



St. Elizabeth
HEALTHCARE

Heart & Vascular Institute

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Member

Heart Disease

A guide for patients

Resources

- www.stelizabeth.com
- www.smarthealthtoday.com
- www.mayoclinic.org
- www.americanheart.org
- www.diabetes.org
- www.fda.gov/food
- www.eatright.org
- www.choosemyplate.gov
- www.cdc.gov/heartdisease
- www.nhlbi.nih.gov/health

Apps

Smoking Cessation



smokefreeTXT



MyQuitCoach



QuitSTART

Other



ASCVD Risk



MyHealthyHabits



MyFitnessPal

Healthy Eating



Fooducate



HealthyOut

Exercise



Hot5



Runkeeper

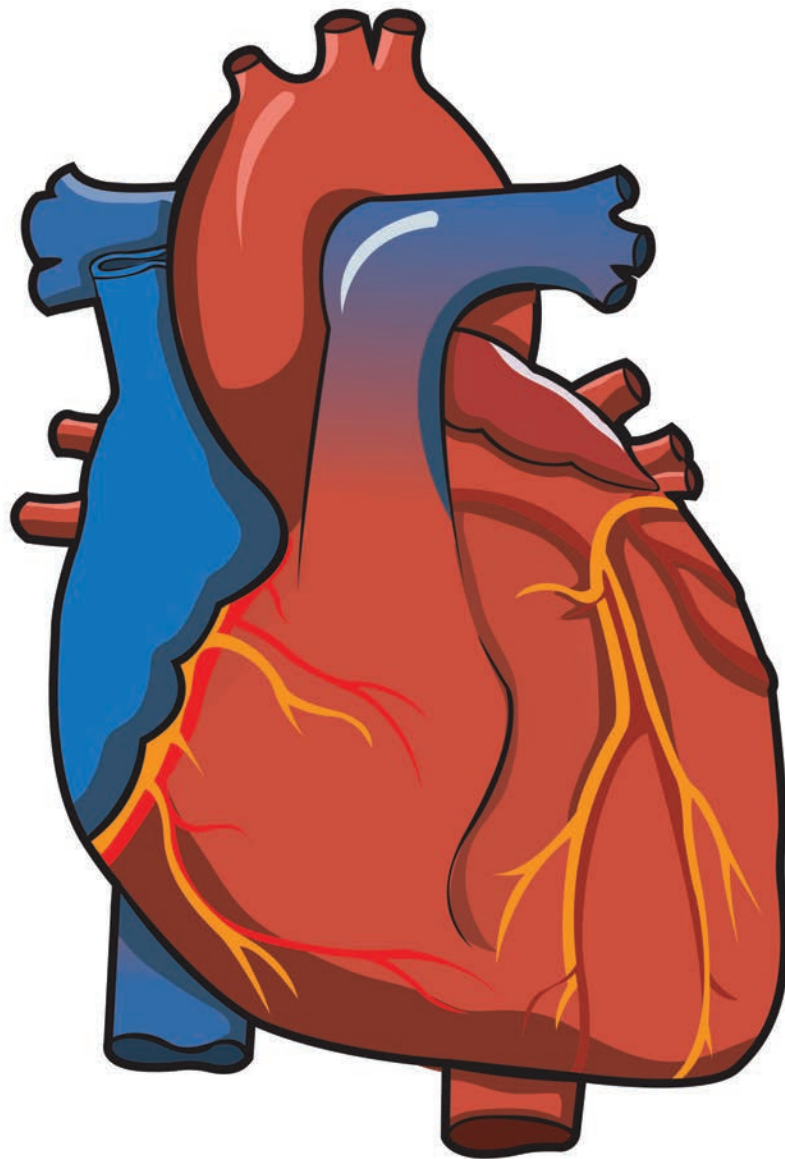
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You and Your Heart

It is important that you understand what heart disease is and how it can affect your body. This education guide will give you the knowledge needed to make healthier lifestyle choices. Cardiovascular disease is the number one cause of death in the United States. It is not too late to make changes in your life to make a difference.

Your healthcare team — which includes doctors, nurses, case managers, and others — may review this guide with you. Your St. Elizabeth Healthcare caregivers want you to have a good understanding of what can or has happened to your heart and how you can manage your risk factors to live a healthier life. Take your life back into your own hands.

