

Caring for Your Heart



A Guide for Heart Patients and Their Families

Welcome

Thank you for choosing Mount Carmel for your heart care. This guide will help you understand your heart health. The book contains information about:

- ▶ Heart disease
- ▶ Cardiac rehab
- ▶ Medication for heart disease
- ▶ Cardiac risk factors
- ▶ Heart-healthy diet

This is not intended as a substitute for the care of a doctor. Please ask your doctor, nurse, or any member of the cardiac rehab team any questions you have about your heart condition. We want you to be informed about your heart health so that you can make better choices in caring for yourself.

For your continued health education, this booklet and others are available on mountcarmelhealth.com.



“The best and most beautiful things in the world must be felt with the heart.”

— Helen Keller



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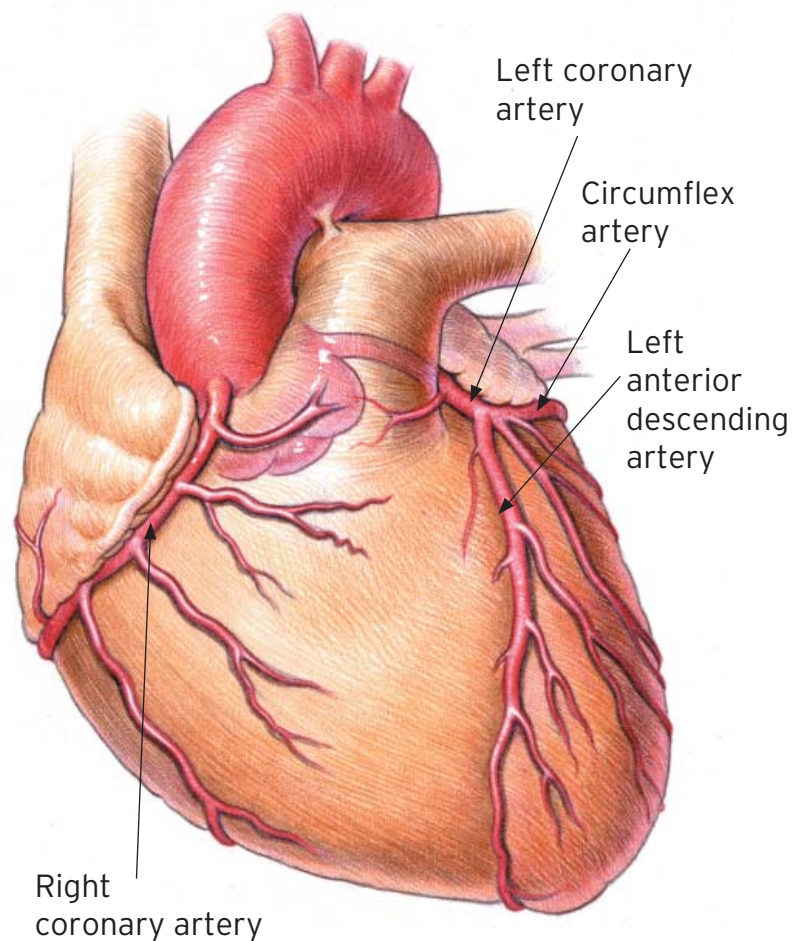
Heart Disease

Understanding Your Heart Condition

Your heart is a pump about the size of your fist. As its muscle wall contracts and relaxes, blood is carried into it through your blood vessels. As the blood moves away from your heart through the arteries, it delivers oxygen and nutrients to all parts of your body. Veins bring blood back to your heart, and then circulate the blood to your lungs to pick up more oxygen. The heart contracts (pumps) about 70 times per minute. Just as the heart pumps blood through your body, it also pumps blood to your heart muscle through the coronary arteries.

The coronary arteries provide blood and oxygen to your heart muscle. There are two main coronary arteries — the left and the right.

- ▶ The left coronary artery (LCA) splits into the left anterior descending artery and the circumflex artery.
- ▶ The left anterior descending artery (LAD) supplies blood to the front and left side of your heart.
- ▶ The circumflex artery supplies blood to the left side and back of your heart.
- ▶ The right coronary artery (RCA) carries blood to the right side, bottom, and back of your heart.



Coronary Artery Disease

All of the arteries in your body show the effects of aging. They become less elastic, and layers of fat can build up along the walls of the arteries. This is called atherosclerosis. When these layers get thick, they block the flow of blood so that only a trickle gets through.

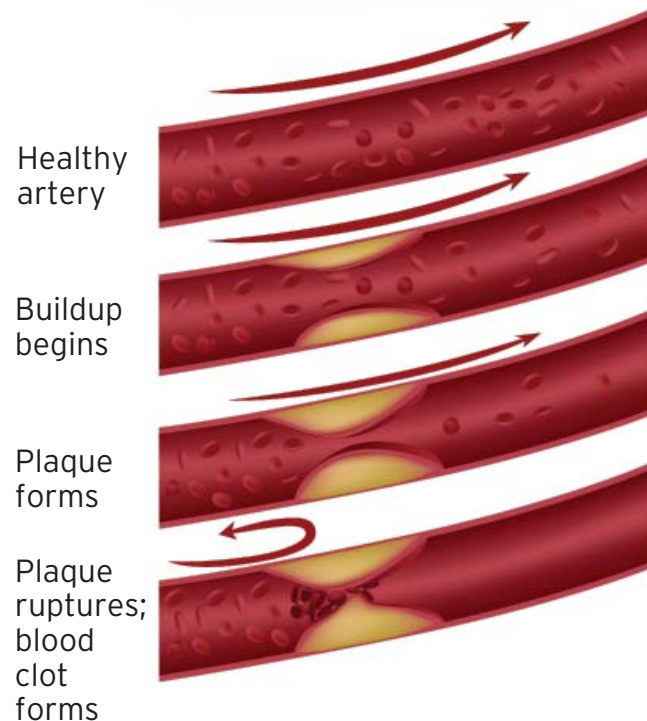
Coronary artery disease, or CAD, refers to atherosclerosis within the coronary arteries. CAD is slow and progressive. It may start as early as childhood. When coronary arteries are more than 75 percent blocked, the heart probably won't get enough oxygen to work well.

As CAD progresses, it may lead to angina, or even to a heart attack. Acute coronary syndrome occurs when a coronary artery plaque ruptures, causing a clot to develop, partially or completely blocking the coronary artery. This can lead to angina or to a heart attack.

Angina

Angina is chest pain that occurs when the heart muscle does not receive enough blood and oxygen. This can be caused by:

- ▶ A buildup of fatty deposits, called plaque, in the coronary arteries (atherosclerosis).
- ▶ A spasm, or squeezing, of the coronary artery. (This slows down or stops blood flow to the heart muscle. If blood flow is stopped for too long, damage to the heart muscle can occur.)



You are most likely to have the intense, steady pain or pressure of angina when your heart has added stress during or after:

- ▶ Hard work or activity
- ▶ Exposure to cold
- ▶ Sexual activity
- ▶ Eating
- ▶ Emotional upset

Angina can also occur at rest.

Angina should be considered a warning, and if ignored, a heart attack can occur. Since it can be difficult to tell the difference between angina and the symptoms of an actual heart attack, do not hesitate to call 911 if you are experiencing any of the symptoms listed on page 7.

Heart Attack (Myocardial Infarction)

A heart attack occurs when blood flow to the heart slows down or stops for 15 to 30 minutes or more. The loss of oxygen carried by the blood causes damage to the heart muscle. The attack may be caused by:

- ▶ A buildup of fatty plaque that causes blockage.
- ▶ A blood clot that stops blood flow. This blood clot can be caused by a fatty plaque in the artery that has broken open.
- ▶ A spasm that narrows an artery carrying blood and oxygen to the heart.

The result of each of these is the same — not enough blood and oxygen reach the heart muscle. Without enough blood and oxygen, the heart muscle begins to die.

Blood has trouble getting through arteries that are clogged by layers of fat or spasm. Blood cells can stick to the fatty deposits on the artery walls. When this happens, a clot forms. If the clot is large enough to close off the artery, blood flow through that artery stops, and a heart attack occurs. The medical term for a heart attack caused by a clot is coronary thrombosis.

When a spasm occurs in a coronary artery, angina or a heart attack can occur. The cause of a spasm in the artery is not always certain, but may include cocaine, other drugs, nicotine, and fatty plaque.

Heart Attack Symptoms

A heart attack can occur at any time — during times of physical or emotional stress, after eating, or during sleep. Pain usually occurs with a heart attack, but it is not always severe. It may come and go. Do not ignore the pain because you think it should be more severe.

Women and people with diabetes also often report less pain or no pain with a heart attack. They may have vague symptoms such as fatigue or have no symptoms at all.

