

A **PATIENT** RESOURCE GUIDE



WOMEN AND HEART HEALTH

INSIDE THE GUIDEBOOK

Introduction	3
---------------------	---

Chapter 1

Risk factors for heart disease	4
Understanding the cardiovascular system	5
The symptoms of heart disease	6
Is it angina or a heart attack?	6
Warning signs of heart attack	7

Chapter 2

Managing high blood pressure	8
Blood pressure goals	9
What are the risk factors for hypertension?	9
Your mental health	10
Medications for high blood pressure	11
Tips for taking medication	11

Chapter 3

Stroke	12
The risk for stroke	12
Warning signs of stroke	12

Chapter 4

Atrial fibrillation	14
Symptoms of atrial fibrillation	14
Tips to live safely with atrial fibrillation	15

Chapter 5

Controlling cholesterol	16
Wellness strategies to lower cholesterol	17

Chapter 6

Diabetes and heart disease	18
The HbA1c test	18
Controlling blood sugar	19

Chapter 7

Healthy eating	20
The dangers of fat and salt	20
Don't forget the fiber	20
Understanding food labels	21
Watching your portions	22
Shopping and dining out	22

Chapter 8

Exercise and weight	24
Adding more activity to your day	24
Managing your weight	25
Setting weight-loss goals	25

Chapter 9

Smoking and heart disease	26
Smoking and its effect on the heart	26
Creating a quit plan	26
Working through withdrawal	27

Chapter 10

Overcoming barriers to good health	28
Health disparities	29
What you can do	29
Should you participate in a clinical trial?	30

Glossary	31
-----------------	----

Resources	32
------------------	----

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.

Association of Black Cardiologists has used reasonable efforts to include timely and accurate information in this guidebook. Accordingly, the sponsor, partners, producers, and others make no representations or warranties, expressed or implied, regarding the accuracy or completeness of the information provided herein and specifically disclaim any liability, expressed or implied, in connection therewith.

© 2025. Developed by WebMD Ignite. Printed in USA.

INTRODUCTION



Heart disease is the **No. 1 killer of women** in the United States.

It kills more women than all forms of cancer combined. About 1 in 5 women who die in the United States die from heart disease.

If you don't have heart disease now, you can help prevent it. And if you've already been diagnosed with heart disease, it is not too late. There are actions you can take to minimize your risk for complications.

Work with your healthcare provider to make sure you get the care you need. Start making lifestyle choices that are healthier for your heart.

This guide will help you get started.

RISK FACTORS FOR HEART DISEASE

Risk factors are habits and conditions that make heart disease more likely. The more you have, the higher your chances are of having a heart attack, stroke, and other problems.

Most risk factors can be managed to help make you healthier, but there are some you can't change.

Risk factors **you can't change** are:

- **Family history of heart disease:** If your mother or sister had heart trouble before age 65 or your father or brother before age 55, you're at higher risk.
- **Age:** The older you are, the higher your risk. In general, the risk for heart disease starts increasing between ages 40 and 50.
- **Menopause:** Women face a higher risk for heart disease after menopause, especially if it began early due to surgical removal of the ovaries. Women who had the surgery around the natural age of menopause don't share this increased risk. It is important to know that the earlier one experiences menopause and one's first menstrual period, the higher the risk of developing heart disease later in life.
- **Complications during pregnancy:** Years or decades after your pregnancy, you may have a higher risk for heart problems if you had a preterm birth or had high blood pressure, preeclampsia, or gestational diabetes during pregnancy. Share your pregnancy history with your healthcare provider and keep up with regular heart health checkups.

Risk factors **you can manage** include:

- **High blood pressure:** When blood pushes too hard against artery walls, it damages the artery lining and causes stress on the heart. You're at risk if your blood pressure is 120/80 or higher.
- **Unhealthy cholesterol and triglyceride levels:** Blood lipids are fatty substances that are found in your blood and body tissues. Lipids include low-density lipoprotein (LDL) cholesterol and triglycerides. Both are bad lipids that can build up in artery walls, narrowing the arteries. High-density lipoprotein (HDL) cholesterol (a good lipid, or fat) helps clear away bad lipids. You're at risk if you have high total cholesterol, high LDL cholesterol, or high triglycerides. Talk with your provider about the cholesterol and triglycerides levels that are right for you.

Lifestyle tip: Planning for pregnancy

If you want to get pregnant, be sure to talk with your provider if you have these risk factors:

- Hypertension
- Family history of cardiac disease
- Obesity
- Diabetes
- History of preeclampsia

If you do, you may need a test like an electrocardiogram (ECG) or an ultrasound of your heart (echocardiogram).

Understanding the cardiovascular system

■ **Diabetes:** Diabetes is a disease that happens when blood sugar is too high. Over time, high blood sugar levels can damage blood vessels and the nerves that control your heart. Having diabetes also makes you more likely to have a silent heart attack—one without any symptoms. To find out if you have diabetes, you should have a fasting blood sugar test. A HbA1c test helps control your diabetes. It monitors your blood sugar over a period of time, usually 3 months. If you have diabetes, you will want to keep your HbA1c lower than 6.5%.

Coronary arteries are vessels that supply blood to the heart muscle. Like all other tissues in the body, the heart muscle needs oxygen-rich blood to function, and oxygen-depleted blood must be carried away. The coronary arteries consist of 2 main arteries: the right and left coronary arteries, each with important branches to distribute blood throughout the heart tissue.

Since coronary arteries deliver blood to the heart muscle, any coronary artery blockage or narrowing can reduce the flow of oxygen and nutrients to the heart muscle, which may lead to a heart attack and possibly death. Atherosclerosis (a buildup of cholesterol plaque in the inner lining of an artery causing it to narrow or become blocked) is the most common cause of heart disease.

■ **Smoking:** Smoking damages the lining of the blood vessels and raises blood pressure. Smoking increases the risk for heart disease and stroke by 2 to 4 times. Vaping and secondhand smoke is also harmful to your health and can cause heart disease.

■ **Excess weight and obesity:** Excess weight makes your heart work harder, and that raises your risk for a heart attack. Being overweight or obese also puts you at risk of developing diabetes. Excess weight around the waist or stomach increases your risk the most. You're at risk if your BMI (body-mass index) is 25 or higher.

■ **Lack of exercise:** Experts recommend adults get at least 150 minutes of moderate-intensity exercise each week, along with muscle-strengthening activities on 2 days, to gain major health benefits. Some activity, however, is better than none. Without regular exercise, you're more likely to develop other risk factors, such as being overweight and developing diabetes. High blood pressure and unhealthy lipid levels are also more likely.

■ **Mental health conditions:** Depression, anxiety, and negative emotions like anger and stress have been linked to heart disease and related risk factors. If left untreated, people with mental health conditions may experience negative effects on the body, such as increased heart rate and blood pressure, that can lead to heart disease.

■ **Poor sleep quality:** Sleep helps heal and repair your body, including your heart and blood vessels. Most adults should get 7 to 9 hours of sleep a night.

