## Checklist for a healthier heart

- **Know the signs of heart attack and stroke.** When you have heart disease, you have a higher chance of having a heart attack or stroke. Use this workbook to learn the symptoms and know what to do in an emergency.

- **If you smoke, quit.** This may be the most important thing you can do. Quitting smoking can quickly reduce your risk of heart attack or death. Talk to your doctor about stop-smoking medicines and programs.

- **Keep all medical appointments.** Keep a daily record of your symptoms. Write down any changes in how you feel, and tell your doctor if you are having any new symptoms or problems. Call your doctor anytime you have a sudden change in symptoms.

- **Eat healthy and stay active.** A balanced, heart-healthy diet and regular activity can help you stay at a healthy weight and lower your risk of heart attack.

- **Take your medicines as prescribed.** Do not change your doses or stop taking your medicines without talking to your doctor. If you are having side effects from the medicines, talk to your doctor.

- **Make sure all your doctors know every medicine you take.** Some medicines may interact with others or could make some heart problems worse. Keep a list of all the prescription medicines you take. Also include all over-the-counter medicines you take, such as cold and flu remedies, herbal products, and natural supplements and vitamins. Take your list to each doctor’s appointment, or take all your medicines with you.

- **Have regular tests as needed.** Have your blood pressure checked each time you see your doctor, or more often if needed. Have tests for cholesterol and diabetes as often as your doctor recommends. Have all other heart tests your doctor suggests.

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A heart-healthy lifestyle

No matter what type of heart problem you have, you can do many things to improve your health.

**Do not smoke.** Smoking can increase your risk of a heart attack or stroke. If you need help quitting, talk to your doctor about stop-smoking programs and medicines. These can increase your chances of quitting for good.

**Eat heart-healthy foods.** Choose foods that are high in fiber and low in cholesterol, saturated fat, and salt.

- Eat a variety of whole grains every day. Include grains such as oats, whole wheat bread, and brown rice.
- Eat fish, skinless poultry, lean meats, and soy products such as tofu instead of high-fat meats. Eat at least 2 servings of fish a week. Certain fish, such as salmon, have omega-3 fatty acids, which may help make a heart attack less likely.
- Eat a variety of fruits and vegetables every day. They have lots of nutrients that help protect against heart disease, and they have little, if any, fat. Dark green, deep orange, and yellow fruits and vegetables are especially good for you.
- Read food labels, and try to avoid saturated fat and trans fat.
- Limit processed foods, including cookies and crackers. They are often high in saturated and trans fat or salt.
- Limit drinks and foods with added sugar.
- Choose low-fat or fat-free milk and dairy products.

**Limit alcohol.** Keep it to 2 drinks a day for men or 1 drink a day for women.

**Be active, but check with your doctor first.** Walking is a good choice. Bit by bit, increase the amount you walk every day. Try for at least 30 minutes on most, preferably all, days of the week. You also may want to swim, bike, or do other activities.

**Talk to your family, friends, or a counselor about your feelings.** It is normal to feel upset about having heart disease and to feel afraid of having a heart attack. Talking openly about your feelings can help you cope. If your sadness lasts, talk to your doctor.

**Avoid colds and flu.** Get a pneumonia shot. If you have had one before, ask your doctor whether you need a second shot. Get a flu shot every fall. If you must be around people with colds or flu, wash your hands often.

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What does it mean to have heart disease? At the basic level, it means you have a problem with your heart. It also means changes in how you live. You’ll probably have to take medicine and make some changes in your lifestyle.

This workbook will help you manage three types of heart disease: coronary artery disease (CAD), heart failure, and atrial fibrillation.

Use the workbook to learn about your treatment and the changes you can make for a healthier heart.
If you have coronary artery disease, you are not alone. This disease, often called CAD, is the most common type of heart problem.

What is CAD?

CAD occurs when fats, such as cholesterol, build up inside the coronary arteries, which bring blood to your heart. The narrowed arteries reduce how much blood flows to your heart. This can lead to a heart attack.

CAD may not cause symptoms. Sometimes the disease causes chest pain or shortness of breath when you are active, but often the first symptom is a heart attack.

Your daily care

- Take your medicines as your doctor says.
- Take a low-dose aspirin every day if your doctor suggests it.
- Eat foods low in saturated fat and cholesterol, and limit trans fat.
- Be active.
- Manage any chest pain.
- Manage your stress.