Even if you have already had one or more heart attacks, do not expect the symptoms to be exactly the same.

Call 911 if you have any of these symptoms:

- ▶ Pressure, tightness, heaviness, squeezing, burning, pain, numbness, or tingling in the center of your chest, upper part of your stomach, arms, throat, neck, jaw, the middle of your back, or between your shoulder blades
- ▶ Sweating
- ▶ Nausea
- ▶ Shortness of breath or choking
- ▶ Feeling weak, faint, or tired
- ▶ Feeling of your heart beating very hard or very fast

Do **not** wait more than 5 minutes to call 911 or your emergency response number.

Do not drive yourself or have someone drive you to the hospital.

Minutes count. Emergency medical services (EMS) staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. EMS staff members are also trained to revive someone whose heart has stopped.

Diagnosing Angina and Heart Attacks

Your doctor may order several tests to help confirm that you do indeed have angina.

Your doctor can diagnose a heart attack by:

- ▶ The intensity of your symptoms.
- ▶ The results of blood studies: Damaged heart tissue releases substances into the blood called cardiac enzymes.
- ▶ Whether an EKG shows certain changes.

Cardiac Diagnostic Tests

A number of tests are used to diagnose heart problems. You may have some of these tests in the hospital. Others may be done as an outpatient.

EKG

An EKG (electrocardiogram or ECG) is a record of the electrical impulses of the heart. This test is painless. Electric sensors are placed on the chest, arms, and legs. These sensors detect the heart's electrical activity and record it. This record shows the heart rhythm, damage to the heart muscle if it's present, and other signs of heart disease.

Echocardiogram

In this test, ultrasound waves are bounced off the heart muscle and recorded as electrical impulses on a screen, where they show up as bright blips. The echocardiogram shows the heart's form and how well it functions.

The ultrasound waves create a picture of the size of your heart chambers and valves, as well as their movements as your heart beats.

Stress Test

During a stress test, you walk on a treadmill while hooked up to an EKG machine. The EKG shows how your heart responds to the stress and increased need for oxygen as you walk on the treadmill. A small dose of a radioactive material may be given to allow pictures of your heart to be taken during the test.

You start off at a slow pace, heading slightly uphill. Then the incline and speed of the treadmill are slowly increased. Once you have reached your limit, the treadmill will slow down as you complete the test.

Stress Test with Medication

In this test, rather than having you walk on a treadmill, medication is used to stress your heart. A small dose of a radioactive material may be given to allow pictures of your heart to be taken during the test. The test takes several hours to complete. An echocardiogram may be done along with a medication stress test.

Stress Echocardiogram

An echocardiogram, which takes about 15 minutes, is performed first while you are at rest. Then you exercise on a treadmill or are given a medicine to stress your heart. A second echocardiogram is done after exercise.

Cardiac Catheterization

In this procedure, a small catheter is inserted into an artery in your wrist or leg. A dye is injected through the tube to allow your doctor to make X-ray pictures of the blood flow through your heart chambers and coronary arteries. The pictures show if your coronary arteries are narrowed or blocked. A cardiac catheterization also can detect leaky heart valves.

Treating Angina and Heart Attacks

Treatment may be:

- Angioplasty procedures
- Bypass surgery
- Cardiac rehab
- Management with medications
- Reducing your cardiac risk factors
- Heart-healthy diet guidelines

PCI – Percutaneous Coronary Intervention

A PCI, also called an angioplasty procedure, may be done during a cardiac catheterization if a blockage in an artery is identified. You will be awake but given medication to make you more comfortable during the procedure. A catheter (a small, thin tube) is inserted in a numbed area through an artery in the wrist or leg. A catheter is guided through the artery and up into your heart using a special X-ray called fluoroscopy. Contrast dye is then injected into the guide catheter to assess the blood flow in the arteries.

A balloon catheter is inflated in an area of blockage, which puts pressure on the plaque to flatten it and open the narrowed artery. This allows the blood to flow more freely through the vessel. The doctor will usually place a stent at the site of a coronary artery blockage to help maintain the improved blood flow. Since there are a variety of stents and they range in size, you will be given a card that identifies the stent that was used for your procedure. Keep this card with you at all times.

When a stent is placed during your procedure, you may be prescribed an antiplatelet medication to help keep the artery open at the site of the new stent. Your doctor will prescribe either Plavix® (clopidogrel), Effient® (prasugrel), or Brilinta® (ticagrelor) in conjunction with a dose of aspirin. It is extremely important to take the antiplatelet medication and aspirin as prescribed, and they should only be discontinued by your cardiologist.



A balloon inserted/inflated in the artery

Bypass Surgery

When a PCI is not the best option, coronary artery bypass graft (CABG) surgery may be done.

If you have bypass surgery, you will receive the booklet *Heart Surgery: A Guide to Your Care and Recovery*.

Cardiac Rehab

Inpatient Cardiac Rehab

Inpatient cardiac rehabilitation begins once you enter the hospital with a heart problem. During this phase, we will help you identify your risk factors and plan ways to reduce the chance of further heart problems. Taking care of your heart while increasing your activity level is a key part of rehabilitation.

Things to Do

- Take your medicine as prescribed by your doctor.
- Make an appointment to see your doctor in 2 weeks.
- Know when to call 911 (see page 7).
- Follow the diet prescribed by your doctor and dietitian.
- Follow your walking program.
- Get a good night's sleep each night. Take rest periods between activities.
- Ask your doctor when you are able to drive, travel, and return to work.
- Follow any other instructions your doctor gives you.

Things to Avoid

- Smoking
- Pushing, pulling, or lifting anything heavier than 5 pounds
- Holding your breath while doing activities
- Extra trips up and down stairs
- Very hot or cold baths or showers

- Saunas and hot tubs
- Straining when using the toilet
- Worrying about things you cannot change

Checking Your Heart Rate

Checking your heart rate is a way to monitor your heart's response to activity. Taking your pulse is a simple way to check your heart rate. Each day, you will need to know your resting heart rate. To find this, take your pulse for 1 full minute before activity when your heart is at rest. Do this when you are sitting or lying down. Regular exercise can help lower your resting heart rate, which decreases the workload on the heart.

Next, you need to know your target heart rate. Your target heart rate is your resting heart rate plus 20 beats. For example, if your resting heart rate is 66, your target heart rate is 86. Your target heart rate may change each day depending on your resting heart rate.

Resting Heart Rate + 20 Beats = Target Heart Rate

You will be taking your pulse before, during, and after activity. During activity, your heart rate should not rise above your target heart rate. If you find your pulse is more than 20 beats above your resting heart rate, slow down. You may increase your activity again once your heart rate slows down. Continue to take your pulse and check for effort symptoms (listed on page 11). Stop the activity if your heart rate does not slow down.

You can check your pulse at your wrist.

To take your pulse at your wrist:

1. Place the first two fingers of one hand on the opposite wrist. (Do not use your thumb, because it has its own pulse.)
2. Gently press the fingers on your wrist toward the side below your thumb. You will feel a steady tap (beat) under your fingers.
3. Count the number of beats for 1 full minute.

You may prefer to purchase a FitBit® or other pulse watch.

Watching for Effort Symptoms

You need to watch for changes in how your body is handling activities. If you have any of the following symptoms, slow down. If the symptoms continue, stop the activity and rest. If your doctor has prescribed nitroglycerin, take it as directed.

Call 911 if these symptoms do not go away after you've rested for 5 minutes:

- Chest pain or tightness
- Pain in your arm, shoulder, neck, or jaw
- Shortness of breath
- Unusual or extreme fatigue
- Dizziness or lightheadedness
- Nausea or vomiting
- Severe sweating
- Severe headache
- Fast or irregular heart rate or pulse

Walking Program

You will begin your walking program the day after your procedure. Walking is an aerobic exercise that just about everyone can do. If you are not able to walk, or if you prefer a different form of aerobic exercise, such as swimming or riding a bike, check with your doctor. Aerobic exercise involves exercising the heart and lungs. A regular aerobic exercise program will give you a lifetime of benefits. It may decrease your risk factors and help prevent the progression of heart disease. It will also improve your overall health and emotional outlook.

After the first week, you may use a stationary bike or treadmill. The stationary bike should have little or no resistance so it will be easy to pedal. A treadmill should be level, without incline, or the “grade” should equal zero. Start at a very slow speed. Your doctor should approve any other form of exercise.

Here are some guidelines to follow with your walking program:

- Always let someone know when you are exercising, or exercise with a friend.
- Do your walking program when you feel your best.
- Follow the “Walking Diary” on pages 13-14 in order to progress at the proper speed.
- Take your pulse and check for effort symptoms with each activity.
- Write down your pulse on the diary sheet before, at the halfway point, and 1 minute after you are done walking.

