any expired medicines.
- Talk to your provider before using nitroglycerin if you are taking medicines for erectile dysfunction.

Aspirin and your heart

- Aspirin is sometimes prescribed to help prevent a heart attack. Use aspirin therapy only if so directed by your provider. If you have certain health problems or take certain medicines, daily use of aspirin may not be right for you.
- If you think you're having a heart attack, taking aspirin in addition to fast-acting nitroglycerin might be helpful. Ask your provider about this ahead of time. Then you'll know what to do in an emergency.

Understanding your medicines

You should know certain details about your medicines. This helps you take them correctly and safely. For each medicine, ask your provider or pharmacist the questions below. Write down the answers so you don't forget. Then fill in the information on your medicine list (page 42). Also, ask about anything you don't understand or that seems wrong. For instance, if you get a refill and the pills don't look like the ones from last time, talk to the pharmacist before taking them.

Questions to ask

- What is the medicine's name? Find out the brand name, as well as the generic name, if any.
- Why am I taking this? What does it do?
- How often should I take this? At what time of day?
- How much of the medicine (what dosage) should I take?
- What should I do if I miss a dose?
- Should I expect any side effects from this medicine? What should I do if I have them?
- Do I follow any special instructions while taking this? Are there any activities, foods, or other medicines I should avoid while taking this?

Beware of medicine interactions

Vitamins, herbal supplements, and some over-the-counter medicines can be dangerous to take if you use heart medicines. So, tell your provider about all the products you're taking. This includes even simple remedies for headaches and colds. Show your medicine list (page 42) to the pharmacist every time you buy over-the-counter or prescription medicine. They can tell you which medicines to not take. Also, drinking alcohol while taking heart medicine can be dangerous.

Tips for taking medicines

It's easy to forget to take your medicine, especially when you take a lot of pills. But to get the best results from medicines, always take them as directed. The tips on these pages can help you keep track.

Staying on schedule

Every medicine has a different purpose. So, each one needs to be taken as prescribed. Don't skip pills or stop taking a medicine, even when you feel fine. To stay on track, try to:

- Take your medicine at set times. You could take it each morning with breakfast or right before you go to bed. Some medicines may need to be taken at certain times of day or with food. Ask your provider if this is true for any of yours.
- Find ways to remind yourself to take medicines. Use a pillbox to organize pills for the week. Or, set your cellphone or watch alarm to go off when you're supposed to take your medicine.
- Have your prescriptions refilled while you still have plenty of pills left. Be aware that certain suppliers, such as mail-order pharmacies, may take longer to fill prescriptions.
- When traveling, keep all medicines in your carry-on bag. This way you'll have them in case you and your checked luggage get separated. Also, bring copies of each of your prescriptions when you travel.

Safety tips

Read the warning labels and usage instructions for each medicine you take. Also, keep these safety tips in mind:

- Keep a copy of your medicine list (page 42) in your purse or wallet at all times. Also, give a copy to a family member or close friend.
- Get help organizing your pills if you need it. A family member or friend can help prevent you from making a mistake that could be dangerous to your health.
- Fill all your prescriptions at the same drugstore. This way your records are all in one place.
- Ask your pharmacist or provider for a fact sheet or other patient information when you start a new medicine.
- Tell your provider and pharmacist if you have medicine allergies.
- Don't split your pills to save money. Talk to your provider or pharmacist if you're having trouble paying for your medicines.
- Never share your medicines.
- Ask your provider or pharmacist how you should dispose of old or expired medicines.
- Store medicines in a cool, dry, dark place—not in a steamy bathroom.

If you have side effects

Some medicines can cause side effects, such as nausea or dizziness. Tell your provider if you have any side effects. They may change the medicine, dosage, or schedule to reduce effects. Be sure to keep taking your medicine as directed, and always talk to your healthcare team about how you feel. Your feedback will help the provider find the best medicine plan for you.

Your medicine list

Fill in the chart below to keep track of all your medicines. Be sure to keep this chart up-to-date. Add new medicines or changes to your dosage as they're made. Share this list with any new healthcare provider that you visit.

Name of medicine	What it looks like	Dosage and frequency	Time of day to take it	What it's for
Example Digoxin	Small, white, round	0.25 mg once a day	Each morning	Treat heart failure

This information is not intended as a substitute for professional healthcare. Always follow your healthcare provider's instructions.