■ **Metabolic syndrome:** Metabolic syndrome is a combination of risk factors that significantly increase your risk for heart disease and stroke. It occurs when 3 or more of these markers are present:

- A high level of LDL triglycerides (more than 150) or you're taking medicine for high triglycerides
- A low level of HDL ("good") cholesterol (less than 50 for women) or you're on medicine for low HDL
- Abdominal obesity or a waist circumference of greater than 35 inches for women
- High blood pressure (130/85 or greater), or you're taking medicine for high blood pressure
- High fasting blood sugar (100 or greater), or you're taking medicine for high blood glucose
- Polycystic ovary syndrome (PCOS)

■ **Excessive alcohol use:** Alcohol can raise blood pressure and increase triglycerides in the blood, which increases the risk for heart disease. Drinking alcohol is not recommended. However, if you choose to drink, the guidelines recommend that women should have no more than 1 drink a day.

THE SYMPTOMS OF HEART DISEASE

The symptoms of heart disease can vary with severity. Some people with heart disease have no symptoms, some have episodes of mild chest pain or angina, and some have more severe chest pain.

If too little oxygenated blood reaches the heart, a person will experience chest pain called angina. When the blood supply is completely cut off, the result is a heart attack, and the heart muscle begins to die. Some persons may have a heart attack and never recognize the symptoms. This is called a “silent” heart attack.

Most women having a heart attack feel the classic chest pressure, but they can also have other, quieter symptoms like back pain or unusual fatigue that are easy to overlook.

Each year, more than 300,000 women die from heart attacks. For many women, though, a heart attack may feel like a strange discomfort in the back, chest tightness or chest heaviness, or some other easily ignored sign, instead of crushing chest pain.

Studies confirm that heart disease may differ in women in ways that doctors may not realize. Heart disease, in some women, doesn't occur from obvious blockages in arteries as it does in men. Instead, for women, plaque may spread evenly along the artery wall or in the smaller arteries—areas hidden from an angiogram, the standard imaging test that measures blood flow in the big arteries.

Is it angina or a heart attack?

Angina usually goes away after a few minutes of rest. If you have never had angina before or if the following symptoms last for more than a few minutes, or if they go away and come back, you could be having a heart attack.

Call 911 right away!

- Discomfort, aching, tightness, or pressure that comes and goes. This may be in the chest, back, abdomen, arm, shoulder, neck, or jaw.
- Feeling much more tired than usual, for no clear reason.
- Becoming breathless while doing some activity that used to be easy.
- Heartburn, nausea, or a burning feeling that seems unrelated to food.



In women with this problem, which is called coronary microvascular syndrome, blood flow to the heart falls dangerously low. But they don't often feel the "elephant-on-the-chest" pain that takes place when large arteries shut down. Instead, they may have subtle symptoms. They may feel pressure or squeezing or shortness of breath. Symptoms may even pop up elsewhere in the body, such as the jaw. (This symptom of jaw pain can also appear in men having a heart attack.)

Many women with microvascular disease may continue to have symptoms and become sicker. They may be at an increased risk for heart attack within 5 years.

Some experts suggest that hormonal changes associated with aging or inflammation may explain why women's smaller blood vessels develop this unique disease process.

The stage for heart disease is set before menopause by factors such as high blood pressure, high cholesterol, extra weight (especially around the waist), and smoking—all factors that play a part in plaque buildup.

Warning signs of heart attack

The most common symptom of heart attack in men and women is chest pain. However, women are more likely to have "nonclassic" heart attack symptoms than men. Still, doctors note, unexplained jaw, shoulder, back, or arm pain can also signal a man's heart attack even when the classic crushing chest pain is absent.

These are the most common warning signals for heart attack:

- Pain or discomfort in the center of the chest that lasts more than a few minutes, or goes away and comes back
- Chest discomfort with sweating
- Pain that spreads from the chest to the arm, neck or jaw
- Shortness of breath, tiredness (especially from exertion), or upset stomach; these are particularly common in women

If you are at risk for heart disease and have any of these symptoms, seek medical attention, up to and including calling 911, immediately. Do not attempt to drive yourself to the hospital.

If you think you're having a heart attack, call 911 and crush or chew a full-strength aspirin (swallow with a glass of water) to prevent further blood clotting.

Time is a crucial factor in a heart attack because the longer the blockage remains untreated, the more heart muscle will die. Also, drugs that break down blockage in the arteries (thrombolytic therapy) must be given within the first few hours.

MANAGING HIGH BLOOD PRESSURE

Your blood pressure isn't just a reading at your healthcare provider's office. It can predict your risk for heart attack, heart failure, or stroke. Simply put, the higher your blood pressure, the higher your risk for these and other deadly diseases.

The blood pressure reading is written as 2 numbers, the systolic pressure (the first, or "top," number) and the diastolic pressure (the second, or "bottom," number). Systolic is the measure of pressure when your heart beats (contracts) and blood flow is strongest. Diastolic is the measure of the pressure in the arteries when the heart relaxes between beats.

High blood pressure, also called hypertension, occurs when blood is pushed with too much force against artery walls as it travels. The heart must work harder to push blood through the vessels and to the rest of the body and brain. This damages the lining of the blood vessels.

If Your Blood Pressure Numbers Are:	Then:
Less than 120/80	Your range is normal
Between 120–129/less than 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

If your blood pressure is between 120/80 and 129/80 or higher, you're at increased risk of developing chronic or long-lasting high blood pressure. Hypertension is any blood pressure with a top number higher than 130 or a bottom number higher than 80. This can raise your risk for heart attack, heart failure, and stroke over time. It also impacts your other organs and can damage your kidneys, eyes, and brain function.

If you have elevated blood pressure, you can lower your blood pressure by changing your lifestyle. Your healthcare provider can help you decide what changes to make and how.

For healthy adults, these are elements of a healthy lifestyle:

- **Not smoking.** If you already smoke, quitting can decrease your risk substantially.
- **Maintaining a healthy weight, or a BMI below 25.** (See Chapter 8.)
- **Getting at least 150 minutes of moderate-intensity physical activity each week.** That can be 30 minutes, 5 days a week.
- **Drinking alcohol only in moderation, if at all.** For women, this means no more than 1 drink daily. Drinking alcohol is not recommended. It's easier to control high blood pressure if you don't drink alcohol.
- **Getting at least 7 to 9 hours of sleep per night.**
- **Managing stress.** Reduce stress with meditation, relaxing activities, or support from a counselor.
- **Eating a variety of fruits and vegetables and other healthy foods.** Try to:
 - Limit sodium and saturated fat.
 - Eat foods high in potassium, such as kiwis, beets, and oranges (discuss with your provider).
 - Eating foods high in protein, such as fish, lean meats, nuts, and legumes.
 - Eat only nonfat or low-fat dairy products.



Blood pressure goals

The best first step to taking control is to have your blood pressure checked routinely. One reason your blood pressure is checked every time you visit your healthcare provider is because there's no other way to know when your pressure is high—you can't feel high blood pressure.

Talk with your healthcare provider about your blood pressure reading and what your goals should be.

What are risk factors for hypertension?