- ▶ Complete warm-up exercises before each walking session and cool-down exercises after each session. These exercises are on pages 15–16. The warm-up will slowly increase your heart rate. The cool-down will allow your heart rate and blood pressure to slowly return to their resting rates.
- ▶ Avoid extreme temperatures. Do not walk outside if it is less than 40°F or more than 80°F. Try walking in the mall if temperatures are too extreme outside. Pace yourself.
- ▶ Walk on a flat surface at first. This is easier for your heart. Walking uphill takes more effort and energy.



Walking Diary

Date	Pulse Before Activity (1 Minute)	Pulse During Activity (1 Minute)	Length of Activity	Pulse After Activity (1 Minute)
Day 1			Walk 10-11 minutes 2 times	
Day 2			Walk 11-12 minutes 2 times	
Day 3			Walk 12-13 minutes 2 times	
Day 4			Walk 13-14 minutes 2 times	
Day 5			Walk 14-15 minutes 2 times	
Day 6			Walk 15-16 minutes 2 times	
Day 7			Walk 16-17 minutes 2 times	
Day 8			Walk 17-18 minutes 2 times	
Day 9			Walk 18-19 minutes 2 times	
Day 10			Walk 19-20 minutes 2 times	
Day 11			Walk 20 minutes 2 times	
Day 12			Walk 30-35 minutes 1 time	
Day 13			Walk 35-40 minutes 1 time	
Day 14			Walk 40-45 minutes 1 time	
Day 15			Walk 45-55 minutes 1 time	
Day 16			Walk 45-60 minutes 1 time	
Day 17			Walk 45-60 minutes 1 time	

Date	Pulse Before Activity (1 Minute)	Pulse During Activity (1 Minute)	Length of Activity	Pulse After Activity (1 Minute)
Day 18			Walk 45-60 minutes 1 time	
Day 19			Walk 45-60 minutes 1 time	
Day 20			Walk 45-60 minutes 1 time	
Day 21			Walk 45-60 minutes 1 time	
Day 22			Walk 45-60 minutes 1 time	
Day 23			Walk 45-60 minutes 1 time	
Day 24			Walk 45-60 minutes 1 time	
Day 25			Walk 45-60 minutes 1 time	
Day 26			Walk 45-60 minutes 1 time	
Day 27			Walk 45-60 minutes 1 time	
Day 28			Walk 45-60 minutes 1 time	
Day 29			Walk 45-60 minutes 1 time	
Day 30			Walk 45-60 minutes 1 time	
Day 31			Walk 45-60 minutes 1 time	
Day 32			Walk 45-60 minutes 1 time	
Day 33			Walk 45-60 minutes 1 time	
Day 34			Walk 45-60 minutes 1 time	

Warm-Up/Cool-Down Exercises

Your heart rate needs to be increased slowly for safety. Repeat all exercises 10 times each. Do these slowly and take 5 minutes to warm up and 5 minutes to cool down.

Lateral Neck Flexion



Tilt head toward shoulder, then tilt head toward the opposite shoulder.

Neck Rotation



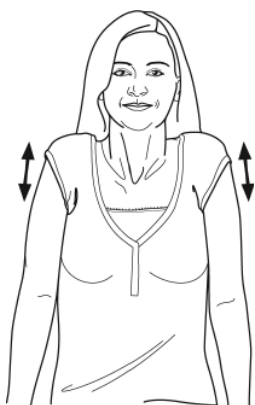
Turn head slowly over each shoulder.

Neck Flexion



Slowly bend head forward, then return to starting position.

Shoulder Shrugs



With arms relaxed at sides, raise shoulders, then relax.

Shoulder Rolls



Roll shoulders slowly backward, and then roll shoulders forward.

Sitting Knee Flexion/Extension



Slowly straighten one knee and then return foot to the floor. Switch legs and repeat.

Sitting Toe Raises



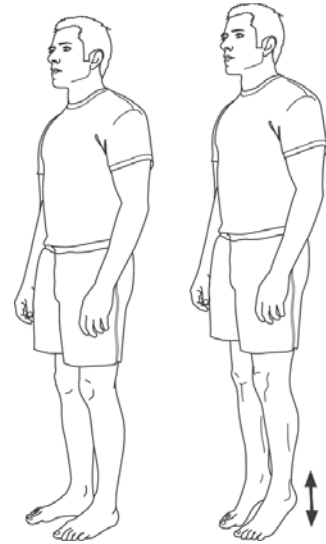
Raise toes off floor while keeping heels on the floor.

Sitting Marching



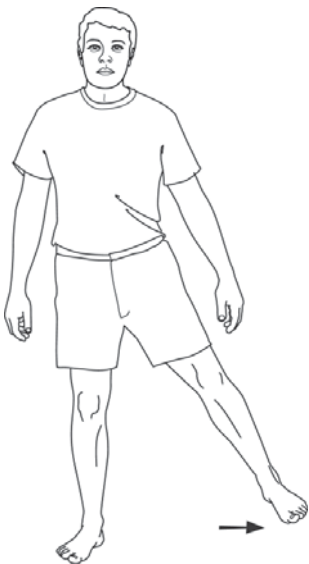
March in place while sitting. Try to march in place while standing.

Standing Heel Raises



Lift heels off the floor by standing on the balls of your feet.

Hip Abduction



Lift leg out to the side, keeping toes forward.

Hip Extension



Push one leg at a time straight back, keeping knee straight.

Standing Knee Flexion



While standing, bend knee as far as possible.

Medication for Heart Disease

Managing Your Medication

Your doctor has ordered medicine for your heart problem. Take your medicine only as directed — the correct dose at the correct time. Please call your doctor's office with any questions.

- ▶ Always check the label of your prescription bottle before taking your medicine. Keep your medicine tightly capped in its original container when not in use. You may also use a daily or weekly pillbox.
- ▶ Know your medicine:
 - Name
 - Dose and how often you take it
 - Why you are taking it
- ▶ Carry an up-to-date list of your medications with you. Include any vitamins, food supplements, or herbal medications. Do not take any of these without first checking with your doctor. Herbal medications may interact with heart medications and cause problems.
- ▶ Each time you go in or out of the hospital, your medication list will need to be checked for accuracy. This is a safety measure to ensure that you are taking the correct medications.
- ▶ Be sure to speak up if you have any questions or are unsure about your medications.
- ▶ Always check with your doctor **before** stopping any medicine.
- ▶ Throw away medicine that you no longer need to take. Check with your pharmacist on how to dispose of it.

Types of Heart Medication

It's likely that your doctor has directed you to take one or more of the following cardiac medicines. Keep track of any side effects you feel as your body adjusts to each medicine, and describe them to your doctor.

Aspirin

Aspirin is given to heart patients to reduce the “stickiness” of the blood to help prevent clots. It is an antiplatelet medication and reduces the risk of heart attack and stroke. Aspirin comes in plain or coated tablets. Coated tablets are less irritating to the stomach. There are many brands and strengths of aspirin, so be certain to buy the correct strength. To be sure, ask your pharmacist.

Aspirin can cause nausea, stomach burning, or indigestion. Call your doctor right away if you have:

- ▶ Severe stomach pain
- ▶ Bruising or bleeding
- ▶ Bloody or dark urine
- ▶ Bloody or dark stools
- ▶ Ringing in the ears

Antiplatelet Agents – ADP Receptor Antagonists

Generic Name	Brand Name
Clopidogrel	Plavix®
Prasugrel	Effient®
Ticagrelor	Brilinta®

Antiplatelet agents prevent blood clots in the blood vessels. If you have had a PCI or a stent inserted, these medicines help to prevent clots from forming.

Some possible side effects may include indigestion, nausea, vomiting, rash, or diarrhea.

Call your doctor right away if you have:

- Severe stomach pain
- Bruising or bleeding
- Bloody or dark urine
- Bloody or dark stools
- Fever or chills
- Sore throat

Statins (HMG-CoA Reductase Inhibitors)

Generic Name	Brand Name
Atorvastatin	Lipitor®
Pravastatin	Pravachol®
Rosuvastatin	Crestor®
Simvastatin	Zocor®

This group of medicines helps to prevent heart attacks by lowering cholesterol. They have been shown to reduce the risk of heart attacks and death from heart disease.

Some examples of statins are listed in the table at bottom left.

While taking statins, you may have blood work to check for liver or kidney side effects. Call your doctor right away if you have:

- Severe pain in the muscles
- Dark urine

Antihypertensives

ACE (Angiotensin-Converting Enzyme) Inhibitors

Listed below are some examples of ACE inhibitors.