CHAPTER 5

Managing specific risk factors

This chapter helps you manage specific risk factors for heart disease. These are unhealthy cholesterol, high blood pressure, diabetes, and smoking. If you have 1 or more of these specific risk factors, the chances of developing future heart problems are much higher. Even if not all of the topics in this chapter may apply to your care, it may help you to know more about them.

Where am I now?

Do you have any of these risk factors? Check off any statements that apply to you.

- ◯ My cholesterol levels are unhealthy now or could become so. (See page 44.)
- ◯ My blood pressure is too high or is at risk of becoming too high. (See page 45.)
- ◯ I have diabetes. (See page 46.)
- ◯ I'm a smoker. (See page 48.)

Understanding cholesterol

Cholesterol is a type of fat (lipid) that's carried in the blood. To stay healthy, the body needs some cholesterol. If cholesterol levels are abnormal, the risk of heart attack increases. You can help improve cholesterol levels by being more active and changing what you eat. For added control, your provider may also prescribe medicines. Regular testing can show how well your cholesterol levels are responding to treatment.

Types of lipids

There are 3 main types of lipids. Each affects the body in different ways. To work normally, the body needs the right balance of these types. **Total cholesterol** is the combined measure of the 3 types.

- **LDL** (low-density lipoprotein) is often called bad cholesterol. When the body has too much LDL, it can build up in artery walls. This can lead to a heart attack or stroke.
- **HDL** (high-density lipoprotein) is known as good cholesterol. That's because it picks up leftover LDL cholesterol from the arteries, and carries it back to the liver to be used again.
- **Triglycerides** are another type of lipid often measured with cholesterol. A high triglyceride level may lead to plaque buildup in arteries.

Reading your lab report

Cholesterol and other lipids are measured with a blood test. You'll need to fast (not eat anything) for 9 to 12 hours before the test. If possible, use the same lab each time you're tested. The example below shows what you might find on a typical lab report.

Abnormal numbers may be listed in a separate column to make them easier to read.

The reference range is an average range.

A blood lipid panel lists amounts for LDL, HDL, triglycerides, and total cholesterol.

Ratios compare 2 numbers, such as total cholesterol and HDL.

Tests	Results	Flag	Units	Reference range
Cholesterol	192		mg/dL	100–199
Triglycerides		156	mg/dL	0–149
HDL Cholesterol	48		mg/dL	40–59
LDL Cholesterol	119		mg/dL	0–129
Chol/HDL Ratio	4.0		Ratio	3.9–5.0

Understanding blood pressure

As the heart pumps blood through the body, force is created inside the arteries. Blood pressure is the measure of this force. When blood pressure is high, the heart must pump harder to push blood through the arteries. Over time, this extra work can weaken the heart and damage blood vessels. High blood pressure can be managed with exercise, changes in diet, and the use of medicines. Measuring blood pressure can show how well a treatment plan is working.

Measuring blood pressure

Blood pressure can be measured by a healthcare provider, or you can do it at home. The test always gives 2 numbers: a systolic pressure over a diastolic pressure (for example, 120 over 80).

- **Systolic pressure** is the first, or top number. It measures the pressure when your heart beats (contracts) and blood flow is strongest. Normal systolic pressure is lower than 120.
- **Diastolic pressure** is the second, or bottom number. It measures pressure in the arteries when the heart relaxes between beats. Normal diastolic pressure is lower than 80.

When your numbers vary

It's normal for blood pressure numbers to vary at certain times. They might be higher in the morning and lower later in the day or at night. They can also change depending on your activity levels or emotions. The best way to learn your normal range is to check your pressure at home. Record it until you can see a pattern. Show the numbers to your provider at your next appointment.

To measure blood pressure at home

- Put on the blood pressure cuff, following the directions that came with the device. Sit comfortably with your arm supported on a table. Rest quietly for 5 minutes.
- Start the blood pressure device. Wait while your blood pressure is measured.
- If the reading is very different from usual, wait 5 minutes. Then try again. Ask your provider ahead of time what to do if this reading is very high or very low.
- Take your blood pressure in the morning and in the evening to see how it varies.

