



healthy heart

HEALTH NEWS AND INFORMATION

Dangerous pain

Unstable angina is a particularly dangerous type of angina. With this variety, chest pain comes on unexpectedly and usually happens when a person is resting. The pain may be stronger and last longer than stable angina.

Unstable angina is a serious matter because it increases the risk for:

- Heart attacks.
- Severe cardiac arrhythmias.
- Cardiac arrest leading to sudden death.

Someone having unstable angina needs immediate medical help.

Source: American Heart Association



angina

TAKE CONTROL

Using nitroglycerin

Nitroglycerin is often prescribed for people with angina. It helps control or relieve chest pain.

Nitroglycerin comes in several forms, including tablets, skin patches and sprays. Some forms help prevent angina attacks. Others are taken when chest pain has already begun or just before engaging in an activity that can bring on an angina attack.

If you have nitroglycerin, be sure to use it just as prescribed. And don't stop taking it without consulting your doctor first.



Source: American Society of Health-System Pharmacists

IF YOU HAVE CHEST PAIN DUE to angina, living well with it means understanding your condition and how you can control it. And that means knowing:

- The patterns. Stable angina is generally predictable, so you'll know what brings on your pain, what it feels like, how long it will last, and whether rest or medication will bring relief. Knowing the pattern is important, since changes (increased frequency or greater severity, for instance) can signal a worsening problem.

- Your medicines. It is important to know how and when to take your medications, as well as possible side effects. Make sure you talk to your doctor and have a thorough

understanding of what you are taking and why.

- Potential triggers. You may be able to prevent angina attacks by

Avoiding triggers may help you prevent an angina attack.

learning what causes them and avoiding those triggers. For example, if eating large meals is a trigger, try eating smaller ones.

- When and how to get help. Chest pain that is severe, lasts longer than a few minutes, or doesn't get better with rest or medicine is an emergency.

Source: National Heart, Lung, and Blood Institute



HEALTHY facts

HEALTHY LIFESTYLE STILL NEEDED

Many people with heart disease need to take medications to treat high blood pressure, high blood cholesterol or other conditions that can affect the heart. If you take any of these medications, it's important to also maintain a heart-healthy lifestyle—such as exercising regularly and eating a healthy diet. Doing so may help keep doses of some medications as low as possible.

—National Institutes of Health

SNOW: LOOK, BUT DON'T SHOVEL

Snow may be pretty to look at, but you probably shouldn't shovel it if you have heart disease—doing so might strain your heart. Ditto with walking through heavy, wet snow or snowdrifts. Some studies suggest that people who overexert themselves in harsh winter weather may increase their risk of a heart attack.

—American Heart Association

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HEALTHY HEART is published as a health improvement service for members of COMMUNITY HEALTH PLAN's Cardiac Connections program, 137 N. Belt Highway, St. Joseph, MO 64506, 800-990-9247, www.mychp.com.

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HTN22923p

HIGH BLOOD PRESSURE myths

AS AMERICANS, WE HAVE A silent but serious health concern—high blood pressure.

One in three adults in the U.S. has high blood pressure, and nearly one-third of them don't know it, according to the American Heart Association.

High blood pressure is often misunderstood and undertreated—in part, reports the American Nurses Association, because of myths about the disease. Here are some common myths and the facts about each:

Myth: People don't die from high blood pressure.

Fact: One American dies about every two minutes from complications due to high blood pressure.

Myth: If I had high blood pressure, I would feel it.

Fact: High blood pressure often has no signs or symptoms. A doctor or nurse diagnoses people with the disease through screening.

Myth: High blood pressure only affects the heart.

Fact: Besides the heart, other organs affected by high blood pressure include the brain and kidneys. The result: an increased risk for stroke, kidney disease or heart attack.

Myth: My blood pressure numbers are close to normal, so I'm OK.

Fact: Even blood pressure that's slightly above what is considered normal—less than 120 over 80 mm Hg—significantly increases the risk of heart attack and stroke.

Myth: I can lower my blood pressure just with changes in my



One in three adults in the U.S. has high blood pressure.

diet and exercise habits.

Fact: Though lifestyle changes are a good start and may work for some people, medications may also be needed to lower blood pressure.

If you need to lower your blood pressure, talk to your doctor about what treatment may be right for you.

DON'T IGNORE A mini-stroke

ADVANCE WARNINGS OF TROUBLE can save your life. When you hear that a tornado is on the way, you seek shelter. If you see a highway accident ahead, you put on the brakes. And if you have a transient ischemic attack (TIA), you should see a doctor right away.

