HEARTBEAT

CARDIOVASCULAR DISEASE:

What you can do to improve your heart health

Men's Health Network™
www.menshealthnetwork.org

By the Men's Health Network Advisory Board

(A part of the ***Blueprint for Men's Health*** series of publications.)

Please Note: The content of this booklet is not intended as medical advice it is provided as an educational service and contains general information on health conditions. It is important to consult with a properly credentialed healthcare professional for all potential conditions and for information about your personal health circumstances and care.

TABLE OF CONTENTS

FOREWORD

We know all too well that heart disease is the leading cause of death for all Americans—men and women—claiming the lives of more than 616,000 according to the most recent data.

But fewer people are aware that men are more likely than women to develop the disease earlier and die at younger ages. Recent data indicate that more than half of the deaths due to heart disease were in men. Fewer still know that close to 90% of sudden cardiac events occur in men and that for half of the men who die, the first symptom of heart disease is death.

That's why Million Hearts™ is a partner with Men's Health Network to raise awareness about heart disease among men and their loved ones. We want you—and your families—to prevent heart attack and stroke by being physically active, never starting to smoke, and reducing sodium and trans fat in the foods you eat.

Prevention is hugely important, but we're not stopping there. The Million Hearts™ initiative also is collaborating across the U.S. government and with many private partners to be sure that doctors, pharmacists, nurses, community health workers, and health care systems are actively working with men and women who already are at risk to improve the ABCS of heart health:

- **A**spirin as appropriate (ask your doctor if it's right for you)
- **B**lood pressure control
- **C**holesterol management
- **S**moking cessation

Controlling blood pressure is particularly important. About 1 in 3 adults—an estimated 68 million of us—have hypertension, and only 46% have it adequately controlled. If all hypertensive patients were treated successfully, we could prevent 46,000 deaths every year.

We know what works to control blood pressure. Recently, the U.S. Community Preventive Services Task Force (***www.thecommunityguide.org/cvd/teambasedcare.html***) recommended team-based care to help Americans bring their blood pressure under control. The Task Force's review of the medical literature found that blood pressure control improved when care was provided by a team of health professionals—doctors, pharmacists, nurses, dietitians, community health workers—rather than by a single physician.

So make the commitment today to do two things: 1) Follow the ABCS and 2) Ask your doctor to make team-based care for blood pressure control part of his or her practice so you can benefit from a strong network of support and guidance. Working together, we can achieve the Million Hearts™ audacious goal of preventing 1 million heart attacks and strokes by 2017. Join me and thousands of others who have taken the pledge at millionhearts.hhs.gov and help ensure that all Americans—men and women—live longer, healthier, and more productive lives.

Janet Wright, MD, FACC
Executive Director
Million Hearts™ Initiative
U.S. Department of Health and Human Services

WELCOME

Over the past decade, great progress has been made in awareness, prevention, and management of cardiovascular disease. New technologies and increased access to these technologies are making a meaningful impact on longevity of Americans, including men. Yet, cardiovascular disease continues to be the *leading* cause of morbidity and mortality for men and is responsible for over 24% of male deaths in the US. It is also a significant contributor to morbidity and mortality for men globally.

The unprecedented occurrence of the COVID-19 pandemic has, unfortunately, been a confounding factor in the management of cardiovascular disease. Direct effects that the virus has on the cardiovascular system and heart muscle tissue combine with indirect effects such as lapses in treatment of many chronic conditions associated with cardiovascular disease and death, including diabetes, obesity and substance abuse. As a result, the rates of cardiovascular disease have increased across all age categories. Even more stunning is the fact that, since the COVID-19 pandemic, heart attack deaths have become more common in the U.S. among young people. The group that has had the greatest rate of increase is between 25 and 44 years of age. For men, the situation continues to be particularly acute. Men typically experience heart attacks at a younger age than do women and approximately 80% of sudden heart attack deaths occur in men.