120 Systolic / **80** Diastolic

Understanding diabetes

With diabetes, your body has trouble using a sugar called glucose for energy. As a result, the sugar level in your blood becomes too high. Left untreated, high blood sugar can damage arteries. Diabetes also makes other problems, such as high blood pressure and unhealthy cholesterol, more dangerous. To maintain heart health as well as good diabetes control, focus on managing your blood sugar level. Healthy eating and daily exercise (chapters 2 and 3) will help. But there are other things you need to do, too. These include testing your blood sugar regularly, planning your meals, and taking any prescribed medicines.

Blood sugar testing

Testing your blood sugar each day helps you make wiser food choices. If you use insulin, test results will also show if your medicine needs to be adjusted to bring your blood sugar level back into target range. You may be asked to check blood sugar both before and after meals. Record the times of your readings in a log. This will help you spot trends, such as high blood sugar after eating certain foods.

Aim for your target range

Your blood sugar should be in your target range—not too high and not too low. Target range is where blood sugar levels are healthiest. Staying in this range as often as possible will help reduce your risk of health problems. Your healthcare team will help you find your ideal target range.

Target range

Before a meal

Between _____ and _____

After a meal

Between _____ and _____

Learn how carbs affect blood sugar

To get energy that lasts a while, your body needs food that contains **carbohydrates (carbs).** However, carbs raise blood sugar levels higher and faster than other kinds of food. That's why you may need to limit the amount of carbs you eat at a time. The 3 different types of carbs you need to monitor are described below:

- **Starches** raise your blood sugar. Starchy vegetables include potatoes, peas, corn, and lima beans. Starches are also found in grains, kidney and pinto beans, and lentils.
- **Sugars** raise your blood sugar level quickly. Foods with natural sugars include fruits, dairy products, and honey. Added sugars are found in many desserts, candies, sodas, and juices. Alcohol may contain both natural and added sugars.
- **Fiber** delays absorption of sugar, so it helps control blood sugar level. Fiber is found in fruits and vegetables, whole grains, beans, and nuts.

Timing your meals

For blood sugar control, when you eat is as important as what you eat. You may need to eat several small meals spaced evenly throughout the day to stay in your target range. Don't skip breakfast or wait until late in the day to get most of your calories. Doing so can cause your blood sugar to rise too high or fall too low.

Medicines for diabetes

To help control your diabetes, you may take medicine. This is in addition to medicine you take for your heart. Diabetes medicines may be taken in the following ways:

- **Oral medicines** help the body make insulin or help it use insulin better. Add the names of any medicines you take for diabetes to your medicine list (page 42).
- **Prescribed insulin** provides the insulin your body needs but can't make. Insulin is typically injected into the body.
- **Injectable hormones** can increase the body's production of insulin or slow the release of glucose into the bloodstream.

Quitting smoking

If you smoke, quitting is one of the most important changes you can make for your heart. Your risk of heart attack will go down within 1 day of putting out that last cigarette. As you go longer without smoking, your risk will go down even more. Quitting smoking isn't easy, but millions of people have done it. You can, too. The information on these pages can help. If you've already quit, these pages can help you stay on track.

Have a quit plan

Quitting takes patience and a plan. You'll boost your chances of success by deciding on your "quit plan" ahead of time. Plan when you'll quit, how you'll deal with urges to smoke, and whom you'll ask to support you. Your provider and cardiac rehab team can work with you to develop this plan. Even if you've already quit, it's easy to slip back into smoking. Have a plan to help you stay off tobacco for good.

Track your triggers

Do certain emotions trigger your urge to smoke? How about certain people or places? Knowing the things that trigger you to smoke can help you avoid them in the future. Check off any of the things below that might prompt you to smoke. Or, write down a few of your own.

- ◯ Boredom
- ◯ Frustration or anger
- ◯ Being with smokers
- ◯ Drinking alcohol
- ◯ _____
- ◯ _____

My quit date

_____

No safe tobacco

Maybe you don't smoke cigarettes. But you smoke a pipe, cigar, cloves, or bidis. You chew or use snuff. Or you use e-cigarettes. Beware: All of these contain nicotine and other chemicals that harm your body and heart. No delivery method is safe for your health.

Choose a quit-smoking product to help

Using a quit-smoking product makes you much more likely to quit for good. Some products can be bought over the counter. Others require a prescription. Talk to your healthcare provider and cardiac rehab team about these products. They can help you make a decision about which to try.