Generic Name	Brand Name
Benazepril	Lotensin®
Enalapril	Vasotec®
Lisinopril	Prinivil®, Zestril®
Quinapril	Accupril®
Ramipril	Altace®

ACE inhibitors make the blood vessels relax and expand. This allows the blood to flow through the vessels with less work on the heart. The heart does not have to pump as hard. ACE inhibitors reduce your risk of heart attack and even reduce death from heart problems. They also control blood pressure and protect the kidneys in some conditions.

These drugs may cause a dry cough, and you may want to tell your doctor about this. ACE inhibitors can also cause a rare but very serious condition called angioedema. This is a swelling of the lips, tongue, and throat. If this happens, stop taking the medicine and call 911.

ARBs

(Angiotensin Receptor Blockers)

Some patients who cannot take ACE inhibitors may be on similar medicines called ARBs. These medicines also relax the vessels and may help the heart pump better. ARBs do not usually cause side effects.

Listed are some examples of ARBs.

Generic Name	Brand Name
Candesartan	Atacand [®]
Losartan	Cozaar [®]
Valsartan	Diovan [®]

Antihypertensives/ Antiarrhythmics

Beta-Blockers

Listed are some examples of beta-blockers.

Generic Name	Brand Name
Atenolol	Tenormin [®]
Bisoprolol	Zebeta [®]
Carvedilol	Coreg [®]
Labetalol	Normodyne [®] , Trandate [®]
Metoprolol	Lopressor [®] , Toprol-XL [®]

Beta-blockers slow the heart rate, resulting in a decreased need for blood and oxygen to the heart. This reduces the workload on the heart. They also help the heart beat more regularly and help control high blood pressure. After a heart attack, patients who are able to take and continue on beta-blockers live longer.

Side effects may include dizziness, lightheadedness, unusual tiredness or weakness, and increased difficulty breathing.

Do not stop taking your beta-blocker unless your doctor has told you to do so. Stopping abruptly may be harmful.

Calcium Channel Blockers

These medicines prevent chest pain by dilating coronary arteries. They also control irregular heartbeats and decrease high blood pressure.

Side effects may include dizziness, lightheadedness, headache, unusual tiredness, flushing, swelling of the hands or feet, and constipation.

Listed are some examples of calcium channel blockers.

Generic Name	Brand Name
Amlodipine	Norvasc [®]
Diltiazem	Cardizem [®] , Cardizem [®] SR, Cardizem [®] CD, Dilacor XR [®]
Nicardipine	Cardene [®] , Cardene [®] SR
Nifedipine	Adalat [®] , Procardia [®] , Adalat [®] CC, Procardia XL [®]
Verapamil	Isoptin [®] , Isoptin [®] SR, Verelan [®] , Covera-HS [®]

Diuretics

Listed below are some examples of diuretics.

Generic Name	Brand Name
Furosemide	Lasix®
Hydrochlorothiazide (HCTZ)	HydroDIURIL®
Indapamide	Lozol®
Metolazone	Zaroxolyn®

Diuretics, or water pills, help your kidneys produce more urine by eliminating excess salt and water. This results in less fluid for your heart to pump. With less to pump, the heart does not need to work so hard.

Some diuretics also help your kidneys to produce more urine without losing too much potassium. These are called potassium-sparing diuretics and include the following:

Generic Name	Brand Name
Amiloride	Midamor®
Spironolactone	Aldactone®
Triamterene	Dyrenium®

Combinations of diuretics include Dyazide® (HCTZ and triamterene) and Aldactazide® (spironolactone and HCTZ).

Along with an increase in urination, you may feel thirsty. Thirst and increased urination are normal effects of diuretics, but call your doctor if you are taking diuretics and have:

- Dizziness
- Severe weakness
- Severe leg cramps
- Fatigue

Potassium

Potassium is a mineral that your body needs. It helps to control your heart rhythm. Most water pills cause you to lose potassium (KCL) along with urine. If this happens, you may need to take extra potassium. Brands of potassium include K-Dur and Micro K.

Do not take a potassium supplement unless directed by your doctor.

Potassium pills may cause an upset stomach. To avoid this, take the potassium with a full glass of water, with your meal or right after eating.

Ask your doctor if it would be helpful to include more potassium-rich foods in your diet. Some patients with kidney problems should not eat foods high in potassium. Some salt substitutes are largely composed of potassium. Do not use salt substitutes without first checking with your doctor.

Foods high in potassium and low in sodium include:

- Raisins, prunes, apricots, figs, and dates
- Bananas, cantaloupes, grapes, oranges and orange juice, and honeydew melons
- Potatoes, beets, greens, spinach, peas, beans, tomatoes, and mushrooms.
Avoid canned versions unless they are labeled “low sodium.”
- Broccoli, cauliflower, and squash
- Flounder
- Turkey or beef

Nitrates

Nitrates relax the arteries of the heart to decrease the frequency and amount of chest pain. Some side effects may include headache, dizziness or lightheadedness when rising from sitting or lying, nausea, vomiting, restlessness, flushing of the face, or fast pulse.

Some examples of nitrates are listed below.

Generic Name	Brand Name
Isosorbide dinitrate	Dilatrate®-SR, Isordil®
Isosorbide mononitrate	ISMO®, Imdur®
Nitroglycerin spray	Nitrolingual®
Nitroglycerin tablets	Nitrostat®
Nitroglycerin transdermal	Minitran®, Nitro-Dur®, Nitrodisc®, Transderm-Nitro®, Deponit®

Using and Storing Nitrates

Nitroglycerin tablets: Be sure to be sitting down when taking nitroglycerin. Dissolve the small, white nitroglycerin (NTG) tablet under your tongue. Do not swallow these tablets. If your chest pain is not relieved in 5 minutes, call 911 and take a second tablet. If you still have pain, take a third tablet 5 minutes later, for a total of 3 tablets.

To maintain their freshness, the tablets should be kept tightly capped in the brown glass bottle they come in. Discard the cotton once the bottle has been opened. Do not store the bottle in very cold or very warm places such as the refrigerator or car.

Spray: Before you use the bottle the first time, you will need to “prime” it. Follow the directions on the label. You will also need to re-prime the bottle if you have not used it for 6 weeks.

Spray once either onto or under the tongue. Close your mouth after you spray, but do not swallow or rinse. Do not breathe in the spray. If your chest pain is not relieved in 5 minutes, call 911 and spray a second time. If you still have pain, spray a third time 5 minutes later, for a total of 3 sprays.

Tablets, patches, ointments: Some long-acting forms of nitroglycerin come in tablets, skin patches, or ointments (creams). Some tablets may be swallowed. Follow your doctor’s directions if and when these are required to treat your angina.

Notes

Cardiac Risk Factors

A number of factors are linked to an increased risk of developing coronary heart disease. Some of these risk factors — such as being male or a woman past menopause or having a family history of heart disease — are factors you cannot change. Risk factors you can change include smoking, being overweight, your activity level, and how you manage stress. High cholesterol levels, high blood pressure, and diabetes can also be managed.

If you are at risk for developing heart disease, you can greatly reduce your risk by changing your habits. Have regular checkups and follow your doctor's instructions. Your doctor and other healthcare team members will explain how to eliminate or reduce those risk factors that you can control. Eating a more healthful diet, losing weight, quitting smoking, and learning to manage stress are all ways to reduce your risk.

Quitting Smoking How Smoking Damages Your Heart

- ▶ The nicotine in cigarettes causes your heart to beat faster and causes the blood vessels to narrow.
- ▶ The carbon monoxide in cigarettes is absorbed into your blood. This reduces the amount of oxygen in your blood, which means your heart has to work harder to function.
- ▶ Smoke damages the lining of the coronary arteries. This increases plaque buildup and narrows the arteries.
- ▶ People who continue to smoke after a heart attack have twice the risk of another heart attack.
- ▶ Smoking raises the level of LDL cholesterol (the cholesterol responsible for fatty plaque buildup) and lowers the HDL (the “good” cholesterol).

Tips on How to Quit

Millions of people have quit smoking, and so can you. Take it one day at a time. Tell yourself, “*Today, I will not smoke.*” Avoid temptation — don't keep cigarettes in your home or car, and ask others around you not to smoke.

Staying active can help you quit smoking. You may find that walking outdoors decreases your desire to smoke. Exercise also helps hold down your weight if you are eating instead of smoking. Deep breathing exercises can also lessen the desire to smoke.

Change your routine at home and work so you are not following the same patterns as when you were smoking. Call a supportive friend or family member when you have an urge to smoke so he or she can help you get past the craving.

The urge to smoke lasts 2 to 3 minutes. When you feel the need to smoke:

- ▶ Eat raw carrots, celery, or other crisp vegetables.
- ▶ Brush your teeth.
- ▶ Find something to do with your hands.

