

A Guide for Cardiac Rehabilitation

Living Well with Heart Disease



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You Can Live Well with Heart Disease!

You're at a point in your life when you may be motivated to make changes. That's why you've been given this workbook. You may have a heart disease, such as coronary artery disease, heart failure, or a heart valve problem. You might be recovering from a heart attack or heart surgery. In any case, **cardiac rehabilitation** can help. This program provides the skills you need to better manage your health. You might feel a little overwhelmed, even scared, about what happens next. This is normal. Just keep in mind, now is the ideal time to change the way you live. This way, you can feel more secure about the future. More importantly, you can live a healthier life. This workbook helps you get started.

What Is Heart Disease?

Heart disease refers to any condition that makes it difficult for the heart to do its job. **Coronary artery disease (CAD)** is a common type of heart disease. It occurs when arteries that supply blood to the heart muscle become narrowed. When the arteries get too narrowed, a heart attack can result.

What Is Cardiac Rehabilitation?

Cardiac rehabilitation (rehab) is a program that helps you improve your heart health by changing your lifestyle. The program is run by a team of medical professionals who are specially trained to treat people with heart disease. You'll be taught skills to manage heart disease, both now and in the future. Cardiac rehab often takes place in a group setting, which means you'll have help and support from others. Sometimes, the program is home-based. In such cases, a healthcare provider will offer guidance.

How This Workbook Helps

Cardiac rehab can aid your recovery. It will teach you skills to reduce your risk of future problems related to heart health. This workbook will help you put those skills to good use. By supporting what you learn in the program, the workbook will help you:

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



Contact Information

Keep track of contact names and phone numbers here.

Primary care doctor's name

Phone

Cardiologist's name

Phone

Cardiac rehab program contact person*

Phone

Cardiac rehab program address*

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

Understanding Arteries and Heart Disease

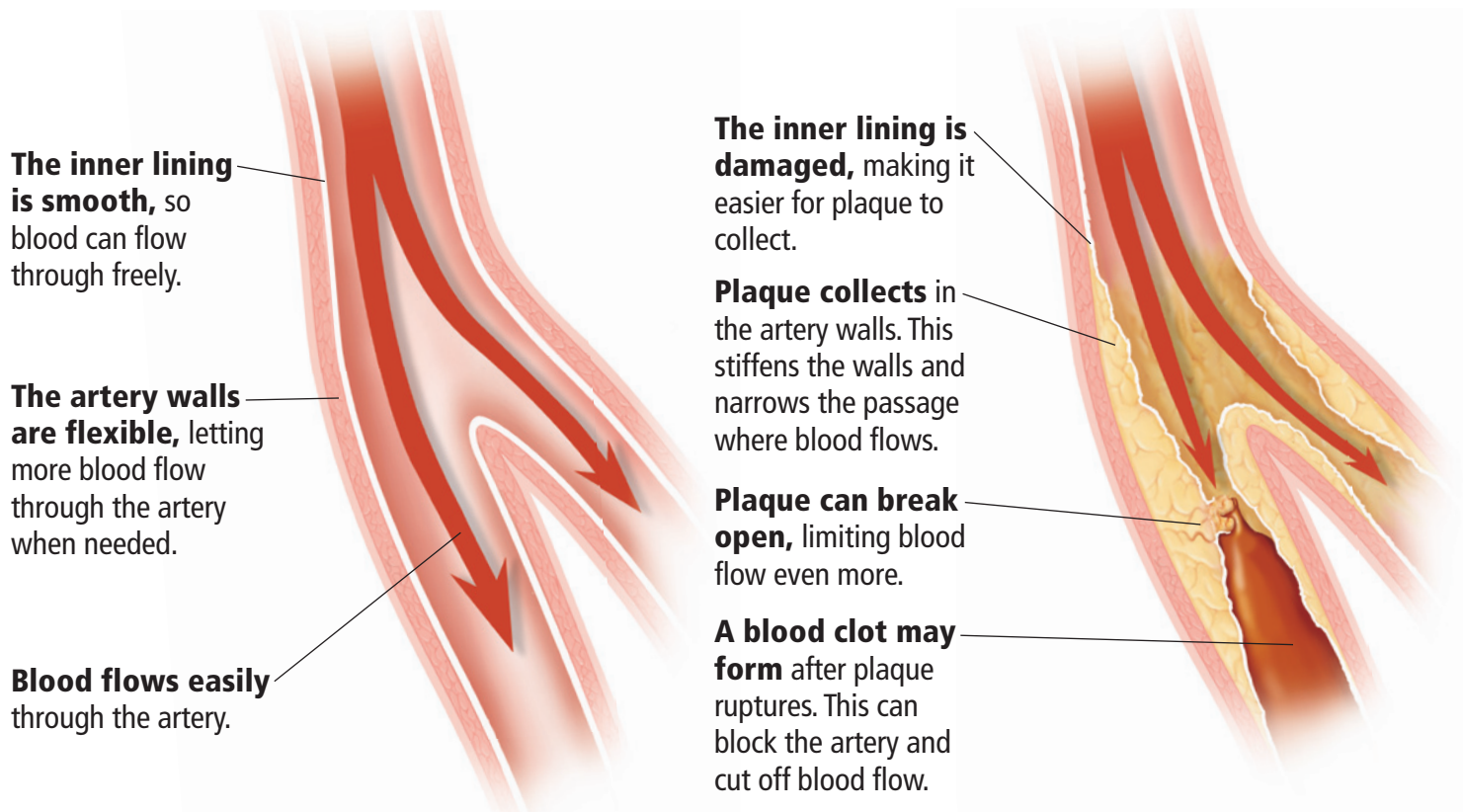
Arteries are blood vessels that carry oxygen-rich blood throughout the body. Arteries can become damaged by a waxy buildup called plaque. This buildup causes the arteries to stiffen and narrow (**atherosclerosis**) and makes it harder for blood to flow. If plaque builds up in the **coronary arteries**, which carry blood to the heart muscle, it can lead to CAD. But atherosclerosis is not limited to the heart. It can also happen in other arteries, such as those leading to the brain.

Healthy Arteries

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

Unhealthy Arteries

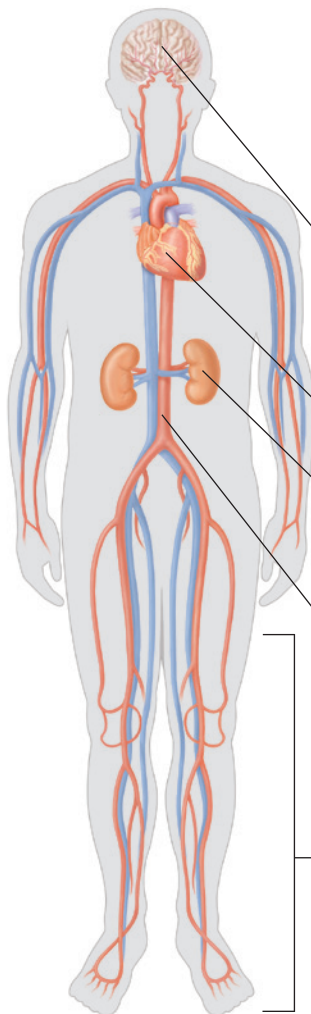
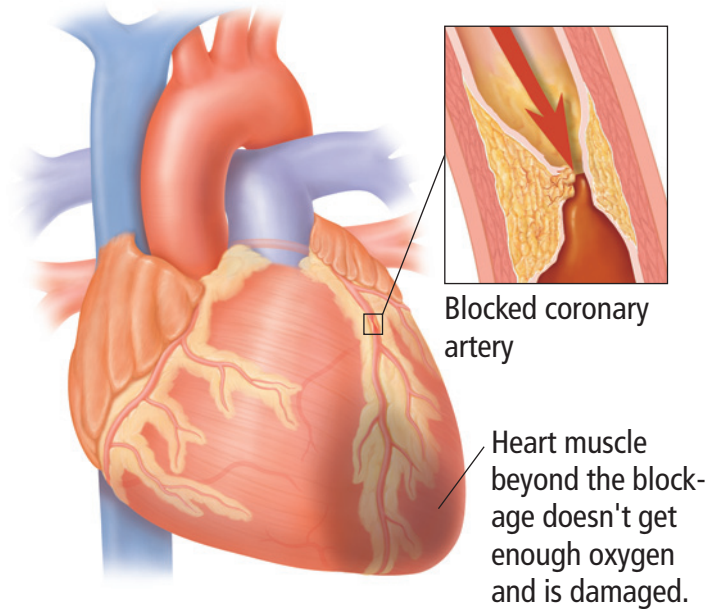
If an artery's inner lining is damaged, cholesterol and other harmful lipids (fats in the blood) can collect in the artery wall. This buildup is plaque. It narrows the artery so that less blood flows through. Sometimes plaque ruptures (breaks open). A blood clot can then form and possibly block the artery. With CAD, these problems occur in the coronary arteries.



Your Heart Is At Risk

Plaque and blood clots in the coronary arteries reduce blood flow to the heart:

- When a coronary artery narrows, less blood and oxygen flow to the heart muscle. The decreased blood flow can cause symptoms of **angina** (often felt as temporary pain or pressure in or near the chest).
- When a coronary artery narrows too much, very little blood and oxygen reach the heart muscle beyond the site of narrowing. If a clot forms, blood flow in the artery may stop. This can result in a **heart attack**. If the muscle goes without oxygen for too long, that part of the heart muscle dies.



Your Whole Body Is At Risk

Plaque buildup can lead to problems throughout the body. Common sites of artery problems are discussed below.

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

The heart. (See above under Your Heart Is At Risk.)

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

The aorta. This is the body's main artery. It connects directly to the heart. If this artery is damaged, the affected section can weaken and balloon out. This is called an aortic aneurysm.

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

What Are Your Risk Factors?

A **risk factor** increases your chance of having heart disease. Some risk factors can't be controlled, such as age and a family history of heart disease. But most others can be managed by making lifestyle changes and taking medications. For each risk factor you reduce, your chance of heart attack and stroke goes down. And, the length and quality of your life may go up.

Risks You Can Manage

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



Abnormal Cholesterol Levels

Abnormal cholesterol levels make plaque more likely to build up in the arteries. You're at risk if you have:

- Total cholesterol higher than 200 mg/dL.
- LDL ("bad") cholesterol 100 mg/dL or higher; or above 70 mg/dL, if indicated by your doctor.
- HDL ("good") cholesterol lower than 40 mg/dL (men) or 50 mg/dL (women).
- Triglycerides higher than 150 mg/dL.