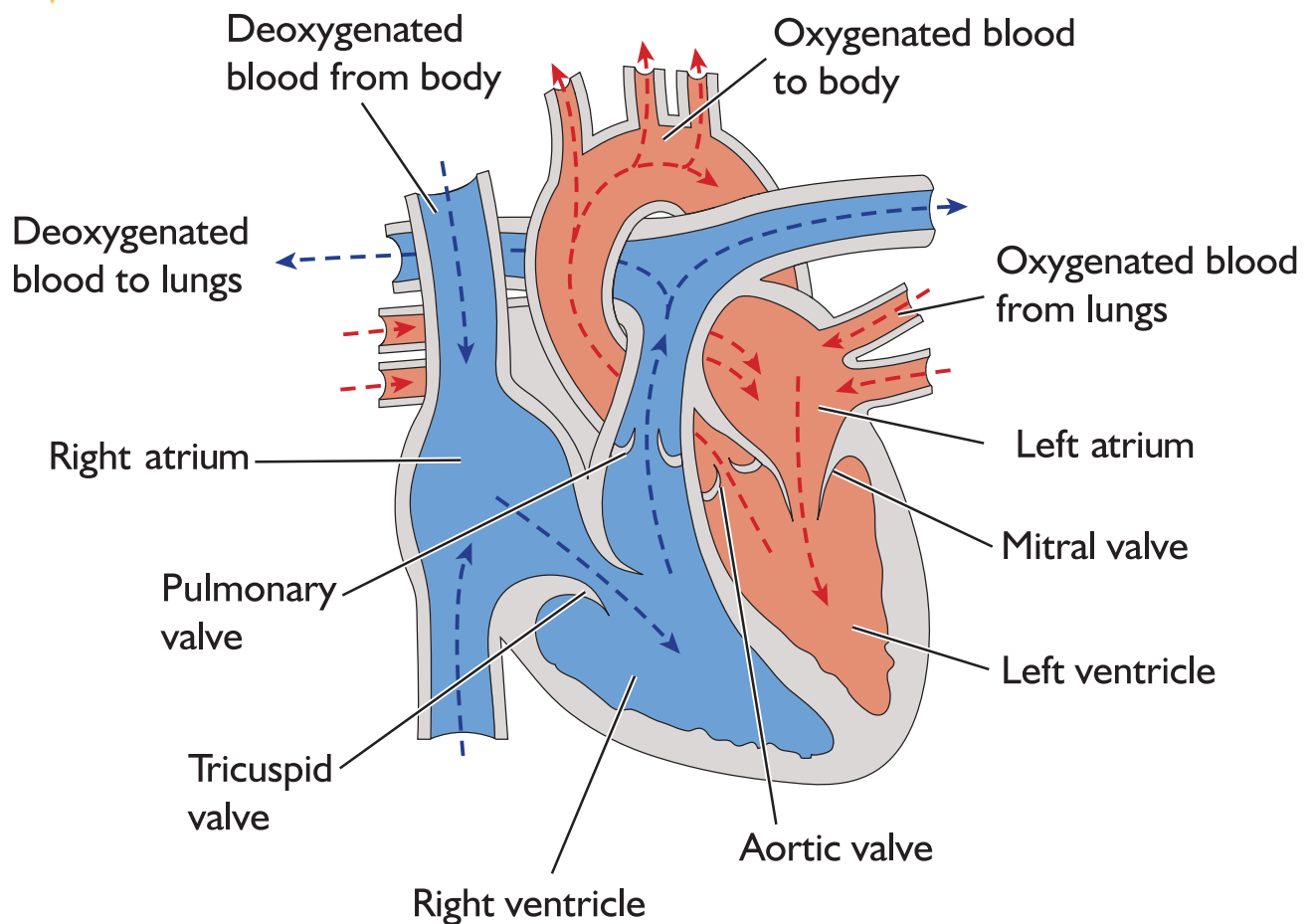


How Does My Heart Work?

Your heart is a pump that sends blood throughout your body. The right side receives blood that traveled through the body delivering oxygen and nutrients.

From here, the right side pumps the blood into the lungs to pick up more oxygen. Before going back through the body, the blood that had picked up oxygen in the lungs now goes through the left side of the heart. With every heart beat this cycle repeats itself.

Blood Flow throughout the Heart

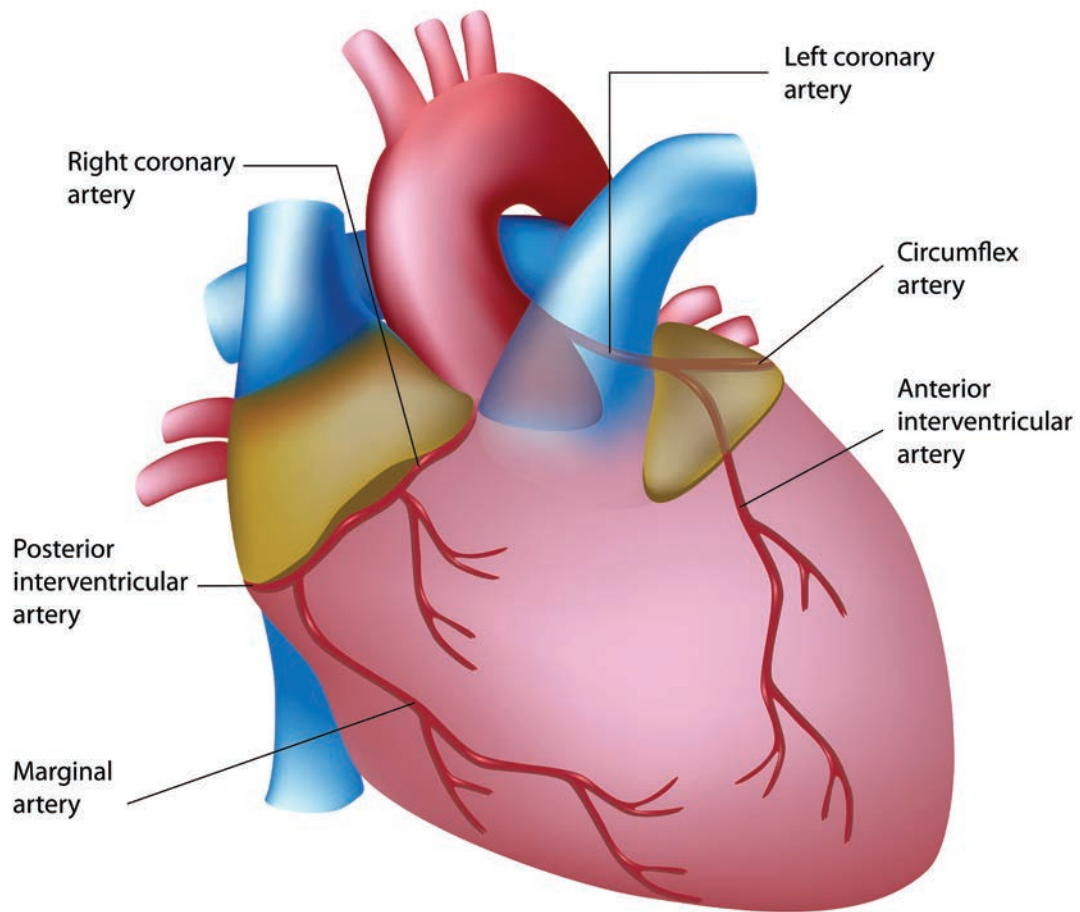


Coronary Arteries

There are three main coronary (heart) arteries that carry blood through the heart muscle to give the heart oxygen and nutrients.

The left coronary artery has two branches, the **circumflex coronary artery** and the **left anterior descending artery**. These two branches supply blood to the top, front and left side of the heart, as well as an area toward the back of the heart. The **right coronary artery** supplies blood to the bottom and a portion of the back of the heart.

Arterial supply of the heart



WHAT AREA OF MY HEART WAS AFFECTED?

Coronary Artery Disease

Coronary artery disease (CAD), also known as coronary heart disease, is caused by a buildup of plaque in the heart's arteries. The plaque grows in the arteries until the blood flow to the heart's muscle is decreased due to the narrowing of the blood vessel. This results in ischemia. Your heart needs vital oxygen and nutrients in order to work properly. When the arteries can't meet the demands for blood flow, this can lead to angina (chest pain).

This can happen over a long period of time (chronic) or happen suddenly when a portion of the plaque breaks off and limits the blood flow to an area of the heart (acute).

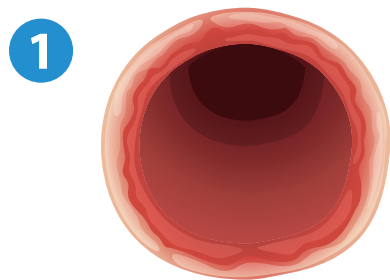
Definitions

Plaque – is the buildup of fat, cholesterol, calcium, and other substances on the inside of arteries.

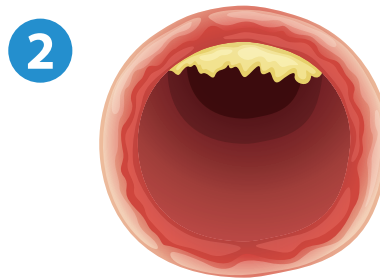
This is due to high blood pressure, smoking, and high cholesterol. As plaque grows, a disease called atherosclerosis cause the arteries to narrow and harden.

Ischemia – This means that the heart muscle can't get enough oxygen. This is usually caused by a narrowing or blockage of a coronary artery. This can be temporary or long term.