Medicines for CAD

Medicines are an important part of managing CAD. Always take your medicines as your doctor tells you to. You may be taking one or more of the medicines listed here.

Angiotensin-converting enzyme (ACE) inhibitors lower blood pressure and may reduce the risk of heart attack and stroke in people who have CAD. They sometimes cause a cough. Examples of ACE inhibitors include captopril, enalapril, and lisinopril.

Angiotensin II receptor blockers (ARBs) lower blood pressure. They often are used if you cannot take an ACE inhibitor. Examples of ARBs include candesartan, eprosartan, and losartan.

Beta-blockers relieve or prevent chest pain, and they may make a heart attack and death from a heart attack less likely. They also lower blood pressure. Examples of beta-blockers include atenolol, carvedilol, and metoprolol.

Calcium channel blockers relieve chest pain and lower blood pressure. They may be used if you cannot take beta-blockers. Examples of calcium channel blockers include amlodipine, diltiazem, and felodipine.

Nitrates help relieve and prevent chest pain. Examples of nitrates include isosorbide dinitrate, isosorbide mononitrate, and nitroglycerin.

Nitroglycerin may not work well if it is old. If your nitroglycerin is past its expiration date, get a new prescription as soon as possible.

Statins lower your bad (LDL) cholesterol and make a heart attack or stroke less likely. They may also raise your good (HDL) cholesterol. Examples of statins include atorvastatin, fluvastatin, and pravastatin.

If you were prescribed statins, you most likely will have to use them for the rest of your life. If you stop using them, your bad cholesterol will go back up.

Aspirin

Ask your doctor whether you should take a low-dose aspirin (81 milligrams) every day. This could make it less likely that you will have a heart attack or stroke.
Chest pain

When not enough blood flows to your heart, it may cause chest pain, or angina (say “ANN-juh-nuh” or “ann-JY-nuh”). If you have chest pain when you exercise or feel stressed, it's called stable angina. It's stable because you know you might get chest pain in certain situations.

Chest pain also can occur when you do not expect it, such as when you are resting or after less activity than normal. At these times, medicine may not help. This is called unstable angina, and it can lead to a heart attack.

If you have angina, your doctor probably will give you a nitrate medicine, such as nitroglycerin. You might use it every day to prevent chest pain. Or you might use it before an activity that might cause chest pain (such as exercise or sex) or only when you have chest pain. If you take nitroglycerin, keep it with you at all times.

Tell your doctor right away the first time you have chest pain, even if it goes away quickly.

If your doctor is already treating you for chest pain, tell your doctor if your chest pain feels different, if it occurs when you do not expect it, or if it occurs when you are not active.

Blood pressure and cholesterol

If you have high blood pressure or high cholesterol, you are more likely to have a heart attack or stroke.

Knowing your blood pressure and cholesterol goals will help your doctor know which medicines you need.

- Normal blood pressure is 120/80. Your doctor may suggest you take medicine if your blood pressure is 130/80 or above.
- Total cholesterol below 200 is best.
- Your bad (LDL) cholesterol should be below 100. Talk to your doctor about your LDL goal. If you are at high risk for a heart attack, your doctor might recommend an LDL level of less than 70.
- Your good (HDL) cholesterol is best above 60. Below 40 is too low for men, and below 50 is too low for women.

Triglycerides are another type of fat in the blood that can affect your health. Triglycerides should be below 150.

If you have other medical problems, such as diabetes, your goal numbers may change.

Ask your doctor what your blood pressure and cholesterol goals should be. Write the results of each test you have in the chart below.

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<thead>
<tr>
<th>My Goals</th>
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<td>Triglycerides</td>
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Heart-healthy foods

Eating healthy foods helps you lower your cholesterol and blood pressure and reach and stay at a healthy weight.

- Eat foods low in saturated fat and cholesterol, such as fish, chicken, and lean meat.
- Choose low-fat or fat-free dairy foods.
- Use olive oil or canola oil instead of butter.
- Balance calories with activity to prevent weight gain.

Trans fat

Trans fat is found in many processed foods made with shortening or hydrogenated oils. These foods include cookies and crackers. Trans fat raises your bad cholesterol. Avoid it when possible. The food label will tell you how much trans fat is in a food.