For more than 30 years, Men's Health Network has been committed to advancing the health and wellbeing of boys, men, and their families. We do this by enhancing awareness, education and advocacy for access to care and important technologies. The opportunity today is that resources are available to substantially reduce cardiovascular disease and death. The challenge is to change how health policy, healthcare institutions and providers engage our boys and

men to bring them more fully into the healthcare system to gain the health and longevity benefits we know we can provide.

Dr. Salvatore J. Giorgianni, PharmD
Senior Science Advisor,
Men's Health Network
Chair-Emeritus and Co-Founder,
American Public Health Association Men's Health Caucus

https://onlinelibrary.wiley.com/doi/10.1002/jmv.28187

https://www.caringseniorservice.com/blog/heart-attacks-men-vs.-women#:~:text=Gender%2DSpecific%20Characteristics&text=Additionally%2C%20more%20men%20experience%20heart,no%20chest%20pressure%20at%20all

CARDIOVASCULAR DISEASE

"Cardiovascular disease" is a general term that includes many different conditions affecting the heart and blood vessels. Over 32 million American men suffer from one or more of these conditions, and every year just under half a million of them die of cardiovascular disease—that's more than cancer, lung disease, accidents, and diabetes combined. Approximately 450,000 men and 432,000 women die from cardiovascular disease each year. Cardiovascular disease (CVD) is also a major cause of disability and decreases the quality of life of millions more. Because CVD interferes with your heart's ability to pump blood through your body, it can keep you from working, spending time with friends and family, playing with your children or grandchildren, climbing stairs, carrying groceries in from the car, and even having sex.

The genders are taught to deal with fear and pain differently. When a boy is eight years old and he skins his knee, he is told brave boys don't cry. When he is a teenager playing high school football and gets hurt, they tell him to take it for the team. So when he is 50 years old and having chest pain, he'll say it's just indigestion."

—Jean Bonhomme, MD, MPH,
Men's Health Network

General Risk Factors

Even if you don't have cardiovascular disease now, you may have one or more habits or conditions that could increase the chance that you'll develop it. Take a look at the list of statements below. If any of them are true about you, make an appointment to see your healthcare provider today. Just one Yes answer means you are at risk. Two Yes answers doesn't just double your risk—it actually quadruples it (increases it by four times). And having three factors increases your risk by 10 times:

- I'm 45 or older (your risk of developing cardiovascular disease doubles each decade).
- An immediate family member (father, mother, brother, sister) was diagnosed with high blood pressure or some other kind of heart condition before age 55.
- I am African-American.
- I get little or no exercise.
- I am obese or overweight.
- I eat a lot of salty foods and/or I add salt to what I'm eating.
- My cholesterol is high (see page 9 for more info).
- I smoke. (If you do, you are two to four times more likely to develop heart disease than a nonsmoker).
- I have high blood pressure (see pages 4-6 for more info).
- I use recreational drugs, such as cocaine.
- I'm under a lot of stress (at work and/or at home).
- I drink more than two alcoholic drinks every day.
- I drink a lot of coffee (not decaf) or other caffeinated beverages.
- I have diabetes (more than 80 percent of people with diabetes die of some kind of cardiovascular disease).
- I'm taking prescription medications that affect blood pressure. This includes Ritalin (drugs for Attention Deficit Disorder), steroids, migraine medications, any over-the-counter drugs that contain the ingredient *pseudoephedrine*, and any medication that contains stimulants such as caffeine.

Naturally, there's nothing you can do to change your age, family history, or ethnic background. But, there's *plenty* you can do about the other risk factors. In the sections that follow, we will explore the most common types of cardiovascular disease in detail. We will talk about important steps you can take to reduce your risk of developing cardiovascular problems—or, if you already have CVD, to reduce your symptoms and improve your life. We will also show you how you can do the same for those you love.

