

Protecting Your Heart in the New Year

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For more information on ways to lead a healthier lifestyle visit our website GetHeathyCT.org



Find us on Facebook and Twitter!



January 2020





FACTSHEET: Cardiovascular diseases in the USA

Globally...

- Cardiovascular diseases (CVDs), commonly referred to as heart disease or stroke, are the number 1 cause of death around the world
- 1 in 3 deaths globally are as result of CVD, yet the majority of premature heart disease and stroke is preventable¹
- In 2010 CVD cost US\$ 863 billion – this is estimated to rise by 22% to US\$ 1,044 billion by 2030.²

In the USA...

- Non-communicable diseases (NCDs), including CVDs, are estimated to account for 88% of total adult deaths in the USA
- CVDs account for nearly a third (31%) of these deaths
- Nearly 801,000 people in the USA died from CVDs in 2013 – this equates to around 2,200 deaths every day, one every 40 seconds³
- Direct and indirect costs for CVDs in the USA, including health expenditure and lost productivity, total more than \$316.6 billion³
- Some of the CVD related risks factors in adults in the USA are outlined below:
 - 19% of men and 15% of women are smokers
 - 9.2 litres of pure alcohol consumed per person
 - 18% have hypertension which can increase risk of heart attack, heart failure, kidney disease or stroke
 - 33% adults in the USA are obese.

Did you know?³

- There were around 5,700 new cigarette smokers every day in 2013
- 6% of adolescents aged 12 to 17 report being current smokers
- 80 million adults in the USA have hypertension; despite just over three quarters of those using antihypertensive medication, just over half (54%) have their condition controlled
- About 69% of adults in the USA overweight or obese
- 30% of adults in the USA do not participate in any leisure time physical activity
- Nearly a third (32%) of children in the USA are overweight or obese; about 24 million are overweight and 17 million (17%) are obese
- In the USA, the number of overweight children has doubled and the number of overweight adolescents has trebled since 1980.⁴

Sources: World Health Organization (WHO) unless specified in footnotes below

¹ Institute for Health Metrics and Evaluation (IHME). The Global Burden of Diseases, Injuries and Risk Factors Study 2010 (GBD 2010). Generating Evidence, Guiding Policy Report

² World Economic Forum, The Global Economic Burden of Non-communicable Diseases, Harvard School of Public Health, 2011

³ http://www.heart.org/HEARTORG/General/Heart-and-Stroke-Association-Statistics_UCM_319064_SubHomePage.jsp

⁴ <http://www.cdc.gov/healthyschools/obesity/facts.htm>

Know the Differences

Cardiovascular Disease, Heart Disease, Coronary Heart Disease



Cardiovascular disease, heart disease, coronary heart disease — what's the difference?

Because these terms sound so similar, people use them interchangeably. This fact sheet will help you understand how these conditions differ.

Cardiovascular Disease

The big umbrella

Cardiovascular disease is the term for all types of diseases that affect the heart or blood vessels, including **coronary heart disease** (clogged arteries), which can cause heart attacks, **stroke**, **congenital heart defects** and **peripheral artery disease**.



Heart Disease

A type of cardiovascular disease

"Heart disease" is a catch-all phrase for a variety of conditions that affect the heart's structure and function.

Keep in mind — all heart diseases are cardiovascular diseases, but not all cardiovascular diseases are heart disease.

The most common type of heart disease is coronary heart disease. In fact, when people talk about "heart disease" they often mean coronary heart disease.



About **630,000 Americans** die from heart diseases each year.

11.7% of American adults (that's more than 1 of every 10) have been diagnosed with heart disease.

Coronary Heart Disease

A type of heart disease

Coronary heart disease is often referred to simply as "heart disease," although it's not the only type of heart disease. Another term for it is coronary artery disease.

About 366,000 Americans died
from coronary heart disease in 2015.

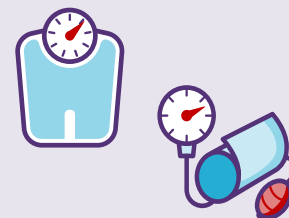
Coronary heart disease occurs when plaque (a combination of fat, cholesterol, calcium, and other substances found in the blood) builds up in your arteries. You may have heard this called clogged arteries or atherosclerosis.