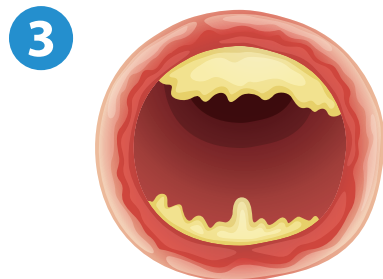
Plaque buildup in the arteries



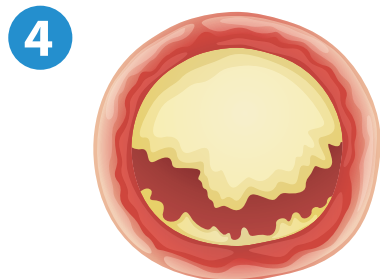
1
Normal cut section of artery



2
Tear in artery wall



3
Fatty material is deposited in vessel wall



4
Narrowed artery becomes blocked by blood clot or plaque

Collateral Circulation

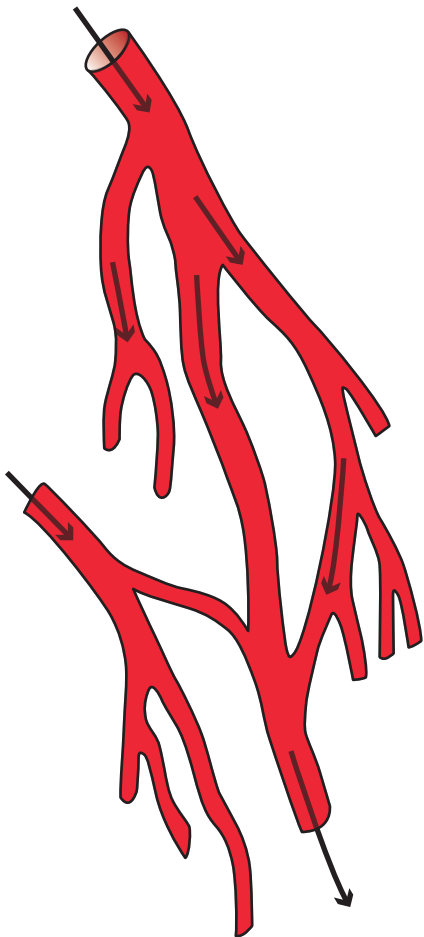
Plaque that slowly builds up in your arteries can lead to the creation of collateral circulation that can help protect these areas of the heart from further damage. Collateral circulation may happen as a natural way for your heart to adjust to lessened blood flow over time. This helps provide some blood flow to areas of the heart that are affected by coronary artery disease.

Collateral circulation may also develop after a heart attack has completely blocked an artery. This happens when small blood vessels from parts of the heart around the injured area become larger in order to create a way to go around the blockage to supply more blood to the damaged areas because of poor blood supply. New blood vessels can also form around the blockage to create a new path for circulation.

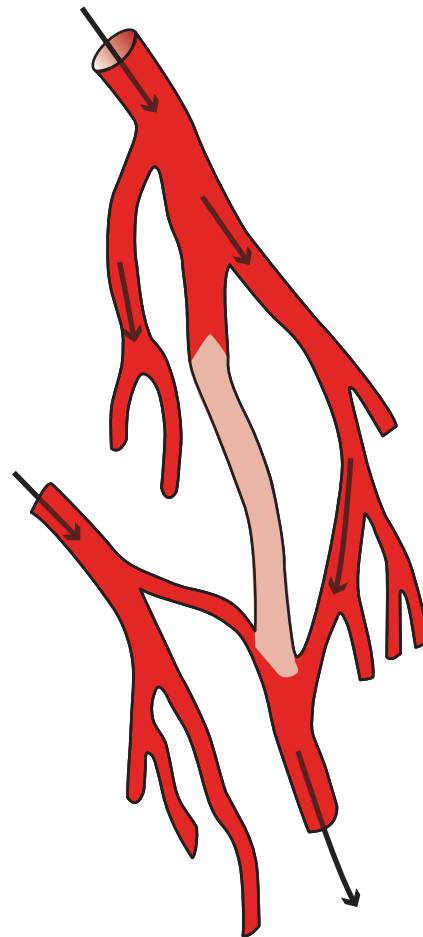
Collateral Circulation



Normal Circulation



Collateral Circulation



Risk Factors for Coronary Artery Disease



Risk factors that you **CANNOT** change

- Family history
- Diabetes
- Being post-menopausal (women)
- Being older than age 45 (men)



Risk factors that you **CAN** change

- Smoking
- Obesity
- High blood pressure
- High LDL ('bad' cholesterol)
- Low HDL ('good' cholesterol)
- Lack of exercise
- Poor diet, high in fat and salt
- Stress in your life



Metabolic Syndrome

Having three of the following five symptoms may indicate metabolic syndrome:

- High blood pressure
- High blood sugar
- High triglycerides
- Low HDL
- Belly fat
Women's waist size > 35 inches
Men's waist size > 40 inches

You are able to make changes in this group of risk factors. Adding additional risk factors in this group increases your risk for heart disease, diabetes, and stroke.

Acute Coronary Syndrome (ACS)

This term is used to describe a heart emergency. Heart attack and unstable angina both fall under acute coronary syndrome (ACS). Both of those conditions are an acute episode in which the blood that is supplied to the heart is completely blocked.

Both heart attack and unstable angina are medical emergencies. The blockage can be sudden and complete.

Heart muscle is dying which you can't get back.

Every minute counts!

Symptoms of Acute Coronary Syndrome:



- Chest pain or discomfort – can involve pressure, tightness or fullness
- Pain or discomfort in one or both arms, jaw, back or upper stomach
- Shortness of breath
- Dizziness or lightheadedness
- Nausea
- Sweating



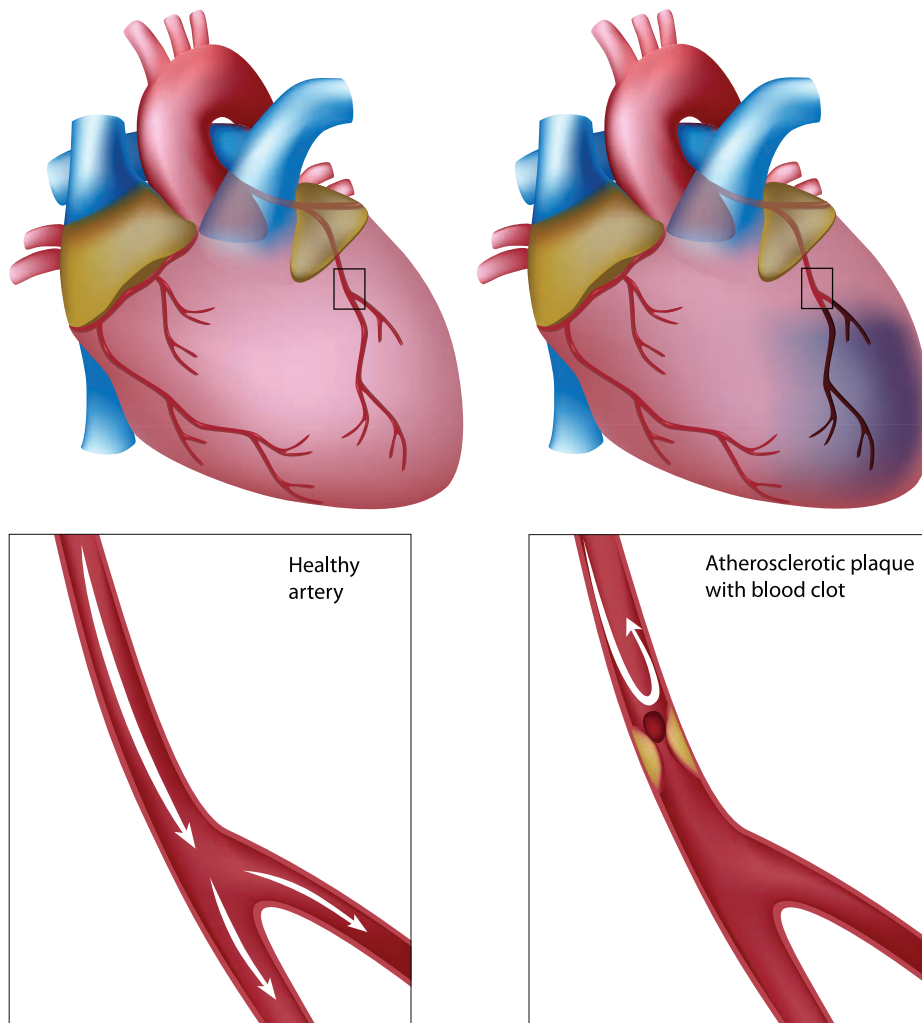
Take these symptoms seriously and **CALL 9-1-1** immediately!