Be sure to read:

- Chapter 2 (Healthy Eating)
- Chapter 3 (Exercising More)
- Chapter 4 (Taking Medications)
- Page 42 (Understanding Cholesterol)



High Blood Pressure

High blood pressure (hypertension) occurs when blood pushes too hard against artery walls as it flows through these vessels. This damages the artery lining. In general, you're at risk if you have:

- Blood pressure of 120/80 or higher. Your doctor may prescribe a personal goal. Blood pressure of 140/90 or higher is hypertension.

Be sure to read:

- Chapter 2 (Healthy Eating)
- Chapter 3 (Exercising More)
- Chapter 4 (Taking Medications)
- Page 43 (Understanding Blood Pressure)



Smoking

This is the most important risk factor you can change. Smoking damages arteries and makes it easier for plaque to build up. Smokers are also at higher risk of blood clots (which can block arteries) and stroke. You're at risk if you:

- Smoke cigarettes, cigars, or a pipe.

Be sure to read:

- Pages 46–47 (Smoking: This Time, Quit for Good)
- Pages 48–49 (Smoking: Working Through Withdrawal)



Diabetes

This health problem leads to a high level of sugar in your blood. It can damage the arteries if not kept under control. Diabetes makes you more likely to have a silent heart attack (one without symptoms). You're at risk if your:

- A1C is 7% or higher or your eAG is 154 or above.

Be sure to read:

- Chapter 2 (Healthy Eating)
- Chapter 3 (Exercising More)
- Chapter 4 (Taking Medications)
- Pages 44–45 (If You Have Diabetes)



Excess Weight

Being overweight makes other risk factors, such as high blood pressure and diabetes, more likely. Excess weight around the waist or stomach increases your heart disease risk the most. You're at risk if your:

- Waist circumference is more than 35 inches (women) or 40 inches (men).

Be sure to read:

- Chapter 2 (Healthy Eating)
- Chapter 3 (Exercising More)



Lack of Physical Activity

If you're not active, problems with diabetes, blood pressure, cholesterol, and weight are more likely. You're at risk if:

- You exercise less than 30 minutes per day, fewer than 5 days a week.

Be sure to read:

- Chapter 3 (Exercising More)



Stress and Strong Emotions

Stressful events and feelings can raise heart rate and blood pressure. Stress can also bring on feelings of depression, anxiety, and anger. These feelings do not directly lead to heart disease, but they do affect overall health and make quality of life worse. (See page 51.)

What Is Metabolic Syndrome?

A grouping of risk factors called metabolic syndrome increases the risk of heart disease, stroke, and diabetes. Talk with your doctor if you have three or more of these:

- Waist circumference of more than 35 inches (women) or 40 inches (men)
- HDL cholesterol lower than 40 mg/dL (men) or 50 mg/dL (women)
- Triglycerides above 150 mg/dL
- Blood pressure of 130/85 or higher
- Blood sugar A1C of 7% or above, or an eAG of 154 or higher

Signs of an Emergency

There is no cure for heart disease. Cardiac rehab and other treatments will make you healthier and lower your risk of a heart attack or stroke. But an emergency could still happen. It's important to know and watch for signs of heart attack and stroke. This way you can get help as soon as possible. Family members should watch for these signs, too.

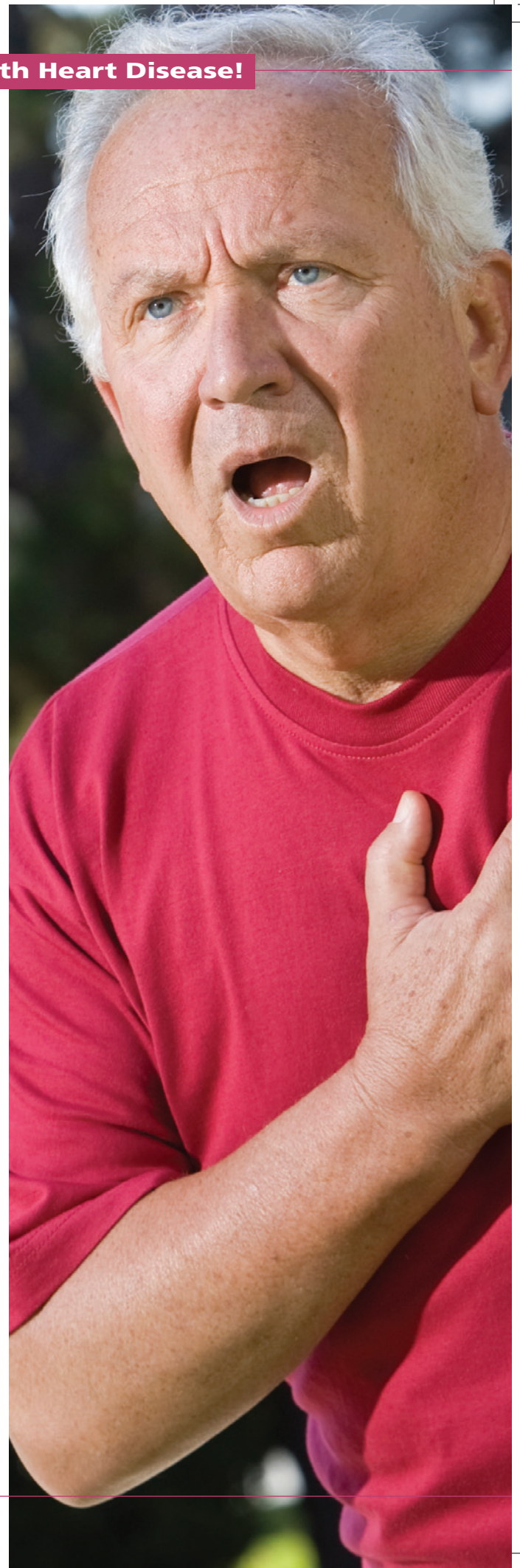
Signs of a Heart Attack

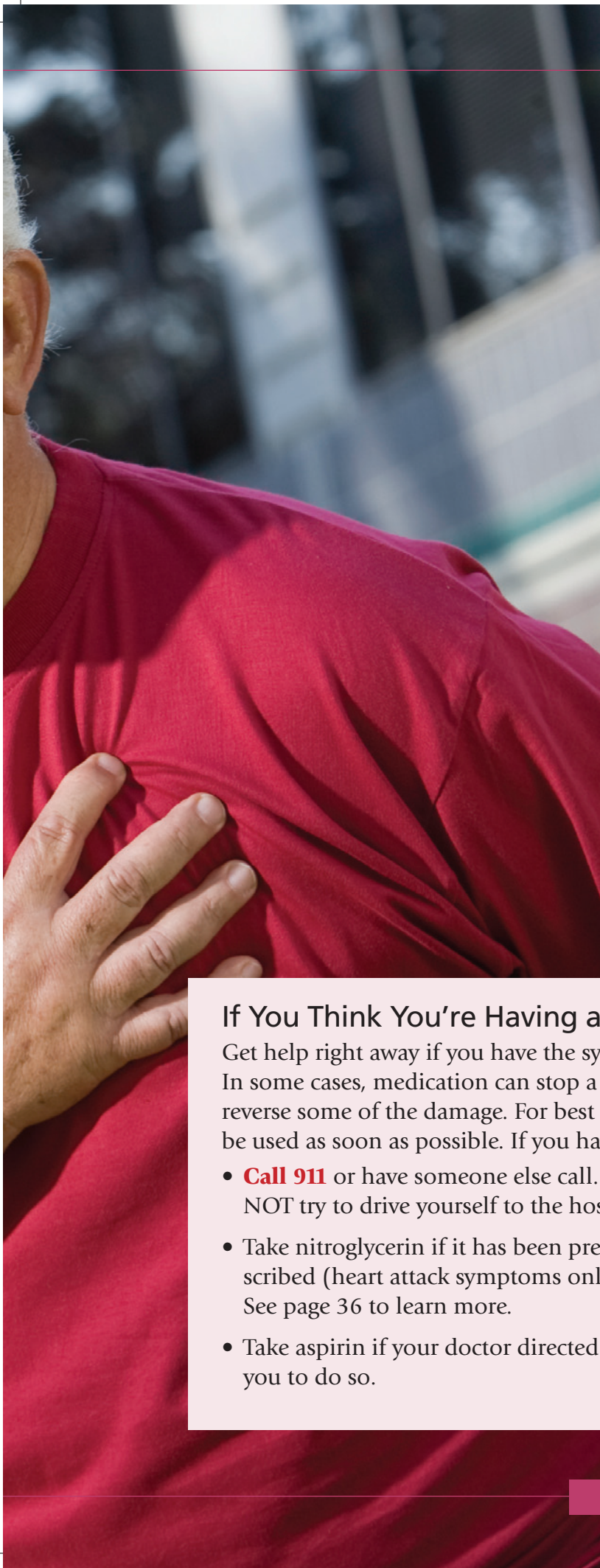
For both men and women, many heart attacks start as pain or discomfort in the center of the chest. Women are a little more likely than men to have other symptoms, such as shortness of breath, nausea or vomiting, and back or jaw pain. Common signs of heart attack include:

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

The Difference Between Angina and a Heart Attack

Angina is not the same as a heart attack. Angina doesn't cause lasting damage to the heart. But it may be a sign that you're at risk of having a heart attack. If chest discomfort only lasts for a few minutes, you might be having an angina attack. Fast-acting nitroglycerin can usually stop this (see page 36). Keep this medication with you at all times. But if nitroglycerin does not relieve your discomfort within 5 minutes, call 911. You could be having a heart attack.





Signs of a Stroke

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

Heed the Warning: TIA

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

If You Think You're Having a Heart Attack or Stroke

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

- **Call 911** or have someone else call. Do NOT try to drive yourself to the hospital.
- Take nitroglycerin if it has been prescribed (heart attack symptoms only). See page 36 to learn more.
- Take aspirin if your doctor directed you to do so.
- Wait for help to arrive. Unlock your door if you can.
- Rest in a comfortable position. Loosen tight clothing.
- Don't panic or run around.
- Don't ignore the signs or tell yourself they will pass.

Your Cardiac Rehab Program

The cardiac rehab program will teach you the skills needed to achieve a healthier lifestyle. The cardiac rehab team will also help you set realistic goals, and teach you how to meet those goals. The team is there for you, so don't hesitate to ask for their help.

