



Women and Heart Disease
Physician Education Initiative



PHYSICIAN RESOURCE GUIDE

**TOOLS FOR INTEGRATION
INTO PRACTICE**

DEAR PRIMARY CARE PHYSICIAN

- *As you are aware, coronary heart disease is the leading cause of death for women. More women die from cardiac related ailments than any other cause of death, including all cancers.*
- *Until recently, most research and management strategies focused primarily on men, creating a gap in the appropriate and timely diagnosis and management of women with heart disease.*
- *This physician resource guide will enable you and your staff to become more informed on the issues surrounding heart disease in women. Tools and resources are included for use in your patient interactions.*

As a primary care provider caring for women of all ages, your attention to this matter is critical!

The American College of Obstetricians and Gynecologists, District II / NY (ACOG District II / NY) and the New York Chapter of the American College of Physicians - American Society of Internal Medicine (NYACP-ASIM) partnered in 2002 to begin the process of educating primary care physicians about the gender differences inherent in cardiac disease.

Join your colleagues throughout the state and talk to your female patients about their risk of heart disease.



PROJECT UPDATE

The Women and Heart Disease: Physician Education Initiative has successfully completed its first year. Presented in a grand rounds format, the program addresses the growing incidence of coronary heart disease in women and the physician's role in risk reduction strategies.

The program has educated more than 2000 practitioners statewide about gender differences in heart disease. To date, grand round presentations have been presented at 24 sites across the state. This initiative was funded by a grant from Governor Pataki's office in May of 2002, and has gained significant momentum and extraordinary feedback. Plans for year two include a focus on public awareness, resident training and the development of an office-based model for risk screening & prevention.

The project is receiving attention from many health care and public organizations, including recognition by the American Heart Association. This initiative inspires action on the part of primary care physicians to engage in heart disease prevention discussions with their female patients.

Heart disease remains the number one killer of women. We know that early prevention of heart disease risk factors can greatly decrease the incidence and debilitating effects so common among women of postmenopausal age. Yet, little regard is given to its diagnosis and management in women until late in their life span. Primary care physicians, including obstetricians and gynecologists, need to be aware of the risks inherent in their female patients and begin discussing prevention strategies at routine office or clinic visits during the premenopausal years.

The curriculum for the Women and Heart Disease: Physician Education Initiative was developed by a panel of nationally recognized experts in the field of both women's health and cardiology. Evaluations of the program are extremely favorable, with commitments from several participants to enhance the screening and counseling activities in their practice, and to partner with ACOG District II / NY & NYACP-ASIM to encourage support among colleagues for this important topic.

HOW TO USE YOUR RESOURCE GUIDE

This resource contains reference materials for you and your staff, plus reproducible forms both for use as part of the patient medical record and for patient education. Items are identified for your convenience and ease of access. Reproducible forms are tabbed with our logo in the upper right corner.



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JNC 7 GUIDE TO PREVENTION AND TREATMENT OF HIGH BLOOD PRESSURE - PART I

Reference: *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. National Heart, Lung and Blood Institute, 2003.*

EVALUATION

Classification of Blood Pressure (BP)

Category	SBP mmHg	and	DBP mmHg
Normal	< 120	and	< 80
Prehypertension	120 - 139	or	80 - 89
Hypertension, Stage 1	140 - 159	or	90 - 99
Hypertension, Stage 2	≥ 160	or	≥ 100

Key: SBP = systolic blood pressure, DBP = diastolic blood pressure

Diagnostic Workup of Hypertension

- Assess risk factors and comorbidities.
- Reveal identifiable causes of hypertension.
- Assess presence of target organ damage.
- Conduct history and physical examination.
- Obtain laboratory tests: urinalysis, blood glucose, hematocrit and lipid panel, serum potassium, creatinine, and calcium. Optional: urinary albumin/creatinine ratio.
- Obtain electrocardiogram.

Assess for Major Cardiovascular Disease (CVD)

Risk Factors

- Hypertension
- Obesity (body mass index ≥ 30 kg/m²)
- Dyslipidemia
- Diabetes mellitus
- Cigarette smoking
- Physical inactivity
- Microalbuminuria, estimated glomerular filtration rate < 60 ml/min.
- Age (> 55 for men, > 65 for women)
- Family history of premature CVD (men age < 55, women age < 65)

Assess for Identifiable Causes of Hypertension

- Sleep apnea
- Drug induced/related
- Chronic kidney disease
- Primary aldosteronism
- Renovascular disease
- Cushing's syndrome or steroid therapy
- Pheochromocytoma
- Coarctation of aorta
- Thyroid/parathyroid disease

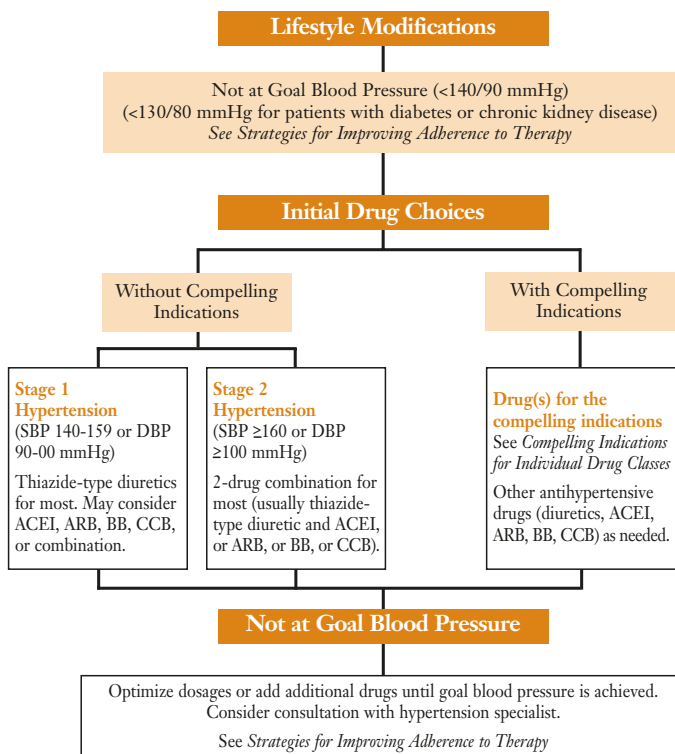
♥ *CHD is the leading cause of death in women causing more deaths than the next 16 causes including cancers...New York State ranks the highest in the nation!*

TREATMENT

Principles of Hypertension Treatment

- Treat to BP < 140/90 mmHg or BP < 130/80 mmHg in patients with diabetes or chronic kidney disease
- Majority of patients will require two medications to reach goal.

ALGORITHM FOR TREATMENT OF HYPERTENSION



JNC 7 GUIDE TO PREVENTION AND TREATMENT OF HIGH BLOOD PRESSURE - PART II

Blood Pressure Measurement

Patient should:

- Rest for 5 minutes before measurement.
- Refrain from smoking or ingesting caffeine for 30 minutes prior to measurement.
- Be seated with feet flat on floor, back and arm supported, arm at heart level.

