

A PATIENT RESOURCE GUIDE

7 STEPS TO A HEALTHY HEART



Choices

for Better Health

Changing Health Outcomes
by Improving Cardiovascular
Education and Screenings

 STAYWELL®

ABC
Association of Black Cardiologists, Inc.
Saving the Hearts and Minds of a Diverse America

www.abccardio.org

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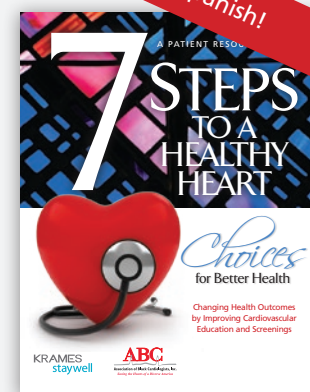
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Online Version Also Available

This self-help workbook is a tool you can use to help manage your heart health. Please visit www.abc-patient.com/7Steps for an interactive version of this workbook. The online workbook has these features to help you make the most of what you learn:

- Videos and animations
- Audio
- Printable materials
- Instant definitions of terms used in the workbook
- Quizzes and surveys to show what you have learned and what you need to review.



Also available in Spanish!

The ABC Mission, Values & Vision

The Association of Black Cardiologists, Inc. is fully accredited by the Accreditation Council for Continuing Medical Education (ACCME).

Our Mission

To promote the prevention and treatment of cardiovascular disease, including stroke, in Blacks and other minorities and to achieve health equity for all through the elimination of disparities.

Our Values

We believe that good health is the cornerstone of progress. We are firm in our resolve to make exemplary health care accessible and affordable to all, dedicated to lowering the high rate of cardiovascular disease, including stroke, in minority populations and committed to advocacy and diversity. We are guided by ethical principles in all transactions and strive for excellence in our training and skills.

Our Vision

ABC adheres to the vision that all people regardless of race, ethnicity or gender should benefit equally from reduction in the frequency, duration and impact of diseases of the heart and blood vessels.

DISCLAIMER: This guidebook is intended for informational purposes only, with the understanding that no one should rely upon this information as the basis for medical decisions. Anyone requiring medical or other healthcare services should consult a medical or healthcare professional. Any actions based on the information provided herein are entirely the responsibility of the user and/or of any medical or other healthcare professionals who advised such actions. Anyone who uses the suggested dietary and physical activity/exercise areas in this guidebook should consult a medical or healthcare provider before starting a diet or physical activity/exercise program.

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Did you know that each year more than 600,000 Americans die of heart disease? Even worse, African Americans die of heart disease and stroke at a 33 percent higher rate than other Americans. Did you also know that heart disease and stroke kill more African Americans than cancer, accidents, pneumonia, HIV/AIDS, diabetes, liver failure, suicide, and homicide combined?

Introduction

This booklet explains how you can choose a healthy lifestyle and help prevent high blood pressure, diabetes, heart attack, stroke, and other health problems.

Take a few minutes to look through this booklet. It has useful tips that will help you follow the 7 Steps to a Healthy Heart:

- 1. Access better health care.**
- 2. Take charge of your blood pressure.**
- 3. Control your cholesterol.**
- 4. Track your blood sugar.**
- 5. Don't use tobacco.**
- 6. Eat smart and enjoy regular exercise.**
- 7. Be spiritually active and reduce stress.**

Use the charts and worksheets in each chapter to record important information about your health and lifestyle. At the back of this booklet you will find a list of resources where you can find more information about healthy living.

Following the guidance in this booklet will help give you the inspiration and knowledge that you need to enjoy a long, healthy, and fulfilling life.

Even if you don't die from heart disease or a stroke, it can affect the quality of your life. As many as half of all African Americans living today will one day suffer a debilitating illness or death from a disease of the heart or blood vessels.

It doesn't have to be that way. There is a lot you can do to help prevent heart disease by getting regular health checkups, eating right, and staying active. This booklet is designed to help educate you on making the lifestyle changes that lead the way to a longer, healthier, more fulfilling life. You may seek medical care right away when you have a health problem; and maybe, you always follow your doctor's advice and prescription, but do you also know the value of good preventive care? Are you aware of your blood glucose, blood pressure, and cholesterol values? When was the last time you had a health exam or looked at your diet and exercise routine?

Growing older does not have to bring health worries, dependency, or limitations on your activities. By taking steps to prevent cardiovascular disease, you can live longer and have an active, fulfilling life at any age. Use the step-by-step guide in this booklet to set goals that will help you thrive. Discuss your goals with your healthcare provider, and use the charts in this book to record your progress.

Your efforts and your successes will inspire others in your family and community toward healthier living. So, why not start setting the right example, now. Together, with your help, the help of your healthcare provider and this booklet, our families can enjoy a brighter, healthier future.

Now is the time to take the right steps, so let's get started!

Despite steady improvement in the overall health of the U.S. population, African Americans have the highest rates of mortality from heart disease, cancer, stroke, and HIV/AIDS among all other U.S. racial or ethnic groups. The reasons for these health status disparities are complex and poorly understood, but may largely reflect differences in socioeconomic status, health-related risk factors, environmental poverty, as well as direct and indirect results of discrimination.

Access Better Healthcare

Common Barriers to Equal Access to Healthcare

- **Lack of healthcare insurance:** Lack of health coverage has harmful consequences for uninsured individuals, the healthcare system, and society as a whole. The uninsured are more likely to have problems getting care and use fewer health care services. Many of the uninsured go without needed primary and preventive care that may help them avoid a serious health crisis.
- **Geographic:** The location of the healthcare provider is often a barrier. In urban settings, a person may have to take two buses and the subway to get to his/her doctor. People living in rural areas may have to travel some miles to a larger town to get proper care. Transportation is often a problem in some communities, putting up obstacles to accessing health care services, especially preventive care, until emergencies arise.
- **Language and culture:** Good communication can be hard if the language and/or culture of the patient and

the healthcare provider are different.

- **Low Health Literacy:** Complex medical terms can be intimidating for some people. People with poor health literacy have problems communicating with their health providers, reading instructions on drugs, and filling out medical and insurance forms.

Take the time to read educational brochures that you run across. They will help grow your health literacy, and guide you in understanding which questions to ask. It is important to become an active partner with your doctor. Ask questions until you get the answers you need. Remember, the best doctors are only human, so the more you understand your own health issues, the better equipped you will be to help manage it.

- **Low Socioeconomic Status:** Poverty is a prime predictor for lacking basic human essentials including adequate clean water, nutrition, health care, education, clothing, and shelter. African Americans are the poorest ethnic group in the United States. Poverty is highly correlated with poor health outcomes and higher morbidity and mortality. Heart disease, diabetes, obesity, higher blood lead levels, and low birth weight are all more widespread among poor people.

Some people are fearful of doctors and healthcare establishments. In some cases, the fear stems from the re-telling of stories about bad experiences (real and imagined) of other people.

You should not ignore health problems no matter how big or small. Denial will not make a problem go away. It is very important that you keep track of your health status. You must resist the temptation to believe that what you don't know can't hurt you.

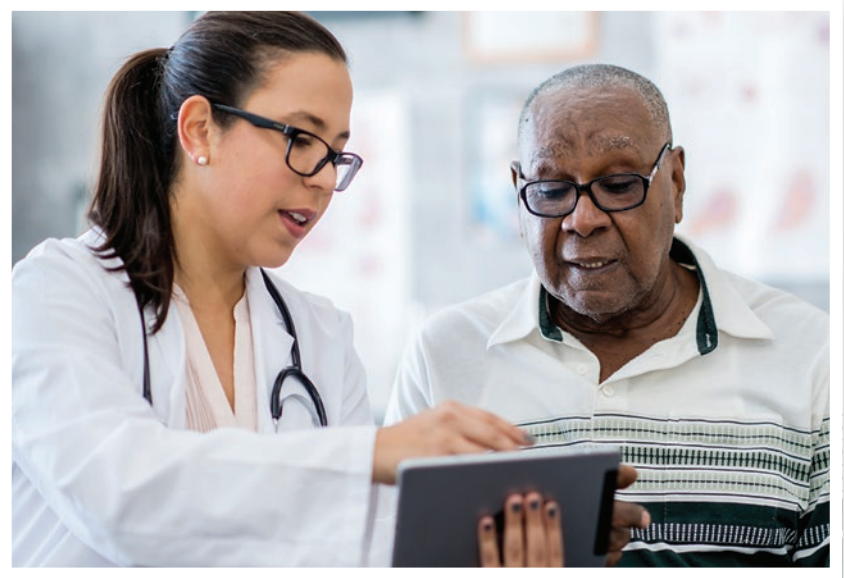
Take advantage of any health care benefits provided by your employer. Everyone, no matter how healthy, should see a doctor every 1 to 3 years depending upon age and medical history. This will allow you to identify problems early, and have more choices for treatment. A clean bill of health at age 40 does not by itself mean that health will be the same at age 50. You must check in from time to time with a healthcare provider to know for sure.