Heart Attack

A heart attack, also known as a myocardial infarction (MI), can happen without warning. A sudden complete blockage of a heart artery may trigger a heart attack. The symptoms can be the same as those with chest pain or angina. Usually these symptoms may be more severe, without letting up. If you have a history of chest pain, it will usually go away with rest or medications. New or increasing chest pain may be a warning that you may be suffering a heart attack. Take the symptoms seriously! Talk to your health care provider if your chronic chest pain seems to be getting worse, or occurs with less activity or while you are at rest.

Heart attack is not the same as sudden cardiac arrest. Cardiac arrest happens when your heart stops beating in a coordinated way which causes blood to stop flowing to the rest of your body. This usually causes death unless it is treated immediately.

Anatomy of a heart attack



Heart Attack Symptoms

Heart attack symptoms are different for everyone

Some may have no symptoms at all. This is called a silent myocardial infarction. Everyone experiences the symptoms in different degrees of severity. The more symptoms you have, the greater the chance you may be having a heart attack.

A heart attack can happen at any time. Some strike suddenly, but many have warning symptoms hours, days, or weeks in advance. The earliest warning can be recurrent chest pain triggered by activity and relieved by rest.

Common symptoms are:



- Pressure or feeling of fullness or a squeezing pain in the center of your chest that lasts for more than a few minutes
- Pain may extend beyond your chest to your shoulder, arm, back, or even to your teeth and jaw
- Increasing episodes of chest pain
- Prolonged pain in the upper abdomen
- Shortness of breath
- Sweating
- Impending sense of doom
- Fainting
- Nausea and vomiting



Take these symptoms seriously and **CALL 9-1-1** immediately!

Women may have additional or different heart attack symptoms than men which may include:



- Chest pressure, pain or discomfort
- Pain in the upper back, neck, and/or either jaw or arm
- Shortness of breath, dizziness or lightheadedness
- Clammy or sweating skin
- Unusual or unexplained tiredness

Women do not always feel chest pressure



Take these symptoms seriously and **CALL 9-1-1** immediately!

Chest Pain/Angina

Coronary artery disease can cause chest pain, also known as angina.

Your heart needs increased oxygen during strenuous activities. If your coronary arteries are narrowed due to plaque or clots, this demand cannot be met for your heart. This can cause you to have shortness of breath and/or chest pain.



Warning signs that your heart is not getting the oxygen it needs:

- Pressure, tightness, pain, squeezing or aching feeling in the chest or arms
- Feeling of fullness like 'gas' or heartburn, nausea, vomiting, or indigestion
- Aching, numbness or pain that begins in your chest and spreads to your jaw, neck throat, shoulders, arms, and the back, usually between your shoulder blades
- Sharp, burning or cramp-like pain
- Dizziness or lightheadedness
- Shortness of breath
- Fast heartbeat or palpitations
- Sweating
- Abdominal pain
- Clammy skin
- Unusual or unexplained tiredness

Angina is different for everyone and it is often different in men than in women. Symptoms may also be different if you have diabetes.



If you have chest pain symptoms, stop what you are doing immediately and rest. This can lessen the muscle's need for extra blood and the chest pain may stop. If symptoms continue, call 9-1-1.

Diagnoses: STEMI, Non-STEMI or Unstable Angina

STEMI

This stands for ST elevation myocardial infarction (heart attack). Complete blockage in a coronary artery causes changes in a section of the EKG called the ST segment and is what gives this type of heart attack its name. A STEMI is considered the most severe type of heart attack and carries an increased risk of death.

Non-STEMI

A non-STEMI heart attack occurs if the artery is partially blocked and blood flow to and/or from the heart is severely reduced.

Unstable Angina

This type of chest pain typically occurs when you resting or sleeping. A blood clot formed on plaque buildup is the most common reason for unstable angina. This can lead to a heart attack if the clot blocks the artery.

It is important to call for emergency medical services to take you to the hospital. You will have an electrocardiogram (EKG) on the way to the hospital in the ambulance. This measures the heart's electrical activity and will assist the medical team in diagnosing whether you are having a STEMI or Non-STEMI heart attack. This information allows the team at the hospital to be more prepared to treat you right away to save your heart tissue from dying. Don't wait to see if your symptoms go away. And don't drive to the hospital instead of calling 9-1-1. Time is heart muscle.

Other assessments the doctor will review in diagnosing a heart attack are:

- Your complete medical history
- A physical examination
- Blood tests to detect any abnormal levels of a certain enzyme



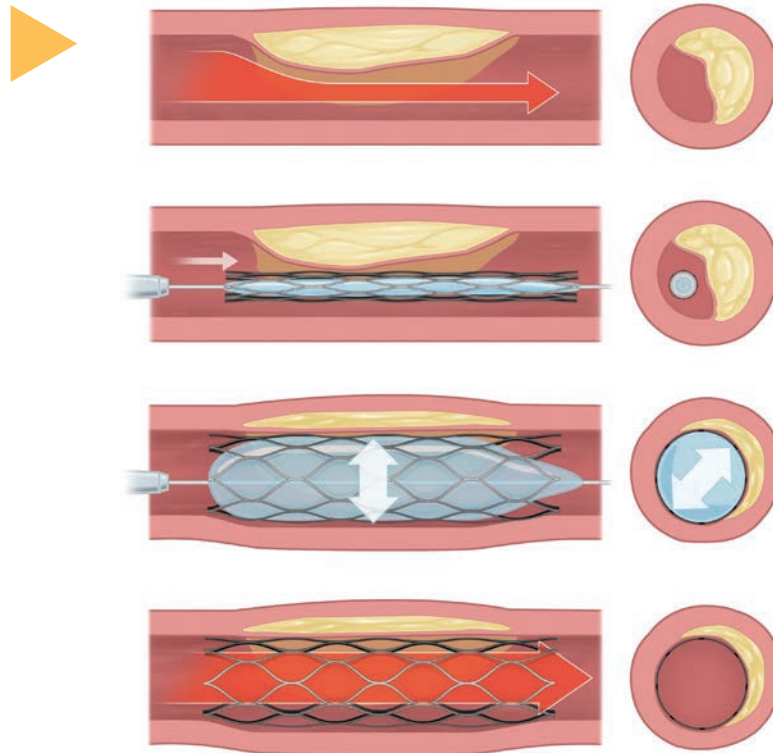
- I HAD A STEMI HEART ATTACK
- I HAD A NON-STEMI HEART ATTACK
- I HAD UNSTABLE ANGINA