Over the counter	*How it works*	*Length of treatment*	*Possible side effects*
Nicotine patch*	• Gives you nicotine through the skin at a constant rate • Ask your provider about combining the patch with nicotine gum or nasal spray	Take smaller and smaller doses over about 2 months	• Skin rash, itching • Trouble sleeping • Nausea
Nicotine gum*	• Gives you nicotine through the mouth	Take smaller and smaller doses over about 2 to 3 months	• Sore mouth or jaw • Indigestion, hiccups • Dizziness, nausea
Nicotine lozenges*	• Gives you nicotine through the mouth	Take smaller and smaller doses over about 3 months	• Sore mouth • Belching, hiccups • Dizziness, nausea, weakness
Prescription only	*How it works*	*Length of treatment*	*Possible side effects*
Nicotine nasal spray*	• Gives you nicotine through the nose • Works more quickly than other nicotine products	Use for 3 to 6 months	• Irritated nose, eyes, throat • Coughing, sneezing • Anxiety, restlessness
Nicotine inhaler*	• Nicotine is breathed in through the mouth	Use for up to 6 months; take smaller and smaller doses over about 3 months	• Mouth and throat irritation • Coughing
Bupropion SR	• Reduces withdrawal symptoms and urges • Doesn't contain nicotine	Start 2 weeks before you quit, then take for 2 to 6 months	Behavioral changes, including depression, hostility, and suicidal thoughts and actions
Varenicline	• Blocks withdrawal symptoms and urges • Doesn't contain nicotine	Start 1 week before you quit, then take for 3 months	Behavioral changes, including depression, hostility, and suicidal thoughts and actions

All products conflict with certain other medicines or medical conditions. If you have questions, ask your pharmacist or provider.

**These products contain nicotine. Don't smoke while using a nicotine product. Doing so could give you a dangerous overdose of nicotine.*

Working through smoking withdrawal

You'll likely go through a short period of withdrawal as your body adjusts to not having cigarettes. This will pass. Talk to your cardiac rehab team and others in your program about what you're going through. The tips on these pages can help you manage the first weeks without smoking.

Be prepared

Nicotine is a powerful and addictive drug. Since your body is used to the effects of nicotine, not smoking can bring on withdrawal. This can cause symptoms such as mood swings, lower energy, and trouble thinking clearly. Don't worry. These symptoms will go away. The medicines listed on page 49 can help ease the symptoms of withdrawal.

Keep yourself busy

Being active is a great way to distract yourself when you get the urge to smoke. A little activity makes you less likely to want a cigarette. It's also good for you! Try 1 of these when the urge strikes:

- Garden for a few minutes.
- Play a game with your kids or grandkids.
- Walk around the block.
- Stretch your arms and shoulders.
- Drink a glass of water.
- Brush your teeth.
- Take a few deep breaths of fresh air outside.
- Exercise (see chapter 3 for tips).

Munch on healthy snacks

The snacks described below will keep your mouth busy while your urges to smoke pass. Best of all, in small helpings they won't make you gain weight.

- **Crunchy snacks:** Try apple slices, carrot or celery sticks with nonfat dip, pretzels, rice cakes, or air-popped popcorn.
- **Sweet snacks:** Try angel food cake, low-fat cookies or muffins, sugarless gum, or hard candy.
- **Creamy snacks:** Try low-fat or fat-free plain yogurt or unsweetened applesauce.

Learn from slip-ups

What if you slip up and have a cigarette? A slip doesn't mean you've failed. Look at it as a chance to learn. What were you doing when you smoked? Were you with a smoker? Were you lonely? If you find the reason for your slip, you can make a plan for how to deal with it. Then get right back on track. Any time you slip into smoking again, take control and put the cigarette out. If you tried to quit before and didn't succeed, don't doubt yourself this time. Use what you've learned to stay on track.

Get lots of support

Support from others can help you stay quit.

- Ask friends and family members not to smoke around you or keep cigarettes in the house. Simply being around people when they're smoking puts your health at risk.
- Ask a friend or family member who smokes to quit with you. Also, find out if others in your cardiac rehab group are trying to quit. You can learn from one another.
- Consider joining a support group or quit-smoking program. Talk with your provider or cardiac rehab team to learn more about this.