If you don't now have a healthcare provider that you see regularly, it's time to find one. You need someone with whom you feel comfortable. Think of it as a partnership: You and your doctor are working on a project together, and the

project is your health. Before each visit, write down a list of the questions you have. Then, make sure you get answers to all your questions. It may be helpful to bring a relative or a friend along.

If there isn't time to get all the answers you need, talk with your doctor about this. If he or she isn't responsive, it may be time to find another healthcare provider.

Find public clinics in your area. Take advantage of the health services they provide. Do not be discouraged if there are long wait times and less-than-friendly service. These are barriers that you must overcome to ensure better health for you and your family.



Stay Up-to-Date on Current Treatments

AFib Treatments

One way to improve your health care options is to stay up-to-date on current treatments. By doing so, you may be able to take advantage of a better treatment option for your condition.

For example, there are now newer drugs for the treatment of atrial fibrillation (often called AFib). AFib is a potentially dangerous health problem in which the heart's rhythm is too fast or otherwise not normal. People with AFib can have no symptoms at all, or they can have such symptoms as:

- Mild fatigue or weakness
- Trouble breathing or shortness of breath
- Palpitations (a sense of racing or uncomfortable "flopping" of the heart)
- Lower blood pressure
- Lightheadedness
- Confusion
- Chest pain

AFib is often treated with drugs and sometimes with other procedures. The risk for blood clots is high in people with AFib, so drugs called anticoagulants and antiplatelets are often prescribed to prevent the possibility of a stroke, or "brain attack."

The drug often prescribed for many people with AFib is warfarin, a proven drug. But warfarin requires frequent blood tests to make sure not too much is in your bloodstream. New anticoagulant drugs, including apixaban, dabigatran, and rivaroxaban, do not require the blood tests. Although there are risks involved with any drug, these newer drugs often work better for people with AFib.

Apixaban, dabigatran, and rivaroxaban are prescribed mostly for people who have AFib without heart valve disease. Early research points to a lower risk of bleeding and stroke.

If you're prescribed an anticoagulant drug, talk with your doctor about which one is right for you.

Aspirin

For some people who have not had a heart attack or stroke, aspirin may be prescribed to help prevent these conditions from occurring. The U.S. Preventive Services Task Force advises that men age 45 to 79 who have no history of heart disease or stroke take aspirin to prevent myocardial infarctions (heart attacks). They also recommend that women age 55 to 79 who have no history of heart disease or stroke take aspirin to prevent stroke. In both cases, aspirin should be taken, given that the benefit of using aspirin outweighs the potential harm of gastrointestinal hemorrhage or other serious bleeding.

Stroke Treatments

All health conditions have standards of care. For example, part of the standard treatment for stroke (i.e., a “brain attack,” similar to a heart attack) prevention is drugs such as antiplatelets (aspirin, clopidogrel) and anticoagulants (warfarin, apixaban, dabigatran, rivaroxaban). For people at risk for stroke, a prescription for one or more of these drugs is likely.

The symptoms of stroke are:

- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion; trouble talking or understanding speech
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, or loss of balance or coordination
- Sudden severe headache with no known cause

Stroke can happen to anyone of any age. Stroke is always an emergency, so if you suspect you or someone you are with is having a stroke, call 9-1-1 immediately. Every minute counts in stroke treatment.

What Is Angina?

Angina is pain or pressure you feel in your chest when your heart muscle does not get enough blood. It can feel like tightness or squeezing in the chest area. Some angina patients say that it feels like a weight has been placed on their chest.

Angina can be a sign of coronary artery disease, which happens when the blood flow to the heart becomes blocked by the build-up of plaque in the coronary arteries. Coronary artery disease is the most common type of cardiovascular disease.

There are three types of angina: stable, unstable, and variant. Stable angina is the most common type and occurs most often when you exert yourself. It goes away with rest, or the use of angina drugs.

Unstable angina is less common and more serious. It is

unpredictable, more severe, and does not go away with rest. It can be the sign of an impending heart attack.

Variant angina is rare—only about 2% of people with angina have this type. Variant angina usually happens when you’re resting and is severe, but often goes away with the use of an angina drug.



Symptoms of Angina

Symptoms of angina can include:

- Chest pain or discomfort
- Pain in your arms, neck, jaw, shoulder, or back along with chest pain
- Nausea
- Fatigue
- Shortness of breath
- Anxiety
- Sweating
- Dizziness

Women and diabetic patients may experience angina differently. For women, angina may feel more like sharp or stabbing pain in the chest, and women may be more likely to experience nausea, abdominal pain, or shortness of breath.

If angina is getting in the way of your daily routine, you should talk with your doctor. There are effective treatments, including drugs that can help with the symptoms of angina, as well as the underlying problems angina itself can be a symptom of.

When you talk with your cardiologist, be sure to tell him or her all about your symptoms. When do they happen? What are you doing when they happen? How do they feel to you?

Heart Attacks

When blood flow to the heart is blocked in a coronary artery, a heart attack often happens. That blockage can damage or destroy part of your heart muscle. A heart attack (also known as a myocardial infarction) can be fatal, often because the symptoms can be confused with a minor illness.

STEP 1

If you have symptoms of a heart attack, it's critical to call 9-1-1 immediately. The symptoms of a heart attack are:

- A feeling of fullness or pressure in the middle of your chest that lasts more than a few minutes
- Pain that extends from your chest to your shoulder, arm, back, or teeth and jaw
- Frequent periods of chest pain
- Upper abdomen pain
- Shortness of breath
- Sweating
- Fainting
- Nausea and vomiting
- A sense of doom

Women can have additional or different symptoms, which can include:

- Heartburn or abdominal pain
- Clammy skin
- Lightheadedness or dizziness
- Unusual or unexplained fatigue

Symptoms can vary widely between individuals. Sometimes there are no symptoms at all. The important thing to remember is to act at once if you have symptoms.

Heart attacks are almost always treated at the hospital, and every minute counts. A heart attack patient will often be given drugs to help break up the blockage that is causing the heart attack. These drugs can include:

- Aspirin to reduce blood clotting
- Antiplatelet drugs, such as clopidogrel
- Clot-busting drugs, which are sometimes called thrombolytics and are typically given as soon as possible
- Other blood-thinning drugs, such as heparin, to make your blood less likely to form more clots
- Pain relievers to ease the discomfort in your chest or other affected areas
- Nitroglycerin, which is used to treat chest pain (angina) and improve blood flow to your heart
- Beta blockers, which help your heart muscle relax, slow the heartbeat, and lower blood pressure
- Cholesterol-lowering drugs, which can be helpful when given right after a heart attack

- Angiotensin converting enzyme inhibitors or angiotensin receptor blockers are used to lower blood pressure and to protect kidney function, especially in diabetic patients with high blood pressure

Drugs are just one line of treatment for heart attacks. Sometimes doctors will perform an emergency angioplasty to open blocked coronary arteries. This procedure involves inserting a long, thin tube called a catheter through an artery (usually in your leg or groin) to where the artery is blocked. Once in place, a balloon on the catheter is briefly inflated to open up the blocked artery, and sometimes a metal mesh stent is inserted into the artery to keep it open. Your doctor may choose a specially medicated stent, called a drug-eluting stent, to help keep the coronary artery open.