Clinician should:

- Use appropriate size cuff for the patient, the bladder should encircle at least 80 percent of the upper arm.
- Use calibrated or mercury manometer.
- Average two or more readings, at least 5 minutes apart.
- Confirm elevated reading in contralateral arm.

Causes of Resistant Hypertension

- Improper BP measurement
- Excess sodium intake
- Inadequate diuretic therapy
- Medication
 - Inadequate doses
 - Drug actions and interactions (e.g., nonsteroidal anti-inflammatory drugs (NSAIDs), illicit drugs, sympathomimetics, oral contraceptives)
 - Over-the-counter (OTC) drugs and herbal supplements
- Excess alcohol intake
- Identifiable causes of hypertension (see previous page)

Compelling Indications for Individual Drug Classes

Compelling Indication	Initial Therapy Options
Heart Failure	THIAZ, BB, ACEI, ARB, ALDO ANT
Post myocardial infarction	BB, ACEI, ALDO ANT
High CVD risk	THIAZ, BB, ACEI, CCB
Diabetes	THIAZ, BB, ACEI, ARB, CCB
Chronic kidney disease	ACEI, ARB
Recurrent stroke prevention	THIAZ, ACEI

Key: THIAZ = thiazide diuretic, ACEI = angiotensin converting enzyme inhibitor, ARB = angiotensin receptor blocker, BB = beta blocker, CCB = calcium channel blocker, ALDO ANT = aldosterone antagonist

Strategies for Improving Adherence to Therapy

- Clinician empathy increases patient trust, motivation, and adherence to therapy.
- Physicians should consider their patients' cultural beliefs and individual attitudes in formulating therapy.
- Educate patient and family about disease. Involve them in measurement and treatment.
- Keep care inexpensive and simple.
- Be willing to stop unsuccessful therapy and try a different approach.
- Consider using nursing case management.

Lifestyle Modification Recommendations

- Encourage healthy lifestyles for all individuals.
- Prescribe lifestyle modifications for all patients with prehypertension and hypertension.

Modification	Recommendation	Avg. SBP Reduction Range**
Weight reduction	Maintain normal body weight (body mass index 18.5 - 24.9 kg/m ²).	5-20 mmHg/10 kg
DASH eating plan	Adopt a diet rich in fruits, vegetables, and lowfat dairy products with reduced content of saturated and total fat.	8-14 mmHg
Dietary sodium reduction	Reduce dietary sodium intake to ≤ 100 mmol per day (2.4 g sodium or 6 g sodium chloride)	2-8 mmHg
Aerobic physical activity	Regular aerobic physical activity (e.g., brisk walking) at least 30 minutes per day, most days of the week.	4-9 mmHg
Moderation of alcohol consumption	Men: limit to ≤ 2 drinks* per day. Women and lighter weight persons: limit to ≤ 1 drink* per day	2-4 mmHg

** Effects are dose and time dependent

* 1 drink = 1/2 oz. or 15 ml ethanol (e.g., 12 oz. Beer, 5 oz. Wine, 1.5 oz. 80-proof whiskey)

ATP III CLASSIFICATION OF LDL, TOTAL, AND HDL CHOLESTEROL (mg/dL)*

LDL CHOLESTEROL

< 100	Optimal
100-129	Near or above optimal
130 - 159	Borderline high
160 - 189	High
≥ 190	Very high

TOTAL CHOLESTEROL

< 200	Desirable
200 - 239	Borderline high
≥ 240	High

HDL CHOLESTEROL

< 40	Low
≥ 60	High

*LDL, low-density lipoprotein ; and HDL, high-density lipoprotein.



MAJOR CHD RISK FACTORS THAT MODIFY LDL GOALS

- ▶ Type 2 Diabetes (Risk Equivalent)
- ▶ Tobacco Use
- ▶ Low HDL cholesterol (< 40 mg/dL)
- ▶ Hypertension (blood pressure > 140/90 mmHg or on antihypertensive medication)
- ▶ Obesity
- ▶ Family history of premature CHD (male relative < 55 or female relative < 65)
- ▶ Age (men > 45 years; women > 55 years)

LDL CHOLESTEROL GOALS AND CUTPOINTS FOR THERAPEUTIC LIFESTYLE CHANGES (TLC) AND DRUG THERAPY IN DIFFERENT RISK CATEGORIES*

Risk Category	LDL Goal (mg/dL)	LDL Level at Which to Initiate Therapeutic Lifestyle Changes (mg/dL)	LDL Level at Which to Consider Drug Therapy (mg/dL)
CHD or CHD risk equivalents (10-year risk > 20%)	< 100	≥ 100	≥ 130 (100-129: drug optional) †
2+ Risk factors (10-year risk < 20%)	< 130	≥ 130	10-year risk 10%-20%: ≥130 10-year risk < 10%: ≥ 160
0-1 Risk factor‡	< 160	≥ 160	> 190 (160-189: LDL-lowering drug optional)

* LDL indicates low-density lipoprotein; HDL indicates high-density lipoprotein.

† Some authorities recommend use of LDL-lowering drugs in this category if an LDL cholesterol level of <100 mg/dL cannot be achieved by therapeutic lifestyle changes. Others prefer use of drugs that primarily modify triglycerides and HDL, eg, nicotinic acid or fibrate. Clinical judgment also may call for deferring drug therapy in this subcategory.

‡ Almost all people with 0-1 risk factor have a 10-year risk <10%; thus, 10-year risk assessment in people with 0-1 risk factor is not necessary.

WEIGHT MANAGEMENT

Courtesy of the American Heart Association, AHA Scientific Statement: AHA Guidelines for Primary Prevention of Cardiovascular Disease and Stroke: 2002 Update

GOAL: Achieve and maintain desirable weight (body mass index 18.5-24.9 kg/m²). When a person's BMI is 25 kg/m² or higher, the waist measurement goal is 40 inches or less for men, 35 inches or less for women.

RECOMMENDATIONS

- Start a weight-management program through restricting calories in diet and increasing caloric expenditure (exercise) as appropriate.
- For overweight or obese persons, reduce body weight by 10% in the first year of therapy.

DIETARY INTAKE

GOAL: An overall healthy eating pattern.

RECOMMENDATIONS

- Advocate eating a variety of fruits, vegetables, grains, legumes, low-fat or nonfat dairy products, fish, poultry and lean meats.
- Match energy (calorie) intake with energy needs and make appropriate changes to achieve weight loss when needed.
- Modify food choices to reduce saturated fats to less than 10% of calories, cholesterol to less than 300 mg per day, and trans-fats. (Trans-fats result from adding hydrogen to vegetable oils.) Substitute grains and unsaturated fats from fish, vegetables, legumes and nuts.
- Limit salt intake to less than 6 grams per day (2,400 mg of sodium).
- Limit alcohol intake to no more than 2 drinks per day in men, 1 drink per day in women among those who drink alcohol.*

PHYSICAL ACTIVITY

GOAL: At least 30 minutes of moderate-intensity physical activity on most, and preferably all, days of the week.