Certain factors make hypertension more likely. Some factors cannot be changed, but others can. These are common risk factors for hypertension:

- **Age.** The risk for hypertension increases with age.
- **Sex.** Women are less likely to have elevated blood pressure than men before age 55. Women are more likely to have high blood pressure after menopause.
- **Family history and genetics.** You're more likely to have high blood pressure if your parents or other close relatives have high blood pressure.
- **Race.** High blood pressure tends to be more common in Black Americans than people of other races. High blood pressure in Black Americans also tends to develop earlier in life, be more severe, and is associated with greater target organ damage.
- **Tobacco use.** The Association of Black Cardiologists does not recommend tobacco use in any form.
- **Being overweight or having obesity.** Being overweight or having obesity puts extra strain on your heart and circulatory system. It increases your risk of having high blood pressure and other diseases, such as diabetes and heart disease.
- **Drinking too much alcohol.** Drinking alcohol is not recommended. If you choose to drink, have no more than 1 drink per day for women.
- **Too little physical activity.** At least 150 minutes of moderate-intensity physical activity each week is recommended. You can break this up throughout the week, such as 30 minutes, 5 days a week.
- **Unhealthy diet.** Eating too much sodium (salt) and not enough potassium can increase blood pressure. Whole food plant-based diets are highly recommended to reduce chronic disease risks.
- **Diabetes.** Diabetes causes sugars to build up in the blood and increases the risk for high blood pressure.
- **Not getting enough sleep.** Getting less than 7 hours of sleep a night raises your risk for high blood pressure.
- **Pregnancy.** Women who had preeclampsia (new-onset hypertension during pregnancy) are more likely to develop hypertension later in life.
- **Taking certain medications or herbal supplements.** Some medications and herbal supplements can raise blood pressure in some people. This can include diet pills, steroids, ibuprofen, nasal decongestants, and other cold remedies.

MANAGING HIGH BLOOD



Lifestyle tip: Coping with stress

Many people lead busy, demanding lives and often put the needs of others before their own. It's understandable to feel like there's not enough time to focus on your health. But taking small steps to care for your heart now can make a big difference over time. Supporting your heart healthy today helps you stay strong for yourself and for those who rely on you.

Your mental health

Protecting your heart isn't only about eating differently, being more active, and losing weight. Chronic stress, depression, anxiety, and other mental health conditions have been linked to heart disease. Over time, these conditions could raise your heart disease risk.

Depression is more common in women than in men and raises a woman's risk for heart disease by 2 to 3 times—regardless of race, ethnicity, or economic background. Even mild forms of depression or depressive symptoms increase heart disease risk.

You can't remove all stress and negative feelings from your life, but you can try to reduce and manage them. Doing the following may help:

- **Take more time to do things you enjoy.** Put aside a little time for yourself each day.
- **Spend time around people with the same interests as you.** Think about volunteering, joining a club, or just meeting friends for coffee once a week.
- **Get more omega-3 foods into your diet.** These include many types of fish. Also, some foods are fortified with omega-3 fats.
- **Practice relaxation techniques, such as deep breathing, meditation, or yoga.**
- **Know that stress, anxiety, and depression are medical problems that can be treated.** Your healthcare provider may suggest stress management classes, counseling, lifestyle changes, or medication. When these problems are under control, you'll be better able to focus on your health and your needs.

PRESSURE

Medications for high blood pressure

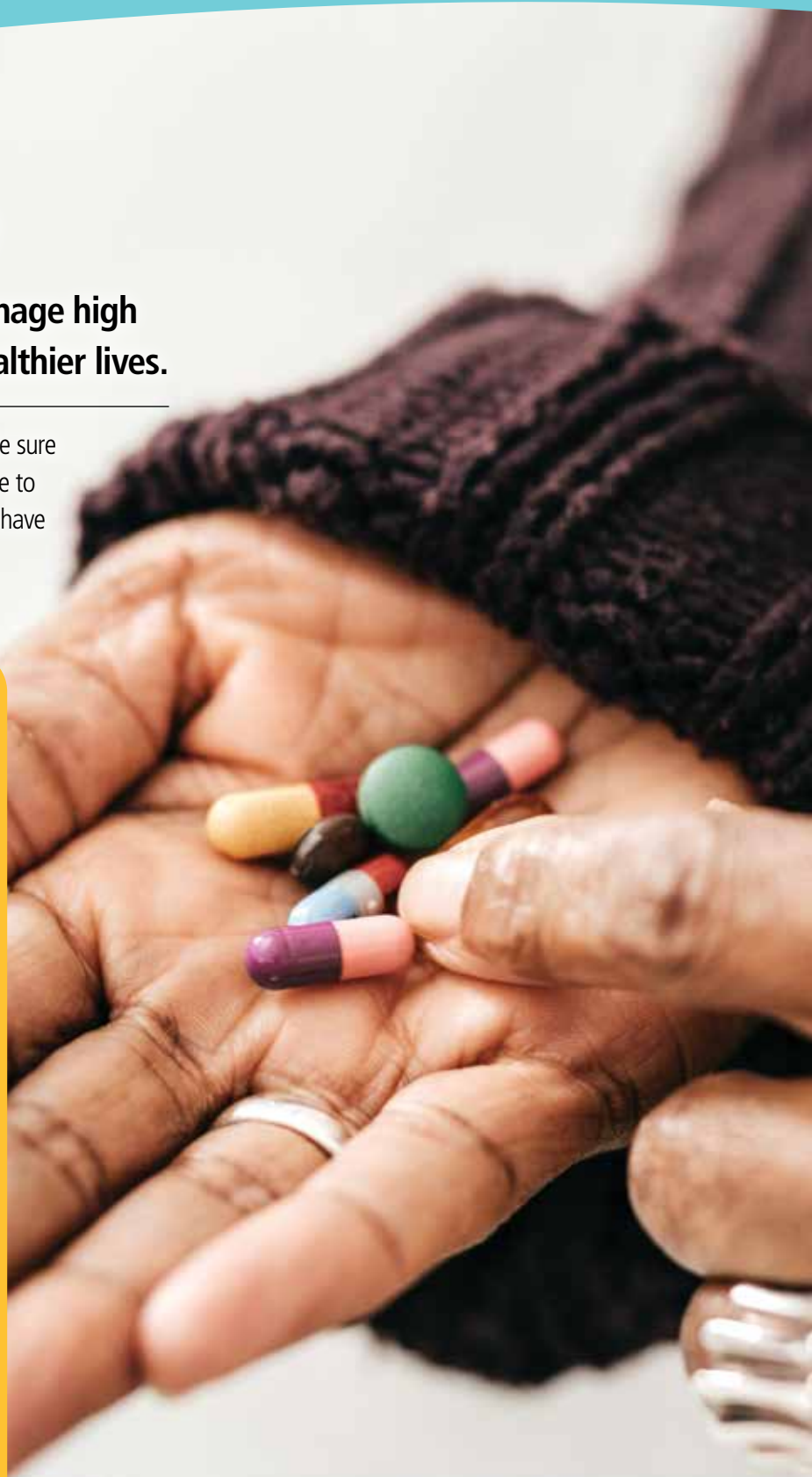
Medications help many people manage high blood pressure, and live longer, healthier lives.

If medications have been prescribed for you, make sure you know what they do and how to use them. Be sure to fill all the prescriptions that are written for you. If you have any questions or concerns, talk with your provider or pharmacist.

Tips for taking medication

Medication must be taken as prescribed to work right. The following tips can help:

- Don't stop taking your medications for any reason without talking to your healthcare provider first. If you have side effects, your healthcare provider may change the medication or dose to lessen them. If you can't afford your medications, ask your healthcare provider for resources that may help or alternative options that are more affordable.
- If keeping track of your medications is a problem, try using a weekly pillbox. You can buy one at a pharmacy.
- Keep a list of all your medications. Show it to any healthcare provider you visit. If your medications change, update the list.
- Some medications are taken for problems that may not cause overt symptoms, such as high blood pressure. Even if you feel fine, take your medication as prescribed.