Percutaneous Coronary Intervention

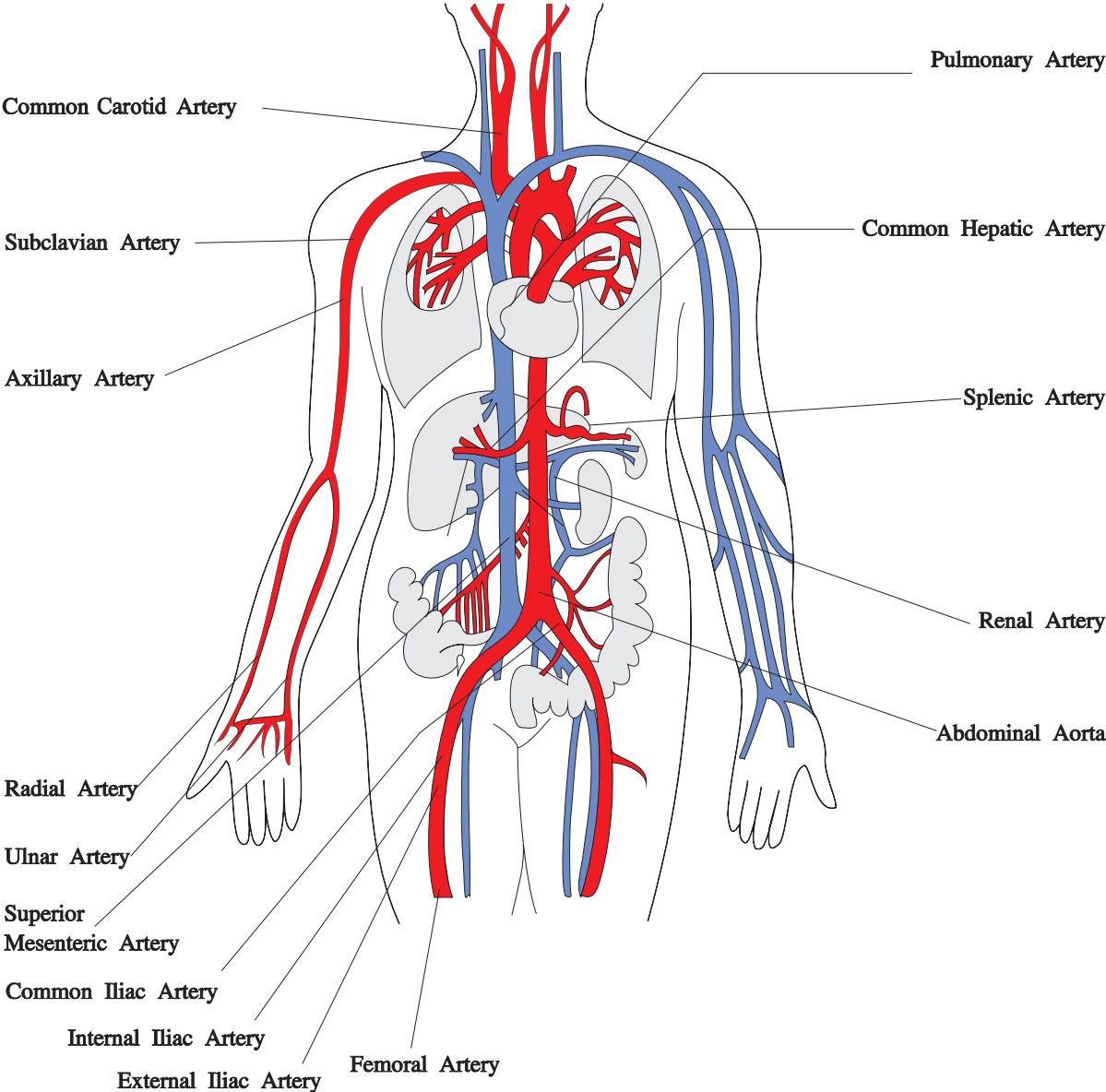
Your cardiologist may have performed a percutaneous coronary intervention (PCI), also known as an angioplasty, to open up one or more blocked vessels. This procedure can be done with or without a stent. A small wire and balloon are guided into the blocked heart artery. A balloon is inflated to open the blocked vessel. The balloon is then deflated and removed. A stent may be placed and left inside the blocked artery to hold it open.

Stent – a small mesh tube that is placed in blood vessel to keep it open allowing blood flow.

PCI with stent placement



Major Arteries and Veins



Ejection Fraction

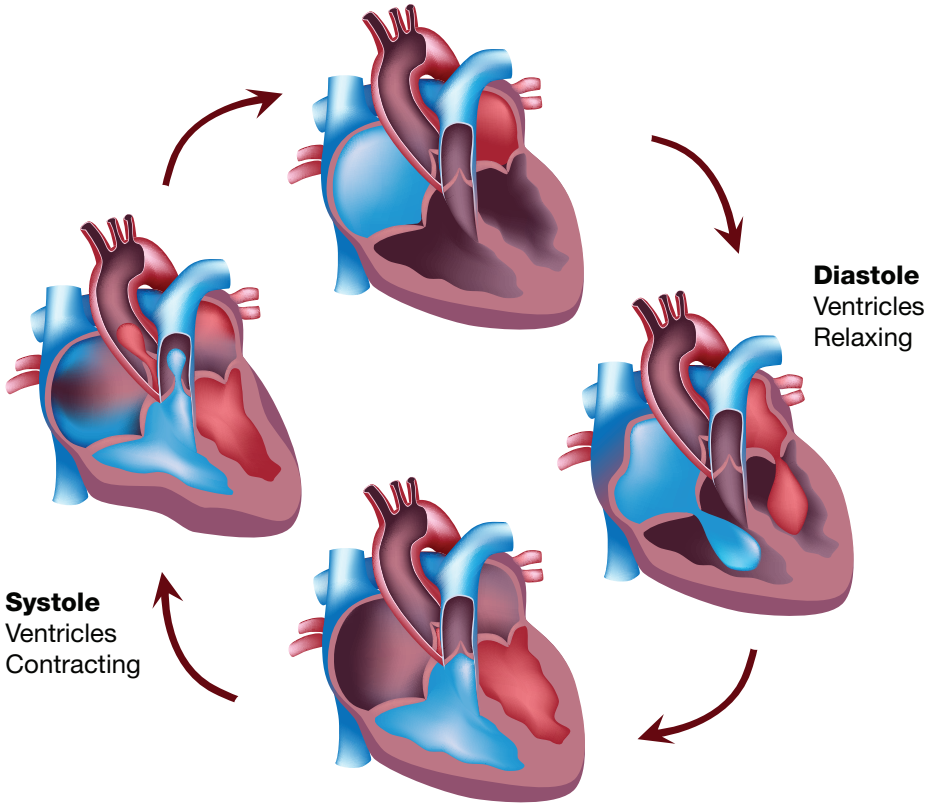
After a heart attack, your heart may not be able to efficiently pump the blood because of heart muscle damage. An ejection fraction is the amount of blood your heart pushes out of the ventricles with each heart beat. There is blood left in the ventricle each beat, but that is normal. The normal amount that should be pushed out is 50% to 65%.