A TIA—sometimes called a mini-stroke—is a warning that you are at risk for having a full-fledged stroke. It occurs when the blood supply to part of your brain is briefly interrupted due to a blood clot or a clogged or narrowed blood vessel.

TIA symptoms are the same as those for a stroke. They appear suddenly, and they may include:

- Severe headache with no known cause.
- Numbness or weakness of the face, arm or leg, especially on one side of the body.
- Confusion, trouble speaking or trouble understanding speech.
- Trouble seeing in one or both eyes.
- Difficulty walking, dizziness, or loss of balance or coordination.

TIA symptoms usually disappear within an hour, but they may last for up to 24 hours. But don't wait to get emergency medical help. Treatment should be started within 60 minutes of the time symptoms begin. Call 911 right away. Do not try to drive yourself to the emergency room.

At the hospital, ultrasound, MRI or CT scans may be used to find

the cause of your TIA. Once a diagnosis is made, your doctor may recommend drug therapy or surgery to reduce your risk of a future stroke.

Aspirin, a blood thinner, is standard treatment for most people who have a TIA. Another type of

medicine, called an anticoagulant, could be used if you have the type of irregular heartbeat known as atrial fibrillation.

If you have a partially blocked carotid artery, surgery may be needed to open it.

Your doctor can also suggest ways to control stroke risk factors, such as high blood pressure, diabetes, heart disease or smoking.

Sources: National Institutes of Health; National Stroke Association

A TIA puts you at high risk for a full-blown stroke.



Clearing arteries reduces stroke risk

One risk factor for either a transient ischemic attack (TIA) or a stroke is carotid artery disease.

Your carotid arteries carry blood from your heart to your brain. You have one carotid artery on each side of your

neck. When one or both of these arteries become narrowed or blocked—by plaque or a blood clot—blood flow to the brain can be disrupted, causing a TIA or a stroke.

A doctor can test for carotid artery disease. If you have it, making lifestyle changes—such as eating a healthy diet, exercising and quitting smoking

(if you smoke)—and taking medicines may reduce your stroke risk.

When either of your carotid arteries have a blockage of 50 percent or more, an endarterectomy may be recommended. During this procedure, a surgeon cuts into the carotid artery and removes the plaque.

Source: National Heart, Lung, and Blood Institute



traveling

AVOID BLOOD CLOTS

GOING FAR? WHETHER BY CAR, plane or train, long trips can be tedious. Not only that, but those long hours spent sitting can increase the risk of a blood clot forming in your leg, a condition known as deep vein thrombosis (DVT).

DVT happens when blood can't flow freely in the legs, as is often the case when the legs are bent in a sitting position for long periods of time. A blood clot can form and break away and move through the bloodstream. It can lead to a seri-

ous problem if the clot ends up in the lungs.

You can take steps—literally—to reduce the risk of clots.

For starters, you should take a little break to get up or get out (depending on your mode of travel) and walk around every hour or so. If this isn't possible, do some leg exercises in your seat, such as bending your toes up toward your knees, then relaxing them.

You can also: ■ Avoid crossing your legs. ■ Drink plenty of water. ■ Ask your doctor if you're at risk for blood clots. You may need to take a clot-preventing medication or wear compression stockings while you travel.

Source: *Postgraduate Medicine*

Sitting for long periods can increase the risk of a blood clot.

Fruit and cheese salad

Dressing

- 2 tablespoons raspberry-flavored vinegar
- ¼ cup fat-free, reduced-sodium chicken broth
- 2 tablespoons extra-virgin olive oil
- 1 teaspoon mildly flavored honey
- ½ teaspoon dried mint leaves

Salad

- 6 cups torn, mixed salad greens
- 1 cup watercress, stems trimmed and chopped
- ½ cup red onion, very thinly sliced
- 1 fresh peeled, chopped orange or 1 can (11 ounces) mandarin orange sections, drained
- 2 ounces crumbled reduced-fat feta cheese

Instructions

1. To make dressing, blend vinegar, broth, oil, honey and mint at low speed until combined. Transfer to a jar with a tight lid; refrigerate until needed (up to 3 days).
2. For the salad, in a large bowl toss the mixed greens, watercress, onion and orange.
3. Shake dressing until thoroughly reblended, drizzle over salad and toss lightly. Sprinkle crumbled feta over the top and serve.

Nutrition information

Makes 7 servings.

Per serving: 82 calories, 5g total fat

(1g saturated fat), 8g carbohydrates, 3g protein, 2g dietary fiber, 143mg sodium, 85mg potassium

Source: *American Institute for Cancer Research*