The Cardiac Rehab Program

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

Team Members

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



Get Ready to Make Changes

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

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



My Reasons for Changing

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

I want to:

- | | |
|---|--|
| <input type="checkbox"/> Live to enjoy my children and grandchildren. | <input type="checkbox"/> Be healthy and active enough to enjoy my retirement. |
| <input type="checkbox"/> Return to work I enjoy. | <input type="checkbox"/> Travel to places I haven't visited yet. |
| <input type="checkbox"/> Return to hobbies and favorite activities. | <input type="checkbox"/> Do daily activities such as walking up stairs in comfort. |

My own reasons for changing:

Know Your Goals

You can monitor some risk factors yourself. Others can only be checked with blood tests. To track your risk factors, fill in the chart below. Include the numbers from your most recent tests. The closer your numbers are to the ideal numbers, the better. (If your doctor or cardiac rehab team gave you goals that differ from the ideal numbers, add these to the “My Goals” column.) Use the chart on page 64 to update your numbers about every 3 months. This will show how well your risk factors are being controlled.

Tests	Ideal Numbers	My Goals	Date Now: _____	3 months: _____
Smoking	0 cigarettes per day			
Cholesterol and Blood Lipids				
LDL ("bad" cholesterol)	Less than 100 mg/dL Less than 70 mg/dL if directed by a doctor			
HDL ("good" cholesterol)	Men: 40 mg/dL or higher Women: 50 mg/dL or higher			
Triglycerides	150 mg/dL or lower			
Blood Pressure	Less than 140/90 Less than 130/80 with diabetes or chronic kidney disease			
Diabetes A1C	Less than 7% or an eAG less than 154			
Weight Waist Size	Men: 40 inches or less Women: 35 inches or less			
Physical Activity	At least 30 minutes, 5-7 days a week			

Source: American Heart Association (2006). AHA/ACC Guidelines for Secondary Prevention for Patients with Coronary and Other Atherosclerotic Cardiovascular Disease: 2006 Update. *Circulation*, 113:2363–2372.

American Heart Association (2007). AHA/ACC Treatment of Hypertension in the Prevention and Management of Ischemic Heart Disease: 2007. *Circulation*, 115:2761-2788.

Chapter 2

Healthy Eating

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



Room to Improve?

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

Example: *I don't have time to cook healthy meals.*

Possible ways to improve: *Prepare a healthy recipe on the weekend, and warm it up during the week. Buy pre-chopped vegetables for salad.*

What's stopping me? _____

Ways to improve: _____

Choose to Eat Healthier

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

Eat More...

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

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

Have Less...

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

- **High-fat animal products,** such as fatty cuts of meat, butter, whole-fat milk and dairy products, and cream sauces. These raise LDL ("bad") cholesterol.
- **Snack foods and fast food.** These often contain trans fat. This is the worst type of fat for your heart.
- **Foods high in sodium (salt).** This is extra important if you have high blood pressure or heart failure.
- **Alcohol,** if you have high blood pressure. Your doctor or cardiac rehab team can give you specific guidelines to follow.



What About Calories?

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

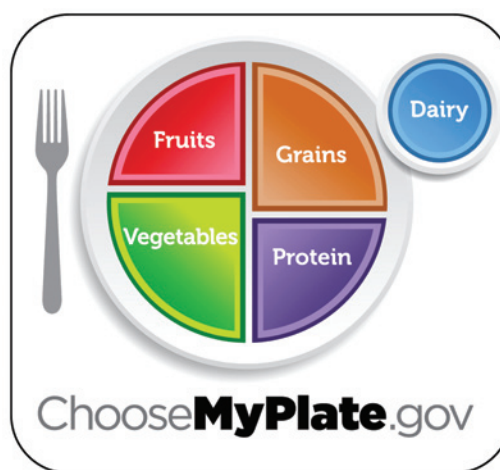
Get Back to Basics

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

- Stay away from foods with added fat, sugar, colors, or sodium. These foods tend to be high in calories and low in nutrients.
- Compare labels to find foods high in fiber, vitamins, and other nutrients. Labels can also help you stay away from foods high in fat and sodium. See page 18 to learn more.
- Put processed foods back on the shelf. Do you buy boxed pasta meals, instant noodles, or rice with powdered flavor packets? If so, cook regular pasta or rice seasoned with fresh herbs, instead. Even better, use whole grains!

Keep Portions Reasonable

How much you eat is almost as important as what you eat. Most Americans eat too much. To reduce portion sizes, try eating dinner off of a smaller plate. And, to make the best use of your plate, follow the MyPlate model shown below. As a goal, fill half your plate with vegetables and fruit. Split the other half between whole grains and protein. And pick low-fat or fat-free milk and dairy products.



Recommended Calories per Day

Gender	Age (years)	Activity Level		
		Not Active (calories)	Moderately Active (calories)	Active (calories)
Female	31–50	1,800	2,000	2,200
	51+	1,600	1,800	2,000–2,200
Male	31–50	2,200–2,400	2,400–2,600	2,800–3,000
	51+	2,000–2,200	2,200–2,400	2,400–2,800

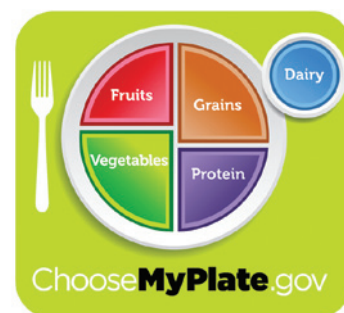
Source: U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*, page 14.

Calories and Your Weight

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

Using MyPlate

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



Vegetables

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



Fruits

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

Grains

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



Protein

- This group includes foods high in protein (meat, poultry, fish, soy products, beans, nuts, seeds, and eggs). Try to get protein from a variety of sources.
- Look for meat with little or no visible fat. Before cooking, cut off all fat you can see.



Dairy

- This group includes milk as well as foods made from milk, which are also high in calcium (cheese, cottage cheese, and yogurt).
- Choose low-fat or nonfat milk products.
- If you're allergic to milk, get calcium from leafy greens and from calcium-fortified foods, such as orange juice and soy products.



Oils

- Oils are fats that are liquid at room temperature. This group includes oils you cook with, plus foods that are mostly oil, such as mayonnaise and salad dressing.
- You need some oils and fats to stay healthy. But too much leads to weight gain and increased heart disease risk.

How Much Should I Eat?

The website at www.choosemyplate.gov can help. Click on "Get a personalized plan." Once there, type in your information. This includes age, sex, weight, height, and physical activity. MyPlate will calculate how much of each type of food you should have. Then use the equivalents listed below to help reach your daily amounts.

How Big Is That?



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



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



1/2 cup is the size of your cupped hand or a golf ball.

Food	Equivalents	Amount per Day*	My Amount per Day
Vegetables	1/2 cup is equal to: <ul style="list-style-type: none"> • 1/2 cup cooked vegetables • 1 cup raw leafy greens • 1 cup vegetable juice 	2 to 3 cups	<input type="text"/>
Fruits	1/2 cup is equal to: <ul style="list-style-type: none"> • 1 small piece fresh fruit • 1/2 cup fresh, frozen, or canned fruit • 1/4 cup dried fruit 	1 1/2 to 2 cups	<input type="text"/>
Grains	1 ounce is equal to: <ul style="list-style-type: none"> • 1 slice bread • 1 cup dry cereal • 1/2 cup cooked rice, pasta, or oatmeal 	5 to 7 ounces At least 3 ounces should be whole grains.	<input type="text"/>
Protein	1 ounce is equal to: <ul style="list-style-type: none"> • 1 ounce meat, fish, or poultry • 1/4 cup cooked dry beans • 1 egg • 1 Tbsp peanut butter • 1/4 cup tofu 	5 to 6 ounces	<input type="text"/>
Dairy	1 cup is equal to: <ul style="list-style-type: none"> • 1 cup low-fat or fat-free milk or yogurt • 1 1/2 ounces natural cheese • 2 ounces processed cheese 	3 cups	<input type="text"/>
Oils	1 teaspoon is equal to: <ul style="list-style-type: none"> • 1 teaspoon vegetable oil Oil is hidden in other foods. You probably get plenty in the food you eat.	5 to 6 teaspoons	<input type="text"/>

*Based on a 2,000-calorie diet for persons who get less than 30 minutes per day of moderate physical activity.

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

Heart-Healthy Shopping

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

Get the Facts

Reading Nutrition Facts labels is easy once you know how. Look for the words highlighted below.



Nutrition Facts	
Serving Size 1 cup (240g)	
Servings Per Container 2	
Amount Per Serving	
Calories 100	Calories from Fat 20
% Daily Value*	
Total Fat 2g	3%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 70mg	3%
Total Carbohydrate 17g	6%
Dietary Fiber 3g	12%
Sugars 5g	
Protein 4g	
Vitamin A 70%	• Vitamin C 20%
Calcium 15%	• Iron 8%
*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.	

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 fats 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 or less each day. If you have high blood pressure or heart failure, your doctor may tell you to limit your sodium intake to 1,500 mg.

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

Let Packaging Claims Work for You

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

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

Be a Heart-Smart Shopper

Most people shop by habit. Now's the time to turn off the automatic pilot! Make a shopping list before you enter the store. Then stick to the list and avoid impulse buys. The following tips can help you make heart-healthy choices while you shop.

- **Produce section:** Start shopping here. You can trim fat by building meals around produce instead of meat. And fresh fruits and vegetables contain almost no sodium!
- **Meat counter:** Try fish or chicken instead of red meat. Remember: Beans, tofu, or nuts are also good alternatives to meat. Avoid meats that are cured or smoked. These processes add a lot of sodium.
- **Dairy section:** Try lower-fat dairy products. If you usually buy whole milk, try reduced-fat or 1% instead.
- **Snack food section:** Look for low-fat, low-sodium versions of your favorite snacks. Snack foods often contain trans fat, so read labels with care.
- **Frozen food section:** Frozen dinners are often high in fat and sodium. Look for plain frozen foods without sauces.

What Can You Choose Instead?