Depending on the severity of your heart attack, the damage may cause your ejection fraction to go lower than normal. Your physician may order an echocardiogram to look how well your heart muscle and valves are working along with getting an ejection fraction. An echocardiogram is an ultrasound of your heart. Medications are frequently used when the ejection fraction is 40% or less.

Diastole and Systole of Human Heart



$$\frac{\text{Amount of blood pumped out of the ventricle}}{\text{Total amount of blood in the ventricle}} = \text{Ejection Fraction (\%)}$$



MY EJECTION FRACTION IS

Heart Failure and Cardiomyopathy

After a heart attack, your heart muscle may be too weak to pump like it normally would. You would be at risk to develop heart failure or cardiomyopathy. They both can result in not enough blood being pumped to meet your body's needs.

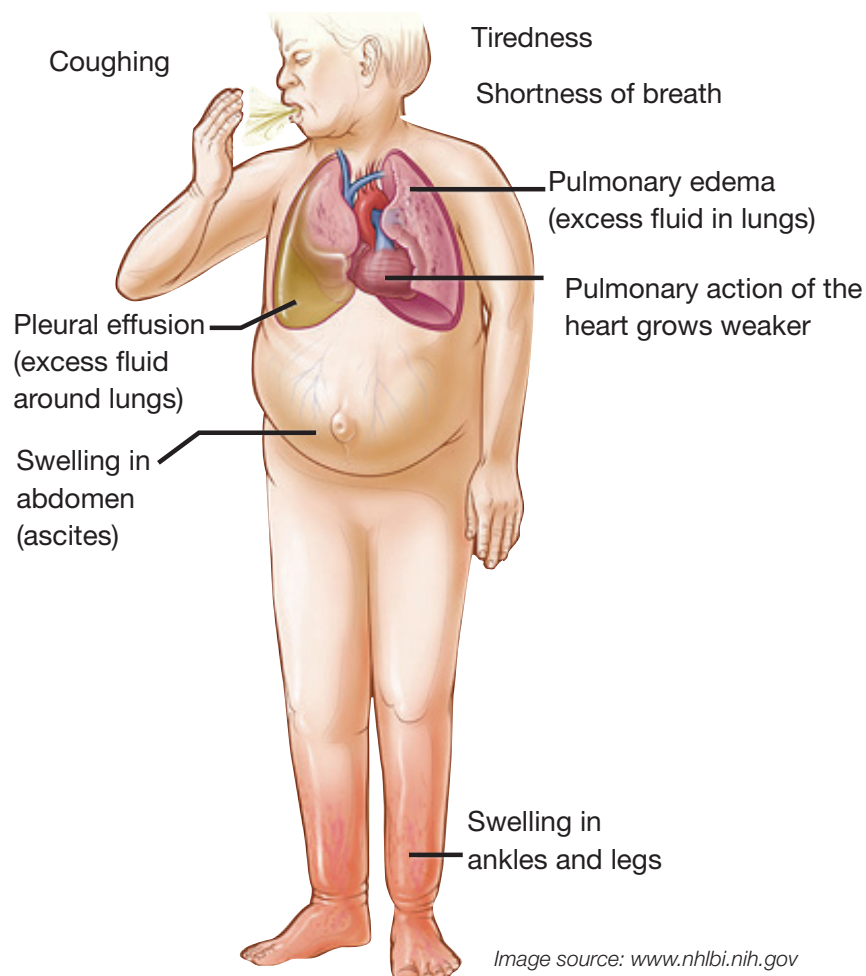
Cardiomyopathy may also be caused by other conditions or diseases. With this disease, your heart muscle doesn't pump normally. It cannot send blood through the heart chambers to the rest of your body as well as it should and may result in symptoms of heart failure which include:

- Shortness of breath
- Rapid breathing
- Weight gain
- Difficulty breathing while lying flat in bed



If you notice any of these symptoms, call your health care provider immediately!

Heart Failure Signs and Symptoms



Tests after a Heart Attack

After a heart attack, you will have a hospital stay. During this time, many tests are done. You are also likely to have follow-up tests after leaving the hospital.

Chest x-ray

A chest x-ray shows outlines of your heart, lungs and other structures in your chest.

Blood tests

Blood tests give information about levels of many parts of the blood such as blood cells, cholesterol levels, amount of heart damage or other chemicals in your blood.

Electrocardiogram or ECG/EKG

The EKG shows heart rate and rhythm. It gives information about the electrical conducting system of the heart muscle. After your heart attack, the EKG may show where your heart damage took place and will indicate any damage or changes that may need further testing or treatment.

Echocardiogram

An echocardiogram uses sound waves to show the different areas of your heart. It shows areas of possible damage and can be used to determine your heart function, ejection fraction and other heart problems.

Exercise stress tests

Exercise stress tests evaluate your heart rate and blood pressure during exercise. They can show any irregular heart rhythm you have during exercise and can determine if part of the heart may not be receiving enough blood supply. They can help determine a safe level of exercise for you.

Cardiac catheterization or coronary angiogram

Cardiac catheterization or coronary angiography uses a long slender tube, a catheter that goes through the groin or wrist artery up to the coronary arteries in your heart. This procedure will show any blockages you may have and is used by your physician to decide what treatment might be best for you.

Nuclear testing

Nuclear testing shows the heart function and amount of heart muscle damage. It will also show the blood flow and pumping ability of the heart.

Treatments after a Heart Attack

In addition to managing your controllable risk factors, your health care provider may suggest other treatments to help with symptoms of coronary artery disease and to prevent further heart attacks. Treatment options may include cardiac rehabilitation, exercise and physical activity, medications, percutaneous coronary intervention (with or without a stent) or cardiac surgery.

Cardiac rehabilitation (cardiac rehab)

Cardiac rehabilitation is an outpatient education and exercise program that is customized to each patient's needs. Cardiac rehabilitation is designed to help you recover from a heart attack, heart disease or surgery to treat heart disease.

Cardiac rehabilitation is often divided into phases that involve monitored exercise, nutritional counseling, emotional support, and support and education about lifestyle changes to reduce your risks of heart problems. The goals of cardiac rehabilitation are to establish an individualized plan to help you regain strength, to prevent your condition from worsening, to reduce your risk of future heart problems, and to improve your health and quality of life.