The Patient Protection and Affordable Care Act

You have probably read or heard about the new health care act President Obama signed into law in 2010. Further implementation and expansion of the Affordable Care Act has resulted in better health outcomes for African-American populations.

For starters, insurance companies are required to offer the same level of care without regard to gender or preexisting conditions (i.e., health problems you have before you got the insurance policy). The law also establishes minimum standards of coverage, and bans annual and lifetime caps on benefits.

For the first time, individuals and businesses are able to buy health insurance through state exchanges, where health insurers will compete state by state for your business. Many low-income individuals and families who buy insurance through the exchanges will be eligible for subsidies (on a sliding scale) to help them cover the cost. Medicaid has been expanded to cover more people, as well.

The act will be phased in over the years leading up to 2020, when the last of its provisions goes into effect. The main goal of the Patient Protection and Affordable Care Act is to help more people get the health insurance and health care they need, without adding to the costs they must bear. For more information about the Patient Protection and Affordable Care Act, see the website <http://www.healthcare.gov/law/index.html>.

STEP 2

Blood pressure is the force of blood pushing against the walls of your blood vessels. As your heart pumps blood to all parts of your body, it creates this force in your arteries and other blood vessels. If the force is too strong or if your blood vessels are constricted, you have high blood pressure.

Take Charge of Your Blood Pressure

High blood pressure—also called hypertension—is known as the “silent killer.” Many people with high blood pressure may feel healthy and may not know they have it. But if it’s left untreated, high blood pressure can cause a heart attack, stroke, kidney failure, blindness, or even death.

African Americans are at higher risk for this serious disease than any other group. In fact, about 2 out of every 5 African-American adults have high blood pressure, and less than half of them have it under control! African Americans also tend to develop high blood pressure at a younger age than other groups, and it tends to be more severe. Most people with high blood pressure do not have any symptoms, so the only way to know you have this disease is to have your blood pressure measured. The good news is that this is easy to do, painless, and takes only a minute or two.

High blood pressure affects nearly one in three adults in the United States, and in most patients, it is found only when they have their blood pressure checked. As an African American, one of the most important things you can do for your health is to get your blood pressure checked regularly.

According to the Food and Drug Administration (FDA), blood pressure checks should be done in a clinic or a medical office, by using blood pressure cuffs of various sizes to ensure the reading is accurate. **There is no such thing as a “standard” cuff to fit a “standard” arm, so the blood pressure kiosks at drug stores, pharmacies, or grocery stores may not be accurate.**

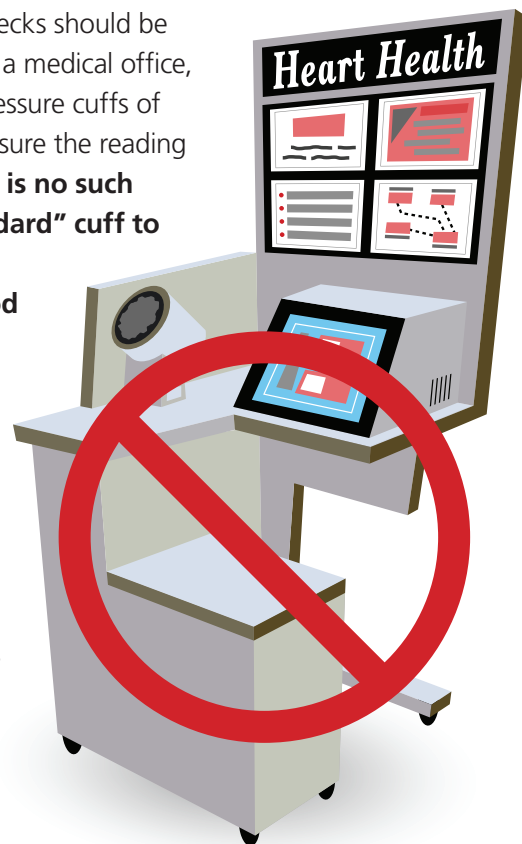
Even if you are young and feel healthy, have your blood pressure checked at least once a year.

Don’t be misled if you feel good on the outside—it’s how healthy your blood vessels are, and how you look on the inside that matters.

If you already have high blood pressure, you should get it checked more often. Consider buying an inexpensive automatic blood pressure machine that lets you measure your blood pressure daily. Be sure to have the blood pressure device checked by your healthcare provider to verify accuracy.

Once you’ve bought your monitor, bring it to your next appointment

Have your doctor check to see that you are using it correctly and getting the same results as the equipment in the office. Plan to bring your monitor in once a year to make sure the readings are accurate.



How to use a home blood pressure monitor

- **Be still.** Don’t smoke, drink caffeinated beverages, or exercise within 30 minutes before checking your blood pressure.
- **Sit correctly.** Sit with your back straight and supported

STEP 2

(on a dining chair, rather than a sofa). Your feet should be flat on the floor and your legs should not be crossed. Your arm should be supported on a flat surface (such as a table) with the upper arm at heart level. Make sure the middle of the cuff is placed directly above the middle of the elbow. Check your monitor's instructions for a picture or have your healthcare provider show you how.

- **Check at the same time every day.** It's important to take the readings at the same time each day, such as morning and evening, or as your healthcare professional recommends.
- **Take several readings and record the results.** Each time you measure, take two or three readings one minute apart and record the results using a printable or online tracker. If your monitor has built-in memory to store your readings, take it with you to your appointments. Some monitors may also allow you to upload your readings to a secure website after you register your profile.

Healthy living is important for anyone with high blood pressure. But in addition to a healthy lifestyle, most people who have high blood pressure also need to take drugs. Your

health care provider can advise you about the many effective blood pressure drugs that are available.

Measuring Blood Pressure

Your blood pressure measurement includes two numbers, such as 120/80 mmHg.

- The top or higher number is the amount of pressure while your heart is pumping blood. This is called the systolic pressure.
- The bottom or lower number is the amount of pressure when your heart rests between beats. This is the diastolic pressure.

A healthy blood pressure for an adult is below 120/80 mmHg. Over time, high blood pressure damages your arteries and organs, which can lead to heart disease, stroke, kidney failure, and other health problems. Even borderline blood pressure levels (starting at 120/80 mmHg but less than 140/90 mmHg) may increase your risk of health problems. This is called prehypertension.

Remember: You can look and feel fine but still have high blood pressure. Don't wait until the damage starts before you find out you're at risk! Simply get your blood pressure checked each year. Even children should have their blood pressure checked every year, as part of a preventive health exam.

Blood pressure categories (for ages 18 and over)

If Your Blood Pressure Numbers Are:	Then:
Less than 120/80	Your range is normal
Between 120-129/<80	You have elevated blood pressure
Between 130-139/80-89	You have Stage 1 Hypertension
Greater than or equal to 140/90	You have Stage 2 Hypertension

Note: A diagnosis of high blood pressure must be confirmed with a medical professional. A doctor should also evaluate any unusually low blood pressure readings. Additionally, lower targets may be appropriate for some populations such as African Americans, the elderly, or patients with underlying issues such as diabetes mellitus or chronic kidney disease.



STEP 2



Controlling Blood Pressure

Use the checklist below to examine what you are doing to help keep your blood pressure under control.

- ☐ I get my blood pressure checked at least once a year.
- ☐ If my blood pressure tends to be higher than 120/80 mmHg, I get it measured more than once a year and I have talked with my healthcare provider about ways to control it.
- ☐ I exercise regularly.
- ☐ I eat foods that are low in fat and sodium.
- ☐ I eat plenty of fruits and vegetables.
- ☐ I am keeping a healthy weight.
- ☐ I do not smoke.
- ☐ I limit how much alcohol I drink.
- ☐ I have strategies for coping with emotional problems.