My quit contract

Signing a contract can make you feel a stronger commitment to quitting. Ask a friend or family member to witness your signing. Be sure to ask someone who believes you can quit to be your witness.

I, _____ , will quit smoking on _____

and will call my support person for help if I slip and smoke again.

My signature: _____

My support person's signature: _____

Your action plan

This chart outlines what you need to do to keep each of these risk factors under control. You're probably doing some of these things already. If so, check them off. As you achieve the other goals, check those off, too. You can also write in your own action items as needed.

Cholesterol

- ◯ Take cholesterol-lowering medicines as directed.
- ◯ Cut back on foods high in saturated fat and trans fat. Limit added sugars.
- ◯ Exercise at least 30 minutes, 5 days a week.
- ◯ Get cholesterol tested as often as directed. Record the test results on page 14.
- ◯ _____

Diabetes

- ◯ Work with a dietitian to develop meal plans.
- ◯ Take diabetes medicines or insulin as directed.
- ◯ Test blood sugar as directed. Record results in a log.
- ◯ Exercise at least 30 minutes, 5 days a week.
- ◯ Have lab tests as often as recommended. Record A1C or eAG number on page 14.
- ◯ _____

Blood pressure

- ◯ Take blood pressure medicines as directed.
- ◯ Reduce daily sodium intake to 1,500 mg unless directed otherwise.
- ◯ Cut back on alcohol.
- ◯ Exercise at least 30 minutes a day, 5 days a week.
- ◯ Test blood pressure as often as directed. Record results on page 14, or keep a log if you test often.
- ◯ _____

Smoking

- ◯ Set a quit date.
- ◯ Talk to your provider about prescription or over-the-counter medicine to help you quit.
- ◯ Join a support group or quit-smoking program.
- ◯ Sign a quit contract (page 51), with a friend or family member as witness.
- ◯ If you slip up, try again. Remember that most people try more than once before they quit for good.
- ◯ _____

CHAPTER 6

Your emotional health

Heart disease doesn't affect only your body–it can also affect your emotions and your relationships with others. This chapter covers the most common emotional concerns of people with heart disease. If you're having trouble in any of these areas, talk with your healthcare provider or cardiac rehab team. They can provide advice and support and get you the help you need.

Where am I now?

Check off any statements below that apply to you. Each may indicate an emotional problem that's shared among people with heart disease. Taking care of such issues can improve your sense of well-being and may improve your overall health.

- ◯ I'm no longer interested in doing things that I used to enjoy. (See page 54.)
- ◯ I don't have any support. (See page 55.)
- ◯ I don't get out of my house very much. (See page 55.)
- ◯ I feel stressed much of the time. (See page 56.)
- ◯ I'm having problems with sex. (See page 58.)

Overcoming depression

Depression is a treatable problem that's very common among people with heart disease. It's natural for you to feel overwhelmed or down after a heart attack or heart surgery. You may even feel angry or sad about having to make lifestyle changes. Some medicines can cause depression as well. It's normal to have these feelings some of the time. But if they start to take over your life, it's a sign of a bigger problem. Talk to your provider if this could be true for you.

Are you depressed?

Depression can make you feel unhappy, down, or sad every day. You may lose interest in hobbies, activities, and people you used to enjoy. Depression may also cause you to:

- Feel worthless, guilty, or helpless much of the time
- Feel hopeless about the future
- Have trouble sleeping or sleep more than usual
- Not feel like eating or eat too much
- Feel tired, weak, or low in energy
- Have trouble concentrating, remembering, or making decisions
- Withdraw from family and friends

What you can do

Are any of the depression symptoms just mentioned true for you? If so, tell your provider or a member of your cardiac rehab team how you're feeling. Since depression can take away your energy and your hope, taking this first step can be hard. Remind yourself that depression is a medical problem and it's not your fault. Treatment with medicine, therapy, or both will help you get better. When depression is treated, your overall health may improve. You'll also have more energy to take care of yourself and follow your treatment plan.