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



	If You Often Eat These High-Fat Foods	Try Instead
Breakfast	• Sweet roll or doughnut	• Raisin toast with jam
	• Bacon	• Turkey bacon or Canadian bacon
	• Butter	• Soft margarine in a tub or squeeze bottle
	• Cream cheese	• Cottage cheese or farmer's cheese
	• Fried eggs	• Poached or soft-boiled egg, scrambled egg whites, or egg substitute
	• Whole milk	• Fat-free or 1% milk
Lunch	• Creamy potato salad or cole slaw	• Raw vegetables or green salad with vinaigrette
	• Grilled cheese sandwich	• Tuna with low-fat mayo on toast
	• Salami sandwich	• Turkey sandwich with spicy mustard and peppers
	• Chocolate bar	• Low-fat hot cocoa or 1% chocolate milk
Dinner	• Butter, lard, or stick margarine (for cooking)	• Soft margarine or canola, olive, or peanut oil
	• Ground beef	• Ground turkey or 96–99% lean ground beef
	• Fried chicken or fish	• Broiled chicken or fish
	• Cheese sauce	• Olive oil, herbs, and lemon
	• Ice cream	• Frozen yogurt or "light" ice cream

	If You Often Eat These High-Sodium Foods	Try Instead
Breakfast	<ul style="list-style-type: none"> • Flavored oatmeal, grits, or other instant cooked cereal 	<ul style="list-style-type: none"> • Plain cooked cereal with cinnamon or fresh fruit
	<ul style="list-style-type: none"> • Vegetable juice 	<ul style="list-style-type: none"> • Fruit juice or low-sodium vegetable juice
	<ul style="list-style-type: none"> • Frozen hash browns 	<ul style="list-style-type: none"> • Fresh hash browns, or a low-sodium frozen brand
Lunch	<ul style="list-style-type: none"> • Dill pickles 	<ul style="list-style-type: none"> • Cucumber slices with vinegar
	<ul style="list-style-type: none"> • Peanut butter 	<ul style="list-style-type: none"> • Unsalted, low-fat peanut butter
	<ul style="list-style-type: none"> • Lunch meat 	<ul style="list-style-type: none"> • Baked chicken or turkey, sliced
	<ul style="list-style-type: none"> • Processed cheese (American) 	<ul style="list-style-type: none"> • Natural cheese (such as Swiss), low-fat sliced, or string cheese
	<ul style="list-style-type: none"> • Noodle soup and pasta meals with flavor packets 	<ul style="list-style-type: none"> • Plain noodles or homemade soup with non-salt seasoning
	<ul style="list-style-type: none"> • Chips or french fries 	<ul style="list-style-type: none"> • Unsalted pretzels, nuts, or chips
Dinner	<ul style="list-style-type: none"> • Table salt (for cooking) 	<ul style="list-style-type: none"> • Lemon, garlic, pepper, spices, low-sodium spice mixes
	<ul style="list-style-type: none"> • Garlic salt (for cooking) 	<ul style="list-style-type: none"> • Garlic powder or fresh garlic
	<ul style="list-style-type: none"> • Soy sauce (for cooking) 	<ul style="list-style-type: none"> • Low-sodium ("lite") soy sauce
	<ul style="list-style-type: none"> • Bottled salad dressing 	<ul style="list-style-type: none"> • Olive oil, vinegar, and herbs
	<ul style="list-style-type: none"> • Frozen or boxed potatoes 	<ul style="list-style-type: none"> • Boiled or baked potatoes
	<ul style="list-style-type: none"> • Boxed rice mix 	<ul style="list-style-type: none"> • White or brown rice with your own seasoning
	<ul style="list-style-type: none"> • Canned vegetables or beans 	<ul style="list-style-type: none"> • Frozen, fresh, or low-sodium canned vegetables or beans
	<ul style="list-style-type: none"> • Ham 	<ul style="list-style-type: none"> • Roast pork with fat trimmed
	<ul style="list-style-type: none"> • Smoked turkey 	<ul style="list-style-type: none"> • Roast turkey or chicken
	<ul style="list-style-type: none"> • Sausage 	<ul style="list-style-type: none"> • Lean hamburger patty, grilled
<ul style="list-style-type: none"> • Canned or bottled spaghetti sauce 	<ul style="list-style-type: none"> • Homemade sauce (no salt added) 	

Healthy Eating at Home

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

Swap Out Some Ingredients

- Replace whole milk or cream in soups and sauces with low-fat milk.
- Replace half the fat called for in baked goods with applesauce.
- Use 2 egg whites or $\frac{1}{4}$ cup egg substitute in place of 1 whole egg.
- Use reduced-fat or skim-milk cheese in place of full-fat cheese.
- Replace standard spreads, such as margarine and mayonnaise, with types that include plant stanol and sterol esters.

Sharpen New Cooking Skills

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



Add Flavor Without Fat or Salt

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



Healthy Eating Out

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

American Food

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

Italian Food

- Order pasta with marinara sauce. Don't add Parmesan cheese to pasta.
- Ask for pizza to be made with half the usual amount of cheese. Or, check the menu for varieties without cheese.
- Order pasta or pizza with broccoli, spinach, and mushrooms, instead of salty, fatty meats such as sausage and pepperoni.
- Avoid dishes with a lot of cheese or cheese sauce.



Asian Food

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

Mexican Food

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

Fast Food

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



Setting Goals for Healthier Eating

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

Goal: Cut Sodium Intake

1. Start by leaving salt out of your food.

Use the tips on page 22 for cooking without sodium. When you're comfortable with these changes, move on to step 2.

2. Cut back on high-sodium foods. Use food labels to see which of the packaged foods you often eat are highest in sodium. Phase these out of your meals.

3. Track your progress. At least once a week, add up all the sodium you eat in a day. Compare these sodium logs to see how much your daily sodium intake goes down.

4. When you're at your daily target sodium level, celebrate! Reward yourself for a job well done. Go to the movies or buy a special non-food treat. How else could you reward yourself?

Goal: Meet USDA Guidelines for Vegetables

1. Start by choosing one new vegetable to try this week. Or, fix an old favorite in a new, healthy way. Variety can keep you interested in eating more healthy foods.

2. Have at least a serving of one vegetable each day with lunch. Eat a green salad with your sandwich instead of chips. Order vegetable soup and a whole-grain roll. Or pile fresh vegetables on a baked potato.

3. Track your progress. Add up the servings of vegetables you eat daily. Mark a calendar each day you eat 2½ cups of vegetables.

4. When you meet the guideline of 2½ cups daily for one week, celebrate! Watch a ball game or chat with an old friend. How else could you reward yourself?

My Healthy Eating Goals

This process can be applied to any of your goals. Some common eating-related goals are listed here. Check off the one you want to tackle first. Then start working toward it with a step-by-step approach. Fill in the blanks with the steps you will take to reach your goal. Once you've achieved this goal, move on to another. Each one you meet improves your heart health!

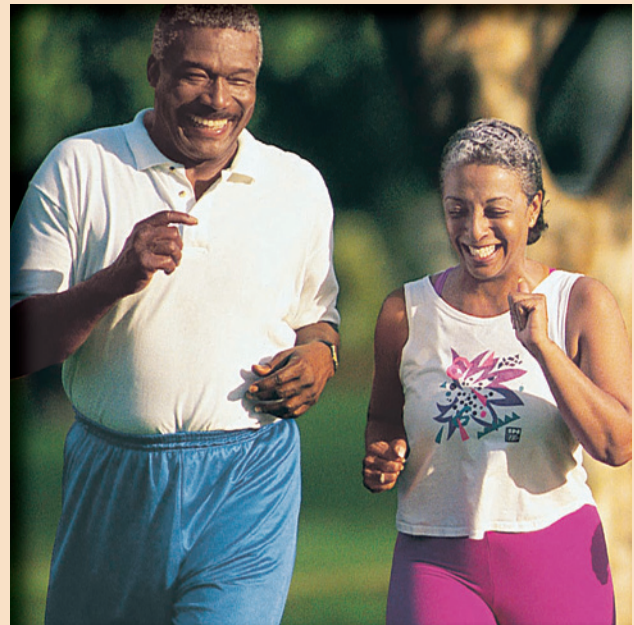
- Add more fruits and veggies to my diet.
- Cut down on fatty animal products.
- Eat more whole grains.
- Decrease calories and be more active to lose weight.

Steps I will take:

Chapter 3

Exercising More

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



Room to Improve?

You probably take a walk once in a while. But what keeps you from exercising as much as you should? For each exercise barrier, try to list at least two possible ways you can improve.

Example: *I'm afraid I'll have another heart attack.*

Possible ways to improve: *Exercise under supervision at cardiac rehab.
Also, carry nitroglycerin during exercise.*

What's stopping me? _____

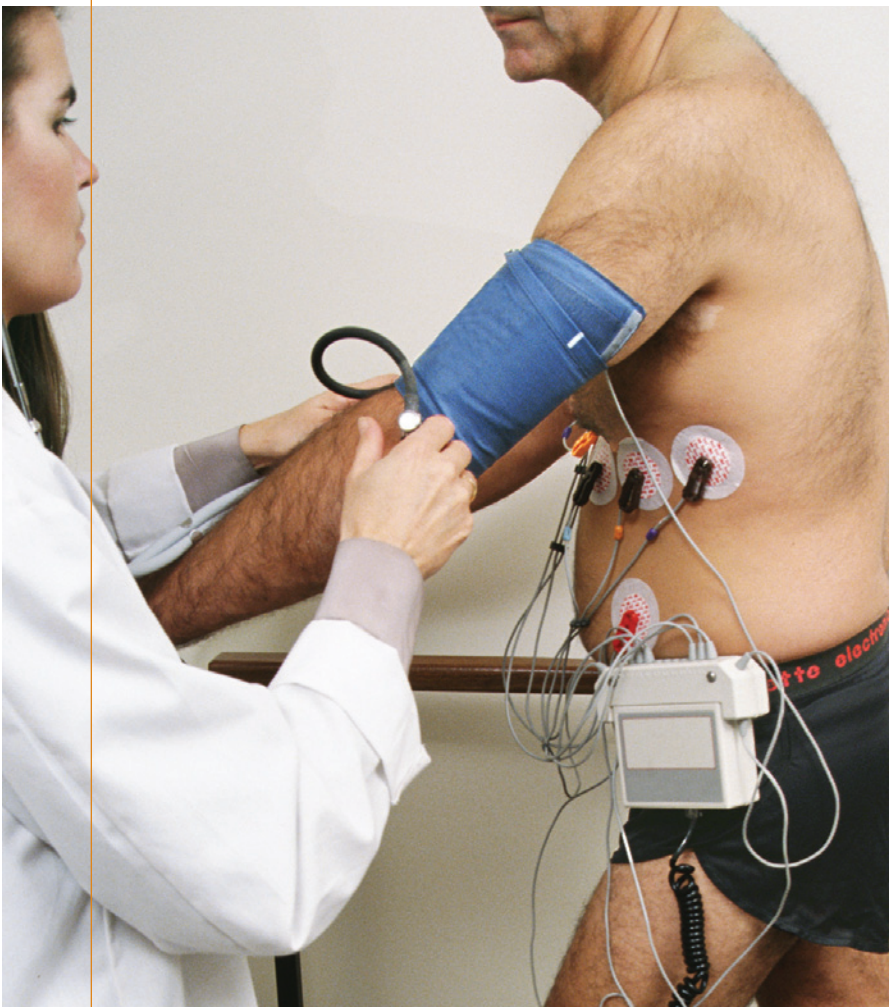
Ways to improve: _____

Getting Started with Cardiac Rehab

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

Assessing Your Needs

Before you begin an exercise program, a team member will assess your current health. You may have an **exercise stress test** to show how your heart responds to exercise. During this test, your heart rate is measured while you are at rest and then again when you use a treadmill or stationary bicycle. Results of this and other tests help the team design an exercise program that's right for you.