HYPERTENSION/ HIGH BLOOD PRESSURE

Blood pressure is a measurement of how hard your blood pushes against the walls of your blood vessels as it flows through your body. The higher the pressure, the harder your heart has to work to do its job. It's perfectly normal for your blood pressure to rise and fall throughout the day. For example, if you exercise or win the lottery, or nearly get run over by a car, your blood pressure is likely to go up. But after you've had a chance to catch your breath, it should return to normal.

Unfortunately, at least a quarter of American men have blood pressure that stays high all the time—and that's a problem. This put's a strain on your heart and blood vessels and increases the risk of damage to the heart, eyes, kidneys, and other organs, and increases the risk of having a heart attack or a stroke.

The good news is that high blood pressure can usually be treated easily and safely. The bad news is that because high blood pressure has no obvious symptoms; millions of people can have it for years without knowing, which is why it's often called "the silent killer." High blood pressure can be caused by taking some prescription medications or by a chronic medical condition. However, in many cases the cause of high blood pressure is not known.

Diagnosing High Blood Pressure

Diagnosing high blood pressure is easy—all you have to do is have it checked regularly. However, because men are less likely than women to visit their healthcare providers, they're also less likely to know their blood pressure levels. Blood pressure readings are given as two numbers. For example, 110/80 (pronounced "one-ten over eighty").

- The top number (called *systolic*) is the pressure of the blood flowing through your arteries when your heart beats.
- The bottom number (called *diastolic*) is the pressure of the blood in the arteries *between* beats, when the heart is resting.

Your doctor or healthcare provider will tell you whether your blood pressure is too high. But you should also know what readings are normal and what aren't. Unless your doctor tells you otherwise. Look at the chart below.

Categories for Blood Pressure Levels in Adults (measured in mmHg)

CATEGORY	SYSTOLIC		DIASTOLIC
Normal	Less than 120	*And*	Less than 80
Prehypertension *(means start making changes to your lifestyle)*	120–139	*Or*	80–89
High blood pressure			
Stage 1	140–159	*Or*	90–99
Stage 2 (very high)	160 or higher	*Or*	100 or higher

If you have diabetes or chronic kidney disease, HBP is defined as 130/80 mmHg.

Preventing and Treating High Blood Pressure

The risk factors for high blood pressure are the same as the ones on page 2. Again, there are several factors you can't change (age, ethnicity, etc). But by making the following lifestyle changes, you may be able to prevent high blood pressure if you don't already have it, or lower it if you do.

- **Watch your weight.** If you're overweight, talk with your healthcare provider about the best ways to lose those extra pounds. As your weight increases, so does your blood pressure—and losing weight will have an immediate, positive effect. In addition, if you carry your weight around your middle, you have a higher risk of having high blood pressure than if you carry it around the hips and thighs.
- **Get plenty of exercise.** Thirty minutes every day is ideal and cuts your risk of developing high blood pressure by 25-50 percent. And remember, it doesn't have to be all at the same time. Taking the stairs instead of the elevator, dancing, playing sports, or even doing yard work all count. A minute here, a minute there, and you're up to 30 before you know it.