If you've thought about suicide

Depression can make you feel as if you can't go on. Suicide may seem like an escape, but there are better ways to ease this pain and manage the problems in your life. Tell your provider or someone you care about **right away** if you think about killing yourself. You can also call 988 from anywhere in the United States. For more information visit the 988 Suicide & Crisis Lifeline at **www.988lifeline.org.**

Staying involved in life

You've gone through a life-altering event. Whether it's a diagnosis, a heart attack, or major surgery, your life has changed. This may cause you to withdraw from family, friends, and the outside world. But by staying involved with life, you can get the support you need. It can also help you be happier and healthier.

Who will support you?

Think about the questions below. Each yes answer represents a person who could be a source of support. Who comes to mind? Talk with those people when you're feeling alone. People who care about you truly want to help. If you feel like you have no one to talk to, call your provider. They will help you find a source of support.

- Is there someone who will listen when you need to talk?
- Can you count on anybody to give you advice when you need it?
- Is there a person you can share affection with?

What you can do

You can become more involved in the world around you. Try the following tips:

- **Keep doing things you enjoy.** Schedule times for hobbies, old and new. Maybe a weekly game of dominoes or cards with friends? Also, consider joining religious groups or senior centers.
- **Try something new.** Is there an activity you've always been interested in but have never tried? There's no time like right now! Look into classes or community groups that focus on your area of interest.
- **Reach out to loved ones.** Family and friends can be good sources of support. If you don't want to discuss your health, talk about other things.
- **Join a heart disease support group.** Talking with people who know firsthand what you're going through may help. (See resources on page 62.)

Managing stress

How you react to life's ups and downs can make a difference in your health. Managing heart disease can be a source of stress, but learning to deal with that stress can bring peace of mind. It's also a good reminder of what's important in your life. You can't get rid of all stress, but you can choose how to respond.

Keys to managing stress

Being aware of yourself and the choices you make is the first step in dealing with stress. Keep these simple ideas in mind:

- **Identify your stressors.** Sources of stress are unique for each person. What causes your stress? Knowing these triggers can help you focus on things you want to change.
- **Have realistic expectations.** Life is full of unexpected events. Even things you plan often won't turn out exactly as you hope. If your expectations aren't met, do you have to feel bad? Can you be flexible?
- **Change your response to stress.** Even if you can't change a stressful situation, you can control your response to it. You are in charge of your thoughts and actions. This simple idea is your most powerful tool in dealing with stress.
- **There is help.** If you would like to talk about issues such as depression, anger, or hostility, consider speaking with a mental health professional.

Take control of stress

Learn to see certain stressors as challenges. You can handle them. No matter what causes the stress, you can control how you react.

Stressor	Your old response	Your new response
Example		
Waiting for prescription refill	Got impatient and angry	Call ahead and set a time for pickup.

Take time to relax

Stress can make you feel worried, anxious, or sick. It can even harm your heart by increasing heart rate and raising blood pressure. To help reduce stress, make an effort to relax your body and your mind. Set aside some time each day to relax. Make this time just for you. Listen to soft music or relaxation tapes. Some activities can help you unwind, too. You could try yoga, tai chi, meditation, prayer, or reading a good book. Can you think of other activities that help you relax?

Visualization

Visualization can help relax your body and mind. This limits stress and takes some strain off your heart. You may want to try this technique for a few minutes daily.

1. Picture yourself feeling warm and relaxed in a peaceful setting. Use your senses to fill in the details. If you imagine a tropical beach, listen to the waves on the shore. Feel the sun on your face. Smell the salt air. Dig your toes in the sand.

2. Try to hold this image in your mind. If other thoughts sneak in, relax and refocus on your peaceful setting. Let the other thoughts fall away. Concentrate on your breathing.

Small steps still get you there

Managing heart disease is a big project. You can make it less stressful by listing all the changes you plan to make. Then pick an area to focus on this week. Maybe you'll begin with medicines. Next, you might make a change in what you eat. Turn projects that loom like mountains into little hills you can walk over. Remember, even a small step moves you forward.

Sex and intimacy

Having heart disease or recovering from a heart attack or heart surgery can affect your ability or desire to have sex. These changes can be both physical and emotional. It may take some time before you feel like having sex again. But know that when you and your partner are ready, there's no reason you can't renew your sexual relationship. The information on these pages can help you and your partner rebuild intimacy and find ways to enjoy sex again.