Limit your intake of caffeine to half of what you were taking in when you were smoking. This will help you feel less nervous and jittery as you quit. Increase your intake of water to at least 6 to 8 glasses a day. This helps flush the toxins from your body and decreases the effects of nicotine withdrawal.

Resources

Ask your doctor or nurse for more information on quitting smoking. Helpful resources include telephone quit lines, websites, and local programs. Find what will work best for you.

- ▶ **Ohio Tobacco Quit Line**
1-800-QUIT-NOW (1-800-784-8669)
- ▶ **Smokefree.gov**
Offers many options for help — phone apps, talk with expert, and online resources.
- ▶ **American Lung Association**
1-800-LUNGUSA (1-800-586-4872)
www.lung.org

Cholesterol Levels

Part of keeping your heart and blood vessels healthy is controlling your cholesterol levels. This includes having your blood cholesterol levels checked by your doctor or nurse, taking medications (statins) as prescribed, exercising, and eating a heart-healthy diet.

Cholesterol is a fatty substance that your body needs in order to function. It helps form the cells that make up your body. It is made in the liver and is also found in some foods. Too much cholesterol can be harmful to your body and can increase your risk for heart attack.

Cholesterol is carried in your blood by three things:

1. **High-Density Lipoprotein (HDL)** – sometimes called the “good” cholesterol. This substance tends to carry the extra cholesterol in your blood back to the liver so that your body can get rid of it.
2. **Low-Density Lipoprotein (LDL)** – the “bad” cholesterol. When there is too much of this cholesterol in your blood, it can build up in your vessels. This can cause vessels to narrow, making it difficult for blood to travel.
3. **Triglycerides** – this substance is the major form of fat that circulates through your bloodstream. Eating too many sweets and drinking alcohol can increase your triglyceride level and may increase your risk for heart disease.

Cholesterol

Cholesterol is measured by a blood test. The results from the blood test will tell you these things:

Total cholesterol blood level	
Level	Means
200 mg/dL or lower	Good level
201 to 239 mg/dL	Borderline
240 mg/dL or higher	High

For Men

HDL blood cholesterol level	
Level	Means
40-50 mg/dL or higher	Good level
39 mg/dL or lower	Too low

For Women

HDL blood cholesterol level	
Level	Means
50-60 mg/dL or higher	Good level
49 mg/dL or lower	Too low

Remember that this is the “good” cholesterol. The *higher* the number, the better.

LDL blood cholesterol level	
Level	Means
70 mg/dL or lower	Target for people with heart disease
Less than 100 mg/dL	Good
100 to 129 mg/dL	Above optimal
130 to 159 mg/dL	Borderline high
160 to 189 mg/dL	High
190 mg/dL or higher	Very high

This is the “bad” cholesterol. The *lower* the number, the better.

Triglyceride blood level	
Level	Means
150 mg/dL or lower	Good
151 to 400 mg/dL	Borderline
401 to 1000 mg/dL	High
Higher than 1000	Very high

Your blood cholesterol level is made up of cholesterol formed by your body and cholesterol you get from food you eat. Some people tend to produce more cholesterol in their body. Here are some suggestions for things you can do to help lower your cholesterol:

1. See your doctor and have your cholesterol checked regularly. Have your doctor or nurse explain the results to you. If you have heart disease, your recommended levels may be different from those of people who don't have heart disease.
2. Medications called statins are usually prescribed to treat cholesterol levels for people with heart disease. Although diet and exercise can help improve cholesterol levels, for most people they are not enough. Take your medication as prescribed and do not stop taking it without first talking with your doctor.
3. Read pages 30-39 for information about diet changes to help lower your cholesterol levels.

High Blood Pressure (Hypertension)

High blood pressure is a risk factor in coronary heart disease, stroke, and heart failure, so it is important to lower it.

Have your blood pressure checked regularly and take your medicines as prescribed. You may also want to purchase a blood pressure and pulse monitor.

Optimal blood pressure is less than 120/80. High blood pressure is 140/90 or higher. Ask your doctor to tell you your target blood pressure. This may vary if you have diabetes, heart disease, or other health problems.

To help lower your blood pressure:

- Take your medication as prescribed by your doctor.
- Stop smoking, because smoking increases your blood pressure by constricting your blood vessels.
- Too much weight stresses the heart. Sometimes losing weight may be all that is needed to bring your blood pressure back to normal.
- Your doctor may advise you to follow a low-salt (sodium) diet, since excess salt causes the body to retain fluids. Extra fluid makes the heart work harder. Read pages 37-39 for ways to decrease sodium in your diet.

Pay attention to how you feel each day. If you begin to feel dizzy or get headaches, see your doctor right away.

Diabetes

When you have diabetes, sugar cannot enter the body cells to provide energy, so excess sugar builds up in the blood. Many problems result when the sugar in the blood is too high. Levels of cholesterol and fats in the blood can be higher, which contributes to atherosclerosis (hardening of the arteries).

Diabetes often appears in middle-aged men and women, especially those who are overweight. If this disease is not treated, it sharply increases the risk of a heart attack or stroke. People with diabetes run a five times greater risk of heart disease than those who do not have diabetes. Women with diabetes are at the same risk as men for a heart attack.

Knowing that you have diabetes and keeping your blood sugar under control will lessen your risk for heart disease. Check your blood sugar regularly, and talk with your doctor if your sugars are out of range for you.

As you begin to exercise more, be aware of signs of low blood sugar. You may want to check your blood sugar during or after exercise or if you are noticing low blood sugar signs such as feeling dizzy, weak, shaky, anxious, or confused.

Your doctor will be checking your Hgb A1C, which shows what your blood sugar levels have been the last 2 to 3 months. The target for most people is less than 7.0.

Mount Carmel offers diabetes education classes at Mount Carmel East, West, and St. Ann's. For more information, call 614-546-4582.

Exercise

The heart muscle needs exercise to keep it strong. Regular, moderate exercise may help you to avoid another heart attack. Exercise will also lower blood triglycerides and increase the “good” cholesterol in your bloodstream. Good cholesterol, called HDL, is believed to help stop the progression of heart disease. Exercise is an excellent way to relieve stress. It may also help lower blood pressure and help you lose weight and stop smoking.

As you complete your initial cardiac rehab activity program, you will need to continue with a walking program or some other form of regular exercise. Regular exercise is a key factor in preventing and managing heart disease.



Weight Control

Overweight people have a greater risk of heart disease because:

- The heart has to work harder to deal with the extra weight.
- High blood pressure increases the workload of the heart.
- Levels of LDL cholesterol are higher.
- Very little or no exercise can make the heart and body less strong.
- Diabetes is more common.

How to lose weight

Talk with a dietitian about setting up a meal plan that you can live with. You may also find that a buddy system works well for you, so team up with a friend who has a similar weight-loss goal. Weight Watchers® and other weight-loss programs that offer support and sound nutritional advice may also be helpful.

The key to losing weight is to eat less and exercise more. Cut back on your portion sizes. Limit sweets and fatty foods. Any fat has more than twice the number of calories of protein and carbohydrates.

Be aware of your eating triggers. Triggers can include being upset or stressed, certain foods such as chocolate, or events such as parties or family gatherings. Try to tune into your fullness signals. Eat slowly until you feel satisfied rather than stuffed.

Some helpful tips:

- ▶ Space your meals evenly throughout the day.
- ▶ Eat slowly and enjoy your food.
- ▶ Avoid having tempting foods in your home.
- ▶ Have a piece of fruit instead of a sugary dessert.
- ▶ Instead of fatty snacks, try carrot sticks or other crunchy vegetables that are not high in sodium.

Eating out can offer challenges when you are trying to lose weight. Portions in restaurants are often much larger than you need. You may want to ask for a carryout container and put some of the meal aside right away. Take it home for tomorrow's lunch.

As you lose weight, reward yourself often with nonfood items. Buy yourself some new clothes or a book. Take a trip or do a fun activity. Talk to your doctor, nurse, or dietitian if you need extra help in losing weight.

Check with your insurance plan to find a registered dietitian who can work with you and your specific dietary needs.

Managing Stress

Stress can contribute to heart disease. Stress causes hormones to be released that speed up your heart rate and narrow your blood vessels.

Managing stress is a key part of a successful recovery and good health. Here are some techniques that you may want to try.

- ▶ Be as active as you can. Slowly increase your daily activities. Pay attention to your effort symptoms.

- ▶ Take time for yourself. Try to have a time each day when you do something that you enjoy.
- ▶ Eat well. Follow the diet recommended by your doctor or dietitian.
- ▶ Communicate. Talk with friends and family and express your feelings.
- ▶ Take care of yourself. Avoid stressful situations and learn to say no.
- ▶ Breathe deeply. Perform deep breathing exercises while lying down, sitting, or standing.