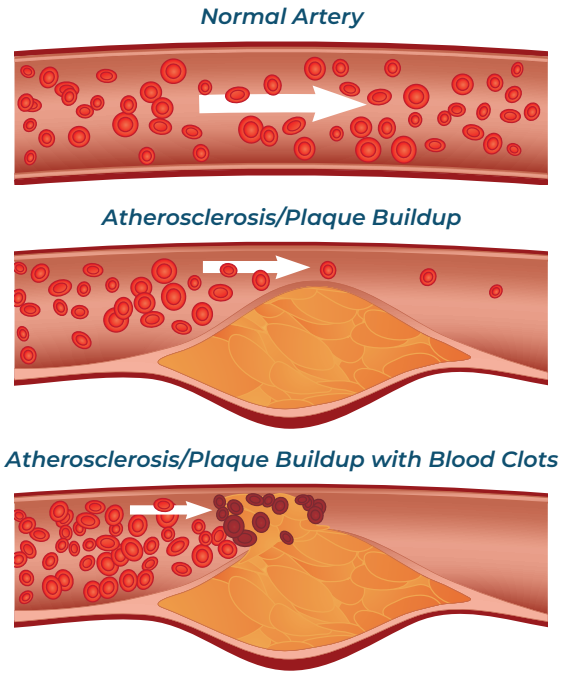
- **Cut back on salt and sodium.** Read the labels on the products you buy and look for ones that are "sodium free" or "reduced sodium." And start adding less salt to foods you prepare.
- **Eat right.** Get more nuts, fruits, vegetables, whole grains, fiber, and low-fat or fat-free dairy products. For protein, go for lean meats, fish, and beans. Cut back on sugar, and stay away from foods that have saturated fats, trans fats, and cholesterol. See pages 33-34 for more on maintaining a heart-healthy diet.
- **Quit smoking.** If you don't smoke but you live in a home where someone else does, encourage him or her to quit.
- **Watch what you drink.** You should have no more than two alcoholic drinks per day (if you're not a drinker, don't start unless your doctor advises you to) and don't drink any more than two cups of non-decaf coffee per day.
- **Have regular physical exams.** Make sure to tell your healthcare provider about all symptoms—even ones that might not seem like they have anything to do with your heart or blood vessels at all. For example, erectile problems and depression can be caused by cardiovascular disease.
- **Get your blood pressure checked regularly.** Keep track of how/whether it changes over time.
- **Relax.** Research has shown that petting animals, and even looking at fish in an aquarium lowers blood pressure. Meditation is also successful in reducing blood pressure.

CORONARY HEART DISEASE

Coronary Heart Disease (CHD) is caused by *atherosclerosis*, which is the gradual buildup of *plaque* on the inside of the arteries. Plaque is made up of cholesterol, fat, and other substances that narrow the arteries and reduce the amount of blood that can flow to your heart and other organs.

When the heart doesn't get enough blood, the muscles get weaker. And weak heart muscles can cause your heart to beat irregularly (a condition called *arrhythmia)* or can cause *heart failure* (this doesn't mean that the heart has stopped beating altogether, just that it isn't strong enough to pump enough blood to keep your body functioning properly).

But the real danger occurs when the plaque completely blocks an artery or a chunk of it breaks off and causes a clot that stops blood flow. If this happens near the heart, a heart attack occurs. If it happens near the brain, a stroke occurs. (See Stroke section, page 20)



This picture shows atherosclerosis—plaque buildup in the arteries which leads to coronary artery disease and symptoms of angina.

What Is Cholesterol, Anyway?

No one seems to have anything nice to say about cholesterol, but the fact is that you literally couldn't live without it. Cholesterol helps build the walls of every cell in your body. It helps you digest your food, and is even involved in keeping your reproductive system in working order.

But it's possible to get too much of a good thing. Your body naturally produces some cholesterol and absorbs more from the foods you eat. Cholesterol is found only in animal-based products such as meat, chicken, fish, eggs, milk, and cheese. In addition, your body converts some plant-based foods into cholesterol during digestion. If you end up with more cholesterol than you need, the excess gets into your bloodstream, where it begins to clog your blood vessels. That, as we mentioned, increases your risk of heart disease and stroke.

Understanding Your Cholesterol Level

To measure your cholesterol level, you'll need a blood test. When you look at the results, you'll see that tthere are different kinds of cholesterol, two of them that are usually checked are:

- **LDL (low-density lipoprotein).** Often called the "bad" cholesterol, because it clogs the blood vessels. An LDL score of 100 or less is great, while a score of 130 or more means you're at risk of developing heart disease.
- **HDL (high-density lipoprotein).** The "good" cholesterol because it actually removes the LDL. A score of 60 or more generally means your risk of heart disease is low, while a score of 40 or less may mean your risk is high.