RECOMMENDATIONS

- If a patient has suspected cardiovascular, respiratory, metabolic, orthopedic or neurological disorders, or is middle-aged or older and sedentary, he or she should consult a physician before starting a vigorous exercise program.
- Moderate-intensity activities (40% to 60% of maximum capacity) are equivalent to a brisk walk (15-20 minutes per mile).

- Vigorous-intensity activities (more than 60% of maximum capacity) for 20-40 minutes on 3-5 days per week offer added benefits.
- Recommend resistance training with 8-10 different exercises, 1-2 sets per exercise, and 10-15 repetitions at moderate intensity on 2 or more days per week.
- Include flexibility training and an increase in daily lifestyle activities to round out the regimen.

SMOKING CESSATION: GUIDELINES FOR PHYSICIANS

*Adapted from the National Cancer Institute
How to Help Your Patients Stop Smoking, 1995*

ASK

Ask all patients about smoking and document the following in the chart: brand, quantity, age at initiation, prior attempts to quit.

ADVISE

**Advise all smokers to stop.
Personalize the message to quit.**

ASSIST

Assist patient in quitting:

- 1) Establish a quit date within 4 weeks
- 2) Consider signing a stop smoking contract with the patient
- 3) Provide self-help materials
- 4) Consider nicotine replacement for those who smoke more than one pack a day or who smoke their first cigarette within 30 minutes of waking

ARRANGE

Arrange for patient follow-up care:

- 1) Office staff member to call or write patient within 7 days of the initial visit to reinforce the decision
- 2) Follow-up visit within 1-2 weeks after the quit date
- 3) At follow-up visit, provide support and help prevent relapse; if relapse happens, encourage patient to try again immediately
- 4) Second follow-up visit in 1-2 months; for patients who have relapsed, discuss circumstances and special concerns

* Regular alcohol consumption may put you at risk for several health concerns, including breast cancer.

STAGES OF CHANGE

James Prochaska and
Carlo Diclemente (1982)

Applying stage matched intervention and setting appropriate goals and expectations will provide you and your patient with successes throughout the process of building self-efficacy, confidence and motivation.

PRECONTEMPLATION

- Person does not see the connection between their behavior and undesirable health consequences.
- Giving advice or direction at this time is counter-productive.
- Offer encouraging words and suggestive comments can help begin the process of recognition.

CONTEMPLATION

- Person still hasn't made the connection between their behavior and health consequences but may be open to learning if the "moment" is right.
- As a physician you need to take advantage of a "window of opportunity", such as an acute illness that you can associate with an unhealthy behavior (i.e. bronchitis with smoking)
- Expressing care and concern as their primary care provider can be very influential at this time.

PREPARATION

- Person begins to associate their behavior with undesirable health consequences and will be open to information.
- Establishing realistic goals and expectations will help mobilize the individual into the action stage.

- Tremendous support is needed at this stage to help the person stay motivated.
- Suggesting community agencies, support groups, pharmacological agents and therapies at this stage can be helpful.

ACTION

- Person is ready to change and is taking action to do so!
- Support is needed to help the individual find alternative behaviors to help maintain a healthier course.
- Reinforcement and encouragement is critical at this stage.

MAINTENANCE

- Person has maintained new behavior for six months or more.

RELAPSE

- A relapse should never be considered a failure!
- Much support and encouragement is needed during this time to help the person regain their strength and return to healthier behaviors.

♥ *62% of women surveyed felt that breast cancer was their greatest risk.*



ARTICLES & REFERENCES

♥ 70% of women have at least one risk factor.

American Heart Association, *2002 Heart and Stroke Statistical Update*. Dallas, TX: American Heart Association; 2001.

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McSweeney, Jean. C., et.al. *Do You Know Them When You See Them? Women's Prodromal and Acute Symptoms of Myocardial Infarction*. Journal of Cardiovascular Nursing, (2001); Vol. 15, No. 3, 26-38.

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Stein, Evan A. *Identification and Treatment of Individuals at High Risk of Coronary Heart Disease*. The American Journal of Medicine, June 3, 2002, Vol. 112 (8a).

NEW YORK STATE CVD RISK FACTOR PREVALENCE RATES 1996-2000

♥ *In addition to typical angina, women with CHD may present with back, throat, neck, arm or jaw discomfort.*

percent of population

	County	Current Smokers	Physical Inactivity	Obesity	BP screen within 2 years	Cholesterol screen within 2 years	Diabetes
GOAL ▶	HP 2010	12.0	20.0	15.0	95.0	80.0	2.5
	Albany	22.2	23.9	17.2	94.9	76.6	3.5
	Allegany	27.9	33.6	19.5	94.4	61.3	3.9
	Broome	20.2	25.2	17.7	97.2	77.0	4.1
	Cattaraugus	25.6	31.6	17.7	95.7	62.7	6.7
	Cayuga	35.7	33.6	9.5	94.4	61.7	2.9
	Chautauqua	24.5	34.7	21.1	96.7	76.8	4.3
	Chemung	31.1	33.6	25.3	94.5	70.3	7.8
	Chenango	17.0	20.8	32.3	94.5	63.2	5.5
	Clinton	36.4	28.4	12.4	94.2	66.9	1.7
	Columbia	19.5	33.3	17.1	94.5	64.1	0
	Cortland	26.9	25.9	10.7	94.5	68.5	6.8
	Delaware	26.5	33.9	20.0	94.5	64.0	4.4
	Dutchess	26.1	27.9	15.0	98.8	88.0	5.5
	Erie	26.6	31.2	19.7	96.2	74.3	4.8
	Essex	26.0	30.4	17.9	64.4	70.0	5.3
	Franklin	32.9	33.5	11.4	94.2	60.4	10.6
	Fulton	32.1	30.8	22.3	94.7	71.3	4.9
	Genesee	27.9	40.0	14.8	93.0	62.5	1.8
	Greene	34.4	30.4	18.1	94.4	70.1	1.4
	Hamilton	24.4	31.2	18.5	94.7	72.9	5.9
	Herkimer	29.2	33.9	20.8	94.5	63.9	1.2
	Jefferson	30.4	32.6	17.2	89.4	66.7	7.1
	Lewis	27.6	33.6	19.6	94.5	62.0	4.0
	Livingston	37.4	33.4	19.3	94.5	60.3	7.9
	Madison	31.4	32.6	25.2	94.5	60.8	3.5
	Monroe	21.7	27.4	17.5	95.7	72.7	4.4
	Montgomery	30.9	34.0	13.5	94.6	64.5	4.6
	Nassau	19.3	30.3	14.0	95.7	83.7	5.3
	Niagara	30.1	31.9	13.8	98.4	70.3	7.0
	Oneida	24.8	31.1	18.7	95.2	77.7	4.5
	Onondaga	22.9	33.4	18.9	95.4	67.6	2.9