Deep Breathing

Follow these steps to help:

- ▶ Relieve stress.
 - Close your eyes.
- ▶ Relax your body.
 - Slowly breathe in through your nose.
- ▶ Lower your blood pressure.
 - Blow air out slowly through pursed lips.
- ▶ Ease pain.
 - Improve your emotional health.

Stretching

- ▶ Use the warm-up/cool-down exercises on pages 15-16 for relaxing tense muscles.

Heart Healthy Diet

Healthful Food Choices

A heart-healthy eating plan starts with better food choices. There are healthful choices in all of the food groups. Choosing these, in healthy serving sizes, can help you reach your heart-healthy goals and control your weight.

Meat, fish, and poultry – 6 ounces or less per day

The American Heart Association encourages 2 servings of fish rich in omega-3 fatty acids weekly such as albacore tuna and salmon to decrease the risk for heart disease. Aim for at least 6 ounces of omega-3-rich fish (2 meals) weekly.

A 3-ounce portion of cooked meat is about the size of a deck of playing cards. Choose lean cuts of meat, poultry, or vegetarian meat substitutes such as tofu or soy products.

Eggs

Eggs are a good source of protein and other nutrients. They do contain saturated fat. The saturated fat is only in the egg yolk, so you should limit your intake of them. Egg whites and products like Egg Beaters® have no saturated fats.

Milk and dairy – 2 to 3 servings per day

A serving size = 1 cup milk or 1 cup low-fat or fat-free yogurt or 1½ ounces cheese. Choose:

- Low-fat or nonfat milk with 0 to 1% fat
- Low-fat or nonfat yogurt
- Dry-curd or low-fat cottage cheeses
- Natural cheese with no more than 3 grams of fat per ounce

You may also want to try vegetarian cheese substitutes.

Fiber

Fiber is found in plant-based foods like fruits, vegetables, whole grain breads and cereals, beans, and peas. You never get fiber from animal products. Fiber has been found to help reduce some of the risk factors of heart disease. Whole grain foods can help lower your blood cholesterol and keep you full, which may help to manage your weight. Aim for 20 grams or more of fiber per day.

Fruits and vegetables – 5 or more servings per day

Serving size = 1 cup canned or fresh fruit or vegetable, ½ cup unsweetened fruit juice, ¼ cup dried fruit, or 2 tablespoons raisins or dried cranberries, or 2 cups leafy greens.

- Try a wide variety of different-colored fruits, and vegetables. Aim for 1 to 2 servings every meal.
- Choose fruits and vegetables for healthful snacks.

- ▶ Avoid adding butter and sauces to cooked vegetables, but eat plenty of plain vegetables.
- ▶ Choose canned fruit in 100% juice or canned vegetables with no salt added.

Legumes (dried beans, peas, and lentils) – Aim for ½ cup legumes at least 3 to 4 times per week

These are plant-based and can help lower intake of animal-based fats. They provide fiber, potassium, protein, iron, and B vitamins. Add legumes to soups, salads, and rice dishes.

Nuts

Eating no more than 1 ounce of nuts each day can lower the chance of heart disease. Nuts provide many protective nutrients including heart healthy fats.

Choose fresh or dry-roasted, unsalted, and natural nut butters. Avoid nuts that are sugared or salted.

Breads, cereals, rice, and pasta – 6 servings per day

A serving size = ½ cup cooked cereal, ½ cup cooked rice or pasta, 1 slice bread, ½ English muffin, one 6-inch tortilla, or 1 cup ready-to-eat unsweetened cereal.

- ▶ Choose 100% grain breads, wraps, tortillas, crackers, and pasta.
- ▶ Choose steamed, not fried, rice. Choose whole grains such as brown or wild rice.
- ▶ Limit croissants, doughnuts, sweet rolls, biscuits, and muffins.

Fats and Oils

According to the latest national cholesterol guidelines and many other reliable health organizations, your total daily fat intake should range from 20 to 35% of your total daily calories. How much fat and calories you should eat depends upon your age, gender, level of physical activity, your cardiovascular disease risk, and your lipid levels. Ask your doctor or dietitian for more information about fat intake.

Usually the daily allowance of fats and oils is between 2 and 3 tablespoons per day.

Healthy Fats: Monounsaturated Fat and Polyunsaturated Fat

Foods that contain these kinds of fats can help lower LDL cholesterol and triglyceride levels. These include:

- ▶ Plant-based oils like olive oil, canola oil, and peanut oil
- ▶ Nuts and seeds
- ▶ Avocados and olives (be careful of the sodium in olives)
- ▶ Fatty fish like salmon and albacore tuna

Unhealthy Fats: Saturated and Trans

Foods high in saturated and trans fats can increase LDL cholesterol and triglyceride levels. Trans fats will also lower healthy HDL cholesterol. No more than 6% of your calories per day should come from saturated fat (that's 13 grams for someone on a 2000 calorie diet). Trans fat should be completely avoided. Sources of these fats include:

- ▶ High fat cuts of meats
- ▶ Poultry with the skin

- ▶ Processed red meats like bacon, sausage, hot dogs, brats, and bologna
- ▶ High fat dairy products (whole or 2% milk)
- ▶ Butter, shortening, lard
- ▶ Coconut oil, palm oil, and palm kernel oil
- ▶ High fat desserts and sweets (cookies, cakes, pies, pastries, donuts, ice cream, candy bars, chocolate)
- ▶ Any foods with partially hydrogenated oil (trans fat) or fully hydrogenated oil (saturated fat) in the ingredients list

Snacks

Choose:

- ▶ nut butter on crackers, toast, or celery
- ▶ raw fruits and vegetables
- ▶ air-popped or light microwave popcorn
- ▶ flavored rice cakes
- ▶ whole grain cereal (not high-sugar types)
- ▶ whole grain crackers
- ▶ vanilla wafers
- ▶ homemade nut and dried fruit mix
- ▶ handful of unsalted nuts

Note: Baked snack chips and pretzels are low in fat, but may be high in salt.

Added Sugars

Consuming a diet high in added sugar has been linked to a higher risk of heart disease and can increase triglyceride levels. The American Heart Association recommends that men limit added sugars to no more than 9 teaspoons per day and women to no more than 6 teaspoons per day. That's 36 for men and 24 grams for women, if you are using the food label to check your intake of added sugar. The average adult consumes 22 teaspoons per day. Major sources of added sugar include:

- ▶ Sugar sweetened beverages like soft drinks, lemonades and fruit drinks, sweetened tea and coffee drinks, and sport drinks
- ▶ Sweetened grain products like cereals, pastries, cakes, cookies, and granola bars
- ▶ Sweetened dairy products like flavored milk, yogurt, and ice creams



Cooking Low-Fat

The next step in heart-healthy eating is to prepare foods in a nutritious and healthful way. You can decrease the amount of saturated fat, cholesterol, and calories added to your food during cooking.

Try these low-fat cooking methods:

- ▶ **Roast** with a rack so that the meat or poultry doesn't sit in its own fat drippings. Baste or marinate with fat-free dressings, wine vinegar, or lemon, lime, apple, or pineapple juice.
- ▶ **Bake** in covered cookware with a little extra liquid.
- ▶ **Braise or stew** with more liquid when baking in the oven or on top of the stove. Refrigerate the cooked dish and remove the solid fat before reheating.
- ▶ **Poach** by covering chicken or fish in simmering liquid such as water or lower-sodium broth.
- ▶ **Grill or broil** on a rack so that fat drips away from the food.
- ▶ **Sauté or stir-fry** in a nonstick pan. Use nonstick cooking spray, fat-free low-sodium broth, lower-sodium bouillon, canola oil, or peanut oil.
- ▶ **Steam** vegetables in a basket over simmering water.
- ▶ **Microwave** meats between two paper towels to absorb excess fat.

Other low-fat cooking tips include:

- ▶ Trim fat from meat before cooking.
- ▶ Do not eat skin from chicken or turkey. Remove the skin and fat under the skin before cooking poultry pieces. The exception is when cooking a whole turkey or chicken. In this case, remove the skin before carving and serving the meat. Choose whole turkeys that have not been injected with fats or broths.
- ▶ Use nonstick cooking sprays for grilling sandwiches or other stove-top recipes.
- ▶ Often fat can be reduced in recipes without losing flavor. For example, omitting oil when cooking pasta will not change the flavor.
- ▶ Prepare vegetables without adding fat, cream, or cheese sauce. Steam or roast vegetables instead of boiling to save the flavor and nutrients.
- ▶ Choose low-fat or nonfat versions of dairy products for recipes that include milk, yogurt, or cheese.