Ideally, you want your total cholesterol—the LDL number plus the HDL number—to be under 200. 200 to 239 is considered moderately high; 240 and above is high.

If your healthcare provider tells you that your cholesterol is too high, you have several options:

- **Make lifestyle changes.** This means eating less saturated fat and high-cholesterol foods (meat, eggs, and dairy products), eating more foods that contain monounsaturated and polyunsaturated fats (nuts, olive oil, and avocados), which help decrease LDL cholesterol. It also means getting more exercise.
- **Take medication.** Your doctor can prescribe one of several drugs that have been proven to lower cholesterol.

Risk Factors for Coronary Heart Disease

The risk factors for CHD are essentially the same as for high blood pressure, and include:

- Age (as you grow older, your risk increases)
- Sex (men have a greater risk earlier in life than women)
- Genetics (you have a higher risk of developing heart disease if your parents or other close relatives have had it)
- Ethnicity (African Americans, Hispanics, American Indians, Hawaiians, and some Asian Americans also have a higher risk for heart problems).
- Being overweight or obese
- Lack of physical activity
- Smoking
- Stress
- Excessive alcohol or caffeine use
- Recreational drugs, such as cocaine
- Diabetes
- High blood pressure
- High cholesterol (LDL too high, HDL too low)

Symptoms of Coronary Heart Disease

- A common sign of CHD is chest pain or discomfort (called *angina*). If you have angina, you may feel: Heaviness, as if someone is stepping on your heart. You'll feel it under your breastbone or in your neck, arms, stomach, or upper back.
- Tightness, squeezing, crushing, burning, choking, or aching
- Shortness of breath, restlessness, rapid heartbeat, dizziness, nausea, and fatigue

Angina

Angina pain usually happens with physical activity (such as running up stairs or even having sex), strong emotions—especially anger, rapid changes in the weather, and overeating. In most cases, angina pain lasts only a few minutes and either goes away on its own with rest or after taking a medicine called nitroglycerin.

If you feel any of the above symptoms, contact your healthcare provider immediately. Do not ignore them. The fact that you experienced any symptoms of angina at all increases your risk of having a heart attack.

Preventing and Treating Coronary Heart Disease and Angina

If you don't already have CHD, following a healthy lifestyle can reduce your risk by as much as 80 percent. This means quitting smoking, eating a healthier diet and watching your weight, managing chronic conditions (such as high blood pressure, diabetes, and high cholesterol), getting more exercise, limiting your alcohol intake, and reducing the stress in your life. In addition, be sure to brush your teeth twice a day and see your dentist regularly. Sounds odd, but some interesting recent research suggests that there may be a connection between gum disease and an increased risk for heart disease and stroke.

If you do have CHD, there is, unfortunately, no way to cure it completely. However, the symptoms and causes can be managed by following the steps outlined above. In addition, your doctor may suggest one or more of the following medical approaches:

- **Medication.** Your healthcare provider may prescribe one or a combination of several types of medications to help manage your heart and blood vessel conditions. These medications are usually very effective but they also can cause side-effects. Therefore, it is important to take only medications prescribed for you and not use any that summonses may give you. It is also important to take them as directed and if any side-effects develop to let the person who prescribed the medications for you know about them as soon as you can.

- **Surgery**. Options include *stents* or *angioplasty* to open fully or partially blocked blood vessels, and coronary bypass surgery, where the surgeon is able to restore normal blood flow to the arteries by bypassing the blockage.

HEART ATTACK

Men suffer heart attacks (also called *acute myocardial infarctions*) an average of 10 years younger than women do, and they're more likely to die of a heart attack than women of the same age. The rate for Black men is even higher than it is for White men. Sadly, half of the men who die of heart disease weren't even aware that they had a problem. In fact, the most common symptom of heart attack is, unfortunately, sudden death.

A heart attack happens when the heart is deprived of oxygen because blood can't get through a completely blocked artery. Like any other living thing, lack of oxygen causes the heart to start to die.