Cardiac rehabilitation programs increase your chances of survival and are recommended by American Heart Association and American College of Cardiology.

For more information about Cardiac Rehab at St. Elizabeth, go to www.stelizabeth.com/heartandvascular or call (859) 301-3600.

Exercise and physical activity

Exercise is an important part of the normal healing process. It helps strengthen your heart and your body. It also helps control some risk factors such as high blood pressure and being overweight.

Talk to your health care provider about what kinds of physical activity or exercise you can do. Set up an exercise plan or program with your health care provider.

You may do a combination of the following:

- **Aerobic activities.** Aerobic activities such as walking, cycling and Pilates may help to better condition your heart circulation.
- **Strength exercises.** Strength exercises help build muscle, which helps your blood pressure and heart rate. Strength training includes lifting weights or using exercise bands.
- **Stretching exercises.** Stretching exercises increase your flexibility, posture and balance in addition to relaxing tight muscles to reduce injury risk.

Medications

Medications can help cardiac symptoms and lessen your risk for heart attack or stroke. Medications can help lessen strain on the heart by lowering blood pressure or slowing down the heart rate. Some medications can help lessen swelling in the body, replace lost potassium, and lessen the chance of blood clots that block the arteries. If you are prescribed medications by your health care provider you should follow the directions on how to take them.

Do not stop taking medications unless you are told so by your physician.

Stopping Tobacco Use

- **Make a plan.** Set a date and choose a time to quit when there is a little less stress in your life.
- **Remove every cigarette, lighter, match and ashtray from the house and the cars.** Don't let anyone smoke in the house or car.
- **Change your routine.** Choose a healthy alternative to smoking such as walking after a meal instead of smoking. Start walking before you stop smoking, it will help you get into the routine before you even stop.
- **Stock up on fresh fruits and vegetables, hard candies or chewing gum.**
- **Reward yourself each day** that you do not smoke such as watch a movie, visit friends, take a walk or do a hobby.
- **Sometimes it may be necessary to use medication.** Never smoke when using nicotine replacements such as patches and gum.



How Can I Quit Smoking?

By Getting Support!

- **Stop smoking programs**
- **Counseling from your doctor or nurses**
- **Kentucky tobacco quit line**
(800) QUITNOW ((800) 784-8669)
- **Freedom from Smoking**
American Lung Association
ffsonline.org
- **St. Elizabeth Freshstart Smoking Cessation**
(859) 301-5570
- **American Cancer Society-Quit for Life Program**
(800) 227-2345
- **American Heart Association**
www.heart.org

Lowering Cholesterol

Cholesterol comes from the food you eat. Your body needs cholesterol because it helps to build cells, make hormones and helps in digestion of food. Too much cholesterol is harmful to your health. The ‘bad’ cholesterol is LDL and the physician would like that level to be about 70. The ‘good’ cholesterol which is the HDL should be at least 40 for men and 50 for women (the higher the better). The HDL pulls the ‘bad’ cholesterol off the vessel walls.

What can I do to make a change?

- Healthy low-fat diet (limit cholesterol intake to 200 mg per day)
- Limit added sugars
- Eat lean meats, poultry or seafood
- Be physically active most days of the week
- Know your numbers



Good Lipid Levels

Total Cholesterol	Less than 200 mg/dL
Total Triglycerides	Less than 150 mg/dL
HDL Cholesterol (good)	More than 40 mg/dL for men More than 50 mg/dL for women
LDL Cholesterol (bad)	Less than 100 mg/dL



WHAT ARE MY NUMBERS?

Total Cholesterol —

Total Triglycerides —

HDL Cholesterol —

LDL Cholesterol —

Lowering Blood Pressure

Your heart pushes the blood throughout your body. This pressure is pushed against the walls of the blood vessels. Too much pressure damages the artery lining. High blood pressure not only damages your arteries, but it damages your heart, kidneys, and increases your risk for heart attack and stroke.

What can I do to lower my blood pressure?

- Lose weight if you are overweight
- Become more active
- Decrease your salt intake
- Eat heart-healthy foods low in fat and cholesterol
- Take your medication every day if prescribed to lower your blood pressure

Blood Pressure	Systolic Pressure (top #)	Diastolic Pressure (bottom #)
Normal	Less than 120	And less than 80
Prehypertension	120-139	Or 80-89
Stage 1 Hypertension	140-159	Or 90-99
Stage 2 Hypertension	160 or higher	Or 100 or higher

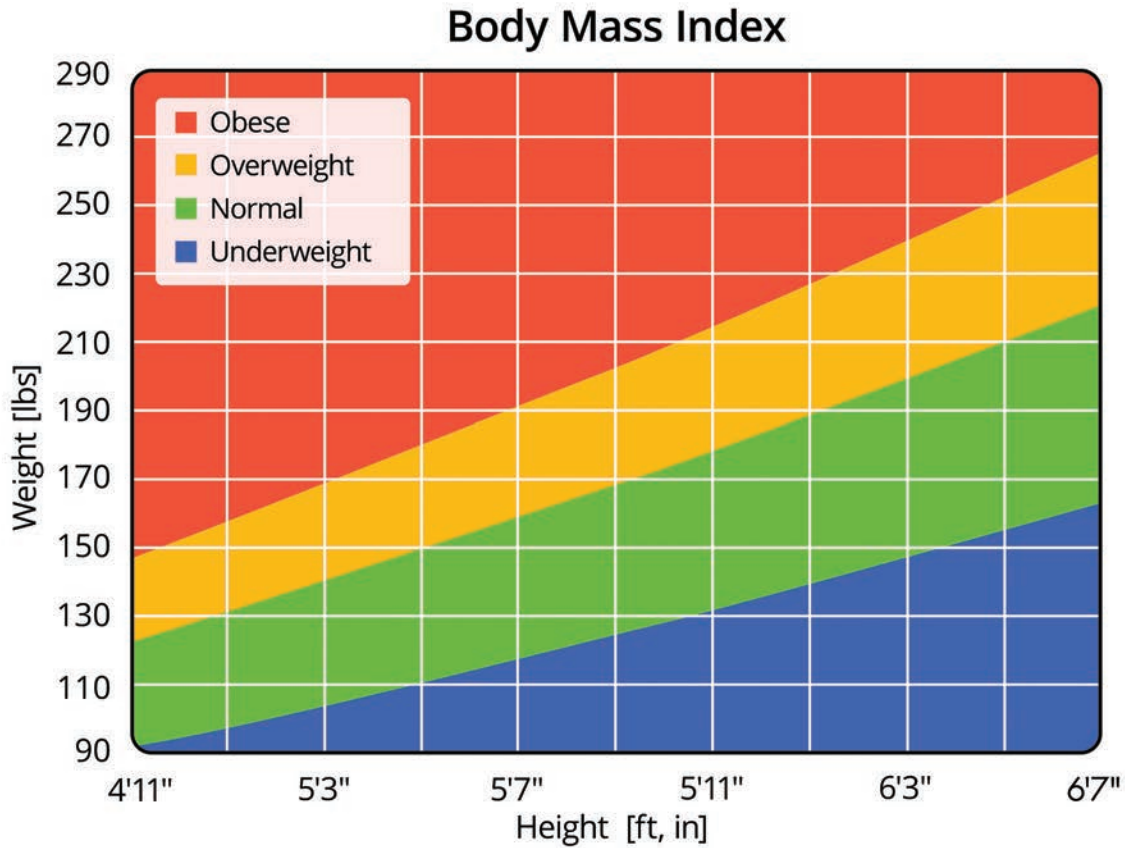


WHAT IS MY BLOOD PRESSURE?