Limiting Sodium

A low-sodium (salt) diet may help to prevent buildup of extra water in the body, as it acts like a sponge and holds onto water. Extra body fluid can cause the heart to work harder. This may lead to or worsen high blood pressure and heart failure. High blood pressure can increase your risk for stroke, heart attack, and kidney disease.

How much sodium do you need?

The amount of sodium you need varies from person to person depending on kidney function and fluid loss. Americans typically eat more than 3,000 milligrams (mg) of sodium daily — much more than what most of us need. Current guidelines suggest keeping sodium limited to less than 2,000 mg daily. Your doctor may direct you to a specific sodium limit.

Ways to Cut Down On Sodium

One way to cut down on sodium in the diet is to avoid using the salt shaker at the table or when preparing meals. One teaspoon of salt is equal to 2,300 mg sodium. Use spices and herbs in place of salt. Choose unprocessed meats. Fresh or frozen vegetables are naturally low in sodium compared to most canned options.

If you want to try a salt substitute, check with your doctor first. Some people with kidney problems should not use salt substitutes because they contain potassium.

Read Labels

Look for hidden sources of sodium. Commercially prepared and prepackaged foods tend to be high in sodium. Compare labels and select products lowest in sodium.

- ▶ Select foods with 140 mg of sodium or less per serving whenever possible.
- ▶ Make sure to check the serving size: if you are eating more than one serving, you will get more sodium than the amount listed.
- ▶ Follow the 5/20 rule using the food label. Try to purchase as many items as possible with less than 5% daily intake of sodium and avoid any items with 20% daily value or more.

Some medications are high in sodium. Avoid meat, poultry, seafood, and vegetables that are fried. If you are not sure if your prescription or over-the-counter medication is high in sodium, ask your doctor or pharmacist.

Choose Carefully When Dining Out

Use caution when eating outside your home and be specific about what you want and how you want your food prepared. Request that food be prepared without added salt or salty seasonings. Ask for sauces, gravies, and salad dressings on the side. Select sandwiches without cheese. Ask for nutrition information for the foods that you are interested in so you have a true understanding of the sodium content.

Use this table as a guide to help make lower-sodium choices:

Food Group	Low Sodium: GOOD CHOICE	High Sodium: AVOID OR LIMIT
Dairy (Milk and Milk Products)	Milk or milk powder Rice and soy milk Yogurt (including Greek) Small amounts of natural block or reduced-sodium cheese (Swiss, ricotta, mozzarella) Regular or soft cream cheese and low-sodium cottage cheese	Buttermilk Processed cheeses such as American, Velveeta, Cheez Whiz, and queso Blue cheese, feta cheese, and Roquefort cheese
Other Protein Foods (Meat, Poultry, Fish, Beans)	Fresh lean meat, poultry, fish, or shellfish Canned or packed tuna (limit to 4 ounces at one serving) Eggs Unsalted nuts or peanut butter	Kosher meats Canned, salted, cured, or smoked meat/fish such as bacon, ham, sausage, pepperoni, hot dogs, and smoked salmon Deli meats such as bologna, pastrami, salami, cold cuts, and corned beef Jerky Breaded poultry, fish, and other meats
Vegetables	Fresh and frozen vegetables without added sauces Low-sodium/sodium-free canned vegetables Low-sodium canned vegetable juice	Regular canned vegetables and vegetable juices Frozen vegetables with sauces or added salt Olives, pickles, pickled vegetables, and sauerkraut
Fruit	All fresh, canned, or frozen fruit or juice Dried fruits such as raisins, cranberries, and prunes	Dried fruits preserved with sodium-containing additives

Food Group	Low Sodium: GOOD CHOICE	High Sodium: AVOID OR LIMIT
Bread, Cereal, Rice, Pasta	<p>Aim for bread with less than 80 mg sodium per slice</p> <p>Whole grain breads and cereals (oats, grits, cream of wheat)</p> <p>Plain pasta, rice, or quinoa</p> <p>Unsalted snack crackers</p>	<p>Baked goods prepared with salt, baking powder or baking soda (biscuits and cornbread), or self-rising flour</p> <p>Salted crackers and pretzels</p> <p>Frozen or boxed seasoned rice, pasta, and stuffing</p>
Condiments	<p>Fresh or dried herbs</p> <p>Low-sodium ketchup</p> <p>Lemon or lime juice</p> <p>Salt-free seasoning mixes and marinades such as Mrs. Dash or McCormick's salt-free blend</p> <p>Simple salad dressings such as oil and vinegar or low-sodium versions</p>	<p>Salt, sea salt, kosher salt, onion salt, and garlic salt</p> <p>Seasoning mixes containing salt, such as lemon pepper or Lawry's</p> <p>Bouillon cubes</p> <p>Catsup or ketchup</p> <p>Barbeque sauce, Worcestershire sauce, and soy sauce</p> <p>Most bottled salad dressings</p> <p>Salsa</p>
Other	<p>Low-salt soup, low-salt or unsalted snack chips, reduced-sodium frozen dinners (less than 500 mg)</p>	<p>Canned soup</p> <p>Gravy or meat tenderizer</p> <p>Salty snack chips</p> <p>Regular boxed or frozen meals or side dishes</p>

Change your diet slowly so your taste buds can adjust over time. Soon you will be able to enjoy the natural flavor of foods and the exciting flavor of salt-free seasonings.

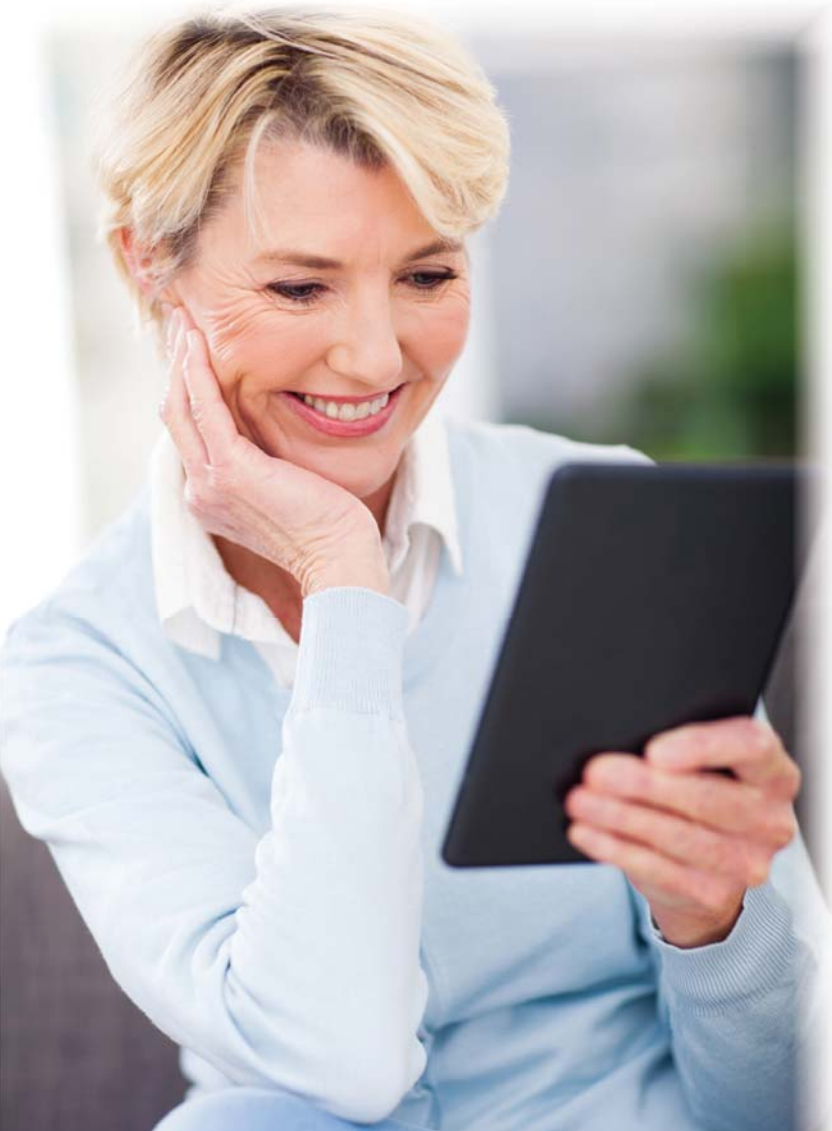
After about a month on a lower-sodium meal plan, your old food choices will probably taste too salty.

Websites

For more information about all aspects of heart-healthy eating, try these websites.

- ▶ **American Heart Association**
1-800-242-8721
www.heart.org
- ▶ **Academy of Nutrition and Dietetics**
1-800-877-1600
www.eatright.org
- ▶ **American Diabetes Association**
1-800-342-2383
www.diabetes.org
- ▶ **United States Department of Agriculture**
www.choosemyplate.gov
- ▶ **Healthy Dining Finder**
www.healthydiningfinder.com

Notes



As You Recover

Even as you read this, your heart is busy healing itself.