How Hard Should You Work?

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

Fill in your numbers here.

My Target Heart Rate Range

My Target RPE Range

Measuring Effort

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

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

Checking Your Target Heart Rate

Press three fingers to the inside of your wrist or two to the side of your neck right below your jawbone. Count the number of beats you feel for 10 seconds. Multiply the number of beats by 6. This is your heart rate (also called **pulse**). During exercise, try to meet your target rate goal.



Using the Borg RPE Scale

The numbers on the Borg RPE scale correspond to your heart rate during exercise. This scale is useful if you have problems taking your pulse. Try to exercise at the level specified by your rehab team. Most people will be told to stay within the highlighted range.

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

Scale used with permission from Gunnar Borg ©1985.

Signs of Overexertion

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

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

Types of Exercise

Your exercise program is likely to include three types of exercise.

Stretching exercises increase flexibility, balance, and posture.

Aerobic exercises improve endurance (how much you can do).

And **strength exercises** help build muscles. One example of each type is shown on these pages. Your cardiac rehab team may teach you others. Exercise examples may also be provided by the resources listed on page 60. Check with your cardiac rehab team or doctor before trying any exercises.

Stretching Exercises

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

☐ Calf Stretch

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

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



Aerobic Exercises

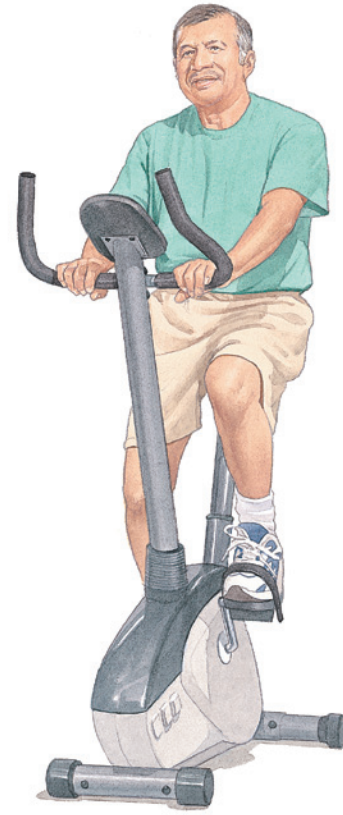
Aerobic (“with air”) exercises improve the working of your heart, lungs, and blood vessels. They make you breathe harder and sweat a bit. Most of your workout should consist of this type of exercise. Examples include walking, biking, and swimming.

Riding a Stationary Bicycle

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

Use the bike for _____ minutes.

Special instructions:



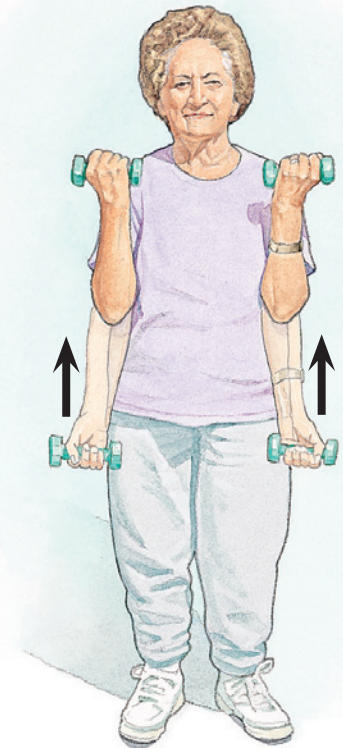
Strength Exercises

Your cardiac rehab team may have you do strength exercises as part of your workout. These exercises help build muscles. Strong muscles help keep your heart rate and blood pressure under control. Examples include lifting weights and doing sit-ups.

Biceps Curl

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

Special instructions:



Get Moving!

Walking is the easiest way to exercise. It's an aerobic exercise that's good for your heart. And it requires nothing more than a pair of sneakers and your own two feet! Work toward a goal of at least 30 minutes of exercise, 5 to 7 days a week. Taking daily walks will help you meet this goal.

Ease In and Out of Exercise

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

Stroll: Speed Up Gently

Start walking slowly. Take 5 minutes to work up to full stride. Warming up like this loosens muscles and increases your heart rate little by little.

Stride: Move Briskly

At first, walk briskly for 1 or 2 minutes. Build up to 5 minutes, then 10. When you're ready, start working up to 20 minutes, then 30. A moderate pace is all you need.

Stroll: Taper Down

Spend 5 minutes slowing back down. This lowers your heart rate and blood pressure gently, keeping you from feeling lightheaded. This is important if you take certain blood pressure medications.

Stretch: Stay Limber

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

Safety Tips

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





Add Activity to Your Day

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

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

Add your own ideas:

A Pedometer Makes Every Step Count

A pedometer is a small device that keeps track of how many steps you take. You can clip it to your belt and go about your routine. At the end of the day, the pedometer shows the total number of steps you took. This is an easy way to track daily activity. Use a pedometer to set small goals for yourself. For instance, if you walk 4,000 steps daily, try adding 200 more steps each day. Aim for a goal of 7,500. Work with your healthcare provider to set goals that are right for you.



Tracking Exercise and Activity

Use this chart to track the exercise you do each week. Remember: You're working up to a goal of 30 minutes per day, every day. Also try to gradually increase your daily activity by keeping track of how many steps you take.

Make extra copies of this chart before using it the first time.

	Exercise I Did	Total Minutes of Exercise	Total Steps per Day
Sunday Date:			
Monday Date:			
Tuesday Date:			
Wednesday Date:			
Thursday Date:			
Friday Date:			
Saturday Date:			

This information is not intended as a substitute for professional healthcare. Always follow your healthcare provider's instructions.
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Chapter 4

Taking Medications

Like many people with heart disease, you take a few types of medication. Some reduce the chance of heart attack and stroke. Others control risk factors, such as blood pressure and cholesterol. You may also take medications for other heart problems, such as heart failure or an arrhythmia (irregular heartbeat rhythm). And other health conditions, such as diabetes, likely require medication, too. Keeping track of your medications and knowing what each does can get confusing. This chapter helps you understand the medications you're taking and teaches you skills for using them correctly and safely.



Room to Improve?

If you're taking all your medications exactly as directed, good for you. If you're not, are you having problems with all your meds or only with certain ones? For each problem pill, try to come up with two ways to improve your usage.

Example: *I forget to take my evening medications.*

Possible ways to improve: *Take my pills with dinner. Or, set an alarm to remind me to take them.*

What's stopping me? _____

Ways to improve: _____

Medications for Heart Disease

Many people with heart disease take the four medications described in this chart. Other common heart medications are listed at the bottom of the page. With your doctor's or cardiac rehab team's help, check off the types of medications that have been prescribed for you. Write in the name of each.

Medications You'll Probably Take

Type of Medication	What It Does
<input type="checkbox"/> Statin Name: _____	<ul style="list-style-type: none"> • Reduces the amount of LDL ("bad") cholesterol and other fats in the blood, which reduces chance of clogged arteries. • May improve levels of HDL ("good") cholesterol.
<input type="checkbox"/> ACE Inhibitor or Angiotensin Receptor Blocker (ARB) Name: _____	<ul style="list-style-type: none"> • Lowers blood pressure and decreases strain on the heart. This makes it easier for the heart to pump and improves blood flow.
<input type="checkbox"/> Aspirin Name: _____	<ul style="list-style-type: none"> • Helps prevent blood clots, which could block an artery. • May reduce your risk of a heart attack.
<input type="checkbox"/> Beta-Blocker Name: _____	<ul style="list-style-type: none"> • Lowers blood pressure and slows heart rate. • May strengthen the heart's pumping action over time.

Medications You May Also Take

Antiarrhythmic helps slow and regulate a fast or irregular heartbeat (arrhythmia).

Name: _____

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

Name: _____

Antihypertensive helps treat high blood pressure (hypertension).

Name: _____

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

Name: _____

Possible Side Effects	Notes
Upset stomach, gas, constipation, and abdominal pain or cramps; abnormal liver function; muscle soreness, pain, and weakness.	Well tolerated, with few side effects.
Low blood pressure (may make you dizzy); dry cough; change in kidney function; too much potassium in the body; swelling of mouth, lips, or tongue.	Dose will be increased as your body gets used to the medication. Get medical help right away if mouth, lips, or tongue becomes swollen. While on this medication, you will have lab tests to monitor potassium levels and kidney function.
Bleeding; heartburn or indigestion; ringing in the ears; sleepiness; headache.	If taking other blood thinners, such as Coumadin (warfarin) or Plavix (clopidogrel), check with your doctor before using aspirin.
Low blood pressure (may make you dizzy); low heart rate; depression; tiredness; sexual dysfunction. Heart failure symptoms may be worse at first, but will improve over time.	Dose will be increased as your body gets used to the medication. Don't stop taking this medication suddenly. Call your doctor if you have side effects.

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

Name: _____

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

Name: _____

Nitrate (nitroglycerin) helps prevent and treat angina.

Name: _____

Vasodilator helps blood flow more easily through the arteries.

Name: _____

Nitroglycerin Therapy

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

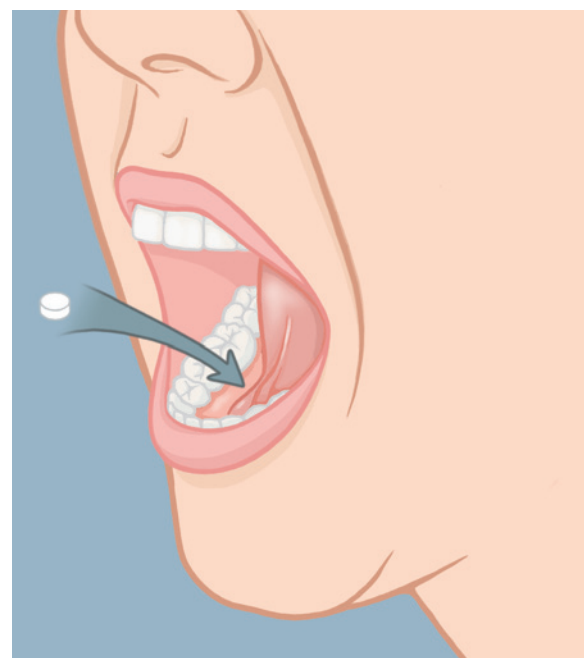
Using Fast-Acting Nitroglycerin

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

- Sit down before you take your dose. The medication may make you feel dizzy.
- Place a tablet under your tongue. Let the tablet dissolve completely. **Don't swallow it.** If you do, it won't work. If using spray, spray once on or under your tongue.
- Wait 5 minutes. If the angina goes away, rest awhile and return to your normal routine.
- If your angina lasts longer than 5 minutes, or gets worse, **call 911 immediately.** Do not delay. You may be having a heart attack. (To learn more about heart attack symptoms, see page 8.)
- After you call 911, take a second dose of nitroglycerin. Wait another 5 minutes. If the angina still does not go away, take a third dose. You can take up to 3 doses within 15 minutes. Stay on the phone with 911 for further instructions.