The plaque reduces the amount of oxygen-rich blood getting to your heart, which can cause chest pain (also called angina). Plaque can also lead to blood clots, which block blood flow and are the most common cause of a heart attack.

What you can do to protect yourself from cardiovascular diseases?

There's a lot you can do to protect your heart.

- Ask your doctor about your **blood pressure, cholesterol, and A1C.**
- **Reduce the sodium**, and increase the fruits, vegetables, and whole grains in your diet.
- **Be physically active.**
- **Control your weight.**
- **Don't smoke.**
- **Manage stress.**



HIGH BLOOD PRESSURE WORKSHEET

PREPARING FOR YOUR APPOINTMENT

How have you been feeling?

Are there things that are preventing you from sticking to your current plan?

Any changes in your blood pressure?

What are your symptoms?

How do you treat your symptoms?

What questions or concerns do you have for your doctor?

Remember To Bring:

- ☐ List of all your medicines (including OTC, vitamins, and herbs)
- ☐ Pen and paper or recording device

AT YOUR APPOINTMENT

QUESTIONS TO ASK MY DOCTOR:

My Blood Pressure:



Blood Pressure Chart

Blood Pressure Category	Systolic mm Hg Upper Number		Diastolic mm Hg Lower Number
Normal Keep it up!	less than 120	and	less than 80
Elevated Take steps to control BP	120–129	and	less than 80
High Blood Pressure (Hypertension) Stage 1 Lifestyle changes + doctor may prescribe BP medication	130–139	or	80–89
High Blood Pressure (Hypertension) Stage 2 Doctors likely to prescribe BP medication + lifestyle changes	140 or higher	or	90 or higher
Hypertensive Crisis Consult your doctor immediately	Higher than 180	and/or	Higher than 120

NEXT STEPS

MY PLAN TO LOWER MY HIGH BLOOD PRESSURE:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

My Next Appointment Is:

_____ / _____ / _____

AT: _____ AM / PM

TRACK YOUR BLOOD PRESSURE

VISIT: [LowerYourHBP.org](https://www.loweryourhbp.org)





American Heart Association.
Healthy for Good™



HOW TO MANAGE BLOOD PRESSURE

1 UNDERSTAND READINGS

The first step to managing blood pressure is to understand what the levels mean and what is considered normal, elevated, high blood pressure (hypertension) and hypertensive crisis. heart.org/BPlevels



Blood pressure is typically recorded as two numbers:

117
76

Systolic

The top number, the higher of the two numbers, measures the pressure in the arteries when the heart beats (when the heart muscle contracts).

Diastolic

The bottom number, the lower of the two numbers, measures the pressure in the arteries when the heart is resting between heart beats.

Read as "117 over 76 millimeters of mercury."

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (top number)		DIASTOLIC mm Hg (bottom number)
Normal	less than 120	and	less than 80
Elevated Blood Pressure	120 to 129	and	less than 80
High Blood Pressure (Hypertension) Stage 1	130 to 139	or	80 to 89
High Blood Pressure (Hypertension) Stage 2	140 or higher	or	90 or higher
Hypertensive Crisis (Call your doctor immediately)	higher than 180	and/or	higher than 120

2 TRACK LEVELS



American Heart Association.

Check. Change. Control.®



Check.



Change.



Control.

Health care providers can take blood pressure readings and provide recommendations.

Check. Change. Control. helps you track your progress in reducing blood pressure.

Track online at ccctracker.com/AHA

LEARN MORE AT HEART.ORG/MYLIFECHECK AND HEART.ORG/HBP

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3 TIPS FOR SUCCESS



EAT SMART

Eat a healthy diet of vegetables, fruits, whole grains, beans, legumes, nuts, plant-based proteins, lean animal proteins and fish. Limit sodium, saturated fats and added sugars. Limit sugary foods and drinks, fatty or processed meats, salty foods, refined carbohydrates and highly processed foods.

heart.org/EatSmart



MOVE MORE

Physical activity helps control blood pressure, weight and stress levels. heart.org/MoveMore



MANAGE WEIGHT

If you're overweight, even a slight weight loss can reduce high blood pressure. heart.org/Weight



DON'T SMOKE

Every time you smoke, vape or use tobacco, the nicotine can cause a temporary increase in blood pressure. heart.org/Tobacco



SLEEP WELL

Short sleep (less than 6 hours) and poor-quality sleep are associated with high blood pressure.