Date	/	/
Date	/	/
Date	/	/
Date	/	/

Losing Weight/BMI

Being overweight puts you at higher risk for heart disease. This will also increase your risk of developing diabetes. When you take in more calories than you burn off you gain weight. How you eat, how active you are and other things affect how your body uses calories and whether you gain weight.



BMI TABLE <i>(Body Mass Index)</i>	
Underweight	< 18.5
Normal	18.5-24.9
Overweight	25-29.9
Obese	≥ 30
Extreme Obesity	≥ 40



Date

My weight today

My BMI

My goal weight

Managing Stress and Depression

Handling stress

Stress is a normal part of life. It can result in energy that can be directed toward growth, healing, action and change. Stress can also be negative. It can result in feelings of anger, tension and depression. Emotions such as stress and anger have been linked to the development of heart disease.

You can't remove all the stress from your life, but the goal is to recognize what is causing you stress and learning how to deal with those stressors.

Dealing with your feelings

You may feel afraid, depressed, or angry. It is natural for people to feel this way. You may also be in denial of your condition. Having a heart problem may take away a sense of control and cause a feeling of helplessness, stress and anxiety. Taking new medications and changing your lifestyle or habits can be frustrating.

Dealing with feelings of depression

It is natural to feel sad or overwhelmed after you have been diagnosed with coronary heart disease or after you have had a heart attack. Depression is a medical problem that can be treated. Don't be embarrassed to tell your physician how you are feeling. People who are depressed are less likely to take care of themselves.

Having social support

Your friends and family are a wonderful support system for you to get you back on track with your life. Spend time with the people who like doing the same things you do. If you feel like you are overwhelmed or stress is taking control over you, talk to your physician for direction. Your clergy and other support groups can be helpful for you too.

Managing Stress and Depression *continued*

Sleep

Getting enough sleep is very important for both heart health and your overall health. Most people should get seven to eight hours of sleep every night.

If you are having trouble sleeping, talk with your health care provider about what you can do. You may have a sleep disorder. Sleep disorders such as obstructive sleep apnea can affect heart health and overall health. Treatment for sleep disorders is essential to help you decrease serious heart complications.

Alcohol

Too much alcohol can raise levels of triglycerides in the blood, raise blood pressure, and cause heart failure. Decrease your alcohol intake to moderate amounts such as one to two drinks per day for men and one drink per day for women.

Techniques that help you cope with stress include:



- Positive self- talk
- Humor
- Exercise
- Eating healthy
- Relaxation techniques
- Taking time for you
- Music
- Gardening
- Walking
- Limiting your intake of caffeine, alcohol, nicotine and sugar

Your Sexuality

You may be concerned about the physical demands of sex if you had a heart attack. You may not even feel a desire for sex now.

Most people are able to resume sex once symptoms are under control. Many can return to sexual activity by the second week after a heart attack and others may want to take their time to feel ready. Sex is just one small part of being intimate. This would be a time to express your love in other ways until you feel physically ready to have intercourse. Your partner may have fears of their own about having sex again. Talk to each other openly to be able to support one another.

Sexuality is a natural and healthy part of living. Sexuality may be physical, spiritual, psychological or emotional.

Sexuality is a part of a person's identity.

It is important to discuss how your partner feels. Open communication is the key to a healthy relationship.

If are you feeling depressed or still not feeling like getting back into your sexual relationship after several weeks, contact your physician.

Healthy Eating Helps

Some risk factors come from what you eat and how much. Healthy eating can improve several of your risks at once. Cholesterol and blood pressure levels get better with eating healthier.

If you have diabetes, healthy eating can help you manage your blood sugars. To get started, talk to your health care provider or dietitian.



Tips to help you get started eating well:



- Talk to your health care provider or dietitian about healthy eating.
- Choose a variety of food to help you keep on track. Eat basic foods, like vegetables and fruits. Decrease the amount of processed foods you eat.
- Decrease the amount of salt (sodium) you take in. A healthy diet has 2,000 mg or less of sodium per day.
- Eat more foods rich in fiber, such as vegetables, fruits, nuts and whole grains.
- Keep your portion sizes reasonable. Serve meals on smaller plates and eat only half your meal at the restaurant. Take the other half home for another meal.
- Manage calories. A food diary can help you keep track of calories you eat at each meal/snack.
- Eat only a small amount of saturated fats each day. Stay away from trans fats completely if possible. Saturated fats are found in fatty meats, cheese and whole milk. Trans fats are found in processed foods.
- Create a healthy eating plan you can stay with for the rest of your life.

Medications

Medication	Purpose of medication
ACE inhibitor & ARB	Decreases your blood pressure and decreases the strain on the heart
Blood thinner or anticoagulant	Decreases your chance of developing a blood clot
Beta-blocker	Lowers blood pressure and slows down heart rate
Calcium-channel blocker	Lowers blood pressure and decreases the strain on the heart. Helps lessen or prevent chest pain or angina
Diuretic	Gets rid of excess water, decreases swelling and can improve breathing
Statin	Decreases your blood cholesterol level
Aspirin, Plavix and other anti-platelet agents	Decreases the risk of blood clot formation
Nitroglycerin and other nitrates	Treats or prevents symptoms of chest pain or angina. Relaxes blood vessels and increases blood and oxygen supply to the heart
Potassium supplement	Replaces low potassium in the body
Fish oil	May help lower cholesterol
Over the counter medications	Discuss any over the counter medications with your health care provider before taking

My Action Plan

Tobacco use and smoking

Talk to your physician about medications and programs to help quit tobacco

Set a quit date to stop tobacco use

Date: _____

Stop tobacco use

When you stop using tobacco, it can improve blood pressure, cholesterol and other heart risk factors

High cholesterol

Get your cholesterol tested and know your numbers (LDL, HDL, cholesterol)

Take your medications as prescribed

Cut back on fatty foods that are high in saturated fat and eliminate trans fat

Increase activity or exercise at least 30 minutes per day

Stop smoking

High blood pressure

Take blood pressure medications as prescribed

Check your blood pressure as often as your physician told you to

Decrease your salt (sodium) intake to 2,000 mg or less per day

Stop tobacco use

Increase activity or exercise at least 30 minutes per day

Lose weight if overweight

Stress and depression

Learn to control and change the ways in which you react to events in your life

Engage friends and family to help you

Set realistic goals for yourself, know your limits

Increase activity or exercise at least 30 minutes per day