Other Information for Nitroglycerin

- Have your nitroglycerin handy at all times. Keep it at room temperature, tightly closed in the container it came in. Don't put other medications, cotton, or anything else in the container.
- Check the expiration date. Refill your prescription and discard any expired nitroglycerin.
- Talk to your doctor before using nitroglycerin if you are taking medications for erectile dysfunction.



Aspirin and Your Heart

Aspirin is sometimes prescribed to help prevent a heart attack. Use aspirin therapy only if so directed by your doctor. If you have certain health problems or take certain medications, daily use of aspirin may not be right for you.

If you think you're having a heart attack, taking aspirin in addition to fast-acting nitroglycerin might be helpful. Ask your doctor about this ahead of time. Then you'll know what to do in an emergency.

Know the Medications You're Taking

You should know certain details about your medications. This helps you take them correctly and safely. For each medication, ask your doctor or pharmacist the questions below. Write down the answers so you don't forget. Then fill in the information on your medication list (page 40). Also, ask about anything you don't understand or that seems wrong. For instance, if you get a refill and the pills don't look like the ones from last time, talk to the pharmacist before taking them.

Questions to Ask

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



Beware of Medication Interactions

Vitamins, herbal supplements, and some over-the-counter drugs can be dangerous to take if you use heart medications. So tell your doctor about all products you're taking. This includes even simple remedies for headaches, allergies, colds, or constipation. Show your medication list (page 40) to the pharmacist every time you buy prescription or over-the-counter medication. They can tell you which drugs to avoid. Also, drinking alcohol while taking heart medication can be dangerous.

Tips for Taking Medications

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

Staying on Schedule

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

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



A pillbox can help you organize medications. You can buy these boxes in most drugstores.



Safety Tips

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

- Get help organizing your pills if you need it. Taking more than one medication can be confusing. A family member or friend can help prevent you from making a mistake that could be dangerous to your health.
- Fill all your prescriptions at the same drugstore. This way, your records are all in one place.
- Ask your pharmacist or doctor for a “fact sheet” or other patient information when you start a new medication.
- Tell your doctor and pharmacist if you have allergies to any medication.
- Don’t split your pills to save money. Talk to your doctor if you’re having trouble paying for your medications.
- Never share medications with anyone.
- Ask your pharmacy how you should dispose of old or expired medications.
- Give a copy of your medication list (page 40) to a family member or close friend. Hold copies of each other’s lists in case of emergency.
- Store medications in a cool, dry, dark place—not in a steamy bathroom.



If You Have Side Effects

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

Your Medication List

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

Make extra copies of this chart before using it the first time.

Name of Medication	What It Looks Like	Dosage and Frequency	Time of Day to Take It
Example: <i>Digoxin</i>	<i>Small, white, round</i>	<i>0.25 mg once a day</i>	<i>Each morning</i>

This information is not intended as a substitute for professional healthcare. Always follow your healthcare provider's instructions.
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Chapter 5

Managing Your Risk Factors

This chapter tells you which factors increase the risk of future heart problems. While every topic in this chapter may not apply to your situation, you will benefit by knowing more about cholesterol and blood pressure. Along with managing your specific risk factors, you also need to keep eating well, exercising, and taking your medications as directed.



Where Am I Now?

Do you know of any factors that increase your risk of future heart problems? Check off any statements below that apply to you. Each one is a risk factor that you can control. This chapter shows you ways of managing these specific risks.

- My cholesterol levels are abnormal now or could become so. (See page 42.)
- My blood pressure is too high or is at risk of becoming too high. (See page 43.)
- I have diabetes. (See page 44.)
- I'm a smoker. (See page 46.)

Understanding Cholesterol

Cholesterol is a type of fat (**lipid**) that’s carried in the blood. The body needs some cholesterol to stay healthy. But when cholesterol levels are abnormal, your risk of heart attack is increased. You can limit the amount of cholesterol entering your body in food by changing what you eat. For added control, your doctor may also prescribe medications. Regular testing can show how well your cholesterol levels are responding to treatment.

Types of Lipids

Each type of lipid affects the body in different ways. To function normally, the body needs the right balance of these types.

- **LDL** (low-density lipoprotein) is often called “bad” cholesterol. When the body has too much LDL, it can build up in artery walls. This can lead to a heart attack or stroke. LDL should be 100 or lower (or 70 or lower if indicated by your doctor).
- **Triglycerides** are another type of lipid often measured with cholesterol. A high triglyceride level may lead to plaque buildup in arteries. Triglyceride level should be 150 or lower.
- **HDL** (high-density lipoprotein) is known as “good” cholesterol. That’s because it picks up leftover LDL cholesterol from the arteries, and carries it back to the liver to be used again. HDL should be 40 or higher for men; 50 or higher for women.
- **Total cholesterol** is the combined measure of all types of cholesterol. This number should be under 200.

Reading Your Lab Report

Cholesterol and other lipids are measured with a blood test. You’ll need to fast (not eat anything) for 12 hours before the test. If possible, use the same lab each time you’re tested. The sample below gives tips on reading a lab report. When you get lab results, update the numbers on your risk factor chart (page 12).

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

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

The reference interval is an average range. It’s not the same as your goal.

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

TESTS	RESULTS	FLAG	UNITS	REFERENCE INTERVAL
CHOLESTEROL	192		mg/dL	100–199
TRIGLYCERIDES		156	mg/dL	0–149
HDL CHOLESTEROL	48		mg/dL	40–59
LDL CHOLESTEROL	119		mg/dL	0–129
CHOL/HDL RATIO	4.0		Ratio	3.9–5.0

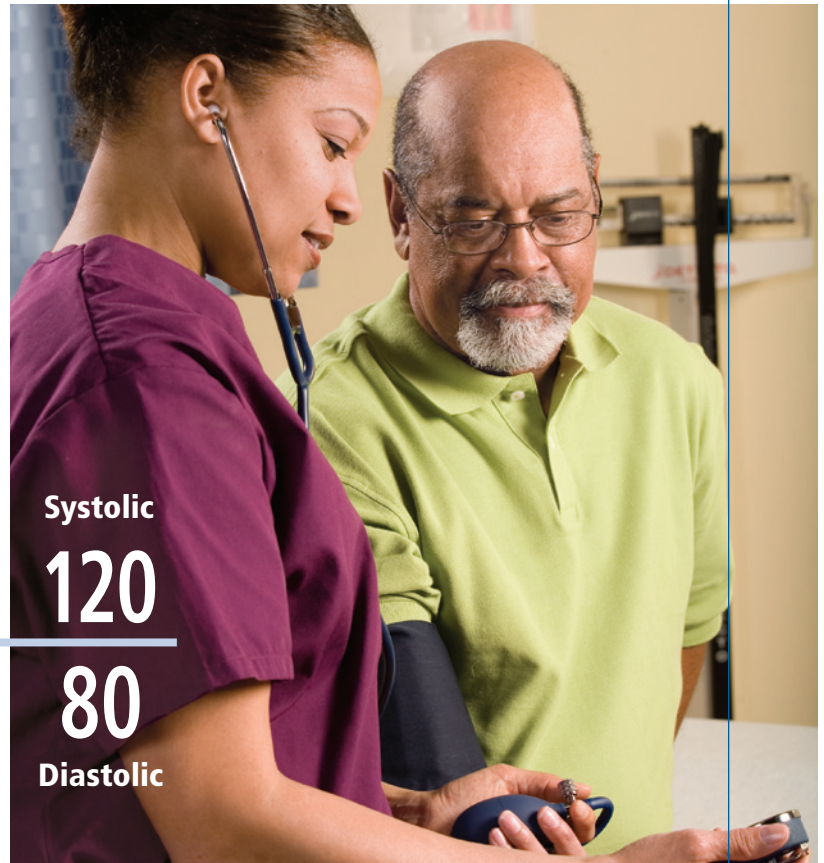
Understanding Blood Pressure

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

Measuring Blood Pressure

Blood pressure can be measured by a health-care provider or you can do it at home. The test always gives two numbers: a systolic pressure “over” a diastolic pressure (for example, “120 over 80”).

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



To Measure Blood Pressure at Home

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

When Your Numbers Vary

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

If You Have Diabetes

With diabetes, your body has trouble using a sugar called **glucose** for energy. As a result, the sugar level in your blood becomes too high. Left untreated, high blood sugar can damage arteries. Diabetes also makes other problems, such as high blood pressure and abnormal cholesterol, more dangerous. To maintain heart health as well as good diabetes control, focus on managing your blood sugar level. Healthy eating and daily exercise (chapters 1 and 2) will help. But there are other things you need to do, too. These include regular blood sugar testing, meal planning, and taking any prescribed medications.

Blood Sugar Testing

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

Aim for Your Target Range

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

Fill in your numbers here.

Before a meal:

Between _____ and _____.

After a meal:

Between _____ and _____.



Learn How Carbs Affect Blood Sugar

To get energy that lasts a while, your body needs food that contains carbohydrates. But carbohydrates raise blood sugar levels higher and faster than other kinds of food. That's why you may need to limit the amount of carbohydrates you eat at one time. The three types of carbohydrates to be aware of are listed below:



- **Starches** raise your blood sugar. Starchy vegetables include potatoes, peas, corn, and lima beans. Starches are also found in grains, kidney and pinto beans, and lentils.



- **Sugars** raise your blood sugar level quickly. Foods with natural sugars include fruits, dairy products, and honey. Added sugars are found in many desserts, candy, soda, and juices. Alcohol may contain both.



- **Fiber** delays absorption of sugar, so it helps control blood sugar level. Fiber is found in fruits and vegetables, whole grains, beans, and nuts.

Timing Your Meals

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



Medications for Diabetes

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

- **Oral medications** help the body make insulin or help it use insulin better. Add the names of any medications you take for diabetes to your medication list (page 40).
- **Injectable hormones** can increase the body's production of insulin, or slow the release of glucose into the bloodstream.
- **Prescribed insulin** provides the insulin your body needs but cannot make. Insulin is typically injected into the body.