Risk Factors

The risk factors for heart attack are generally the same as for high blood pressure and CHD. The biggest risks are smoking (smokers suffer heart attacks on average 10 years younger than non smokers) and having had a previous heart attack.

Symptoms of Heart Attack

In the movies, heart attacks are often portrayed as painful and dramatic. But in real life, the symptoms are often more subtle. Below are the most common warning signs of heart attack.

- **Angina** (see pages 11-12), including pain or pressure in the center of the chest, as if you're being squeezed or stepped on. Because chest pain associated with angina and heart attack can sometimes be mild, it's tempting to ignore it. Don't. The risk that you're having an actual heart attack is too great. So if you experience chest pain for more than a minute, the pain comes on suddenly and is severe enough to double you over, or it doesn't go away right away if you sit down, call 9-1-1.
- **Sudden pain in either or both arms, your back, shoulder, jaw, or neck.** You should be able to tell the difference between this pain and the kind of pain you get when you pull a muscle. If you're getting pain in the chest at the same time, stop what you're doing and call 9-1-1.
- **Sudden shortness of breath.** Whether you think you're having a heart attack or not, not being able to breathe is a good hint that something's wrong. Shortness of breath combined with chest or upper body pain is another reason to call 9-1-1 immediately
- **Racing heartbeat.** You know your body and you know how your pulse reacts when you exercise, are nervous, or are in a stressful situation. In most cases, your heart rate should slow down quickly after the event. If it doesn't, you may be having a heart attack—especially if you're having chest pain at the same time.
- **Sudden cold sweats, nausea, or feeling faint.**

Preventing and Treating Heart Attack

If you experience any of the above symptoms, call 9-1-1 immediately—and then take some aspirin (aspirin has been shown to reduce blood clots and increase the chance of surviving a heart attack. See page 16 for more). Call your wife or a friend later. The reason we're emphasizing emergency measures is that you have the best chance of surviving the heart attack and minimizing damage to your heart if you get treatment within an hour. The longer you wait, the worse off you'll be. If you're not sure whether you're actually having a heart attack, make the call anyway and let the ambulance drivers figure it out.

The lifestyle steps to preventing heart attack are the same as for preventing (or at least reducing the risk of) coronary heart disease and high blood pressure.

In addition your doctor may prescribe medication to lower cholesterol and control your blood pressure and may recommend surgery. He may also suggest that you start taking aspirin every day as a way to reduce the risk of having another heart attack (see below)

Aspirin

A number of studies have shown that when it comes to heart attacks and strokes, good old fashioned aspirin—not Tylenol (acetaminophen) or Advil (ibuprofen)—is pretty close to a miracle drug. Studies have shown that men over 50, with coronary heart disease, atherosclerosis, or any other CVD risk factor—including having had a previous heart attack or stroke—can benefit greatly from taking aspirin every day. Aspirin can reduce damage to the heart during an actual heart attack, and can minimize the risk of having a second (or third or fourth) heart attack or stroke. It may even prevent the first heart attack or stroke from happening in the first place.

But be careful, as there are some risks. Some people are allergic to aspirin and it may increase the risk of asthma. Aspirin can also increase the risk of stomach ulcers. In addition, because aspirin interferes with blood clotting, you shouldn't take it if you're already taking blood thinners. So before you start popping tablets, check with your healthcare provider. Knowing your medical history, he'll be able to tell you whether the benefits outweigh the risks and, if so, how much you should take and in what form. Just because your friend's doctor has prescribed aspirin for him doesn't mean it's appropriate for you.

CONGESTIVE HEART FAILURE

Congestive heart failure (CHF) is a gradual reduction of the heart's pumping capacity. CHF is a condition that usually starts many years before it's ever noticed and gets progressively worse over time. The heart tries to compensate for lost capacity by getting bigger and by pumping faster. In order to make sure that the most important organs—the heart and the brain—have adequate blood supply, the body diverts blood away from other less-important organs. At the same time, the body starts retaining fluids, which back up into the lungs and other parts of the body.