Source: *New York State BRFSS 1996-2000*

Notes: Smoked 100 cigarettes in their lifetime and smoke every day or some days

No leisure time physical activity reported during the past month

Obesity = BMI >30.0

Reported that they have been diagnosed with diabetes

♥ *A woman's heart attack may be signaled by unusual fatigue or dizziness or by unexplained dyspnea.*

percent of population

County	Current Smokers	Physical Inactivity	Obesity	BP screen within 2 years	Cholesterol screen within 2 years	Diabetes
Ontario	21.5	21.3	18.8	92.7	70.0	3.8
Orange	29.5	25.6	11.6	98.0	74.9	4.6
Orleans	28.0	33.6	19.5	94.4	61.1	3.9
Oswego	26.9	38.3	21.1	94.5	68.7	7.6
Otsego	27.2	31.4	21.1	94.6	62.1	0.7
Putnam	21.3	24.0	4.5	91.3	77.4	1.8
Rensselaer	23.2	32.3	18.1	94.8	80.7	5.3
Rockland	24.7	30.4	9.4	97.2	81.5	4.2
St. Lawrence	24.9	39.7	14.2	87.6	68.3	7.5
Saratoga	28.8	28.7	18.7	97.2	76.4	6.0
Schenectady	24.5	35.0	13.9	95.0	61.3	4.6
Schoharie	34.9	33.7	8.7	94.5	62.4	0
Schuyler	26.7	33.8	19.9	94.5	63.6	4.3
Seneca	25.9	33.8	19.8	94.5	63.3	3.8
Steuben	20.6	43.2	26.2	90.1	63.6	2.4
Suffolk	23.7	31.7	14.7	95.0	78.4	4.3
Sullivan	17.4	17.5	21.9	94.4	69.9	4.8
Tioga	22.8	30.4	10.9	94.6	70.2	0
Tompkins	20.5	14.7	13.0	96.6	60.3	2.8
Ulster	27.2	31.7	15.6	97.9	67.6	5.3
Warren	21.7	31.7	19.4	96.0	71.9	3.1
Washington	28.4	33.6	23.7	94.3	61.6	2.9
Wayne	30.3	28.8	21.9	94.5	62.2	8.7
Westchester	18.0	29.1	11.2	95.9	81.4	6.2
Wyoming	27.0	48.5	21.0	94.1	60.3	3.2
Yates	26.7	33.8	19.9	94.6	63.6	4.3
New York City						
Bronx	21.8	37.8	18.6	95.1	74.5	7.5
Kings	21.0	39.4	18.4	94.1	68.7	4.6
New York	21.5	35.7	13.6	94.0	72.2	5.1
Queens	18.4	35.9	14.4	94.2	71.8	5.9
Richmond	23.4	26.9	15.7	95.0	72.3	8.7

WEB SITE REFERENCES

♥ *Every 33 seconds someone dies from cardiovascular disease.*

American Heart Association - Provides a wealth of information on heart disease, stroke, including abstracts of studies sponsored by the American Stroke Association.

www.americanheart.org

Agency for Healthcare Research and Quality (AHCRO) formerly known as Agency for Health Care Policy and Research (ACHPR) - Contains the online versions of ABCPR-supported guidelines through the Web site of the National Library of Medicine.

www.ahrp.gov

American Accreditation HealthCare Commission/URAC - Home page of the commission that accredits healthcare organizations.

www.urac.org

American Association of Health Plans (AAHP) - Home page of the HMO trade association. Contains information on key initiatives and how to access reference materials and recent studies.

www.aahp.org

American College of Cardiology - Home Page of the American College of Cardiology.

www.acc.org

American Medical Association -Includes links to JAMA and other specialty journals.

www.ama-assn.org

American Stroke Association - Includes information on the products and programs offered by the American Stroke Association.

www.StrokeAssociation.org

Canadian Medical Association - Provides a well-indexed, extensive supply of clinical guidelines.

www.cma.ca

Centers for Medicare & Medicaid Services - Home Page - The federal agency that administers the Medicare and Medicaid programs. Includes guidelines for marketing material submission and promotion activities by Medicare managed care contractors.

www.cms.gov

Healthy People 2010 - National health promotion and disease prevention initiative to improve the health of all Americans by the year 2010. The product of unprecedented cooperation among government, voluntary and professional organization for hospitals, long-term care, home care, laboratories, and long-term care pharmacies.

www.health.gov/healthypeople

Institute for Healthcare Improvement (IHI) - Consult with colleagues and experts by joining this listserv.

www.ihl.org

Jacob's Institute of Women's Health

www.jiwh.org

Lipids Online

www.lipidsonline.org

National Committee for Quality Assurance (NCQA) - Site includes information on NCQA accreditation process, HEDIS measures, educational programs, and listing of accreditation status of managed care organizations surveyed to date.

www.ncqa.org

National Diabetes Education Program

www.ndep.nih.gov

National Heart, Lung and Blood Institute (NHLBI)

www.nhlbi.gov

National Institutes of Health

www.nih.gov

National Library of Medicine - A multipurpose site with links to PubMed, the free online version of Medicine.

www.nlm.nih.gov

National Women's Health Information Guide.

www.4women.gov

New York State Department of Health - Chronic Disease Division

www.health.state.ny.us/nysdoh/chronic_disease/cardiovascular

The Rand Organization - Home page of Rand, a nonprofit institution that helps to improve public policy through research and analysis. Home page lists areas of Rand research and key publications.

www.rand.org

U.S. Department of Health and Human Services - Provides links to online publications, clearinghouses, databases, websites, and support and self-help groups, as well as the government agencies and not-for-profit organizations that produce reliable information for the public.

www.healthfinder.gov

WomenHeart - National Coalition for Women and Heart Disease, Washington, D.C. Offers information and support specifically for women diagnosed with heart disease.

www.womenheart.org



The following information sheets (pages 12-28) are perforated for removal and may be stored in the pocket provided in the back of this brochure. These forms may be reproduced.

CHD RISK ASSESSMENT TRACKING FORM (FOR OFFICE USE ONLY)



Women and Heart Disease Physician Education Initiative

Name _____
 DOB ____ / ____ / ____
 M.R. # _____

RISK ASSESSMENT	GOAL	INITIAL	REASSESSMENTS			
		Date:	Date:	Date:	Date:	Date:

BLOOD PRESSURE						
(optimal <120/80mm/Hg)						

CHOLESTEROL						
Total Cholesterol <i>Goal: (<200mg/dL)</i>						
LDL <i>Primary Prevention Goal:</i> LDL ≤ 160 mg/dL if ≤1 risk factor LDL ≤ 130mg/dL if ≤ 2 risk factors <i>Secondary Prevention Goal:</i> LDL ≤ 100mg/dL						
HDL <i>Primary & Secondary Goal: > 40mg/dL</i>						
Triglycerides <i>Primary & Secondary Goal: < 150mg/dL</i>						

WEIGHT CONTROL						
Height	Weight					
	BMI (18.5-24.9 kg/m2)					

TOBACCO (check one)						
Smoker						
Second Hand Exposure						
No Exposure						

PHYSICAL ACTIVITY						
Frequency (<i>most days of the week</i>)						
Duration (<i>at least 30 minutes</i>)						