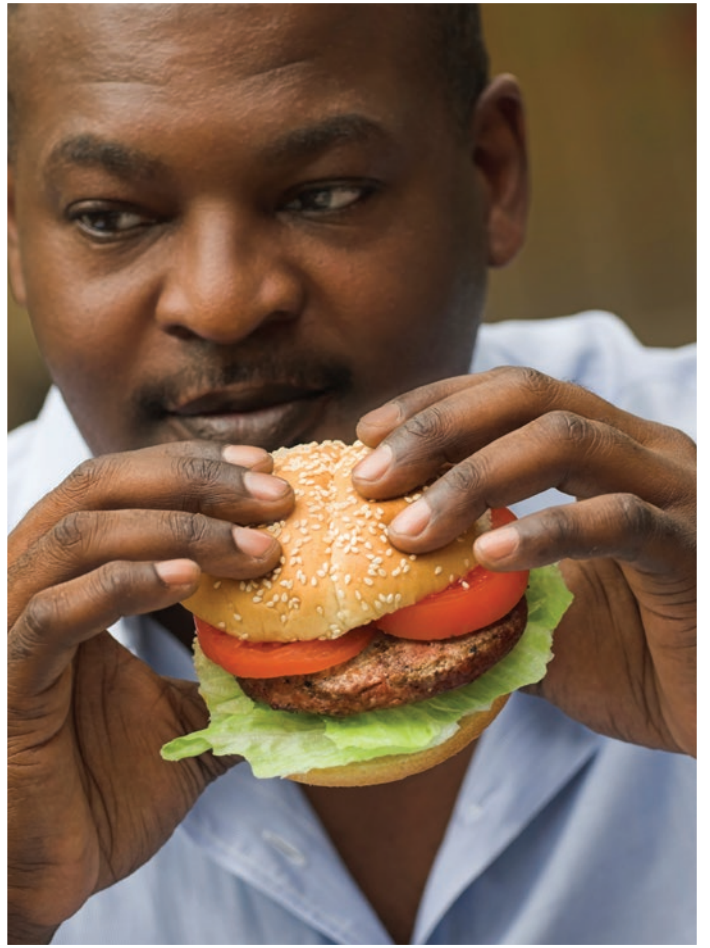
My Blood Pressure Record

Each time you have your blood pressure checked, record your results here:

Date	Blood Pressure	Category		
		Normal	Borderline	High

Do you know your cholesterol levels? You should. Monitoring your cholesterol is very important, because high blood cholesterol can lead to coronary heart disease, which is the leading cause of death among African Americans.

Control Your Cholesterol



What is Cholesterol?

Cholesterol is a waxy, fat-like substance that your body makes and stores in the liver. It's in the cells of your brain, muscles, skin, heart, and everywhere else that your blood flows. Your body needs cholesterol to function normally, but you only need a small amount in your bloodstream.

If you have too much blood cholesterol, your body stores extra cholesterol in your arteries, including the coronary (heart) arteries. Cholesterol build-up narrows and clogs the arteries, which causes heart disease. The higher your cholesterol level, the greater your risk for heart disease.

What is Coronary Heart Disease?

Your blood carries oxygen and nutrients to your heart through muscular tubes called coronary arteries. Like your kitchen sink, these arteries can become narrowed or clogged by cholesterol and fat deposits, which is known as atherosclerosis. The result is coronary heart disease. If you have coronary heart disease, you may feel chest pain called angina when too little blood is reaching your heart. A heart attack occurs when the blood supply to part of your heart is completely blocked.

Atherosclerosis and hypertension can also lead to a stroke, which happens when a blood vessel in the brain gets clogged or ruptures. This is also known as a "brain attack." Other risks from coronary heart disease include poor circulation in the legs, or peripheral vascular disease (PAD), and kidney failure.

Good and Bad Cholesterol

There are two main types of cholesterol:

1. High-density lipoprotein (HDL) cholesterol is called “good” cholesterol, because it helps clean fat and “bad” cholesterol away from the arteries. Having a high HDL level lowers the risk of heart attack and stroke, and having a low level of HDL increases your risk. Exercise can help raise your HDL.

2. Low-density lipoprotein (LDL) cholesterol is often called “bad” cholesterol, because it lays down fatty deposits in the arteries that feed your heart and brain. Too much of it puts you at risk for heart disease and stroke. Eating foods that are high in saturated fats, such as high-fat meats, whole milk, cheese, and butter, can raise your LDL, or “bad” cholesterol levels. Trans fats found in margarine, lard, and shortening, may also raise your LDL.

Measuring Blood Cholesterol

Your healthcare provider can do a lipid panel to measure your total cholesterol, HDL, and LDL levels. Starting at age 20, you should have this test at least every five years. Anyone with high cholesterol, diabetes, or certain other conditions should have it more often. Talk with your healthcare provider about how often you should have a lipid panel.

If your total cholesterol or LDL levels are too high, or if your HDL level is too low, your doctor may prescribe one or more drugs to help bring your cholesterol to a healthier level.

Cholesterol Tests: What the Numbers Mean*

LDL Cholesterol - Primary Target of Therapy

< 100	Optimal
100-129	Near Optimal/Above Optimal
130-159	Borderline High
160-189	High
≥ 190	Very high

Total Cholesterol

< 200	Desirable
200-239	Borderline High
≥ 240	High

HDL Cholesterol

≥ 60	High (Aim for high HDL)
< 40	Low

Controlling Cholesterol

Some of the factors that determine cholesterol levels are beyond our control. For example, your genes influence how high your LDL is by helping to determine how fast your body makes LDL and removes it from the blood. Below the age of menopause, women usually have lower cholesterol levels than men of the same age. The effects of elevated cholesterol can begin in the teenage or young adult years.

At any age, however, a healthy lifestyle is very important for controlling your cholesterol level. That means staying active. It means limiting the amount of fat you eat and the amount of alcohol you drink, and it means losing weight if you are overweight.

See if the check marks below apply to what you are doing in your daily life. Aim to check every box.

- ☐ I stay away from foods that are high in saturated fat.
- ☐ I limit trans fats in my diet, which are often used in fried foods and baked goods.
- ☐ I try not to eat foods that are high in dietary cholesterol.
- ☐ I exercise at least five days a week.
- ☐ I am not overweight (or I am losing weight).
- ☐ I limit alcohol intake to less than 2 drinks per day.

When high cholesterol is a family affair

An inherited form of high cholesterol—**familial hypercholesterolemia**—demands serious action.

Most of us with high cholesterol have brought it on by eating too much cholesterol and saturated fat and too few fruits, vegetables, and whole grains. More than half a million Americans, though, have a more dangerous type. It stems from an inherited error in the genes that can severely raise levels of harmful LDL cholesterol. This often-undetected condition, called familial hypercholesterolemia (FH), can cause an early heart attack, stroke, or premature death.



Facts about FH

- Current studies suggest that 1 in 250 people have been diagnosed with FH in the United States.
- Signs of the disease include very high LDL and possibly cholesterol deposits in the tendons or skin.
- Only about 10% to 20% of people with FH know they have it.
- Unless it's treated, 85% of men and 50% of women with FH will have a heart attack, stroke, or cardiac arrest before age 65.
- People with FH will pass it on to about half of their children.

Genetic roots

The cholesterol in your bloodstream comes from two sources. Food provides some of it; your body makes the rest. Because cholesterol is a waxy substance, it can't dissolve in the watery bloodstream. To get around this problem, the body packages it with proteins and other fats into a variety of particles that mix easily with blood. One important cholesterol carrier is LDL. A single main gene codes for the LDL receptor protein. People with FH have a malfunctioning gene.

When a cell needs cholesterol, proteins on its surface called LDL receptors pull in LDL from the blood-stream. If these receptors don't work as they should, LDL stays longer in the bloodstream. This allows more LDL to get into artery walls and other places where you don't want it to be.

Detecting FH

Many people with FH don't know they have it. Instead, they (and their doctors) often think they just have tough-to-treat high cholesterol. Your doctor might want to check you for FH if you have one or more of the following:

- Total cholesterol above 300 mg/dL (250 mg/dL in children)
- LDL above 200 mg/dL (150 mg/dL in children)
- Early heart disease or very high cholesterol in your immediate family (a father or brother under age 55, a mother or sister under age 65)
- Cholesterol deposits in the Achilles or other tendons.