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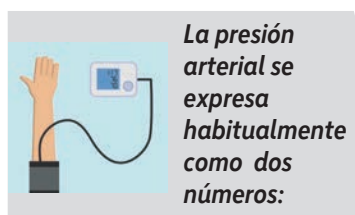
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CÓMO CONTROLAR LA PRESIÓN ARTERIAL

1 COMPRENDE LOS VALORES

El primer paso para controlar la presión arterial es comprender el significado de los valores y saber qué se considera presión arterial normal o alta, hipertensión arterial y crisis de hipertensión. heart.org/BPlevels



La presión arterial se expresa habitualmente como dos números:

117
76

Se lee "117 sobre 76 milímetros de mercurio".

Sistólica: El número superior, que es el mayor de los dos, mide la presión de las arterias cuando late el corazón (durante la contracción del músculo cardíaco).

Diastólica: El número inferior, que es el menor de los dos, mide la presión de las arterias cuando el corazón está en reposo entre latidos.

CATEGORÍAS DE PRESIÓN ARTERIAL	SISTÓLICA mm Hg		DIASTÓLICA mm Hg
Normal	inferior a 120	y	inferior a 80
Presión arterial alta	120 a 129	y	inferior a 80
Hipertensión arterial en fase 1	130 a 139	o	80 a 89
Hipertensión arterial en fase 2	140 o más	o	90 o más
Crisis de hipertensión (llama al médico inmediatamente)	superior a 180	y/o	superior a 120

2 SIGUE LOS VALORES



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Check. Change. Control.®



Revise.



Cambie.



Controle.

Los profesionales de la salud pueden medir la presión arterial y realizar recomendaciones.

Acuerdo de suscripción a Revise. Cambie. Controle. te ayuda a saber si consigues reducir la presión arterial.

Realiza un seguimiento online en ccctracker.com/AHA

MÁS INFORMACIÓN EN HEART.ORG/MYLIFECHECK Y HEART.ORG/HBP

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3 CONSEJOS



COME DE FORMA INTELIGENTE

Come verduras, frutas, cereales integrales, alubias, legumbres, frutos secos, proteínas de origen vegetal, proteínas magras de origen animal y pescado. Restringe el sodio, las grasas saturadas y los azúcares añadidos. Restringe las bebidas y los alimentos azucarados, las carnes grasas o procesadas, los alimentos salados, los carbohidratos refinados y los alimentos muy procesados.

heart.org/EatSmart



MUÉVETE MÁS

La actividad física ayuda a regular la presión arterial, el peso y el estrés. heart.org/MoveMore



CONTROLA TU PESO

Si tienes sobrepeso, incluso una ligera pérdida de peso puede ayudarte a reducir la hipertensión arterial. heart.org/Weight



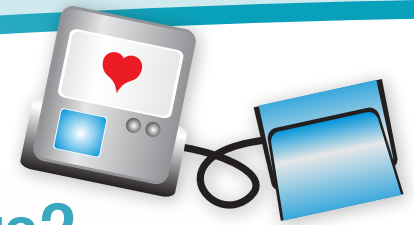
NO FUMES

Cada vez que fumas, vaporeas o consumes tabaco de otro modo, existe el riesgo de que la nicotina produzca un aumento temporal de la presión arterial. heart.org/Tobacco








DUERME BIEN

Pocas horas de sueño (menos de 6 horas) y dormir mal están relacionados con la hipertensión arterial.



What Can I Do To Improve My Blood Pressure?