GLUCOSE CONTROL						
FBS (near normal glucose)						
HgA1c (<7%)...(<i>annually unless elevated</i>)						

WEIGHT MANAGEMENT RESOURCES



National Health Information Center

P.O. Box 1133
Washington, DC 20013-1133
(800) 336 - 4797
(301) 565 - 4167
[www.health.gov/NHICOffice of Dietary Supplements](http://www.health.gov/NHICOfficeofDietarySupplements)

Office of Dietary Supplements

National Institutes of Health
6100 Executive Blvd.
Room 3B01, MSC 7517
Bethesda, MD 20892-7517
(310) 435 - 2920
<http://dietary-supplements.info.nih.gov>

Weight - Control Information Network

1 WIN WAY
Bethesda, MD 20892-3665
(877) 946 - 4627
(202) 828 - 1025
www.niddk.nih.gov/health/nutrit/nutrit.htm

President's Council on Physical Fitness and Sports

Department W
200 Independence Ave., SW
Room 738 - H
Washington, DC 20201-0004
(202) 690 - 9000
www.fitness.gov

Health Power

3020 Glenwood Road
Brooklyn, NY 11210
(718) 343 - 8103
www.healthpoweronline.com

American Heart Association

National Center
7272 Greenville Ave.
Dallas, TX 75231-4596
(800) AHA - USA1
www.americanheart.org

American Diabetes Association

1701 N. Beauregard St.
Alexandria, VA 22311
(800) 342 - 2383
www.diabetes.org

American Dietetic Association

216 West Jackson Blvd.
Chicago, IL 60606-6995
(800) 366 - 1655
www.eatright.org

American Obesity Association

1250 24th Street, NW
Suite 300
Washington, DC 20037
(800) 98-OBESE
(202) 776 - 7711
www.obesity.org

Shape Up America

4500 Connecticut Ave.
Washington, DC 20008
(202) 244 - 3560
www.shapeup.org

National Heart, Lung and Blood Institute

Obesity Education Initiative
www.nhlbi.nih.gov

Surgeon General's Call to Action on Obesity

www.surgeoneneral.gov/topics/obesity

SMOKING CESSATION RESOURCES

For programs in your area: *NYS Smoker's Quitsite*
www.nysmokefree.com/LocalPrograms.html



NYS Department of Health Quit Line:
(888)-609-6292

Task Force for Tobacco-Free Women and Girls
Roswell Park Cancer Institute
Elm and Carlton Streets
Buffalo, NY 14263
(716) 845 - 8080

American Cancer Society
1599 Clinton Road, NE
Atlanta, GA 30329
(800) ACS - 2345
(404) 320 - 3333
www.cancer.org

American Lung Association
1740 Broadway
New York, NY 10019
(800) 586 - 4872
(212) 315 - 8700
Freedom from Smoking Online:
www.lungusa.org/ffs

American Heart Association
7272 Greenville Ave.
Dallas, TX 75231
(214) 373 - 6300
www.americanheart.org

National Cancer Institute
Office of Cancer Communications
31 Center Dr., MSC 2580
Building 31, Room 10A - 29
Bethesda, MD 20892
(800) 4 CANCER
www.nci.nih.gov

Centers for Disease Control
STATE (State Tobacco Activities Tracking and
Evaluation) System
www.cdc.gov/nccdphp/osh/state

Tobacco Cessation Guidelines
Office of the Surgeon General
www.surgeongeneral.gov/tobacco

CHART YOUR HEART RISK



PART I - Underlying Risk Factors (1 point each)	Points
I am <i>under</i> 55 years old (for women) I am <i>under</i> 45 years old (for men)	
I <i>do not</i> have High Blood Pressure (135/85 mm/Hg or lower, and not taking blood pressure medication)	
My LDL cholesterol level is between 100 - 130 mg/dL (0 points if unknown)	
My HDL cholesterol level is greater than 45 mg/dL (0 points if unknown)	
I <i>do not</i> have diabetes	
I <i>do not</i> have a family history of early heart disease (heart disease in father or brother before age 55; mother or sister before 65)	
PART II - Lifestyle Risk Factors (1 point each)	Points
I <i>do not</i> smoke cigarettes	
I generally eat a healthy diet	
I get adequate exercise most days of the week	
I use coping mechanisms that help manage stress	
PART III - Find your BMI (Body Mass Index)	Points
My BMI is < 25 (2 points)	
My BMI is between 25 - 30 (0 points)	
My BMI is > 30 (-1 point)	
PART IV - TOTAL POINTS	

Calculate your points to determine your risk level below!

PART V - SCORING

12	Very Low Risk: Excellent! You are doing a great job maintaining your weight and keeping yourself heart healthy. Keep up the good work!
9-11	Low Risk: Great! You are currently at a low risk for developing heart disease but it would be a good idea to look at the areas you scored low in and work on those now before your risk increases.
6-8	Moderate Risk: The risk factors you have identified put you at risk for developing heart disease. It is very important you see your physician and devise a plan to start reducing your risk now!
UNDER 6	High Risk: You are at high risk for heart disease and need a complete physical by your physician as soon as possible. Modifying your lifestyle now can greatly improve your future health!

Remember, prevention is the key to a healthy heart! Many of the factors you identified that increase your risk are things you can control with the help of your physician and community resources. A healthy heart starts with you and is central to living a long, productive life!

BODY MASS INDEX (BMI) TABLE (FOR ADULTS ONLY) kg/m^2

HEIGHT (IN FEET AND INCHES)

	5'0"	5'2"	5'4"	5'6"	5'8"	5'10"	6'0"	6'2"	6'4"	6'6"	6'8"
100	20	18	17	16	15	14	14	13	12	12	11
105	21	19	18	17	16	15	14	14	13	12	12
110	22	20	19	18	17	16	15	14	13	13	12
115	23	21	20	19	18	17	16	15	14	13	13
120	23	22	21	19	18	17	16	15	14	14	13
125	24	23	22	20	19	18	17	16	15	14	14
130	25	24	22	21	20	19	18	17	16	15	14
135	26	25	23	22	21	19	18	17	16	16	15
140	27	26	24	23	21	20	19	18	17	16	15
145	28	27	25	23	22	21	20	19	18	17	16
150	29	27	26	24	23	22	20	19	18	17	17
155	30	28	27	25	24	22	21	20	19	18	17
160	31	29	27	26	24	23	22	21	20	19	18
165	32	30	28	27	25	24	22	21	20	19	18
170	33	31	29	27	26	24	23	22	21	20	19
175	34	32	30	28	27	25	24	23	21	20	19
180	35	33	31	29	27	26	24	23	22	21	20
185	36	34	32	30	28	27	25	24	23	21	20
190	37	35	33	31	29	27	26	24	23	22	21
195	38	36	34	32	30	28	27	25	24	23	21
200	39	37	34	32	30	29	27	26	24	23	22
205	40	38	35	33	31	29	28	26	25	24	23
210	41	38	36	34	32	30	29	27	26	24	23
215	42	39	37	35	33	31	29	28	26	25	24
220	43	40	38	36	34	32	30	28	27	25	24
225	44	41	39	36	34	32	30	29	27	26	25
230	45	42	40	37	35	33	31	30	28	27	25
235	46	43	40	38	36	34	32	30	29	27	26
240	47	44	41	39	37	35	33	31	29	28	26
245	48	45	42	40	37	35	33	32	30	28	27
250	49	46	43	40	38	36	34	32	30	29	28
255	50	47	44	41	39	37	35	33	31	30	28
260	51	48	45	42	40	37	35	33	32	30	29
265	52	49	46	43	40	38	36	34	32	31	29
270	53	49	46	44	41	39	37	35	33	31	30
275	54	50	47	44	42	40	37	35	34	32	30
280	55	51	48	45	43	40	38	36	34	32	31
285	56	52	49	46	43	41	39	37	35	33	31
290	57	53	50	47	44	42	39	37	35	34	32
295	58	54	51	48	45	42	40	38	36	34	32
300	59	55	52	49	46	43	41	39	37	35	33

WEIGHT (IN LBS.)