STROKE

The risk for stroke

A stroke is the consequence of brain death due to a blood vessel issue. Strokes are also called cerebrovascular accidents (CVA). High blood pressure is the biggest risk factor for stroke, especially if your blood pressure is 140/90 or higher.

Strokes occur when something interferes with the normal flow of blood to the brain, similar to a heart attack.

- Ischemic strokes are caused by blood clots or cholesterol plaques that block the flow of blood through arteries.
- Hemorrhagic strokes occur when blood vessels rupture.

When blood flow is interrupted, the brain doesn't get the oxygen and nutrients it needs and cells begin to die. Relatively few brain cells will be affected if the interruption is brief, and the person may recover fully. However, the severity of the damage can vary from mild, permanent impairment to death.

Sometimes a small clot will briefly clog an artery, causing temporary weakness, dizziness, or other symptoms. These "mini strokes"—transient ischemic attacks, or TIAs—should be taken seriously as they often precede a major stroke.

Warning signs of stroke

- Sudden weakness or numbness of the face, arm, or leg, especially on one side of the body
- Sudden trouble seeing or loss of vision, particularly in 1 or both eyes
- Sudden confusion, trouble talking, or difficulty understanding speech
- Sudden, severe headaches with no known cause
- Sudden trouble walking, dizziness, loss of balance or coordination

Anyone having a sign of a stroke should call **911** immediately.



ATRIAL FIBRILLATION



Atrial fibrillation

High blood pressure is a major risk factor for atrial fibrillation, or Afib, the most common type of irregular heartbeat (arrhythmia) among Americans. The good news is that it's possible to live a normal, active life, but you need to follow your healthcare provider's guidelines.

Afib appears to cause more severe health problems in women than in men, and scientists are working to find out why. Women with Afib have a higher rate of cardiac events, such as stroke, heart attack, and heart failure (a chronic condition in which the heart can no longer pump enough blood to the body).

Symptoms of atrial fibrillation (Afib)

Just as no two women are the same, no two cases of Afib are the same. In fact, even in the same person, Afib can feel very different from one episode to the next.

In general, Afib symptoms include:

- Very rapid or irregular heartbeats
- Fluttering or “thumping in the chest”
- Unexplained shortness of breath or difficulty breathing
- Chest discomfort or pain
- Weakness or difficulty exercising
- Dizziness or feeling faint
- Fatigue
- Confusion

While many women have one or more of these symptoms, some don't notice any. Others say they had a nagging feeling that something wasn't quite right with their body. Tell your healthcare provider about all your symptoms. Don't wait to see whether they go away on their own or try to diagnose yourself.

Afib is classified by its duration and length of episodes.

- **Paroxysmal Afib.** Afib that comes and goes but generally stops on its own after 1 week of onset.
- **Persistent Afib.** Afib that lasts for more than 1 week and usually requires treatment to help the heart return to its normal rhythm.
- **Long-standing persistent Afib.** Afib that lasts more than 1 year. It can be hard for the heart to return to a normal rhythm.
- **Permanent Afib.** Afib that doesn't go away, even with medicine or other treatments. The heart's normal rhythm can't be restored.

Tips to live safely with **atrial fibrillation**:

- **Know what triggers an episode.** Some common triggers include alcohol, caffeine, extreme physical exertion, upper respiratory infections, and stress.
- **Take precautions when on blood-thinning medications.** Preventing blood clots that can form in the heart and travel to the brain is an important part of treatment. Always check with your healthcare provider or pharmacist before stopping, adding, or changing any medications.
- **Be smart about over-the-counter medicines, especially cold and allergy medicines, and nutritional supplements.** Some over-the-counter medications contain stimulants that can speed up your heart and trigger an atrial fibrillation attack. They may also interfere with atrial fibrillation medications you're taking to control your heart rate or rhythm. Always check with your healthcare provider or pharmacist before taking any over-the-counter medication.
- **Limit alcohol, caffeine, and nicotine.** Alcohol is not recommended. Try to limit or avoid alcohol. Studies have shown drinking too much alcohol can raise the risk for Afib. Small amounts of alcohol can trigger Afib. This is called holiday heart syndrome. Nicotine is a heart stimulant that can trigger Afib and is a risk factor for heart disease and stroke.
- **Don't use illegal or street drugs.** If you do, ask your healthcare provider how to get help to stop.
- **Get regular exercise.** Exercise strengthens your heart. It cuts down on fatigue by increasing your energy and helping you sleep better at night. Exercise can also help you lose weight, and being at a healthy weight is an important part of managing atrial fibrillation. Talk with your healthcare provider about what level of activity is safe for you.
- **Find ways to lower stress.** To handle stress, first identify what triggers it and then adopt a coping strategy. Try saying no when pressured to take on more than you can handle comfortably. Practice positive self-talk, physical exercise, and deep breathing. Make time to do the things you enjoy.
- **Educate yourself.** Learn as much as you can about Afib and take an active role in managing your condition.
- **Work with your healthcare provider.** Afib treatment isn't the same for everyone. It's also important to know that even your own individualized Afib treatment plan may change over time as your needs change. Always let your healthcare provider know about all of your symptoms to make sure you're getting the treatment that's best for you. Keep your medical appointments, get necessary blood tests and take all your medications. Also, when you see any of your other healthcare providers, take a list of all your meds with you.



CONTROLLING CHOLESTEROL

Cholesterol, a type of lipid, is a waxy, fatlike substance produced naturally and stored in the liver. Your body needs cholesterol to function normally, but you only need a small amount in your bloodstream.

If you have too much cholesterol in your blood, your body stores the extra in your arteries, including the coronary arteries and the blood vessels that lead to your brain and to your legs. Cholesterol buildup narrows and clogs the arteries, resulting in heart disease. As your cholesterol level increases, so does your risk for heart disease.

Your total cholesterol level is made up of 3 parts.

1. LDL (low-density lipoprotein) is known as the “bad” cholesterol. When the body has too much LDL, it can build up in artery walls.

2. HDL (high-density lipoprotein) is often called the “good” cholesterol because it picks up leftover LDL from the arteries and carries it back to the liver to be used again.

3. Triglycerides are fatty substances made by your liver from the food you eat. A high triglyceride level may lead to plaque buildup in arteries.

Your healthcare provider can do a lipoprotein blood profile to measure your total cholesterol. A lipoprotein profile is a blood test that’s done after you’ve fasted for 8–10 hours. It tells how much total cholesterol, HDL cholesterol, LDL cholesterol, and triglycerides are in your blood. Recently other lipoproteins have been found to identify people at high risk of having a cardiac event.

If your total cholesterol or LDL levels are too high, or your HDL level too low, your healthcare provider may prescribe medication to help bring your cholesterol to a healthier level.

Talk with your healthcare provider about how often you should have a lipoprotein profile.



Wellness strategies to lower cholesterol

Cholesterol-lowering good health calls for a diet rich in fruits, vegetables, whole grains, fish, skinless poultry, nonfat dairy, beans, seeds, nuts, and healthy vegetable oils like olive or canola. Your diet should restrict saturated fat, trans fat, and salt. You should also cut back on sugar and refined flour, which have been linked with high triglycerides.