Modification	Recommendation	Approximate SBP Reduction Range
 Weight reduction	Maintain normal body weight (BMI=18.5-24.9 kg/m ²)	5 mm Hg
 DASH eating plan	Diet rich in fruits, vegetables, low fat dairy and reduced in fat	11 mm Hg
 Restrict sodium intake	<1500 mg of sodium per day	5-6 mm Hg
 Physical activity	Be more physically active. Aim for at least 90 to 150 minutes of aerobic exercise per week.	5-8 mm Hg
 Moderation of alcohol consumption	No more than 2 drinks/day for men and 1 drink/day for women	4 mm Hg

BP = Blood pressure, BMI = Body mass index, SBP = Systolic blood pressure, DASH = Dietary Approaches to Stop Hypertension

Ranges According to 2017 Hypertension Clinical Practice Guidelines
Recommendations for Treatment and Management of Hypertension



¿Qué puedo hacer para mejorar mi presión arterial?

Modificación	Recomendación	Valores de PAS aproximados Intervalo de reducción
 Reducción de peso	Mantenimiento de un peso corporal normal (IMC = 18,5 - 24,9 kg/m ²)	5 mm Hg
 Dieta D.A.S.H.	Dieta rica en frutas y verduras, productos lácteos con bajo contenido de grasa	11 mm Hg
 Restricción en el consumo de sodio	<1500 mg de sodio diarios	5 - 6 mm Hg
 Actividad física	Aumente su actividad física. Tenga como objetivo realizar al menos entre 90 y 150 minutos de ejercicio aeróbico a la semana.	5 - 8 mm Hg
 Moderación del consumo de alcohol	No más de 2 copas/día para hombres y 1 copa/día para mujeres	4 mm Hg

PA = presión arterial, IMC = índice de masa corporal, PAS = presión arterial sistólica, DASH = Dietary Approaches to Stop Hypertension (enfoques dietéticos para detener la hipertensión)

Intervalos de acuerdo con las guías de práctica clínica para la hipertensión de 2017
Recomendaciones para el tratamiento y control de la hipertensión



How Do My Cholesterol Levels Affect My Risk?

High cholesterol can increase your risk of heart attack and stroke. If you're 20 or older, you should have your traditional risk factors (including cholesterol) checked every 4 to 6 years. If certain factors put you at risk, or if you already have heart disease, your healthcare provider may need you to have it checked more often.



What should my cholesterol levels be?

The best approach to risk reduction goes beyond cholesterol levels alone. It considers overall risk assessment and reduction.

It's still important to know your numbers, but work with your healthcare provider to treat your risk. They will assess your risk factors and work with you to choose the best treatment options.

- If you're between 40 and 75, ask your healthcare provider to assess your 10-year risk.
- If you're between 20 and 39, your healthcare provider should assess your lifetime risk. If your risks are high, lifestyle and statin medication may help manage your risk

If your risk remains uncertain, and treatment options are unclear, your healthcare provider may request a coronary artery calcium (CAC) measurement to provide greater insight into your risk and help in decision-making.

You can find out your risk with our Check. Change. Control. Calculator™. In minutes, you'll learn your risk for a heart attack or stroke.

How will I know my numbers?

Your healthcare provider will do a blood test to measure your cholesterol levels. This may be a "fasting" or "non-fasting lipoprotein profile". It assesses several types of fat in the blood. It is measured in milligrams per deciliter (mg/dL).

The test gives you four results: total cholesterol, LDL (bad) cholesterol and HDL (good) cholesterol, and triglycerides (blood fats).

What is HDL cholesterol?

HDL cholesterol is called "good" cholesterol. Having a higher level of HDL can lower your risk of heart attack and stroke.

HDL takes cholesterol away from your arteries and back to the liver. There, it's processed so that excess can be removed from your body. HDL may also remove cholesterol from plaque in the arteries.

What is LDL cholesterol?

LDL cholesterol is known as "bad" cholesterol. The

(continued)



body's tissues use some of this cholesterol to build cells. But when you have too much of it, LDL can build up inside your arteries.

Together with other substances, it can form plaque (a thick, hard, fatty deposit). Plaque narrows the arteries and reduces blood flow. This is called atherosclerosis. If the buildup of plaque ruptures, a blood clot may form at this location or a piece may break off and travel in the bloodstream, causing a heart attack or stroke.

With LDL, lower is better.

What are triglycerides?