Treating FH

Cholesterol control is the main part of coping with FH. It starts with diet, exercise, and lifestyle changes, and almost always includes cholesterol-lowering drugs.

Cutting back on foods rich in cholesterol and saturated fat, such as red meat and full-fat dairy products, helps lower LDL. So does eating fish, whole grains, vegetables, and vegetable oils—all good sources of unsaturated fats. Other cholesterol-cutting foods include beans, oats, soy protein, nuts, and foods or supplements containing plant sterols or stanols. Controlling blood pressure, exercising, and not smoking are also vital for protecting the heart and blood vessels.

A cholesterol-lowering statin is the usual starting point for drug therapy. Adding a drug such as ezetimibe (Zetia), niacin, or colesvelam (WelChol) can cut LDL even further. The PCSK9 inhibitors (PSK9i) are a newer class of injectable drugs that have been shown to dramatically lower LDL cholesterol levels, by up to 60% when added to a statin. The goal is an LDL under 100 mg/dL or, if that can't be reached, at least a 50% reduction.

Alerting others

If you have FH, your family members should be tested for it, too. Early testing, followed by aggressive cholesterol control, can delay or prevent the early heart attacks and death that FH often results in.

More information on FH is available from the American Heart Association: http://www.heart.org/HEARTORG/Conditions/Cholesterol/CausesofHighCholesterol/Familial-Hypercholesterolemia-FH_UCM_493541_Article.jsp#WXuV_9Pyvu0



Checking Triglycerides

The lipid panel that measures your cholesterol levels will also measure your triglycerides. Triglycerides are fatty substances that your liver makes from the food you eat.

People who are obese or have diabetes are likely to have high triglyceride levels. Recent studies show a strong link between high triglyceride levels and the risk of heart disease.

Triglyceride Levels (mg/dL)

Normal	Less than 150 mg/dL
Borderline risk	150-199 mg/dL
High risk	200-499 mg/dL
Very high risk	More than 500 mg/dL

My Lipid Profile Levels (mg/dL)

Each time you have your lipid profile checked, record the results below. Bring this chart to your next healthcare exam and talk about the results with your doctor. If your triglyceride levels are above 150 mg/dL, ask your healthcare provider about ways to lower your triglycerides. In general, you need to do the same things you would do to lower cholesterol—stick to a healthy low-fat diet and get plenty of exercise. Also, you need to limit sugar and other carbohydrates in your diet, and if you smoke, you need to quit now! Your health care provider might also determine that you need to take drugs to help control high triglyceride levels.

Date	Total Cholesterol	HDL	LDL	Triglycerides

What is Atherosclerosis?

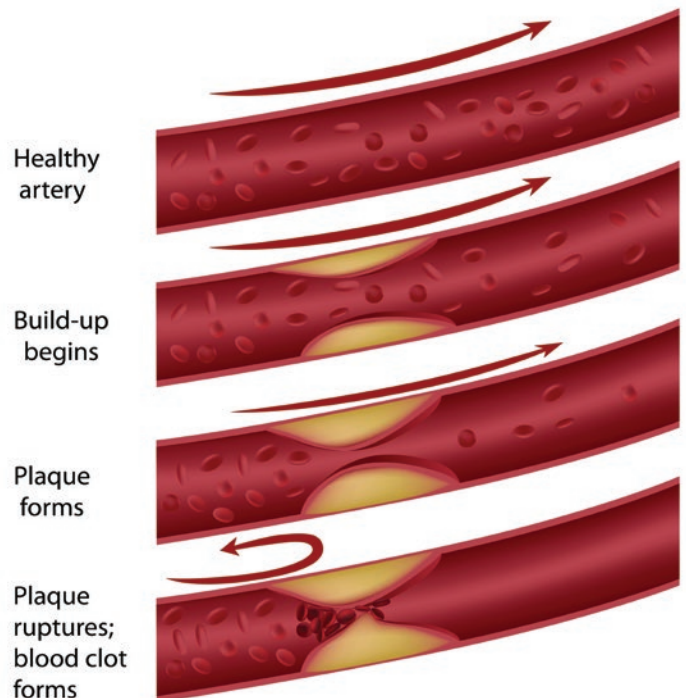
When there's too much cholesterol in the bloodstream, it can start to build up on the inside walls of the arteries and other blood vessels. This build-up is called plaque. In time, the arteries can start to harden with the built-up plaque. This process is called atherosclerosis.

Atherosclerosis is a serious problem that can lead to heart attack, heart failure, or stroke. This is why it's so important to control your cholesterol and take other steps to help your blood vessels stay healthy.

Controlling Atherosclerosis

Controlling atherosclerosis is much the same as controlling cholesterol. You want to be physically active; eat healthy, nutritious food; avoid overindulging in alcohol; and do not smoke (or quit if you do).

STAGES OF ATHEROSCLEROSIS



Diabetes is the disease people get when their body has trouble making or using insulin, so too much sugar builds up in their blood. Having too much blood sugar is very bad for the heart, the kidneys, and other vital organs. Diabetes is the seventh leading cause of death in the U.S., and African Americans are 77% more likely than white Americans to be diagnosed with diabetes! Furthermore, diabetes is a leading cause of heart attack, stroke, and other serious health problems, including kidney disease, impotence, blindness, and amputations.

Track Your Blood Sugar

About 23.4 million, or 9.1 percent, of American adults have diagnosed diabetes, while an estimated 7.6 million, or 3.1 percent, of American adults have undiagnosed diabetes. Also, about 81.6 million, or 33.9 percent, of American adults have prediabetes. The total number of people with diabetes is projected to rise from 285 million in 2010 to 439 million in 2030! Adults with diabetes are two to four times more likely to die from heart disease than adults without diabetes.

There are two main types of diabetes: type 1 and type 2. In both types, too much glucose builds up in the blood, which can cause serious complications for your health. In type 1 diabetes, the body does not produce the insulin it needs so that the body's cells can use the glucose in the bloodstream for energy. People with type 1 diabetes need to take insulin to stay alive. Most people have type 2. In fact, about 95 percent of African Americans who have diabetes have type 2 diabetes. In type 2 diabetes, either the body does not



produce enough insulin or the cells ignore the insulin. People with type 2 diabetes often take oral drugs, and some take insulin.

Regular exercise and a healthy, low-fat diet are very important for helping to prevent type 2 diabetes. In our culture, we eat too much fatty food and we don't get enough exercise, so more and more of us are overweight, and more and more Americans are getting diabetes.

There's no cure for diabetes. If you have diabetes, however, keeping your blood sugar level under control can be a big help in preventing heart disease and other complications. That means watching your diet, exercising, controlling your weight, and taking drugs if necessary.

Testing for Diabetes

Many people with diabetes don't even realize they have it until it becomes life-threatening or leads to a serious complication. The only way to find out for sure whether you have diabetes is to have a blood test. Talk with your health care provider about whether you should have a diabetes blood test.

STEP 4

Managing Diabetes: A1C Tests

People with diabetes check their blood sugar several times a day by pricking their finger, drawing a drop of blood, and using a small glucose meter to measure the sugar level in the drop of blood.

In addition to monitoring blood sugar at home, anyone with diabetes or high glucose levels should have regular health check-ups that include a blood test called a hemoglobin **A1C** (A1C). If you have diabetes, expect to have the A1C test two to four times a year.

The A1C test is the best way to tell how you are doing at controlling your glucose and insulin levels. If you get a result of less than 7 percent, you are probably doing well. Ask your doctor what results you should expect and what they mean for you. Record your results on the following chart.

My A1C Test Results

Exam	Date	A1C (Aim for less than 7.9%)

Fasting Plasma Glucose Test Results (mg/dL)

If your blood sugar is in the 70-99 range it is considered normal. Blood sugar in the 100 to 125 mg/dL range is too high to be called healthy but too low to be called diabetes. Instead, you have a condition called impaired glucose tolerance. Like those with diabetes (a blood sugar that is 126 or greater), people with impaired glucose tolerance are at high risk for heart attack and stroke. In fact, most people with impaired glucose tolerance eventually develop type 2 diabetes.