Other steps to take to help keep your cholesterol levels at healthy levels:

- **Get regular aerobic exercise.** Regular physical activity is critical to improving your cholesterol levels and cutting your risk for heart disease. Exercise reduces not only total cholesterol, but also LDL ("bad") cholesterol and triglycerides, and increases HDL ("good") cholesterol.
- **If you drink, do so in moderation.** Alcohol is not recommended. Excessive alcohol use increases triglyceride levels.
- **Reduce stress.** It may help keep your cholesterol in check.
- **If you smoke, quit.** Smoking raises triglyceride levels and increases the risk for metabolic syndrome.
- **Set goals for healthy eating.** Making even small changes will help you lead a healthier lifestyle. Whole food plant-based diets are highly recommended to reduce chronic disease risks.
- **Make healthy food choices for you and your family.** Find ways to substitute lower fat and cholesterol foods for those you might normally use.
- **Take medication as directed.** Always talk with your healthcare provider or pharmacist if you have questions about medicines you take, whether prescribed or over the counter.



DIABETES AND HEART DISEASE

When you have diabetes, your body doesn't produce insulin (a hormone that controls blood sugar) or your body doesn't respond to its own insulin. Either way, your body has trouble regulating blood sugar. High blood sugar levels play a role in the development of heart disease.

Diabetes and heart disease share common risk factors, such as a sedentary lifestyle and being overweight. Lack of exercise and obesity can lead to insulin resistance and diabetes. They can also lead to high blood pressure, unhealthy arteries, and heart disease.

Diabetes can increase blood cholesterol and triglycerides. A buildup of fatty deposits in arteries can then lead to heart disease. Women with diabetes are more likely to have heart attacks and are twice as likely as women without diabetes to die of some form of cardiovascular disease.

The HbA1c test

Many people with diabetes don't even realize they have it until it becomes life-threatening or leads to a serious complication. One way to find out for sure whether you have diabetes is to have a blood test, called an HbA1c test. The HbA1c test measures your average blood sugar levels over the past 2 to 3 months. Another way is to get a glucose tolerance test.

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. If not treated, high blood sugar can damage

arteries and make other problems—such as high blood pressure and abnormal cholesterol—more dangerous. It can also lead to heart attack or stroke.

To maintain heart health and keep your diabetes under control, focus on managing your blood sugar level. That means watching your diet, exercising, controlling your weight, and taking medication, if necessary. You'll need to check your blood sugar level several times a day with a glucose meter or a continuous glucose monitor and have regular checkups that include an HbA1c test. The HbA1c test is the best way to tell how you're doing at controlling your glucose and insulin levels.



Lifestyle tip: Your family wellness plan

- Eating better and exercising more: These two changes alone may prevent diabetes or delay its onset and complications.
- Learn to eat a well-balanced diet that is low in fat and simple sugars. Plant-based diets are recommended. Balance what you eat with the amount of physical activity you get each day.
- Find things you enjoy doing that will help you be more physically active. Exercise not only helps to prevent or delay diabetes, but it also helps you to control your weight and make you feel better.
- Getting more exercise doesn't just mean going to the gym. Being more active in your everyday life is also important. Walk to more places. Take the steps rather than the elevator.
- Choose some fun family physical activities to do, such as bike riding, playing tennis, walking, or hiking.
- Teach your family healthy cooking habits. Find ways to substitute foods high in calories, fat, and cholesterol with healthier options. For example, use 2 egg whites or ¼ cup egg substitute instead of 1 whole egg. Use herbs, lemon juice, onions, or garlic instead of salt or fat to flavor your meals.

Women who take up these healthy habits will also serve as good role models for children in their lives. Children are also at increased risk for type 2 diabetes as they mature due to high rates of childhood obesity.

Did you know that . . .

- About 15 million women in the United States have diabetes.
- Diabetes is almost twice as common in non-Hispanic Black women compared to non-Hispanic white women.
- The risk for stroke is 2 times higher among women with diabetes.
- The risk of developing and dying from heart disease is 2 times greater among people with diabetes.

One serving of carbs is 15 grams.

Each of the following makes 1 serving of carbs:

- ½ cup of kidney beans
- 2 slices (1 ½ ounces) of reduced-calorie bread
- ⅓ cup cooked rice or pasta
- 1 cup milk (nonfat, 1%, 2%, whole)
- 1 small apple (unpeeled)
- ½ cup mashed potatoes



Controlling blood sugar

Keeping blood sugar under control can help you feel your best. It also reduces chances of damage to artery walls and helps keep blood pressure and lipid levels low.

Check your blood sugar before and after you exercise. You will need to discuss with your healthcare provider how best to do this. Keep in mind that exercise lowers your blood sugar. When exercising, have glucose tablets or a snack handy if you feel symptoms of low blood sugar. Don't exercise if you're sick, or if your blood sugar or blood pressure levels are too high. Drink plenty of water and other fluids while exercising.

Carbohydrates (or carbs) are the body's main source of fuel, but carbs raise blood sugar more than any other type of food. To avoid blood sugar spikes, you may want to eat the same amount of carbs at every meal, rather than just one meal.

Staying in your target blood sugar range depends on the carbs you eat, as well as your age, weight, activity level, and other factors. Ask your healthcare provider, registered dietitian, or diabetes educator how many servings of carbs are right for you.

Regular checkups with your healthcare provider will help keep you on the path to better health and keep your blood sugar levels under control.

HEALTHY EATING

Eating healthy doesn't mean your food choices are limited. It's just a matter of making the right decisions for your heart health. And if you prepare the meals in your household, your healthy choices will be good for the whole family.



By eating healthy foods more often, you'll take a big step toward better health. Most heart disease risk factors are linked to what and how much you eat. Eating healthier will improve cholesterol and blood pressure levels. It can also help you lose extra pounds or maintain a healthy weight. And if you have diabetes, healthy eating can help you manage it. What kind of diet should you consider to stay healthy? Whole food plant-based diets are highly recommended to reduce chronic disease risks.

The dangers of fat and salt

Saturated fat can clog your arteries and raise your LDL ("bad") cholesterol levels. This type of fat comes mostly from animal sources and is found in butter, cheese, whole milk, lard, and fatty cuts of meat. Another type of fat that raises your LDL cholesterol is trans fats—fats that have been converted into solids. You can avoid these by eating less shortening, margarine, or snacks containing hydrogenated vegetable oil. You should limit your saturated fat intake to less than 10% of your daily calories.

It's essential to eat some fats, however, because hormones and your nervous system depend on them to function properly. Some fats, such as monounsaturated (found in olive and canola oils), polyunsaturated fats (found in sunflower and sesame oils), and omega-3 fatty acids (found in fish), are healthier than saturated and trans fats. Your total fat intake should be 25 to 35% of your daily calories, though.

Eating too much salt (sodium) can raise your blood pressure. To cut down on salt:

- **Buy fresh foods or plain frozen foods.** Canned and processed foods often have salt added to them. Read the sodium content on the label.
- **Check that seasoning mixes are sodium-free.**
- **Don't add salt while cooking.** Remove the saltshaker from the table.
- **Limit fast foods and fried foods.**

The recommended amount of sodium is less than 2,300 mg a day. If you have high blood pressure or other heart problems, your healthcare provider may lower that amount.