Smoking: This Time, Quit for Good

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

Have a "Quit Plan"

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

Track Your Triggers

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

My quit date:



Choose a Quit-Smoking Product to Help

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

Over the Counter	How It Works	Length of Treatment	Possible Side Effects
Nicotine Patch*	<ul style="list-style-type: none"> • Gives you nicotine through the skin at a constant rate • Ask your doctor about combining the patch with nicotine gum or nasal spray 	Take smaller and smaller doses over about 2 months	<ul style="list-style-type: none"> • Skin rash, itching • Trouble sleeping • Nausea
Nicotine Gum*	<ul style="list-style-type: none"> • Gives you nicotine through the mouth 	Take smaller and smaller doses over about 2 to 3 months	<ul style="list-style-type: none"> • Sore mouth or jaw • Indigestion, hiccups • Dizziness, nausea
Nicotine Lozenges*	<ul style="list-style-type: none"> • Gives you nicotine through the mouth 	Take smaller and smaller doses over about 3 months	<ul style="list-style-type: none"> • Sore mouth • Belching, hiccups • Dizziness, nausea, weakness

Prescription Only	How It Works	Length of Treatment	Possible Side Effects
Nicotine Nasal Spray*	<ul style="list-style-type: none"> • Gives you nicotine through the nose • Works more quickly than other nicotine products 	Use for 3 to 6 months	<ul style="list-style-type: none"> • Irritated nose, eyes, throat • Coughing, sneezing • Anxiety, restlessness
Nicotine Inhaler*	<ul style="list-style-type: none"> • Nicotine is breathed in through the mouth 	Use for up to 6 months; take smaller and smaller doses over about 3 months	<ul style="list-style-type: none"> • Mouth and throat irritation • Coughing
Bupropion SR	<ul style="list-style-type: none"> • Reduces withdrawal symptoms and urges • Does not contain nicotine 	Start 2 weeks before you quit, then take for 2 to 6 months	Behavioral changes, including depression, hostility, and suicidal thoughts and actions
Varenicline	<ul style="list-style-type: none"> • Blocks withdrawal symptoms and urges • Does not contain nicotine 	Start 1 week before you quit, then take for 3 months	Behavioral changes, including depression, hostility, and suicidal thoughts and actions

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

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

Smoking: Working Through Withdrawal

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

Be Prepared

Nicotine is a powerful and addictive drug. Since your body is used to the effects of nicotine, not smoking can bring on withdrawal. This can cause symptoms, such as mood swings, lower energy, and trouble thinking clearly. Don't worry. These symptoms will go away. The medications listed on page 47 can help ease the symptoms of withdrawal.

Keep Yourself Busy

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

- Garden for a few minutes.
- Play a game with your kids or grandkids.
- Walk around the block.
- Stretch your arms and shoulders.
- Drink a glass of water.
- Brush your teeth.
- Take a few deep breaths of fresh air outside.
- Exercise (see chapter 2 for tips).



Munch on Healthy Snacks

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

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

Learn from Slip-Ups

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

Get Lots of Support

Support from others can help you stay quit.

- Ask 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. Simply being around people when they're smoking puts your health at risk.
- Ask a friend or family member who smokes to quit with you. Also, find out if others in your cardiac rehab group are trying to quit. You can learn from each other.

My Quit Contract

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

I, _____, will quit smoking on _____
and will call my support person for help if I slip and smoke again.

My signature:

My support person's signature:

Your Risk Factor Action Plan

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

Cholesterol

- Take cholesterol-lowering medications as directed.
- Cut back on foods high in cholesterol, saturated fat, and trans fat.
- Exercise at least 30 minutes, 5 to 7 days a week.
- Get cholesterol tested as often as directed. Record the test results on page 12.
- _____

Diabetes

- Work with a dietitian to develop meal plans.
- Take diabetes medications or insulin as directed.
- Test blood sugar before and after meals. Record results in a log.
- Exercise at least 30 minutes, 5 to 7 days a week.
- Have lab tests as often as recommended. Record A1C or eAG number on page 12.
- _____

Blood Pressure

- Take blood pressure medications as directed.
- Reduce daily sodium intake to 2,300 mg (or less, if directed).
- Cut back on alcohol.
- Exercise at least 30 minutes, 5 to 7 days a week.
- Test blood pressure as often as directed. Record results on page 12, or keep a log if you test often.
- _____

Smoking

- Set a quit date.
- Talk to your doctor about prescription or over-the-counter medication to help you quit.
- Join a support group or smoking cessation program.
- Sign a quit contract (page 49), with friend or family member as witness.
- If you slip up, try again. Remember that most people try more than once before they quit for good.
- _____

Chapter 6

Your Emotional Health

When you have heart disease, your emotional health is as important as your physical health. Research has shown that emotional well-being leads to longer, healthier lives for people with heart disease. This chapter covers the most common emotional concerns of people who are dealing with heart disease. If you're having trouble in any of these areas, be sure to talk to your healthcare provider or cardiac rehab team. They'll probably be able to help, or at least point you in the right direction.



Where Am I Now?

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

- I feel sad or lonely most days. (See page 52.)
- I don't have any support. (See page 53.)
- I don't get out of my house very much. (See page 53.)
- I feel stressed much of the time. (See page 54.)
- I'm having problems with sex. (See page 56.)

Overcoming Depression

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

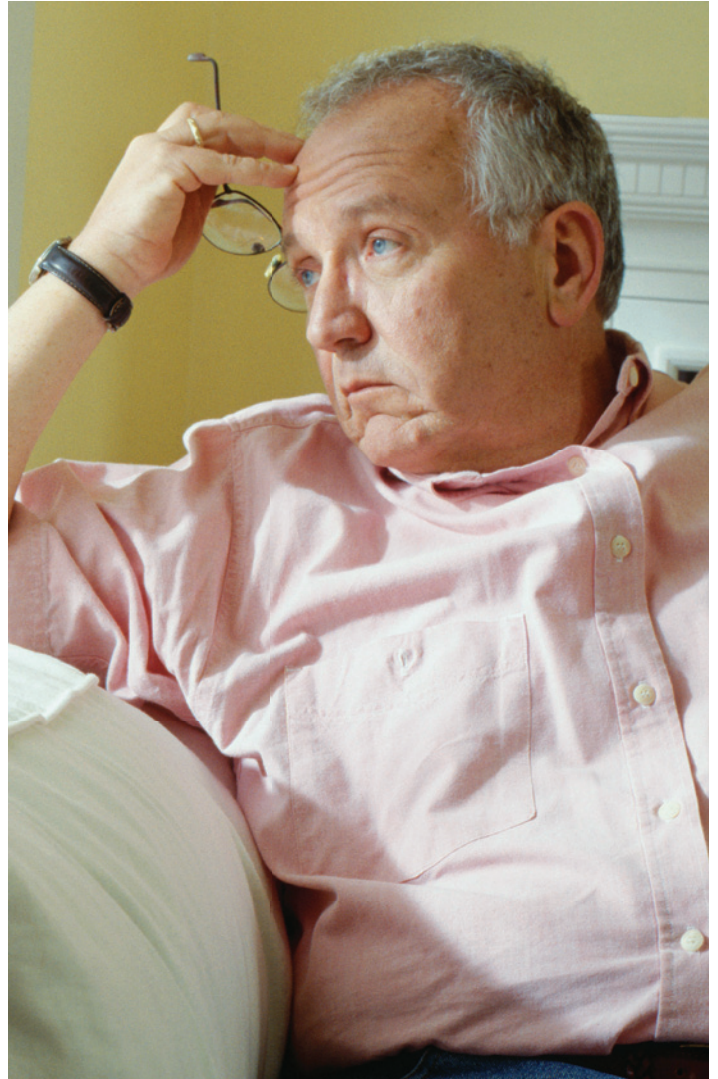
Are You Depressed?

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

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

What You Can Do

Did you check off any of the statements above? If so, tell your doctor or a member of your cardiac rehab team how you're feeling. Since depression can take away your energy and your hope, taking this first step can be hard. Remind yourself that depression is a medical problem and it's not your fault. Treatment with medication, therapy, or both will help you get better. When depression is treated, your overall health may improve. And you'll have more energy to take care of yourself and follow your treatment plan.



If You've Thought About Suicide

Depression can make you feel as if you can't go on. Suicide may seem like an escape. But death is a permanent solution to a temporary problem. There are better ways to ease this pain and manage the problems in your life. Tell your doctor or someone you care about **right away** if you think about killing yourself. You can also call, toll-free, 800-SUICIDE (800-784-2433) from anywhere in the U.S.

Staying Involved in Life

You've gone through a life-altering event. Whether it's a diagnosis, a heart attack, or major surgery, your life has changed. This may cause you to withdraw from family, friends, and the outside world. But by staying involved with life, your chance of a heart attack goes down.

Who Will Support You?

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

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

What You Can Do

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

- **Keep doing things you enjoy.** Schedule times for hobbies, old and new. Maybe a weekly game of dominoes or cards with friends? Or, you can join religious groups or senior centers.
- **Try something new.** Is there an activity you've always been interested in but have never tried? There's no time like right now! Look into classes or community groups that focus on your area of interest.
- **Stay involved.** Family and friends can be good sources of support. If you don't want to discuss your health, talk about other things.
- **Join a heart disease support group.** Talking with people who know firsthand what you're going through may help. (See resources on page 60.)



Dealing with Stress

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

Keys to Managing Stress

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

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

Take Control of Stress

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

Stressor	Your Old Response	Your New Response
<i>Waiting for prescription refill</i>	<i>Got impatient and angry</i>	<i>Call ahead and set a time for pickup.</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Take Time to Relax

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

Visualization

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

- 1** Picture yourself feeling warm and relaxed in a peaceful setting. Use your senses to fill in the details. If you imagine a tropical beach, listen to the waves on the shore. Feel the sun on your face. Smell the salt air. Dig your toes in the sand.
- 2** Try to hold this image in your mind. If other thoughts sneak in, relax and refocus on your peaceful setting. Let the other thoughts fall away. Concentrate on your breathing.

Small Steps Still Get You There

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

Sex and Intimacy

When people have heart trouble, they often develop strong feelings that can affect their desire for sex. You may be afraid for the future. You may even feel angry that this has happened to you. But as your body heals, your interest and desire for sex are likely to return. When you and your partner are ready, there's no reason you can't renew your sexual relationship. Start gradually. And try not to worry about your heart. Sex only takes about as much energy as climbing two flights of stairs.