Activity

Staying active helps your heart get stronger and work better. Activity can include exercise, such as walking or riding your bike, as well as things you do around the house, such as planting bulbs or playing with your children or grandchildren.

Stop your activity right away if you notice chest pain, feel faint or lightheaded, or become very short of breath.

When to call for help

Call 911 if you have chest pain that:

- Has not gone away within 5 minutes after you have taken one dose of nitroglycerin and/or rested.
- Is crushing or squeezing, especially if it occurs with:
  - Sweating.
  - Shortness of breath.
  - Nausea or vomiting.
  - Pain that spreads from the chest to the neck, jaw, or one or both shoulders or arms.
  - Dizziness or lightheadedness.
  - A fast or irregular pulse.

Women and people with diabetes are more likely to have symptoms such as shortness of breath, heartburn, nausea, jaw pain, back pain, or fatigue.

After calling 911, chew 1 adult-strength aspirin. Wait for an ambulance. Do not try to drive yourself.

Call your doctor if you have had any chest pain, even if it has gone away.

It isn’t easy to hear that you have heart failure. It means a lifetime of treatment and some changes in your lifestyle.

What is heart failure?

Heart failure means your heart does not pump as much blood as your body needs. It does not mean that your heart has stopped. Your heart works harder to make up for heart failure. You start to have symptoms, such as feeling weak, lightheaded, and very tired. Later, fluid builds up in your lungs and other parts of your body. This causes you to be short of breath even when you are resting.

Medicines for heart failure

Medicines can treat the symptoms of heart failure or keep heart failure from getting worse. Always take your medicines as your doctor tells you to.

For symptoms

Digoxin slows your heart rate and helps your heart pump more blood with each beat. It makes it easier for you to exercise and may help you avoid a stay in the hospital.

Diuretics help rid your body of extra fluid and sodium, so they decrease swelling and help you breathe. Examples include furosemide, hydrochlorothiazide, and spironolactone.

Potassium pills can prevent uneven heartbeats (arrhythmias) caused by low potassium levels. Because diuretics often cause low levels of potassium, you may need to take a potassium pill along with your diuretic.

Your daily care

- Take your medicines as your doctor says.
- Weigh yourself daily.
- Eat less salt (sodium).
- Get regular exercise, and take rest breaks during the day.
- Limit alcohol. Ask your doctor how much, if any, is safe.
To keep heart failure from getting worse

**Aldosterone receptor antagonists** help people with severe heart failure to live longer. They also reduce swelling, help you breathe, and lower your blood pressure. Examples of aldosterone receptor antagonists include eplerenone and spironolactone.

**Angiotensin-converting enzyme (ACE) inhibitors** slow down heart failure, lower blood pressure, and reduce swelling. Examples of ACE inhibitors include captopril, enalapril, and lisinopril.

**Angiotensin II receptor blockers (ARBs)** work like ACE inhibitors. They are often used if you cannot take an ACE inhibitor. Examples of ARBs include candesartan, eprosartan, and losartan.

**Beta-blockers** slow down heart failure and lower your blood pressure. Examples of beta-blockers include atenolol, carvedilol, and metoprolol.

**Vasodilators** make it easier for your heart to pump blood. They help you live longer and lower your blood pressure. Examples of vasodilators include hydralazine and nitrates, such as nitroglycerin.

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**Medicines to avoid**

Talk to your doctor or a pharmacist before taking any over-the-counter (OTC) or new prescription medicine. Some medicines make heart failure worse or do not mix well with heart failure medicine.

Depending on how severe your heart failure is, you may need to avoid some medicines used for colds, pain, and other medical problems.

Do not stop or change medicines without talking to your doctor. Make sure everyone involved in your health care knows all the medicines you take, including over-the-counter medicines, herbal products, and natural supplements and vitamins.

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**Daily weight check**

Sudden weight gain may mean that fluid is building up in your body because your heart failure is getting worse.

- Weigh yourself without clothing at the same time each day.
- Write down your weight.
- Call your doctor if you gain 3 pounds or more in 2 to 3 days.

**Low-sodium foods**

Sodium (salt) causes your body to hold extra water. Reducing sodium in your diet can help you feel better, lower your risk of having to go to the hospital, and increase your quality of life.

People get most of their sodium from salt in processed or packaged foods. Limit your sodium to less than 2,000 milligrams (mg) a day.