Don't forget the fiber

Foods high in fiber make you feel full longer. This can help you control your weight. Eating foods high in soluble fiber (found in peas, beans, oats, and some fruit) helps to lower your cholesterol. To add more fiber to your diet:

- **Eat grains, such as oatmeal, brown rice, barley, and kasha (buckwheat).** Choose whole-grain breads, crackers, and cereals.



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 240mg	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.	

- **Include fresh vegetables and fruit in your diet.** Try raw or lightly steamed vegetables. And eat whole fresh fruit with the skin. Make your plate colorful with fruits and vegetables.
- **Eat dried, cooked beans, peas, and lentils instead of meat.**
- **For a snack, try a few nuts.** Walnuts are a good choice. They're high in fiber and healthy fats, which are good for your heart.

Understanding food labels

- **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 from fat should be less than a third of the total calories.** The closer this number is to the total calories, the more fat the food contains.
- **Total fat is the total amount of all types of fat per serving.**
- **Saturated fat raises cholesterol levels and leads to clogged arteries.** Look for foods with little or no saturated fat.
- **Trans fat is even worse for your heart than saturated fat.** Look for foods with no trans fat.
- **Cholesterol can raise your levels of LDL ("bad") cholesterol.** Even if this number is low, the food may not be good for you. Also look at the types and amounts of fats.
- **Sodium should be limited to 2,300 mg each day.** If you have high blood pressure or heart failure, your healthcare provider may say to have even less.
- **Dietary fiber aids digestion and helps control cholesterol.** Try to get 14 grams of fiber for every 1,000 calories you eat.
- **Added sugars shouldn't exceed 6% of the calories women consume each day.**



Lifestyle tip: Eating healthy

Eat plenty of produce—a moderately active woman should eat at least 3 cups of vegetables and 2 cups of fruits daily. Studies link diets high in fruits and vegetables with lower blood pressure and a reduced risk for heart disease. The Association of Black Cardiologists recommends following a plant-based diet.

HEALTHY EATING

Watching your portions

How much you eat is almost as important as what you eat. Pay attention to portion sizes. For most people, half of your plate should hold vegetables and fruit. Nutritional needs depend on your age, sex, height, weight, and physical activity. They can also depend on whether you are pregnant or breastfeeding. (For more details, visit www.myplate.gov.)

Also, keep in mind that portions are different from servings. A serving is a fixed amount of food that helps you keep track of how much you eat, while a portion is the amount of food you put on your plate.

Here are some tips to help keep your portion sizes down, especially when dining out:

- **Eat slowly and savor your meal.** That way, you'll be able to feel when your stomach is full.
- **When you eat out, share your main dish or take half of it home.** Ask to have half boxed up before you begin eating, if tempted to eat the whole meal.
- **Avoid all-you-can-eat buffets and order an appetizer or side dish as a main meal.**
- **Compare your food portions to the number of servings you need each day.** For instance, the average woman needs 5 to 6 ounces of protein, 3 cups of dairy, 6 ounces of whole grains, 2 cups of fruits, and 2 ½ to 3 cups of vegetables.
- **If you don't drink alcohol, do not start.** Alcohol is not recommended. If you drink alcohol, do so in moderation: No more than 1 alcoholic drink a day for women. (Pregnant women should avoid all alcohol, as it can lead to birth defects.) A drink is considered 12 ounces of regular beer, 4 to 5 ounces of wine, or 1 ½ ounces of distilled spirits.



Shopping and dining out

Healthy eating starts with healthy food shopping. Pay attention to food labels and make healthy choices as you shop. Make a list before you enter the store and stick to it—avoid impulse buys. Remember, whole food plant-based diets are highly recommended to reduce chronic disease risks.

These tips can help you make heart-healthy choices:

- **Start your shopping in the produce section.** You can trim fat by building meals around produce instead of meat. And fresh fruits and vegetables contain almost no sodium.
- **In the meat section, try chicken or fish instead of red meat.** Remember, beans, tofu, or nuts are excellent alternatives to meat. Avoid meats that are cured or smoked; these processes add a lot of sodium.
- **Try lower-fat dairy products.** If you usually buy whole milk, try reduced fat or 1% instead.



Lifestyle tip: Making healthy choices

Use these tips as a guide for ordering when dining out:

American

- Grilled chicken or fish (without breading) instead of fried
- Salad or baked potato instead of fries
- Fresh vegetables at the salad bar, oil and vinegar dressing
- Veggie burger instead of a hamburger

Asian

- Steamed dishes instead of fried
- Have fish, chicken, or tofu
- Vegetable dish instead of a meat dish
- Dip food into sauce rather than pouring sauce on top

Italian

- Order pasta with marinara sauce; don't add Parmesan cheese
- Ask for pizza to be made with half the normal amount of cheese, or order a variety with no cheese
- Order dishes with broccoli, spinach, and mushrooms instead of sausage and pepperoni
- Avoid dishes with lots of cheese or cheese sauce

Mexican

- Fajitas with vegetables, chicken, chili peppers, and a pinch of cheese
- Soft flour or corn tortillas instead of chips
- Guacamole instead of sour cream
- Black beans instead of refried

- **Snack foods often contain trans fat, so read labels with care.** Look for low-fat, low-sodium versions of your favorites.

- **Frozen dinners are often high in fat and sodium.** Look for plain frozen foods without sauces.

When you dine out, scan the menu for healthy choices. Often, restaurants will make a dish in a healthier way; ask for your order to be cooked without cheese, no added salt, or with sauce on the side.

Fast food is high in salt and fat, so limit how many times you eat in these restaurants. When you do eat fast food, choose healthier items. Most restaurants have a nutrition list of the foods they serve. Ask for the list at the counter, or it may be on the restaurant's website.

EXERCISE AND WEIGHT

Being active can help you maintain a healthy blood pressure and manage lipid levels. When you commit to being active, you're not only protecting your heart, you're helping yourself feel better and have more energy.

Adding more activity to your day

Becoming active starts with moving more. Find simple ways to make your day more active, such as light gardening or housework, or walking to a coworker's office instead of using the phone.

Walking is the easiest way to exercise. It's an aerobic exercise that's good for your heart, and it requires nothing more than a pair of sneakers and your own two feet. Try walking with some friends outdoors on nice days or in a shopping mall if it's cold or raining.

Other activities of moderate intensity include:

- Using exercise or aerobics videos.
- Doing water aerobics or recreational swimming at a local pool.
- Joining an exercise class or gym. Not all gyms are expensive, and some are for women only.



Lifestyle tip: Every little bit helps

Women lead busy lives, and you may think you don't have time to exercise. But you would be surprised at how easy it is to add activity to your day. You can:

- Take the stairs instead of the elevator.
- Park your car a little farther from the store.
- Play tag with your kids or grandkids.
- Walk your dog around the block a few times.
- Keep a pair of walking shoes at the office and take walks during lunch or breaks.
- Playing a game with children or grandchildren.
- Taking a bike ride around the neighborhood.
- Ballroom or line dancing.
- Doing yard and home repair work.



Did you know that in the U.S. . . .

- More than 1 in 4 adult women are overweight.
- Nearly 2 in 5 adult white women have obesity.
- More than half of adult Black women have obesity.
- Nearly 2 in 5 adult Hispanic women have obesity.
- More than 1 in 5 adult women have high total cholesterol of 240 mg/dL or higher or are already take cholesterol-lowering medicine.