- ☐ I have talked with my health care provider about whether I should have a fasting plasma glucose test. (If the answer is "yes," record your results in the following chart.)

My Blood Sugar Test Results (mg/dL)

My blood sugar measurement falls into this category

(Put a check mark in the appropriate column).

Date of test	Result (mg/dL)	Healthy Normal (70-99)	Impaired glucose tolerance (100-125)	Diabetes (126 or higher)

Prevention and Control

No matter what your blood test results, your lifestyle is the key to preventing diabetes, or managing it if you already have it.

Recently, a major study showed that if you have impaired glucose tolerance, changes in your diet and exercise routines can prevent diabetes. In the National Institutes of Health's Diabetes Prevention Program (DPP), exercise and weight loss reduced the risk of diabetes by nearly 60 percent among people with impaired glucose tolerance. During the 10-year follow-up after DPP, diabetes occurred least often in the group that made lifestyle changes group, thus preventing diabetes long-term.

Why is weight control so important for preventing or controlling diabetes? Because having too much body fat makes it harder for the body to make the insulin it needs. This is especially true if the extra fat is above the hips, rather than on the hips and thighs. Researchers have found that this type of obesity is especially common among African Americans.

Even if you aren't obese, you can get diabetes from sitting around too much, not exercising enough, and consuming a high-calorie diet. A lifestyle that adds body fat raises your risk of diabetes, which adds to your risk of heart disease.

As you lose fat and build muscle, your body uses insulin better. And for most people, losing just a few pounds is enough to make a huge difference. In its Diabetes Prevention Program, the National Institutes of Health found that for most people, losing just 10 pounds is enough to cut the risk of diabetes by 58 percent!

Without question, the way to prevent diabetes is to stay active, eat smart, and keep your weight down—the same things that help keep your heart healthy.

You have now finished Step 4 of the 7 Steps to a Healthy Heart. Are you also following these heart-healthy ABC's?

- **A1C test.** Have your blood sugar tested. If you have high blood sugar or diabetes, have an A1C test two to four times per year.
- **Blood pressure.** Get your blood pressure checked at least once a year.
- **Cholesterol.** Have a lipid panel at least once every five years, and more often if advised to do so by your healthcare provider.

The rest of this book will provide the tips you need to eat smart, enjoy regular exercise, manage your weight, not smoke, and access better healthcare.

So, on to Step 5!



If you use tobacco (smoking or any other form), quitting is one of the most important changes you can make for your heart. Your risk of heart attack will go down within one day of putting out that last cigarette. As you go longer without using tobacco, your risk will go down even more. Although African Americans usually smoke fewer cigarettes and start smoking cigarettes at an older age, they are more likely to die from smoking-related diseases than whites. The risk of developing diabetes is 30%–40% higher for cigarette smokers than nonsmokers. Quitting tobacco 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.

Don't Use Tobacco



Track Your Triggers

Do certain emotions trigger your urge to use tobacco? How about certain people or places? Knowing the situations that make you want to use tobacco can help you avoid them in the future. For one day, make a note of every time you have the urge to use tobacco. Record the time of day and what you were doing just before you had the urge. Do you see any patterns? Think about ways you can avoid or deal with these triggers.

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 the urges to use tobacco, and who you'll ask to support you. Your doctor can work with you to create this plan. Even if you've already quit, it's easy to slip back into smoking or using tobacco. Have a plan to help you stay off tobacco for good.

STEP 5

Choose a Tobacco Cessation Product to Help

Using a tobacco cessation product makes you much more likely to quit for good. Some products can be bought over the counter. Others require a prescription. Before using any of these products, talk to your healthcare provider. He or she can help you make a safe decision about which product 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 doctor about combining the patch with nicotine gum or nasal spray.	Take smaller and smaller doses over about 2 months	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ Sore mouth ■ Belching, hiccups ■ Dizziness, nausea, weakness

Prescription Only	How It Works	Length of Treatment	Possible Side Effects
Nicotine Inhaler*	Nicotine is breathed in through the mouth	Use for up to 6 months; take smaller and smaller doses over about 3 months	<ul style="list-style-type: none"> ■ Mouth and throat irritation ■ Coughing
Bupropion SR	Reduces withdrawal symptoms and urges Does not contain nicotine	Start 2 weeks before you quit, then take for 2 to 6 months	<ul style="list-style-type: none"> ■ Trouble sleeping ■ Dry mouth ■ Shakiness, anxiety ■ Skin rash
Varenicline	Blocks withdrawal symptoms and urges Does not contain nicotine	Start 1 week before you quit, then take for 3 months	<ul style="list-style-type: none"> ■ Nausea, vomiting ■ Trouble sleeping ■ Constipation, gas

Some of these products may conflict with certain other drugs or medical conditions. If you have questions, ask your pharmacist or doctor.

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

Tobacco: Working Through Withdrawal

You'll likely go through a short period of withdrawal as your body adjusts to not having tobacco. This will pass. Talk to your healthcare provider about what you're going through. The tips on these pages can help you get through the first weeks without tobacco.



Be Prepared

Nicotine is a powerful and addictive drug. Since your body is used to the effects of nicotine, not using tobacco 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 drugs listed in this chapter can help ease the symptoms of withdrawal.

Learn from Slip-Ups

What if you slip up and use tobacco? A slip doesn't mean you've failed. Look at it as a chance to learn. What were you doing when you used tobacco? Were you with another user? 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 tobacco use again, take control and get rid of the tobacco. 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.

Keep Yourself Busy

Being active is a great way to distract yourself when the urge to use tobacco strikes. A little activity makes you less likely to want tobacco. It's also good for you! Here are some things you can try when you feel the urge:

- 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.

Get Lots of Support

Support from others can help you stay free from tobacco.

- Ask a friend if you can call and talk when you get the urge to use tobacco.
- Ask friends and family members not to use tobacco around you or keep tobacco in the house. Simply being around people when they're using tobacco puts your health at risk.
- Ask a friend or family member who uses tobacco to quit with you. Also, find out if others you know are trying to quit. You can learn from each other.



A traditional “healthy” breakfast used to be eggs, bacon, sausage, pancakes, hash browns, and buttered biscuits. But now we know that a bowl of whole grain cereal with a sliced banana and skim milk is a much healthier breakfast.

Eat Smart and Enjoy Regular Exercise

In fact, there are many delicious options. Try fresh blueberries on almond granola with skim milk or with yogurt. Be creative—it’s fun and it’s healthier. Eating smart means eating foods that are low in fat and rich in nutrients. It means eating lots of fruits, vegetables, and whole grains. And most importantly, drink pure, clean, cold, refreshing water.

Eating right isn’t just about living longer. It’s about feeling good. It’s about staying healthy and vigorous even as you age. Eating smart also means not eating too much. Smart eating helps you avoid having a heart attack, stroke, high blood pressure, or diabetes. It helps to prevent suffering and increase the healthy years that lie ahead.



Cut Fat and Cholesterol

Eating too much saturated fat can clog your arteries and lead to a heart attack or stroke. Saturated fat raises your “bad” cholesterol levels more than other types of fat. To reduce saturated fat in your diet, eat less butter, cheese, whole milk, lard, and fatty cuts of meat. Strive for a dietary pattern that achieves 5% to 6% of calories from saturated fat.

Trans fats are fats that have been converted into solids by a process. Trans fats may also raise your bad cholesterol levels. To reduce trans fats in your diet, eat less margarine, shortening, and snacks or desserts that contain hydrogenated vegetable oil. Instead of using butter or margarine, try cooking with light oil or use cooking spray to oil your pan.

Dietary cholesterol is in foods that come from animals. Meats, poultry, and dairy products contain high levels of dietary cholesterol in addition to saturated fat. Foods that are

especially high in dietary cholesterol include egg yolks and organ meats, such as liver and kidney. There is no dietary cholesterol in foods that come from plants, including fruits, vegetables, and grains. Food labels show the amount of various types of fat in each serving as a percentage of total daily calories. Monounsaturated fats and polyunsaturated fats are preferred and may lower LDL cholesterol. Canola, olive, and peanut oils are high in monounsaturated fat. Sesame and sunflower oils are high in polyunsaturated fat. Food labels show the amount of various types of fat in each serving as a percentage of total daily calories.