Here are some ways to lower your sodium:

**Eat low-sodium foods**

- Buy foods that are labeled “unsalted,” “sodium-free,” or “low-sodium.”
- Buy fresh vegetables or plain frozen ones.
- Avoid canned vegetables and soups, packaged lunch meats, canned sauces, chips, pizza, hot dogs, and softened water.
Read food labels

- The Nutrition Facts sodium entry tells you how many milligrams of sodium are in a serving.
- Read the ingredient list to find “hidden” sodium, such as monosodium glutamate (MSG).

Make low-sodium meals

- Don’t cook with salt or sprinkle it on your food. Flavor your food with garlic, lemon juice, onion, vinegar, herbs, and spices.
- Do not use soy sauce, steak sauce, onion salt, garlic salt, mustard, or ketchup.
- Rinse canned vegetables. This removes some of the salt.

Be active, but rest

Regular physical activity helps your blood flow and helps control your weight. But too much activity can stress your heart and cause sudden heart failure.

When you are active:

- Watch for signs that your heart is working too hard. You are pushing yourself too hard if you cannot talk while you are exercising. If you feel you are pushing yourself too hard, stop, sit down, and rest.
- Stop exercising and rest if you feel your heart is beating too fast or not regularly, you have chest pain or difficulty breathing, or you feel dizzy or lightheaded. Call your doctor if these symptoms do not go away.
- Check your heart rate. Your doctor can teach you how to do this and tell you how fast your pulse should be when you exercise.

Sudden heart failure

Sudden heart failure is a quick buildup of fluid in the lungs. You may suddenly find it very hard to breathe, have a fast heartbeat, and cough up foamy, pink mucus. You need emergency help.

Certain things may trigger sudden heart failure. These include not taking your medicines as directed, eating a lot of salty foods, and exercising too much or too hard. You can prevent sudden heart failure by avoiding these things and keeping your diet, exercise, and medicine routines regular.

When to call for help

Call 911 if:

- It’s very hard for you to breathe, even when you are resting.
- You have a sudden and longer episode of an irregular heartbeat, or you have a very rapid heartbeat along with dizziness, nausea, or fainting.
- It’s hard for you to breathe and you cough up foamy, pink mucus.
- You have signs of a heart attack, such as chest pain that is crushing or squeezing or does not go away within 5 minutes after you have taken nitroglycerin or rested.
- You have signs of a stroke, such as sudden tingling or numbness or weakness, not being able to move part or all of one side of your body (face, arm, or leg), or difficulty speaking or understanding speech.

Call your doctor if you have symptoms of heart failure or your usual symptoms change. Call your doctor if:

- You are so tired or weak that you can’t do your usual activities.
- It’s hard to breathe during routine activities or exercise that did not cause problems before, or it’s hard to breathe when you lie down.
- You wake up at night because it’s hard to breathe or you feel as though you are suffocating.
- You have a dry, hacking cough, especially when you lie down.
- You have a sudden weight gain, such as gaining 3 pounds or more in 2 to 3 days.
- Your body swells, especially in your legs, ankles, and feet.
- You get up more often in the night to go to the bathroom.
- You feel bloated or sick to your stomach.

Limiting liquids

If your heart failure is severe, you may have to limit the amount of liquids you drink. Talk to your doctor about this.
Atrial fibrillation (say “A-tree-uhl fih-bruh-LAY-shun”) is often the result of another heart condition, such as CAD or high blood pressure.

**What is atrial fibrillation?**

Atrial fibrillation is an irregular heartbeat. Normally, your heart beats in a strong, steady rhythm.

In atrial fibrillation, a problem with the heart’s electrical system causes the upper parts (atria) of the heart to quiver, or fibrillate. This upsets the normal rhythm between the atria and the lower parts (ventricles) of the heart. The lower parts may beat fast and without a regular rhythm.

Atrial fibrillation can lead to blood clots. If the heart pumps a clot into the bloodstream, the clot can travel to the brain and block blood flow, causing a stroke.

Atrial fibrillation can also lead to heart failure or a heart attack.

**Your daily care**

- Take your medicines as your doctor says.
- Don’t smoke. Avoid secondhand smoke too.
- Eat a heart-healthy diet with plenty of fish, fruits, vegetables, beans, high-fiber grains and breads, and olive oil.
- Get regular exercise. Your doctor can tell you how much activity is safe.
- Control your cholesterol and blood pressure.
- Lower your stress level. Stress can damage your heart.
- Avoid caffeine, alcohol, and stimulants.