HOW CAN I REDUCE HIGH BLOOD PRESSURE?

By treating high blood pressure, you can help prevent a stroke, heart attack, heart failure or kidney failure. Here are steps you can take now:

- Lose weight if you're overweight.
- Eat a healthy diet low in saturated fat, cholesterol and salt.
- Be more physically active.
- Limit alcohol to no more than one drink per day for women or two drinks a day for men.
- Take medicine the way your doctor tells you.
- Know what your blood pressure should be and work to keep it at that level.

Many people have high blood pressure without knowing it. Once you know about your condition, though, you can reduce your risk and live a healthier life. It takes proper treatment and some changes in your lifestyle. But it's worth it!

HOW CAN I LOSE WEIGHT?.....

If you're overweight, you're putting too much strain on your heart. You should talk with your health care professional about a healthy eating plan. When you lose weight, your blood pressure often goes down! By eating a low-saturated-fat, low-cholesterol diet, you'll help avoid heart attack and stroke.

HOW DO I LIMIT SALT?.....

Eating a lot of salt (sodium) adds to high blood pressure in some people. It holds excess fluid in your body and puts an added burden on your heart. Your doctor may tell you to cut down on the salt you use in cooking and not add salt to foods. He or she may also tell you to eat no salt at all. Try to read food labels so you'll know which foods are high in sodium. And learn to use herbs or salt substitutes instead!

HOW DO I LIMIT ALCOHOL?.....

Ask your doctor if you're allowed to drink alcohol and if so, how much. If you drink more than two ounces a day (about two beers, glasses of wine or mixed drinks), it may add to high blood pressure. If cutting back on alcohol is hard for you to do on your own, ask about community groups that can help.

HOW CAN I BE MORE ACTIVE?.....

An inactive lifestyle is a risk factor for heart disease and stroke. It also tends to add to obesity, which is a risk factor for high blood pressure. Regular exercise helps to reduce blood pressure, control weight and reduce stress. It's best to start slowly and do something you enjoy, like taking walks or riding a bicycle. Talk to your health care professional about a good plan for you.

continued

**WHAT SHOULD I KNOW
ABOUT MEDICINE?.....**

There are different types of medicine your doctor may prescribe for you. Don't be discouraged if you need to take medicine from now on. Sometimes you can take smaller doses after your blood pressure is under control, but you may always need some treatment.

What's most important is that you take your medicine exactly the way your doctor tells you to. Never stop treatment on your own. If you have problems with your medicine or if you have side effects, talk to your doctor.

HOW CAN I LEARN MORE?.....

Talk to your doctor, nurse or health care professional. Or call your local American Heart Association at 1-800-242-8721, or the American Stroke Association at 1-888-478-7653.

If you have high blood pressure, members of your family also may be at higher risk for it. It's very important for them to make changes now to lower their risk.

**DO YOU HAVE QUESTIONS OR COMMENTS
FOR YOUR DOCTOR?.....**

Take a few minutes to write your own questions for the next time you see your doctor.

HOW CAN I LOWER HIGH CHOLESTEROL?



Too much cholesterol in the blood can lead to heart disease and stroke - America's number one and number three killers. Even though there's much you can do to lower your cholesterol levels and protect yourself, half of all Americans still have levels that are too high (over 200 mg/dL).

You can reduce cholesterol in your blood by eating healthful foods, losing weight if you need to and exercising. Some people also need to take medicine because changing their diet isn't enough. Your doctor and nurses will help you set up a plan for reducing your cholesterol - and keeping yourself healthy!

Most heart and blood vessel disease is caused by a buildup of cholesterol, plaque (plak) and other fatty deposits in artery walls. The arteries that feed the heart can become so clogged that the blood flow is reduced, causing chest pain. If a blood clot forms and blocks the artery, a heart attack can occur. Similarly, if a blood clot blocks an artery leading to or in the brain, a stroke results.

WHAT SHOULD I EAT?.....

Focus on low-saturated-fat, low-cholesterol foods such as these:

- A variety of fruits and vegetables (choose 5 or more servings per day)
- A variety of grain products like bread, cereal, rice and pasta, including whole grains (choose 6 or more servings per day)
- Fat-free and low-fat milk products (2 to 4 servings per day)
- Lean meats and poultry without skin (choose up to 6 total ounces per day)
- Fatty fish (enjoy at least 2 servings baked or grilled each week)
- Beans and peas
- Nuts and seeds in limited amounts
- Unsaturated vegetable oils like canola, corn, olive, safflower and soy bean oils (but a limited amount of margarines and spreads made from them)

WHAT SHOULD I LIMIT?.....

- Whole milk, cream and ice cream
- Butter, egg yolks and cheese - and foods made with them
- Organ meats like liver, sweetbreads, kidney and brain
- High-fat processed meats like sausage, bologna, salami and hot dogs
- Fatty meats that aren't trimmed
- Duck and goose meat (raised for market)
- Bakery goods made with egg yolks and saturated fats
- Saturated oils like coconut oil, palm oil and palm kernel oil

continued

- Solid fats like shortening, partially hydrogenated margarine and lard
- Fried foods

WHAT ARE SOME COOKING TIPS FOR ME?.....

- Use a rack to drain off fat when you broil, roast or bake.
- Don't baste with drippings; use wine, fruit juice or marinade.
- Broil or grill instead of pan-frying.
- Cut all the fat you can see off the meat before you cook it, and take all the skin off poultry pieces. (If you're roasting a whole chicken or turkey, remove the skin after cooking.)
- Use a vegetable oil spray to brown or sauté foods.
- Serve smaller portions of higher-fat dishes, and serve bigger portions of lower-fat dishes like pasta, rice, beans and vegetables.
- Make recipes or egg dishes with egg whites or egg substitutes, not yolks.
- Instead of regular cheese, use low-fat cottage cheese, part-skim milk mozzarella and other fat-free or low-fat cheeses.

HOW CAN I LEARN MORE?.....

Talk to your doctor, nurse or health care professional. Or call your local American Heart Association at 1-800-242-8721, or the American Stroke Association at 1-888-478-7653.