To rebuild intimacy

An intimate relationship is built on sharing feelings. The stress and worry from coping with a chronic condition or having a heart attack or surgery can upset this closeness. It can even cause sexual problems that weren't there before. Talking honestly with your partner is the first step toward rebuilding intimacy. It may be hard to talk about your feelings, but keeping them to yourself may make you and your partner feel alone.

When you talk

- Choose a time when you are both relaxed.
- Pick a place where you feel at ease and won't be interrupted.
- Listen to each other. Do your best to listen until your partner is done talking.
- Acknowledge each other's concerns, and really try to understand.
- Support each other. Be patient and try not to criticize.

Resuming sexual intimacy

Having sex is only 1 part of being intimate. Don't push yourself into having sex before you're ready. Try hugging, kissing, and touching at first. This can help you feel close again. When you're ready for sex, focus on pleasing each other.

If you've had heart surgery

After surgery, ask your provider when you can resume sex. Your breastbone takes time to heal. Until then, keep these tips in mind to limit pain during sex:

- Try positions that put less strain on your chest. Experiment until you find what works best.
- Don't do movements that cause chest discomfort.

If you have trouble becoming aroused

It's not unusual to have trouble becoming aroused when you're dealing with a health problem such as heart disease. Talk to your provider. Be aware that:

- Erectile dysfunction (ED) is fairly common. Medicine can often be prescribed to improve sexual function. Make sure the provider you speak to about ED knows about all the medicines you take. **Some ED medicines are not safe if you take certain heart medicines.**
- Products such as estrogen cream and lubricants can help make sex feel better.

Do you have concerns about sex and your health?

You may be afraid that having sex can cause pain or injury or increase the risk of a heart attack. Your partner may have these same fears. Talk with the provider and rehab team about these concerns. They can answer your questions and help assess when you're healthy enough to resume sex.

Notes for family and friends

Being close to someone with heart disease is likely to bring some changes in your own life. You may be called upon to serve as a helper, caregiver,or source of support. Be sure to take care of yourself, too.

Coping with heart disease

Many aspects of your loved one's health are out of your control. You can offer help and support, but you can't make heart disease go away. Despite this, you do have a role to play.

- Learn about heart disease and your loved one's health. This will help you know what you can do to help.
- Go to a cardiac rehab session with your loved one. This way you can see firsthand what they are learning to do. It will also give you a chance to ask the staff questions.
- Be supportive, but try not to be controlling. Don't nag or assume you know best. Instead, ask your loved one to talk about what they need and how you can help.
- Learn the signs of a heart attack or stroke (pages 12–13), and watch for them. You may also want to take a class in CPR (cardiopulmonary resuscitation).

Making lifestyle changes

Much of your loved one's treatment revolves around making changes. Believe in your loved one's ability to change. Saying "I know you can do it" goes a long way. When possible, make the same changes yourself. Your heart will thank you for it.

- If you prepare meals for the family, make them heart-healthy. Go food shopping together. Help by reading labels and choosing healthy foods.
- Exercise together, perhaps by taking walks around the neighborhood. Exercise can be more enjoyable with another person along.
- If you smoke, quit. If you're not ready to quit, at least don't smoke in front of your loved one. Remember: Exposure to secondhand smoke is dangerous to your loved one's health. To help you and your loved one avoid the urge to smoke, don't keep cigarettes around the house.

CHAPTER 7

Appendix

This chapter gives you more information and tools to help you manage heart disease. Remember, the best way to protect your heart is to be active in your healthcare. So don't hesitate to talk with your provider, nurse, or other rehab team members if you have questions.

Resources

These resources can help you learn more about heart disease, cardiac rehab, and how to live a healthier lifestyle. They can also help you find support groups in your area.

American Association of Cardiovascular and Pulmonary Rehabilitation
https://www.aacvpr.org/resources-for-patients

American Heart Association
800-242-8721 | www.heart.org

WomenHeart: The National Coalition for Women with Heart Disease
202-728-7199 | www.womenheart.org

National Heart, Lung, and Blood Institute (NHLBI)
301-592-8573 | www.nhlbi.nih.gov

MyPlate
www.MyPlate.gov

NHLBI DASH Eating Plan
www.nhlbi.nih.gov/education/dash-eating-plan

Smokefree.gov
www.smokefree.gov

More information is only a click away

The websites listed above are only a few of many great online resources. If you find sites you like, add them to your browser's Favorites menu so they're easy to find again. Or, write the site's address (called a URL) below. If you don't use the Internet at home, many public libraries have free access. A librarian can help you get started.