If you had a heart attack, scar tissue is forming over the area that was damaged. The arteries are branching out so that they can bring more blood to the damaged area. It takes about 6 weeks for your heart to heal after a heart attack.

You will feel tired in the early days of your recovery. You will be given tips on how to save energy and make your daily tasks easier at home.

Follow the activity guidelines in this book as you gradually resume your normal activities. Following these guidelines will allow your heart to heal, as each day you gradually increase your activities to strengthen your heart muscle.

What About Your Feelings?

There is an emotional adjustment when you learn that you have heart problems. You may feel a wide range of emotions at different times including anger, sadness, fear, guilt, or a sense of loss. You may even find yourself denying that you have heart disease.

Identifying and working through your emotions is an important part of your recovery. You may find it helpful to talk about your concerns and feelings with trusted family members and friends.

Sometimes your emotions make you feel that the challenges of recovery are overwhelming. If these feelings last too long, they can be harmful to your health. You could be experiencing depression.

Depression

Depression is a treatable medical illness that involves the body, mood, and thoughts. It is caused in part by changes in brain chemicals and can be triggered by difficult life events, stress, or a major illness, so people with heart disease are at risk for depression.

Symptoms

It is not uncommon to feel sad or blue during your recovery. Sadness usually lessens and goes away with time.

Depression is different. If you find yourself feeling blue or down or having any of these signs most of the time for at least 2 weeks, you should contact your doctor:

- ▶ Loss of interest in activities normally enjoyed
- ▶ A “slowed-down” or restless feeling
- ▶ Feeling hopeless, guilty, worthless, or helpless
- ▶ Difficulty concentrating or remembering
- ▶ Having thoughts of death or suicide
- ▶ Problems sleeping, feeling tired all of the time, or sleeping too much

Getting Treatment

If you have experienced some of these symptoms for 2 or more weeks, you should talk to your doctor.

Depression is bad for your heart. Being depressed can be just as bad as smoking or having high blood pressure or high cholesterol. If you are depressed, you may not have the best possible recovery, because you do not feel up to taking care of yourself.

**Call for an appointment today.
Do not delay.**

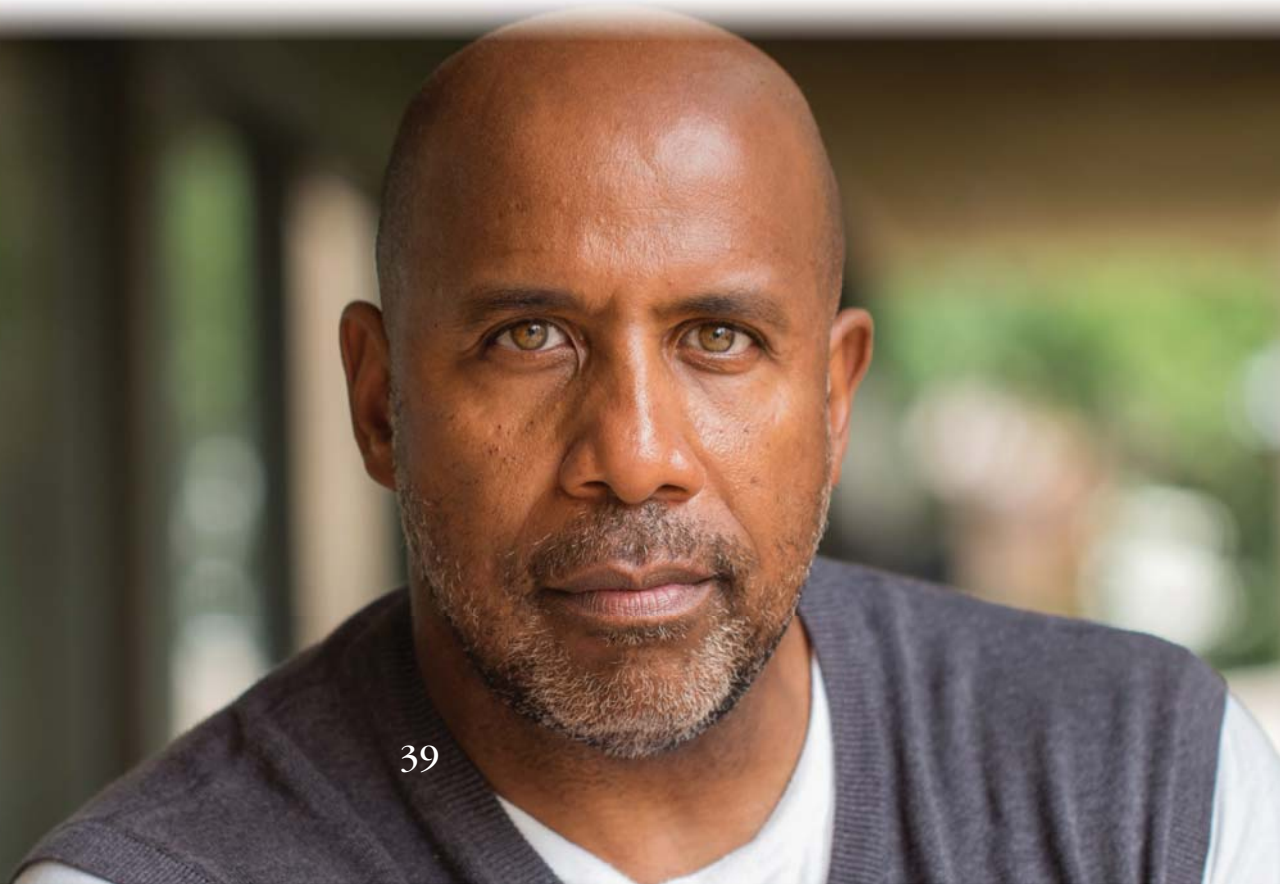
Depression is not a sign of personal weakness or something that can be willed or wished away. Your doctor can make an evaluation and help you find effective treatment. Treatment options include antidepressant medication, counseling, or both. Expect your mood to improve gradually, not right away. Feeling better takes time.

If you ever feel like harming yourself or anyone else, call 911 for immediate help.

Your Spiritual Well-Being

Many heart patients have questions and fears that cause them to examine or reexamine their lives in spiritual terms. Often they ask, “Why me?” While there may be medical answers to that question, there may also be spiritual ones. You may feel that you are being punished or that your faith has let you down. You may feel that there is some spiritual purpose for your illness and recovery.

Many patients report that, through their illness, they become more aware of the aspects of life that matter most to them. These may include time with family, self-improvement, or a deeper spiritual life. Try to recognize this as an opportunity for you to enjoy life to its fullest and to appreciate it.



What About Intimacy?

Some heart patients are embarrassed to ask their doctors when they can resume sexual activity. Others wonder if they will even be interested and, if they are interested, whether they will be able to perform. After getting the go-ahead from their doctors, many people resume sex about a month after their heart attack.

Sexual intercourse with a familiar partner requires about the same level of energy as it takes to climb two flights of stairs. If stair climbing leaves you winded, it is likely that sex will, too. If you are prone to angina, take a nitroglycerin tablet before intercourse. If you experience angina, stop, rest, and report the angina to your doctor.

If your stamina and desire are back, be sure to give yourself plenty of time to prepare for and enjoy sex. Many heart patients find that their interest in sex is higher in the mornings when they are feeling rested and relaxed.

To avoid overtaxing your heart, do not have sex after eating a heavy meal, when you are tired, or when you feel tense. Try positions that put as little strain on you as possible, such as lying on your side or back. Familiar surroundings and a comfortable temperature are less stressful on the heart. Talk with your partner about your needs and concerns.

If impotence is a problem, discuss it with your doctor. Some of your medicines may be interfering with your sexual desire and ability.

Reflecting and Your Recovery

It is normal to reflect on your life when you have a major health event. The more you understand what happened to you and why, and what you can do to take care of yourself, the easier it will be for you to get your emotions in balance and to move on with your recovery.

Learn from your experience to improve your health. You may face some limits on what you can do as you recover. Some of the limits may be temporary while your heart heals. Others may be long-term. Your recovery will be helped by living within those limits and paying attention to symptoms you may have.

You may see your heart disease as a turning point in your life. You may decide to make lifestyle changes such as:

- Taking the medicines your doctor ordered for you
- Adopting healthful eating habits
- Following a regular program of exercise
- Stopping smoking
- Limiting alcohol intake
- Practicing stress management

These changes may make you feel better about your recovery and your future health. We at Mount Carmel wish you well in your heart health journey.

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MOUNT CARMEL

A Member of Trinity Health