Before starting a new exercise program, ask your healthcare provider about activities to try—this is especially important if you have heart disease or any other exercise limitations. If you choose activities you enjoy, you're more likely to stick with it. Try to do a total of at least 150 minutes of moderate-intensity activity each week. This can be split up throughout the week, such as 30 minutes, 5 days a week. Also, do muscle-strengthening activities at least 2 days a week. This may include doing body-weight exercises, such as sit-ups and push-ups, lifting weights, working with resistance bands, heavy gardening, and some forms of yoga.

Managing your weight

Being overweight increases blood pressure, blood cholesterol, and triglyceride levels. It also increases your risk for type 2 diabetes—and diabetes in itself increases your risk for clogged arteries and heart attacks. Being overweight also increases the wear and tear on your back, hips, knees, and ankles.

By bringing your weight down to its optimal level and maintaining it, you'll lower your cholesterol level and blood pressure, and make your body more sensitive to insulin, the hormone that regulates blood sugar and controls diabetes.

Body Mass Index (BMI) estimates body fat based on a person's height and weight. A BMI of 25 to 29.9 is considered overweight. A BMI of 30 or higher is considered obese. To calculate your BMI, multiply your weight in pounds by 703. Divide the result by your height in inches, then divide that result by your height in inches again. You could also divide your weight in kilograms by your height in inches squared. You can find BMI calculators online.

Even if you need to lose a lot of weight, losing just 5 to 10 pounds can make a difference.

Setting weight-loss goals

The only safe way to lose weight is to eat fewer calories *and* become more active. This doesn't mean following a strict diet or exercising for hours a day. Instead, talk with your healthcare provider or dietitian to set weight-loss goals, then think about safe ways to meet those goals.

Your first goal might be to eat about 250 fewer calories daily. Reaching this goal could be as simple as switching from whole milk to skim or from regular to diet soda. Along with diet changes such as this, you could follow the tips in this chapter to add more activity to your day.

SMOKING AND HEART DISEASE

Cigarette smokers are 2 to 4 times more likely to develop heart disease than nonsmokers. The chemicals in smoke from cigarettes and e-cigarettes (also called vaping devices) can shrink coronary arteries, making it hard for blood to circulate. Smoking can also cause the lining of the blood vessels to become stickier, which makes blood clots more likely—increasing the risk for heart attacks and stroke.

As soon as you stop smoking, your risk for heart disease and stroke starts to drop. In time, your risk will be about the same as if you'd never smoked.

Smoking and its effect on the heart

The nicotine and carbon monoxide in smoke raise your blood pressure, heart rate, and the amount of blood your heart pumps as long as the chemicals are in your body.

Smoking can also:

- Reduce the amount of oxygen in your blood, causing it to thicken and clot more easily.
- Cause buildup of plaque in the arteries.
- Disturb the heart's rhythm, causing an irregular heartbeat (arrhythmia); some arrhythmias can result in a stroke or sudden cardiac arrest and death.



If you smoke and have high blood pressure, your stroke risk can be 20 times higher than that of a nonsmoker with normal blood pressure. Constant exposure to secondhand smoke raises the risk for heart disease and stroke, too, even for nonsmokers.

Creating a quit plan

Once you've made the decision to quit smoking, your first step is to put together a quit plan. The following steps will help you on your path to becoming smoke-free.

- Set a quit date. When that date comes, follow through.
- Write and sign a contract that says you're going to quit for good. Have a witness sign it, and make sure the witness is someone who believes you can quit.
- Ask other smokers in your household if they'll quit with you.
- Think about people and situations that make you want to smoke. Plan how you can avoid or deal with these triggers without smoking.
- Talk with your healthcare provider about prescription medication to help you quit. Also consider over-the-counter nicotine replacement therapy, such as a patch, spray, or gum. When used as directed, these products make you much more likely to quit.

Working through withdrawal

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. But don't worry—these symptoms will go away. Most people have to try a few times before they quit for good. Here are some suggestions to help you follow through.

- **Keep busy.** Staying active is a great way to distract yourself when the urge to smoke strikes. Try gardening, playing a game with your children or grandchildren, walking around the block, stretching or other exercise, drinking a glass of water, brushing your teeth, or going outside for a few breaths of fresh air.
- **Try some healthy snacks.** These will keep your mouth busy while your urges to smoke pass (and in small helpings, won't make you gain weight). Try crunchy snacks such as apple slices, carrot or celery sticks with nonfat dip, pretzels, rice cakes, or air-popped popcorn; sweet snacks such as angel food cake, low-fat cookies or muffins, sugarless gum, or hard candy; or creamy snacks such as fat-free pudding, yogurt, or applesauce.
- **Get lots of support.** Ask a friend if you can call and talk when you get the urge to smoke. Ask friends and family members not to smoke around you or keep cigarettes in the house. Ask a friend or family member who smokes to quit with you.
- **Learn from slipups.** 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 can find the reason for your slip, you can plan for how to deal with it, then get back on track. Any time you slip into smoking again, take control and put out the cigarette. If you tried to quit before and didn't succeed, don't doubt yourself; use what you've learned to stay on track.



Lifestyle tip: Reward yourself

Making changes isn't easy. You deserve to reward yourself when you succeed. Just making a change, such as quitting smoking, may be its own reward, but why not give yourself an extra pat on the back?

- Give yourself something special you've been wanting.
- Do something you've always promised yourself you'd do, such as going dancing.

For more information and tips on quitting smoking, visit www.smokefree.gov.

OVERCOMING BARRIERS TO GOOD HEALTH

There are several reasons ethnic groups may experience barriers to healthcare. These include:

- **Lack of healthcare insurance:** The uninsured are more likely to encounter difficulty obtaining care and use fewer healthcare services. Many of the uninsured go without needed primary and preventive care that may avert a serious health issue.
- **Geography:** In urban settings, a person may have to take two buses and the subway to get to their provider. People in rural communities may have to travel several miles to a larger town to get appropriate care.
- **Language and culture:** Effective communication can be difficult if the language and/or culture of the patient and the healthcare provider are different.
- **Low health literacy:** Understanding medical terminology can be intimidating for some people. Take time to read educational brochures that you run across. They will help increase your health literacy and guide you in understanding which questions to ask. Don't be afraid to ask your provider to explain something again in a way you can understand.
- **Income:** People from historically marginalized groups may struggle to access higher paying jobs and benefits. People of color may also face challenges that make it more difficult to pay for things like medical care, healthy foods, and housing.

Did you know that in the U.S. . . .

- Over 60 million women are living with some form of heart disease.
- Over 56 million women have high blood pressure (130/80 or higher) or are already on blood pressure medicine.
- Among white, Hispanic, and Asian American women ages 20 and older, over 40% have cardiovascular disease.
- Among Black women ages 20 or older, nearly 60% have cardiovascular disease.
- More than 60% of American women don't engage in the recommend amount of physical activity.
- More than 25% of women are not active at all.
- Black, Hispanic, and American Indian/Alaska Native adults have higher rates of physical inactivity than white adults.
- More than 40% of white, Hispanic, and Asian American women age 20 and older have high blood pressure.
- More than 55% of Black women have high blood pressure.
- The prevalence of diabetes in Black and Hispanic women is almost 2 times higher than in white women.