Site name: _____

URL: _____

Site name: _____

URL: _____

Glossary

Below are common terms you may hear as you work with your provider and rehab team to manage heart disease.

Angina Symptoms that occur when the heart muscle can't get enough oxygen-rich blood. Angina may be felt as pressure, tightness, burning, discomfort, or pain in the chest, neck, jaw, shoulders, arms, or back. Other symptoms might include shortness of breath, dizziness, nausea, and sweating.

Angioplasty A procedure to unclog blocked arteries. It uses a thin tube (catheter) with a balloon that inflates to open an artery.

Artery A blood vessel that carries oxygen-rich blood from the heart to the body.

Arrhythmia A heart rhythm problem.

Atherosclerosis Buildup of plaque in arteries that may reduce blood flow to the heart, brain, or other parts of the body. It occurs when artery walls thicken and lose elasticity.

CABG Stands for coronary artery bypass graft surgery. It's done to reroute blood around narrowed or blocked arteries in the heart.

Cholesterol A type of lipid found in the blood. It can be part of plaque.

Coronary arteries The blood vessels that supply the heart muscle with oxygen-rich blood.

Coronary artery disease (CAD) A condition that occurs when the arteries that carry blood to the heart are narrowed. It is often referred to as heart disease, since it is the main type.

HDL cholesterol "Good" cholesterol that helps remove LDL ("bad") cholesterol and triglycerides from the blood. HDL stands for high-density lipoprotein.

Heart failure A condition that occurs when the heart doesn't pump blood as well as it should.

High blood pressure (hypertension) A disease that occurs when blood pushes with too much force against artery walls.

LDL cholesterol "Bad" cholesterol that can cause plaque to build up in artery walls. LDL stands for low-density lipoprotein.

Lipids Fats and fatty substances carried in the bloodstream.

Myocardial infarction Another term for heart attack. This occurs when the blood supply to the heart muscle is cut off. Permanent damage to the heart muscle or death can result.

Plaque Fatty deposits that build up inside the arteries and reduce blood flow.

Stent A tiny wire mesh tube inserted into a blocked artery to help keep it open.

Stroke Occurs when blood flow is cut off by blockage or rupture in a blood vessel supplying the brain. Brain damage results.

Transient ischemic attack (TIA) A temporary blockage of blood supplying the brain, causing stroke-like symptoms.

Triglycerides A type of fat measured in the blood along with cholesterol. High triglyceride levels are a risk factor for heart attack and stroke.

Instructions for using the Borg RPE scale®

Use this scale to rate your perception of exertion, i.e., how heavy and strenuous the exercise feels to you and how tired you are. The perception of exertion is mainly felt as strain and fatigue in your muscles, as breathlessness, or as some aches.

6	No exertion at all means that you don't feel any exertion, e.g. no aches or muscle fatigue, no breathlessness or difficulties breathing.
9	Very light exertion, such as taking a short walk at your own pace.
13	Somewhat hard work, but it feels OK to continue.
15	Hard and tiring, but continuing isn't terribly difficult. This is often hard enough.
17	Very hard. This is very strenuous work. You can still go on, but you really have to push yourself and you are very tired.
19	Extremely hard. For most people this is the most strenuous work they have ever experienced.

Try to appraise your feeling of exertion and fatigue as spontaneously and as honestly as possible, without thinking about what the actual physical load is. Try not to underestimate and not to overestimate your exertion. It's your own feeling of effort and exertion that is important, not how this compares with other people's. Often, you should only concern yourself with your overall perceived exertion and not focus on any special factor. However, sometimes it's of interest to try to rate your breathlessness and your muscle fatigue separately. You may also experience and try to rate other symptoms, such as chest pain or some pain from your joints. When exercising, use this experience to monitor the intensity.

Look at the scale descriptions and then give a number. Use any number you like on the scale, not just one with an explanation.

What do you think? Help us help other people.
Go to **www.kramessurvey.com** to give us your feedback on this booklet.

This booklet is not intended as a substitute for professional medical care. Only your healthcare provider can diagnose and treat a medical problem.

Made in the USA.

Also available in Spanish

Krames
by WebMD Ignite

69092 2411