**Medicines for atrial fibrillation**

Your doctor will prescribe medicines based on your symptoms, your risk for complications, and the cause of your atrial fibrillation. Always take your medicines as your doctor tells you to.

**Rate-control medicines**

Rate-control medicines may be used if your heart rate is too fast.

**Beta-blockers** block the effects of hormones, such as adrenaline, on your heart. This helps slow your heart rate. Examples of beta-blockers include atenolol, carvedilol, and metoprolol.

**Calcium channel blockers** help slow your heart rate by blocking electrical impulses in your heart. Examples of calcium channel blockers include diltiazem and verapamil.

**Digoxin** slows your heart rate. It is also used in people who have atrial fibrillation along with heart failure.

**Other medicines**

**Anticoagulant medicines** cause your blood to clot more slowly. Often called “blood thinners,” these drugs are used to lower the risk of stroke. Examples of anticoagulants include enoxaparin and warfarin.

If you are taking anticoagulants, you will need regular blood tests. The tests will check how long it takes your blood to clot.

**Rhythm-control medicines** help control heart rhythm. Examples of these medicines include amiodarone, disopyramide, and procainamide.
Activity

Start light exercise if your doctor says it is okay. Even a small amount will help you get stronger, have more energy, and manage stress.

Walking is an easy way to be active. Talk to your doctor about how much to walk when you first start. Gradually increase this amount. Your doctor may suggest that you join a cardiac rehabilitation program so you can have help to safely increase your physical activity.

Exercise tips

- When you exercise, watch for signs that your heart is working too hard. If you become short of breath, feel dizzy, or have chest pain, sit down and rest right away.

Check your pulse regularly. If your heartbeat seems uneven or fast and hasn’t been this way before, talk to your doctor right away.

Safety tips for taking anticoagulants

- Take your medicine at the same time each day.
- Tell your dentist, pharmacist, and other health professionals that you take blood thinners.
- Watch for unusual bruising or bleeding, such as blood in your urine, red or black stools, or bleeding from your nose or gums.
- If you take warfarin (such as Coumadin), get regular blood tests to check how fast your blood clots.
- Wear medical alert jewelry that says you take blood thinners. You can buy it at most drugstores.
- Do not take any vitamins, over-the-counter drugs, or herbal products without talking to your doctor first.
- Avoid contact sports and other activities that could lead to injury.
- Do not suddenly change how much you eat of foods rich in vitamin K. These foods include broccoli, cabbage, asparagus, lettuce, spinach, and vegetable oils. Too much vitamin K can make your blood more likely to clot.

When to call for help

Call 911 anytime you think you may need emergency care. For example, call if:

- You have **signs of a heart attack**, such as chest pain or pressure. This may occur with:
  - Sweating.
  - Shortness of breath.
  - Nausea or vomiting.
  - Pain that spreads from the chest to the neck, jaw, or one or both shoulders or arms.
  - Dizziness or lightheadedness.
  - A fast or uneven pulse.

(After calling 911, chew 1 adult-strength aspirin. Wait for an ambulance. Do not try to drive yourself.)

- You have **signs of a stroke**. These may include:
  - Sudden numbness, paralysis, or weakness in your face, arm, or leg, especially on only one side of your body.
  - New problems with walking or balance.
  - Sudden vision changes.
  - Drooling or slurred speech.
  - New problems speaking or understanding simple statements, or feeling confused.
  - A sudden, severe headache that is different from past headaches.

- You cough up blood.
- You vomit blood or what looks like coffee grounds.
- You pass maroon or very bloody stools.
- You pass out (lose consciousness).

**Call your doctor now** or seek medical care right away if:

- You have new or increased shortness of breath.
- You feel dizzy or lightheaded, or you feel like you may faint.
- Your heart rate becomes faster or changes from what it normally is.
- You can feel your heart flutter in your chest or skip heartbeats. Tell your doctor if these symptoms are new or worse.
- You have new bruises or blood spots under your skin.
- You have a nosebleed.
- Your gums bleed when you brush your teeth.
- You have blood in your urine.
- Your stools are black and tarlike or have streaks of blood.