Health disparities among racial and ethnic groups

According to the American Heart Association, people of color—including Black, Hispanic, American Indian, Asian, and others—experience varying degrees of social disadvantage that puts these groups at increased risk for heart disease. This includes factors like economic stability and lack of access to education and healthcare.

In fact, the life expectancy of Black Americans is 4 years lower than that of white Americans. Black Americans not only are at higher risk for hypertension, but they also get it at a younger age and suffer more of the complications, like stroke. And the problem is not confined to adults: Studies have shown that Black preteens who are overweight, especially girls, may develop hypertension.

What you can do

You should not ignore health problems no matter how big or small—it will not make them go away.

Take advantage of any medical benefits provided by your employer. Everyone, no matter how healthy, should see a healthcare provider every 1 to 3 years, depending on age and medical history. This will allow you to identify problems early and have more options for treatment.

If you don't already have a healthcare provider who you see regularly, find one with whom you feel comfortable. Consider asking friends and family which providers they recommend or calling local clinics to see which providers are accepting new patients. If you have insurance, call and ask which providers are in-network. Before each visit with your provider, write down a list of questions you have, and make sure to get answers to all of them. Bring a friend along if it helps.

Take advantage of public clinics and health services in your community. Community health clinics are sometimes called free clinics or public health clinics. They are places where people can get medical care for free or without health insurance. You can also contact your local health department and ask where to receive care.

OVERCOMING BARRIERS TO GOOD HEALTH

Should you participate in a clinical trial?

A clinical trial is a research study that uses human volunteers to try to answer a specific question. Most clinical trials test new treatments that may be more effective than current treatments.

All U.S. clinical trials must be overseen by an institutional review board (IRB) at each site participating in the research. The IRB helps ensure low risks and proper trial procedures.

As a clinical trial participant, you must sign an informed consent document that gives many details about the study and what you can expect. The document doesn't require you to complete the entire study. You have the right to leave at any time and will be immediately withdrawn if you experience negative health effects.

Here are the pros to consider:

- You may be among the first to benefit from a new treatment.
- You can help others, like your family, by contributing to medical research.
- You'll be closely monitored and receive high-quality medical care. But remember clinical trial participation is not a substitution for regular medical care.

Did you know that in the U.S. . . .

- Black women have higher rates of obesity, physical inactivity, high blood pressure, and diabetes than white women.
- About 4 in 5 Black women are overweight or have obesity.
- More than 50% of Black women ages 20 and older have high blood pressure.

Weigh those against the cons:

- Experimental treatments may bring unpleasant or serious side effects.
- The treatment may not work for you, or it may end up being less effective than the available treatment.
- Participating may require more of your time and energy than a normal treatment regimen. There may be more tests and healthcare provider visits, complex dosage requirements, or hospital stays.
- Your health plan may not cover all your costs.
- You may have to change or add providers to your healthcare team.

Before you give consent, talk with your family and your provider to decide whether this is a good option for you.

GLOSSARY

Angina: Symptoms that occur when the heart muscle can't get enough oxygen-rich blood, usually during exertion, and go away with rest or medicine. Angina often feels like pressure, tightness, or pain in the chest, arm, neck, shoulder, or jaw.

Angiogram: A special X-ray of blood vessels to see the amount of blockage.

Angioplasty: A procedure to unclog blocked arteries, using a thin tube (catheter) with a balloon that inflates to open the artery.

Arrhythmia: An abnormal (irregular) heart rhythm or rate.

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

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

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

CABG (pronounced "cabbage"): Coronary artery bypass graft surgery. This surgery creates a new pathway for blood around narrowed arteries. It is typically an open-heart procedure.

Cholesterol: A fatty substance that builds up within artery walls. Some is made by the body; some enters the body through foods you eat. In people with heart disease, the level of cholesterol in the blood is often too high.

Claudication: Refers to limping because of pain in the thigh, calf, and/or buttocks that occurs when walking because of a blockage in the arteries feeding the feet. It's a symptom of peripheral arterial disease (PAD).

Coronary arteries: The blood vessels that wrap around the heart. These 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's the most common form of heart disease.

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.

Electrocardiogram (ECG or EKG): A test that records electrical signals coming from the heart.

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

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

HbA1c test: A type of blood test used to determine whether blood sugar has been in a healthy range.

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

Heart disease: A disease in which damage to the heart or the blood vessels that supply blood to the heart keeps the heart from working properly.

Heart failure: A condition that occurs when the heart doesn't pump blood as well as it should. Heart failure can be a result of heart disease, heart attack, or uncontrolled high blood pressure.

High blood pressure (hypertension): A condition in which blood pushes with too much force against artery walls as it moves through the arteries. This damages the arteries over time.

Insulin: A hormone that controls blood sugar in the body. With diabetes, either the body doesn't make any insulin or it can't effectively use the insulin it does make.

Ischemia: Reduced blood supply to an organ or tissue, such as the heart or leg muscles. Ischemia in the heart can lead to angina. If it occurs in the leg muscles, claudication can occur.

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. The body needs lipids for energy. But lipid levels that are too high raise the chances for heart attack and stroke.

Lipoprotein blood profile: A blood test, usually done after you've fasted for 8–10 hours, measures how much total cholesterol, HDL cholesterol, LDL cholesterol, and triglycerides are in your blood.

Metabolic syndrome: A health problem that occurs when a person has three or more of the following: low HDL cholesterol; high LDL triglycerides; high blood pressure; high blood sugar; extra weight around the waist; PCOS. This syndrome puts you at extra high risk for heart disease.

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

Myocardial infarction (MI): Another term for heart attack. This occurs when the blood supply to the heart is cut off, resulting in permanent damage to the heart muscle. (The myocardium is the thick middle layer of the heart muscle.)

Peripheral arterial disease (PAD): A type of vascular (blood vessel) disease that affects the arteries supplying blood to the legs.

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

Polyunsaturated fat: The healthiest type of fat. It's found in some oils (such as olive, peanut, and canola), nuts, seeds, and fish. Unsaturated fat can be good for your heart in moderate amounts.

Saturated fat: A type of fat that raises blood cholesterol. It's mostly found in foods from animal sources, such as butter, lard, fatty cuts of beef, and high-fat dairy. This fat should be limited as much as possible because it's bad for your heart.

Silent heart attack: A heart attack without any symptoms; ischemia without pain. Also called a "silent MI" or "silent ischemia."

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. This is also called a cerebrovascular accident, or CVA.

Trans fat: A type of fat found in French fries and other fast food, snack foods (such as chips and cookies), and some margarines and shortenings. This is the worst fat for your heart and should be avoided.

Transient ischemic attack (TIA): A temporary blockage of blood supplying the brain, causing strokelike 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.



REMEMBER: CHECK WITH
YOUR PHYSICIAN IF YOU
HAVE ANY QUESTIONS.

For more information, visit:

Association of Black Cardiologists (**abcardio.org**)

FACES of Black Maternal Health (**<http://wearethefaces.org/>**)

Medically reviewed by the Association of Black Cardiologists physician-led committees:

- Cardiovascular Disease in Women and Children Committee
 - Community Programs Committee
 - Preventive Cardiology Committee

ABC acknowledges the support and dedication of its leadership and staff in the completion of this guidebook.

abcardio.org

2400 N Street NW, Ste. 200, Washington, D.C. 20037