Triglycerides are the most common type of fat in your body. They're also a major energy source. They come

from food, and your body also makes them.

As people get older, gain excess weight (or both), their triglyceride and cholesterol levels tend to rise.

Should I track my numbers?

You can use the chart below to keep track of your numbers each time you have a test.

Make sure you discuss with your healthcare provider how these numbers and other risk factors you have affect your overall risk.

	1st Visit	2nd Visit	3rd Visit	4th Visit
Total Blood Cholesterol				
LDL Cholesterol				
HDL Cholesterol				
Triglycerides				

HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1 (1-800-242-8721), or visit heart.org to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at heartinsight.org.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at heart.org/supportnetwork.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

How often should I have my cholesterol checked?

How can I reduce my cholesterol?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit heart.org/answersbyheart to learn more.



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How Can I Quit Smoking?

Smoking harms almost every tissue and organ in the body, including your heart and blood vessels. It also harms nonsmokers who are exposed to secondhand smoke.

If you smoke, you have good reason to worry about its effect on your health and the health of your loved ones and others. Deciding to quit is a big step. Following through is just as important. Quitting tobacco and nicotine addiction isn't easy, but others have done it, and you can, too.



Is it too late to quit smoking or vaping?

It's never too late to quit. In the year after you quit smoking, your excess risk of coronary heart disease drops by 50%. After 10 years, your risk is as low as that of someone who has never smoked. While you may crave tobacco or nicotine after quitting, most people feel that becoming tobacco-free is the most positive thing they've ever done for themselves.

How do I quit?

You are more likely to quit for good if you prepare for two things: your last cigarette, and the cravings, urges and feelings that come with quitting. Think about quitting in five steps:

1. **Set a Quit Date.** Choose a date within the next seven days when you will quit smoking or vaping. Tell your family members and friends who are most likely to support your efforts.
2. **Choose a method for quitting.** There are several ways to quit. Some include:
 - Stop all at once on your Quit Day.
 - Cut down the number of cigarettes per day or how many times you vape until you stop completely.
 - Smoke only part of each cigarette. If you use this method, you need to count how many puffs you take from each cigarette and reduce the number every two to three days.

3. **Decide if you need medicines or other help to quit.**

Talk with your health care provider to determine which medicine is best for you. Get instructions for using it. These may include nicotine replacements (gum, lozenges, spray, patch or inhaler) or prescription medicines, such as bupropion hydrochloride or varenicline. You could also ask about a referral for a smoking cessation program.

4. **Plan for your Quit Day.** Get rid of all the cigarettes, matches, lighters, ashtrays and tobacco products in your home, office and car. Find healthy substitutes for smoking. Go for walks. Keep sugarless gum or mints with you. Munch carrots or celery sticks.

5. **Stop smoking on your Quit Day.**

What if I smoke or vape after quitting?

It's hard to stay off tobacco and nicotine once you've given in, so do everything you can to avoid that "one." The urge will pass. The first two to five minutes will be the toughest. If you do smoke or vape 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 what triggered the urge and decide what to do differently the next time.

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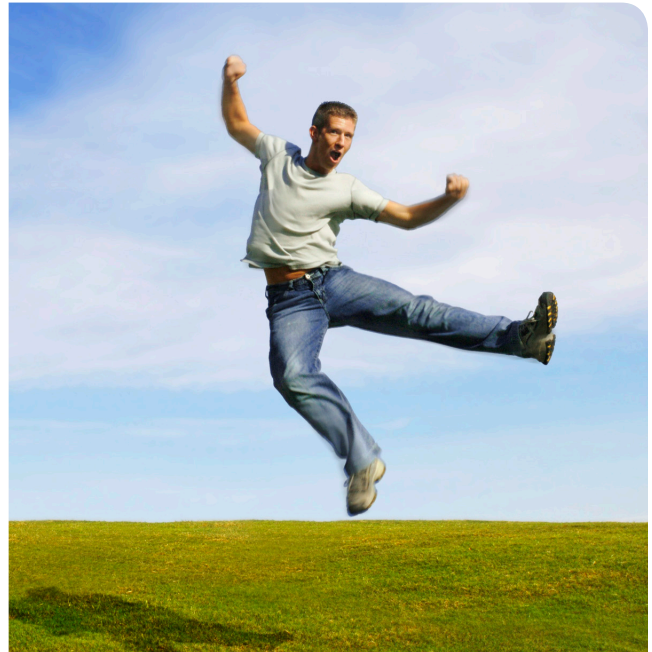
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How Can I Quit Smoking?