Limit polyunsaturated fat to 10 percent of your total daily calories. Another 10 to 15 percent of total calories can come from monounsaturated fat.

Limit the Amounts of These Foods

- Bacon
- Sausage
- Egg yolks
- Hash browns
- French fries
- Fried foods
- Cheeseburgers
- Hot dogs
- Potato chips
- Donuts
- Salami/bologna
- Pizza
- Whole milk
- Cream
- Butter
- Candy
- Soft Drinks

Increase the Amounts of These Foods

- Oatmeal or other whole-grain cereals
- Whole-wheat bread
- Rye bread
- Baked potato
- Sweet potato or yams
- Grilled or baked foods
- Yogurt
- Fish
- Turkey (skinless)
- Chicken (skinless), especially the breast (“white” meat)
- Garlic, onions
- Salad
- Carrots, broccoli, and other vegetables
- Apples, bananas and other fruits
- Skim milk
- Fruit juice
- Water

Follow a diet that emphasizes vegetables, fruits, and whole grains; includes low-fat dairy products, poultry, fish, legumes, non-tropical vegetable oils, and nuts; and limits sweets, sugar-sweetened beverages, and red meats. Try your best to adapt this recommended diet to your personal and cultural preferences.

Important Tip: It’s not only about what foods you eat, but how you prepare your foods. For instance, grill or broil your meals versus frying.

STEP 6

Enjoy Fruits and Vegetables

The easiest way to cut fat and cholesterol is to fill up on your favorite fruits and vegetables. Also, try to eat whole grains, such as whole wheat bread, oatmeal, and whole-grain cereals. Beans are also healthy and a good source of protein.

Try to eat at least five servings a day of fruits and vegetables. You may need support from friends or family members in your effort to change your daily dietary habits. You can also get support from your healthcare provider.

To help keep your blood pressure down, eat less sodium (salt). Too much sodium is the main factor that may lead to high blood pressure in many people, especially African Americans and those who are overweight or obese. Food

labels tell how much sodium is in a product. Instead of using convenience foods that are high in sodium, make your own meals from scratch. Try not to cook with much salt. Instead, use spices, herbs, and salt-free seasoning blends. **Limit the amounts of canned foods, as they have high amounts of sodium. Choose fresh or frozen instead.**

Consume no more than 2,400 mg/day of sodium. In fact, try to limit the sodium you consume to 1,500 mg/day. This lower level can cause an even greater reduction in blood pressure. A reduction in sodium intake of approximately 1,000 mg/day reduces heart disease and stroke events by about 30%!

My Fruit and Vegetable Record

Record the fruits, vegetables, and grains you eat for the next two weeks. Try to have at least five servings a day.

Date	Serving 1	Serving 2	Serving 3	Serving 4	Serving 5

STEP 6



Enjoy Regular Exercise

If you think aging has to mean becoming a couch potato or becoming disabled and useless, think again.

No matter what your age, you can enjoy going out, making new friends, singing and dancing, gardening, and many other ways of staying active and having fun. Regular physical activity can help you feel better, stay healthier, and get things done better at any age.

Staying physically active can lower your blood pressure and your LDL “bad” cholesterol level. It can raise your HDL “good” cholesterol level and lower your triglycerides, if you keep doing it. It helps keep blood sugar under control to prevent the serious complications of diabetes. Exercise is also vital if you need to lose weight or keep your current weight where it is, and it’s a wonderful way to help keep stress from getting to you.

Every little bit of exercise helps a little bit. So, resist the temptation to take the escalator instead of the stairs, or to park right next to your doorway. Resist the temptation to ride in a wheelchair if you can get by without it.

Exercise Daily

To help make regular exercise a lifelong habit, try exercising with a family member or a friend. You might like to talk with your friends while walking around the neighborhood together. Maybe you could start an exercise group at your place of worship. Or maybe you have a dog to walk. Even if you don’t have an exercise partner; there are a lot of ways to make physical activity a part of your everyday life.

Consider adding some of these activities to your daily routine. Check off how many of these activities you would like to do.

- ☐ Get off the bus one or two stops early so that you end up walking farther.
- ☐ Park at the far end of the parking lot, or park a few blocks away from your destination and walk.
- ☐ Use the stairs instead of the elevator.
- ☐ Get up 15 minutes earlier in the morning and stretch.
- ☐ Work out along with an exercise video.
- ☐ Play your favorite dance music. Do the steps you know and enjoy, and add some new moves.
- ☐ Play tag or other active games with your grandchildren.
- ☐ Ride a stationary bike, or use a treadmill while watching TV.
- ☐ Keep a pair of walking shoes at your office, and take walks during lunch or breaks, either on your own or with a coworker.

STEP 6

Follow an Exercise Plan

In general, take part in aerobic physical activity **3 to 4 times a week, for about 40 minutes at a time**. Try to make your exercise moderate to vigorous in intensity. You can do activities by yourself or with others. You can do 40 minutes all at once, or you can exercise a few times a day for 15-20 minutes at a time. If you have a health problem, be sure to talk with your healthcare provider before starting an exercise program.

The key to a successful exercise program is to find the activities that you enjoy doing and that fit into your daily routine.

Use the list above to help select the activities that you want to do as part of your exercise plan. Also, talk with your health care provider about which types of exercise would be best for you. If you aren't used to exercising, start with moderate activities and work your way up to more vigorous activities.



My Exercise Plan

My Exercise Record

Once you have an exercise plan, use the table below to track your progress. Try to be active for a total of 40 minutes (or longer) each day.

MODERATE ACTIVITIES	VIGOROUS ACTIVITIES
Walking	Bicycling
Gardening	Jogging or running
Dancing	Walking at a brisk pace
Vacuuming	Aerobics
Raking leaves	Swimming or water aerobics
Climbing stairs	Basketball
Yoga	Soccer or football
Bowling	Baseball
Golf	Tennis

Date	Activity	Total minutes

Maintain a Healthy Weight

You're not alone if you are carrying around extra pounds. Unfortunately, more than one-third (36.5%) of U.S. adults are obese, and the rates are even higher among African Americans, especially African-American women. Obesity-related conditions include heart disease, stroke, type 2 diabetes, and certain types of cancer, which are some of the leading causes of preventable death.

The most important reason to lose weight is that you'll feel better and stay healthier. Having extra body fat can lead to a heart attack, stroke, diabetes, and other serious health problems. Losing even just a small amount of weight is likely to help in several ways. Losing weight helps to:

- Lower your blood pressure (thus lowering your risk of heart attack and stroke).
- Lower LDL "bad" cholesterol and triglycerides (thus lowering your risk of heart disease and stroke).
- Keep your blood sugar from rising (thus lowering your risk of diabetes).
- Raise self-esteem.
- Improve depression symptoms.
- Lower your risk of arthritis.

Your genes, your environment, and emotional factors can all contribute to obesity. No matter what the causes are, it boils down to this: You are taking in more calories than you use.



Making faith an important part of your life can make a huge difference in your physical and emotional health. Many people who have lived to be 100 years old say that their strong religious faith is what brought them so far.

Be Spiritually Active and Reduce Stress

Attend a Place of Worship

Studies have shown that African Americans who attend places of worship regularly may live longer than African Americans who do not. In addition to living longer, they tend to have happier, healthier lives. While faith takes some effort, it brings rich rewards. So, find time in your life to meditate or attend a church, mosque, or synagogue. The more spiritually active you are, the more you may benefit. From communities that provide spiritual and social support to gospel music that uplifts the soul, spirituality is a vital part of African-American culture. Being spiritually active helps bring meaning to life. It encourages you to use coping strategies for life's inevitable challenges, and it provides

opportunities to reach out to others. These emotional aspects of health go hand-in-hand with your physical well-being.