If you have high cholesterol, members of your family also may be at higher risk for it. It's very important for them to make changes now to lower their risk.

DO YOU HAVE QUESTIONS OR COMMENTS FOR YOUR DOCTOR?.....

Take a few minutes to write your own questions for the next time you see your doctor.

HOW CAN I MANAGE MY WEIGHT?



Your heart will be healthier if you reach and maintain a healthy weight, and don't go up and down the scale like a yo-yo. If you've been able to lose weight, good for you! You've taken the extra strain off your heart and lowered your risk for heart problems. You should be proud of your success.

Keeping extra weight off can be as challenging as losing it. Many things will tempt you to go back to your old habits. It takes commitment to stick to your new, healthy lifestyle. Yet when you do, you may notice that you have greater self-control with food, feel stronger, have better eating habits and fewer mood swings, and are in better overall shape!

WHAT IF I GO BACK TO OLD HABITS?.....

A lapse is a small mistake or return to old habits. This can happen when you have a bad day and overeat or skip exercise. A relapse is when you go back to old habits for several days or weeks.

- Remember that having a lapse or relapse is not failing. You can get back on track.
- Think about whether you feel hunger (gnawing in your stomach) or urges (mental cravings for food).
- When you feel an urge, set a timer for 15 minutes and wait, or do something else before eating. This will teach you to delay your desire for food.
- Try to use other ways to respond to life's stresses besides eating. Take a brisk walk, start a new hobby or calm yourself through meditation.

WHAT HAPPENS WHEN I REACH A HEALTHY WEIGHT?.....

- After you reach a healthy weight, add about 200 calories of healthful, low-fat food to your average daily intake.
- After a week, if you're still losing weight, add a few hundred more calories.
- If you change the amount of exercise you do, adjust your eating.
- Keep a record of what you eat and how much exercise you do so you'll know how to make adjustments.

HOW CAN I STAY AT A HEALTHY WEIGHT?.....

Remember that eating smart doesn't mean "dieting." It means eating some foods in smaller amounts and eating high-calorie and high-fat foods less often.

- Always keep low-calorie and low-fat foods around. Use a shopping list, and don't shop when you're hungry.
- Plan all your meals. When you're going to a party or out to eat, decide ahead of time what you can do to make it easier to eat right.
- At a buffet table, choose wisely. At a friend's house, control your portions.

- When you're hungry between meals, drink a glass of water or eat a small fruit, and stay out of the kitchen.
- When you really crave a high-calorie food, eat a small amount and forget about it, instead of resisting until you give in and gorge on it. If you don't trust yourself with just a little, don't eat any at all.
- Stay active! Don't give up on your physical activity plan.
- Find an exercise partner or exercise class to help you stay interested.

HOW CAN I LEARN MORE?.....

Talk to your doctor, nurse or health care professional. Or call your local American Heart Association at 1-800-242-8721, or the American Stroke Association at 1-888-478-7653.

If you have heart disease or have had a stroke, members of your family also may be at higher risk. It's very important for them to make changes now to lower their risk.

DO YOU HAVE QUESTIONS OR COMMENTS FOR YOUR DOCTOR?.....

Take a few minutes to write your own questions for the next time you see your doctor.

How Do I Follow A Healthy Diet?



Healthy food habits can help you reduce three risk factors for heart attack and stroke - high blood cholesterol, high blood pressure and excess body weight.

Here are the basic food groups with the number of servings we recommend. Be sure to choose a variety of foods from each group.

BREADS, CEREALS, PASTA AND STARCHY VEGETABLES (6 OR MORE SERVINGS PER DAY).....

- One serving equals 1 slice of bread; 1/2 cup hot cereal, 1 cup flaked cereal; 1 cup cooked rice or pasta; or 1/4 to 1/2 cup starchy vegetables, like beans, corn or potatoes.
- Include whole-grain products like whole-wheat bread, whole-grain crackers, brown rice.
- Many crackers and snacks are now available in low-fat and low-salt varieties.

VEGETABLES AND FRUITS (5 OR MORE SERVINGS PER DAY).....

- One serving equals a medium-size piece of fruit, 1/2 cup fruit juice, or 1/2 to 1 cup cooked or raw vegetables.
- Fruits and vegetables are high in vitamins, minerals and fiber, low in fat, calories and sodium, and have no cholesterol!

LEAN MEAT, POULTRY AND FISH (NO MORE THAN 6 COOKED OUNCES PER DAY).....

- A 3 oz. portion is about the size of a deck of playing cards, 1/2 of a chicken breast or 3/4 cup of flaked fish.
- Enjoy at least 2 servings of baked or grilled fish each week.
- Trim fat from meats; remove skin from poultry.
- One cup of cooked beans, peas or lentils, or 3 ounces tofu, equals a 3 oz. serving of meat, poultry or fish.

FAT-FREE AND LOW-FAT MILK PRODUCTS (2 TO 4 SERVINGS PER DAY).....

- One serving equals 1 cup milk or yogurt or 1 oz. cheese.
- Use only milk products with 0 to 1% fat. 2% milk is not low-fat.
- Have only fat-free or low-fat yogurt. Use dry-curd, fat-free or low-fat cottage cheese.
- Cheeses should have no more than 3 grams of fat per oz. and no more than 2 grams of saturated fat per oz.

continued

**FATS AND OILS
(NO MORE THAN 5 TO 8 TEASPOONS OR
EQUIVALENT SERVINGS PER DAY).....**

- One serving equals 1 tsp. vegetable oil or regular margarine, 2 tsp. diet margarine, 1 Tbsp. salad dressing, 2 tsp. regular mayonnaise or peanut butter.
- One serving equals 1 Tbsp. seeds or nuts, 1/8 medium-size avocado, 10 small or 5 large olives.
- Choose fats and oils with 2 grams or less saturated fat per tablespoon, such as liquid and tub margarines, and canola, corn, safflower, soy bean and olive oils.
- Be sure to count the fats used in store-bought foods, in cooking and on vegetables and breads.
- Read food labels carefully and try to avoid “hydrogenated” oils and fats.

**HOW CAN I CUT DOWN ON SATURATED
FAT AND CALORIES?.....**

- For your main dish, enjoy pasta, rice, beans and/or vegetables. Or mix these foods with small amounts of lean meat, skinless poultry or fish.
- Boil, broil, grill, bake, roast, poach, steam, sauté, stir-fry or microwave. Don't fry in oil.
- Trim fat from meat and poultry. Drain fat after browning. Chill soups and stews after cooking to remove hard fat from the top.

**HOW CAN I CUT DOWN ON
DIETARY CHOLESTEROL?.....**

- Foods from animals (such as meat, poultry, egg yolks, butter, cheese and full-fat milk) are high in cholesterol. Eat less of them.
- Eggs and shellfish are high in cholesterol but low in saturated fat and total fat. Here are some tips about using eggs in your diet:
- One large, whole egg has about 213 mg of cholesterol. This is about 71% of the daily limit (less than 300 mg). Extra-large and jumbo eggs have even more.
- Use two egg whites, or one egg white plus 2 teaspoons of unsaturated oil, in place of one whole egg in cooking. You can also use egg substitutes.
- If you eat a whole egg, try to avoid or limit other sources of cholesterol on that day.