To Rebuild Intimacy

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



When You Talk

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

Resuming Sexual Intimacy

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

If You've Had Heart Surgery

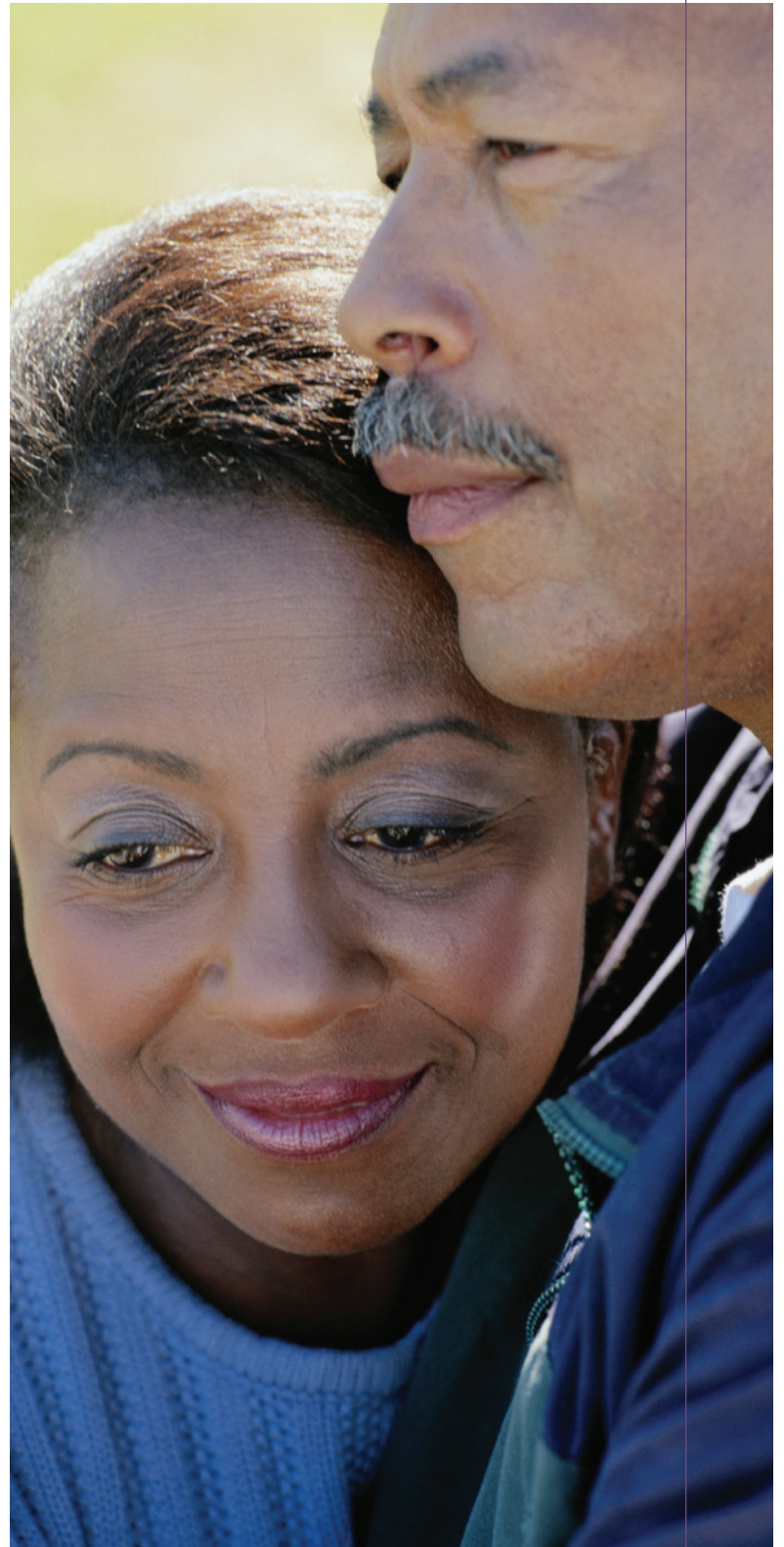
After surgery, ask your doctor when you can resume sex. Your breastbone takes time to heal. Until then, keep these tips in mind to limit pain during sex:

- Try positions that put less strain on your chest. Experiment until you find what works best.
- Avoid movements that cause chest discomfort.

If You Have Trouble Becoming Aroused

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

- For men, erectile dysfunction (ED) is fairly common. Medication can often be prescribed to improve sexual function. Make sure the doctor you speak to about ED knows about all the medications you take. **Some ED medications are not safe if you take certain heart medications.**
- For women, products, such as estrogen cream and lubricants, can help make sex feel better.



Notes for Family and Friends

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

Coping with Heart Disease

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

- Learn about heart disease and your loved one's health. This will help you know what you can do to help.
- Go to a cardiac rehab session with your loved one. This way you can see firsthand what he or she is learning to do. It will also give you a chance to ask the staff questions.
- Be supportive, but try not to be controlling. Don't nag or assume you know best. Instead, ask your loved one to talk about what he or she needs and how you can help.
- Learn the signs of a heart attack or stroke (pages 8–9), and watch for them. You may also want to take a class in CPR (cardiopulmonary resuscitation).

Making Lifestyle Changes

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

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



Chapter 7

Appendix

This chapter gives you information you can use to manage heart disease on a daily basis. Remember, the best way to protect your heart is to be active in your healthcare. Never be afraid to talk with your doctor, nurse, or other rehab team members. It may help to write down questions so you'll be sure to ask about everything you want to know.



Resources.page 60

Organizations and websites to help you learn more about healthy eating, exercise, risk factor management, and living well with heart disease.

Questions for Your Healthcare Team.page 61

A space for you to write down questions to ask at your next appointment.

Glossary of Termspage 62

Common terms you may hear as part of your heart disease treatment.

Keep Living Well!page 64

A recap of what you need to keep doing after your cardiac rehab program is over.

Resources

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

American Association of Cardiovascular and Pulmonary Rehabilitation

www.aacvpr.org

American Diabetes Association

800-342-2383 | www.diabetes.org

American Heart Association

800-242-8721 | heart.org

American Lung Association

800-586-4872 | lung.org

MyPlate

www.choosemyplate.gov

National Heart, Lung, and Blood Institute (NHLBI)

301-592-8573 | www.nhlbi.nih.gov

NHLBI DASH Eating Plan

www.nhlbi.nih.gov/health/public/heart/hbp/dash

National Institute on Aging

800-222-2225 | www.nia.nih.gov

Mental Health America

800-969-6642 | www.nmha.org

WomenHeart: The National Coalition for Women with Heart Disease

202-728-7199 | www.womenheart.org

More Information Is Only a Click Away!

The websites listed above are only a few of many great online resources. Use a search engine (such as www.google.com) to look up “heart disease,” “low-fat recipes,” “quitting smoking,” or any other topic you want to know more about. If you find sites you like, you can add them to your browser’s Favorites menu so they’re easy to find again. Or, write the site’s address (called a “URL”) below. If you don’t use the Internet at home, many public libraries have free access. A librarian can help you get started.

Site name: _____

URL: _____

Site name: _____

URL: _____

Questions for Your Healthcare Team

You're likely to have questions that you want to ask your doctor or cardiac rehab team. You can write these below.

Questions about healthy eating

Example: *Do I need to limit sodium to less than 2,300 mg per day?*

Questions about exercise

Example: *What should my target heart rate range be during exercise?*

Questions about medications

Example: *Which of my medications helps manage my cholesterol levels?*

Questions about related health problems

Example: *What's my blood sugar goal before and after meals?*

Questions about emotional well-being

Example: *Do I need medication for depression?*

Other questions

Glossary of Terms

Angina Symptoms that occur when the heart muscle can't get enough oxygen-rich blood. 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.

CABG (pronounced "cabbage") Coronary artery bypass graft surgery. This surgery creates a new pathway for blood around narrowed arteries in the heart.

Cholesterol A fatty substance that can build 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.

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. Also known as "heart disease."

Electrocardiogram (ECG or EKG) A test that records the way electrical signals move through the heart.

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 disease 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 chance of heart attack and stroke.

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

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.

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.

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 stroke-like symptoms.

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

Unsaturated 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.

Keep Living Well!

Your cardiac rehab program won't last forever. But the benefits of cardiac rehab will be ongoing—as long as you keep exercising and using the skills you've learned.

Tips for Staying On Track

- Stay on top of your risk factors. Have lab tests and doctor's appointments as often as recommended. Remember to record your test results.
- Keep eating well. Eat a variety of healthy foods. Have less-healthy snacks only once in a while. And keep portion sizes realistic.
- Continue exercising. Find out if your cardiac rehab program offers maintenance exercise classes in your area. If not, join a gym or walking group to stay motivated.
- Remember to update your medication list (page 40) any time your medications change. Keep a copy of your updated list in your wallet or purse. Show it to any healthcare provider or pharmacist you see.
- Take care of yourself emotionally as well as physically. Remember that emotional health can have a big impact on physical well-being.
- Stay alert for warning signs of a heart attack or stroke (pages 8–9). Make sure your family knows what to watch for, too.

Risk Factors	Ideal Numbers	My Goals	6 months:	9 months:	1 year:
Smoking	0 cigarettes per day				
Cholesterol	Less than 100 mg/dL; less than 70 mg/dL if directed by a doctor				
• LDL ("bad") cholesterol					
• HDL ("good") cholesterol	Men: 40 mg/dL or higher Women: 50 mg/dL or higher				
• Triglycerides	150 mg/dL or lower				
Blood pressure	Less than 140/90 Less than 130/80 with diabetes or chronic kidney disease				
Diabetes	Less than 7% or an eAG of less than 154				
• A1C					
Weight	Men: 40 inches or less Women: 35 inches or less				
• Waist size					
Physical activity	At least 30 minutes, 5–7 days a week				

Take our Patient Survey. Help us help other patients. Please visit www.kramesurvey.com to provide your feedback on this booklet.

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Also available in Spanish

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www.kramesstaywell.com 800.333.3032

Krames StayWell is an independent patient education company that provides educational resources to Blue Cross and Blue Shield of Louisiana and our subsidiary HMO Louisiana, Inc. We at Blue Cross and Blue Shield of Louisiana know that every individual has different health needs and goals, different factors that motivate them and different barriers to their success. Our team of healthcare professionals can assist you at any stage of your health or recovery; we are here for you. We encourage you to participate in the InHealth: Blue Health program. Simply give us a call toll-free at **1-800-317-2299** (OGB members can call **1-800-363-9159**) to speak with one of our nurses about your health or about helping you coordinate your care.

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