Use Coping Strategies

Attending a place of worship is one coping strategy that can help keep stress from getting to you too much. Stress is not necessarily a bad thing. In fact, experiencing stress can be good when you can manage it. Challenge can motivate and inspire. Stress may inspire us to wake in the morning, and it can motivate us to take care of our responsibilities. The stress of hard work is a good thing as long as you get satisfaction from it. When stress becomes overwhelming, however, it can be harmful.

To avoid the frustration and depression that can come from harmful stress, you need tools to keep your emotional strength and resilience. What are the best tools? Attend a place of worship. Have a positive attitude. Know your limits. Express your feelings to friends and family members who understand. Stay active in your community. Care for a child, or adopt a pet. These are all-important coping tools.

Reaching out to others is another good strategy for coping. When you reach out, you feel good about yourself and may help others as well. There are many ways to reach out. You might volunteer in the community, or care for a friend or family member. Maybe you listen attentively to others' concerns. You might tutor a school child, help your neighbor with a home repair, or visit someone who is ill. Learn cardiopulmonary resuscitation (CPR) and how to take an proper blood pressure measurement so you can help others maintain their health. Additional coping strategies may involve meditation, which



has long played a role in keeping aging-related blood pressure from rising; exercise; and yoga as a technique for relaxing.

You can also reach out to a pet. Studies show that people who own a pet have lower blood pressure and lower cholesterol levels than those without pets. Owning a dog might help motivate you to get out and walk more often. Caring for a pet can also strengthen self-esteem and help keep you from feeling lonely and isolated. Maybe that's why

heart attack victims who have a pet survive much longer than those who do not. Pursuing hobbies that you enjoy also strengthens your ability to cope.

Maybe you like to garden, cook, shoot basketball, play music, paint, play tennis or golf, or work with wood. Find time for the activities that you most enjoy and be willing to try out some new ones.

My Spiritual Activity and Coping Strategies

Put a check beside the items that apply to you, and note your own activities in the spaces provided.

- ☐ I attend a place of worship regularly.
- ☐ I meditate or pray frequently.
- ☐ I volunteer in these activities: _____

- ☐ I serve my community in these ways: _____

- ☐ I reach out and care for others in these ways: _____

- ☐ I enjoy these hobbies and activities: _____

- ☐ I will explore these new activities: _____

- ☐ I manage to maintain a positive attitude most of the time.
- ☐ I understand that nobody's perfect and set realistic goals for myself and others
- ☐ I am using these coping strategies: _____

A philosopher said over a hundred years ago, “Laughter is the most healthful exercise. It is one of the greatest things that help the digestion with which I am acquainted. It stirs up the blood, expands the chest, electrifies the nerves, and clears away the cobwebs.”

Laughter is a Good Drug

Actually, there is nothing wrong with either laughing or crying. They are expressions of honest human emotions that can make you feel less frustrated and less angry. Crying is a way of letting the hurt out. A laugh, on the other hand, is like sunshine on a cloudy day.

Life without laughter is dreary. An honest laugh cheers us. It is the music, the gospel chorus of our conversations. Laughter among friends is the glue that holds people together.

Scientists discovered that human emotions affect the mind and body in complex and powerful ways that impact our health. Believing in something and laughing both establish a positive impact, and it is this positive feeling that may improve health.

To help make lifelong lifestyle changes, try making one change at a time and add another when you feel that you have successfully adopted the earlier changes. When you practice several healthy lifestyle habits, you are more likely to achieve and maintain healthy blood pressure and cholesterol levels.



Here's a simple recipe to promote a healthy lifestyle. If you practice these steps you will find the fullness and richness in life we all seek.

Recipe For Healthy Living

- ✓ **The Dietary Approaches to Stop Hypertension** (DASH) eating plan is just one key part of a heart-healthy lifestyle, and combining it with other lifestyle changes such as physical activity can help you control your blood pressure and cholesterol for life. The DASH diet encourages you to reduce the sodium in your diet and eat a variety of foods rich in nutrients that help lower blood pressure, such as potassium, calcium, and magnesium.
- ✓ **Be physically active.**
- ✓ **Maintain a healthy weight.**
- ✓ **If you smoke, quit.**
- ✓ **Limit alcohol intake.**
- ✓ **Manage and cope with stress.**
- ✓ **Get plenty of sleep.**

Add a dash of adventure (fun can be substituted, but increase the amount). Also, add a bunch of love (enough to share). Mix well and live long.

Congratulations!

By reading this booklet and using the charts, you have taken a giant step toward a healthier heart. Be encouraged even if you are finding that you need to make a lot of changes in your lifestyle. No one expects you to make all of these changes overnight. But remember, every little bit helps. Every step you take in the right direction will make it that much easier to take the next step. You're not just doing this for yourself. You're taking care of yourself for your family, and for all of your loved ones. **Take pride in your accomplishments.**

You Deserve it!

Glossary

A1C test: A type of blood test used to determine whether blood sugar is in a healthy range.

Angina: A condition in which pain, squeezing, or tightness in the chest is caused by the heart muscle not getting enough blood.

Aspirin: A compound commonly used to thin the blood or treat pain or inflammation.

Atherosclerosis: The narrowing and hardening of the arteries, caused by the buildup of cholesterol and other substances inside the artery walls.

Atrial fibrillation: A condition in which the heart beats too fast or irregularly.

Blood pressure: The amount of force blood exerts against the walls of your blood vessels.

Cardiovascular disease: A disease of the heart or blood vessels.

Cholesterol: A waxy, fat-like substance your body uses to make cells and perform other important functions.

Complications: Harmful conditions caused by a disease.

Coronary heart disease: Disease of the coronary arteries, which carry blood to the heart.

Diabetes: A condition in which your body doesn't make enough insulin to handle the sugar in the blood, or the body can't use the insulin it makes, or both.

Fasting plasma glucose test: A blood test that shows how much glucose (sugar) is in your blood. It can help diagnose diabetes.

Glucose: A type of sugar that your body converts food into so your cells can use it for energy.

HDL cholesterol: The "good" type of cholesterol, which helps the blood get rid of excess LDL cholesterol.

High blood pressure: A condition in which the blood flowing through your vessels is pushing too hard against the vessel walls. Also called hypertension.

Hypertension: High blood pressure.

Impaired glucose tolerance: A condition in which blood sugar is higher than normal, but not high enough to diagnose diabetes.

Insulin: A chemical in the blood that helps the cells use the sugar they need for energy.

LDL cholesterol: The "bad" type of cholesterol, which can deposit on the insides of your artery walls and cause a blockage.

Lipid panel: A blood test usually done after you've fasted for 8-10 hours that tells how much total cholesterol, HDL cholesterol, LDL cholesterol, and triglycerides are in your blood.

Monounsaturated fat: A healthier type of dietary fat that may help lower your "bad" cholesterol level.

Peripheral vascular disease: A reduction in blood flow to the extremities, most often to the legs and feet, usually caused by atherosclerosis.

Prehypertension: Blood pressure that is higher than normal, but not high enough to be called high blood pressure (hypertension).

Polyunsaturated fat: A healthier type of dietary fat that may help lower your "bad" cholesterol level.

Saturated fat: A "bad" type of dietary fat you get from some types of food. Saturated fat raises the level of "bad" cholesterol in the blood.

Stroke: A "brain attack," where blood flow to the brain is suddenly interrupted.

Trans-fats: A type of dietary fat that raises your "bad" cholesterol level.

Triglycerides: A type of fat found in your blood.

Resources

American College of Cardiology (ACC)
800-253-4636, ext. 5603
www.acc.org

American Diabetes Association (ADA)
800-DIABETES
www.diabetes.org

American Heart Association
1-800-242-8721
www.heart.org

Association of Black Cardiologists, Inc. (ABC)
800-753-9222
www.abccardio.org

Cardiosmart
www.cardiosmart.org

Centers for Disease Control and Prevention (CDC)
800-232-4636
www.cdc.gov

Million Hearts
www.millionhearts.hhs.gov

National Heart, Lung, and Blood Institute
NHLBI Information Center
301-592-8573
www.nhlbi.nih.gov

National Diabetes Information Clearinghouse (NDIC)
800-860-8747
www.niddk.nih.gov