HOW CAN I LEARN MORE?.....

- Talk to your doctor, nurse or health care professional. Or call your local American Heart Association at 1-800-242-8721, or the American Stroke Association at 1-888-478-7653.
- If you have heart disease or have had a stroke, members of your family also may be at higher risk. It's very important for them to make changes now to lower their risk.
- If you need help with an eating plan, ask your health care professional to recommend a registered dietitian.

HOW CAN I QUIT SMOKING?



WHY SHOULD I QUIT SMOKING?.....

Smoking cigarettes tops the list of major risk factors of our number one killer - heart and blood vessel disease. In fact, almost one-fifth of deaths from heart disease are caused by smoking. The long list of diseases and deaths due to smoking is frightening. Smoking also harms thousands of nonsmokers who are exposed to cigarette smoke, including infants and children.

If you smoke, you have good reason to worry about its effect on your health, your loved ones and others. You could become one of the more than 430,000 deaths smoking causes every year. When you quit, you reduce that risk tremendously!

IS IT TOO LATE TO QUIT?.....

No matter how much or how long you've smoked, when you quit smoking, your risk of heart disease and stroke starts to drop.

In time your risk will be about the same as if you'd never smoked!

HOW DO I QUIT?.....

Step One

- List your reasons to quit and read them several times a day.
- Wrap your cigarette pack with paper and rubber bands. Each time you smoke, write down the time of day, how you feel, and how important that cigarette is to you on a scale of 1 to 5.
- Rewrap the pack.

Step Two

- Keep reading your list of reasons and add to it if you can.
- Don't carry matches, and keep your cigarettes out of easy reach.
- Each day, try to smoke fewer cigarettes, and try not to smoke the ones that aren't most important.

Step Three

- Continue with Step Two. Set a target date to quit.
- Don't buy a new pack until you finish the one you're smoking.
- Change brands twice during the week, each time for a brand lower in tar and nicotine.
- Try to stop for 48 hours at one time.

Step Four

- Quit smoking completely. Throw out all cigarettes and matches. Hide lighters and ashtrays.
- Stay busy! Go to the movies, exercise, take long walks, go bike riding.
- Avoid situations and "triggers" you relate with smoking.

continued

- Find healthy substitutes for smoking. Carry sugarless gum or artificially sweetened mints. Munch carrots or celery sticks. Try doing crafts or other things with your hands.
- Do deep breathing exercises when you get the urge.

WHAT IF I SMOKE AFTER QUITTING?.....

It's hard to stay a nonsmoker once you've had a cigarette, so do everything you can to avoid that "one." The urge to smoke will pass. The first 2 to 5 minutes will be the toughest. If you do smoke after quitting:

- This doesn't mean you're a smoker again - do something now to get back on track.
- Don't punish or blame yourself - tell yourself you're still a nonsmoker.
- Think about why you smoked and decide what to do the next time it comes up.
- Sign a contract to stay a nonsmoker.

WHAT HAPPENS AFTER I QUIT?.....

- Your senses of smell and taste come back.
- Smoker's cough goes away.
- You will digest more normally.
- You feel alive and full of energy.
- You breathe much easier.
- It's easier to climb stairs.
- You're free from mess, smell and burns in clothing.
- You feel free of "needing" cigarettes.
- You'll live longer and have less chance of heart disease, stroke, lung disease and cancer.

HOW CAN I LEARN MORE?.....

Talk to your doctor, nurse or health care professional. Or call your local American Heart Association at 1-800-242-8721, or the American Stroke Association at 1-888-478-7653.

If you have heart disease or have had a stroke, members of your family also may be at higher risk. It's very important for them to make changes now to lower their risk.

DO YOU HAVE QUESTIONS OR COMMENTS FOR YOUR DOCTOR?.....

Take a few minutes to write your own questions for the next time you see your doctor.

HOW CAN I MANAGE STRESS



You can have a healthier heart when you make changes in your lifestyle. Managing your emotions better may help, because some people respond to certain situations in ways that can cause health problems for them. For instance, someone feeling pressured by a difficult situation might start smoking or smoke more, overeat and become overweight. Finding more satisfactory ways to respond to pressure will help protect your health.

WHAT IS STRESS?.....

Stress is your body's response to change. It's a very individual thing. A situation that one person finds stressful may not bother someone else. For example, one person may become tense when driving; another person may find driving a source of relaxation and joy. Something that causes fear in some people, such as rock climbing, may be fun for others. There's no way to say that one thing is "bad" or "stressful" because everyone's different.

Not all stress is bad, either. Speaking to a group or watching a close football game can be stressful, but they can be fun, too. Life would be dull without some stress. The key is to manage stress properly, because unhealthy responses to it may lead to health problems in some people.

HOW DOES STRESS MAKE YOU FEEL?.....

- It can make you feel angry, afraid, excited or helpless.
- It can make it hard to sleep.
- It can give you aches in your head, neck, jaw and back.
- It can lead to habits like smoking, drinking, overeating or drug abuse.
- You may not even feel it at all, even though your body suffers from it.

HOW CAN I COPE WITH IT?.....

Outside events (like problems with your boss, preparing to move or worrying about a child's wedding) can be upsetting. But remember that it's not the outside force, but how you react to it inside that's important. You can't control all the outside events in your life, but you can change how you handle them emotionally and psychologically. Here are some good ways to cope:

- Take 15 to 20 minutes a day to sit quietly, breathe deeply, and think of a peaceful picture.
- Try to learn to accept things you can't change. You don't have to solve all of life's problems. Talk out your troubles and look for the good instead of the bad in situations.
- Engage in physical activity regularly. Do what you enjoy - walk, swim, ride a bike or jog to get your big muscles going. Letting go of the tension in your body will help you feel a lot better.
- Limit alcohol, don't smoke.

**HOW CAN I LIVE A MORE
RELAXED LIFE?.....**

- Think ahead about what may upset you. Some things you can avoid. For example, spend less time with people who bother you or avoid driving in rush-hour traffic.
- Think about problems and try to come up with good solutions. You could talk to your boss about difficulties at work, talk with your neighbor if the dog next door bothers you, or get help when you have too much to do.
- Change how you respond to difficult situations. Be positive, not negative.
- Learn to say “no.” Don’t promise too much. Give yourself enough time to get things done.

HOW CAN I LEARN MORE?.....

Talk to your doctor, nurse or health care professional. Or call your local American Heart Association at 1-800-242-8721, or the American Stroke Association at 1-888-478-7653.

If you have heart disease or have had a stroke, members of your family also may be at higher risk. It’s very important for them to make changes now to lower their risk.

**DO YOU HAVE QUESTIONS OR COMMENTS
FOR YOUR DOCTOR?.....**

Take a few minutes to write your own questions for the next time you see your doctor.



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