- Sign a contract to stay tobacco-free.

What happens after I quit?

- Your senses of smell and taste come back.
- Your smoker's cough will go away.
- You'll breathe more easily.
- You'll be free from the mess and smell and the burns on your clothing.
- You'll increase your chances of living longer and reduce your risk of heart disease and stroke.



HOW CAN I LEARN MORE?

- 1** Call 1-800-AHA-USA1 (1-800-242-8721), or visit heart.org to learn more about heart disease and stroke.
- 2** Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at heartinsight.org.
- 3** Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at heart.org/supportnetwork.

Do you have questions for the doctor or nurse?

Take a few minutes to write down your questions for the next time you see your health care provider.

For example:

When will the urges stop?

How can I keep from gaining weight?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit heart.org/answersbyheart to learn more.

How to Make a Healthy New Year's Resolution That Will STICK

There are hundreds of fad diets out there when it comes to promoting weight loss *fast*. However, these fad diets can be unhealthy and they tend to fail in the long run. Fad diets change a lot at once, often removing foods that can be nutritionally beneficial.

Americans spend over \$60 billion in the diet industry a year. Fad diets are too good to be true. They are usually not sustainable so people regain the weight that they lose soon after the diet stops. Use the following tips to grasp some easier ways to help you MEET your New Year's resolutions!

Make SMART Goals – SMART goals allow people to come up with smaller, realistic goals that are good markers of success. SMART stands for:

- a. **S**pecific
- b. **M**easurable
- c. **A**chievable
- d. **R**elevant
- e. **T**ime-based



How to Spot a Fad

- Promise of a quick fix
- Recommendations based on a single study
- Lists of “good” and “bad” foods
- Elimination of one or more of the 5 food groups
- You must buy special products or supplements

An example of a SMART goal could be: “I will fill half of my plate with vegetables and fruit for at least 5 meals over the next week” instead of “I will eat more fruits and vegetables.” Specifying goals is a good way to hold yourself accountable for the healthy behaviors you are aiming to achieve.

Chart Your Progress – It is important to hold yourself accountable for your goals. Creating a calendar and crossing off days that your goal is met will motivate you to continue your awesome work!

Reward Yourself – When you achieve your goals, do something nice for yourself such as buying something you want or treating yourself to a non-food experience. Avoid rewarding your accomplishments with food.

Meal Prep- Sundays are a perfect time to prepare meals for the week before the busy work/school week begins. Having a pre-packed meal from home will reduce your temptation to buy food out while also saving you some money.

If you feel that you would be more likely to achieve your nutrition-related goals with some additional support and suggestions, you can find a Registered Dietitian near you at www.eatright.org/find-an-expert.

Overnight Oats-

Recipe makes 1 serving

Ingredients:

- 1/3 cup of 1% fat milk (or substitute almond milk)
- 1/3 cup old-fashioned rolled oats
- 1/3 cup plain Greek yogurt
- 1 teaspoon chia seeds
- ½ banana, mashed
- 2 Tbsp. chopped walnuts
- Pinch of cinnamon

Instructions:

1. Add milk, oats, yogurt, chia seeds, and mashed banana to a jar or container and give them a good stir. Refrigerate overnight or for at least 5 hours.
2. In the morning, add additional milk if you would like. Once you achieve the desired consistency, top with the chopped walnuts and pinch of cinnamon.
3. The mixture will keep for up to 2 days. If you do not add the banana, up to 4 days.

Adapted from: <https://www.foodnetwork.com/recipes/overnight-oats-3416659>

Nutrition Facts:

Calories:	310
Saturated Fat:	less than 1 g
Total Carbohydrates:	45 g
Fiber:	8 g
Added Sugar:	0 g
Protein:	13 g
Sodium:	100 mg
Potassium:	400 mg

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