Take a right at the corner...

Heartbeat Cafe

In the time it takes you to read this story, your heart is pumping about five quarts of blood through more than 60,000 miles of arteries, veins and capillaries—that’s farther than twice around the world.

Your heart is a muscle sandwiched between two thin protective layers. Inside are four chambers, two on the right and two on the left. Blood from all parts of the body, which is low in oxygen, returns to the right side of the heart to be pumped through the lungs where oxygen is replenished. Then, once again, it is pumped all around the body by the left side of the heart.

Quite simply, your heart’s purpose in life is life support. No heart beat, no life. As the Tin Man from The Wizard of Oz said, “If I only had a heart.”

Take Care Of Your Heart

BlueCross BlueShield of Nebraska
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Count Your RISK Factors

A risk factor increases the likelihood of your having coronary heart disease—for instance, angina pectoris (chest pain) or a heart attack. The more risk factors you have, the more likely you are to suffer coronary heart disease. Insurance companies and health care providers are obviously vitally interested in your risk factors. But no one should be more aware of them than you.

Count on these:
- Advanced age
- Male gender
- Family history of heart attacks at a young age
- High blood pressure
- Smoking
- High lipoprotein cholesterol (too much bad cholesterol)
- Low high-density lipoprotein cholesterol (not enough good cholesterol)
- A sedentary lifestyle (not enough exercise)
- Diabetes
- Heart enlargement
- The established presence of coronary heart disease

Dealing With Your RISK Factors

Of course, some risk factors you cannot change, such as your age, gender or parents—however, if you have risk factors over which you have control, that is all the more reason to change the factors you can change.

With rare exceptions, if you have high blood pressure, you will need to take medicine for the rest of your life so that you will live a longer, healthier life. Don’t stop taking your medicine unless told to by your doctor.

The treatment of high cholesterol is complex. The good news from the federal government’s National Cholesterol Education Program is that more people are having their cholesterol checked regularly. Nearly one in four people have been told by their doctors that their cholesterol is high. More and more people know what their cholesterol levels should be and how to modify their activities and what they eat to lower their cholesterol level.

Take Action

Though I encourage each and every person to be guided by his or her doctor, in general, the first approach to lowering your cholesterol is dietary modification and the achievement of the weight your doctor recommends.

That’s a lot cheaper than taking medications. However, cholesterol-lowering drugs may be necessary, if diet alone does not satisfactorily reduce your cholesterol. If you already have coronary heart disease, it’s more likely that you’ll need cholesterol-lowering drugs. Research studies have shown that if you reduce your cholesterol, you will reduce your risk for coronary heart disease. Therefore, do what your doctor advises you and continue to do it.

Take The Time To Exercise

Exercise! If you’re over 45 years old, seek medical advice before you start. Don’t run, walk! You’ll feel better, and chances are you will reduce your risk of heart disease.

As a society, we are overweight. That’s a fact. When the distance around your waist is greater than the distance around your hips, you are at increased risk of coronary heart disease. Weight loss requires you to reduce the calories you eat and drink and increase the calories you burn through daily exercise and other activities. You don’t need a special diet to reduce your intake of calories. Soda pop between meals adds unneeded calories. That cocktail before dinner can contain 200 or more calories. Look for calorie-reducing options. For instance, a glass of orange juice contains 120 calories but a similar glass of V.8 contains 48 calories. Opt for skinless chicken breast and salad with a light olive oil dressing instead of meat and potatoes or pizza.

Don’t wait for your first heart attack to change what you eat. About a third of people die from their first heart attack.

Is There A Doctor In The House?

Q: I've been told that because I'm a woman, I'm protected from having heart attacks. Is this true?

A: In general, women vastly underestimate their relative risk of heart disease. They worry more about breast cancer, even though coronary heart disease is the major cause of death in women over the age of 55. It has been thought for many years that being a woman protected one from coronary heart disease. However, it is now known that a woman’s chance of dying from a heart attack and in association with coronary artery bypass surgery is 50% higher than in men.

Further, though increasing age is a risk factor for both men and women, in women, there is about 10 years’ delay in the appearance of coronary heart disease. That’s why women have wrongly presumed their risk of suffering the disease is not as high as in men.

Q: Does estrogen lower the risk of coronary heart disease in women? Studies have shown that the taking of estrogen by postmenopausal women is associated with a reduction in their risk of suffering coronary heart disease. However, any decision to take estrogen after menopause has to take into account the increased risk of some kinds of cancers that are associated with these drugs. Discuss your options with your doctor.

A: My father is 75 years old and has never had a heart attack. Is it important for him to be on a low-cholesterol diet?

Q: It appears that lowering cholesterol up to age 70 is helpful. Beyond age 70, there is no available information to guide us. Personally, for many reasons, I believe that the elderly should eat what they like and enjoy life to the fullest degree that their finances and aging bodies will permit.

A: It has been suggested that antioxidants such as beta-carotene and vitamin E will reduce the risk of coronary heart disease. But is there any evidence that they are effective? Studies to evaluate beta-carotene have not proven it to be effective. In fact, there is some evidence that its use is associated with an increased risk of lung cancer. On the other hand, vitamin E holds some promise. Two studies have demonstrated that high doses of vitamin E may reduce disease of the heart and blood vessels by as much as 30%. Nevertheless, although vitamin E may lower the risk of suffering coronary heart disease, at this time, there is insufficient evidence to make a firm decision about its use.