Heart failure can have many causes, but the most common ones are:

- Narrowing or blockage of the vessels that supply blood to the heart muscle (see the section on Coronary Heart Disease on pages 7-12)
- Heart attack, which causes scar tissue that weakens the heart and keeps it from working as well as it should
- High blood pressure, which makes the muscles in the heart thicken so that the heart doesn't pump efficiently and must work harder
- Damaged heart valves, which can make some blood move through the heart in the wrong direction, resulting in an enlarged heart that doesn't pump as well.
- Diseases of the heart muscle itself (called *Cardiomyopathy*)
- Defects of the heart from birth (also known as *congenital heart defects*)
- Infection of the heart valves (called *endocarditis*)
- Infection of the heart muscle (called *myocarditis*).

Symptoms of Congestive Heart Failure

Over two million men currently suffer from CHF and about 300,000 more are diagnosed each year. It is the leading cause of hospitalization in people 65 and older. If you or a family member has heart failure, chances are you've already made a trip to emergency room, or at least spent some time in the hospital. You can decrease the chances of another hospital stay by calling your doctor right away if any of these warning signs appear:

- Sudden weight gain (three or more pounds in one day, five or more pounds in one week, or whatever amount your doctor told you to report)
- Shortness of breath (a feeling of not getting enough air) when you are not active
- Increased swelling of your feet, ankles, and legs
- Swelling or pain in the abdomen (stomach)
- Trouble sleeping (waking up short of breath, needing to use more pillows than usual)
- Fatigue, weakness, or tiring very easily
- Confusion or can't think clearly
- Repeated, dry cough, especially when you are lying down
- Coughing or wheezing when you are active
- Cough up pink or bloody mucus.
- Dizziness or feeling like you might pass out
- The need to urinate many times at night
- Loss of appetite
- Low blood pressure
- Faster heart beat (may feel like the heart is racing)

Preventing and Treating Congestive Heart Failure

There is no cure for heart failure. However, if you manage it correctly, you can live a long, healthy, productive life.

But it is very important for a person, who has heart failure, to carefully manage it by making lifestyle changes; such as,

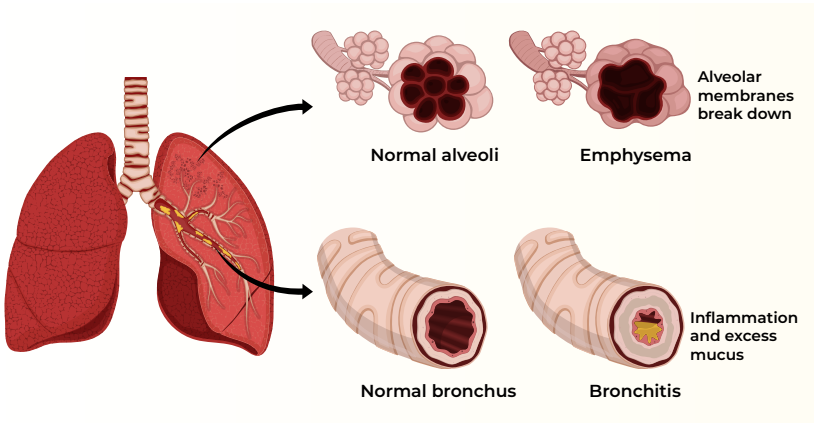
- Follow a low-sodium, low salt eating plan.
- Get regular, mild physical activity.
- Stop smoking.
- Lose weight, if overweight.
- Drink very little alcohol, if any at all.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

COPD is a major cause of disability, and it's the third leading cause of death in the United States. COPD is a progressive and irreversible disease that damages the lungs and makes it harder to breathe. COPD is characterized by two conditions, emphysema and chronic bronchitis and may occur along with CHF.

Severe COPD can cause right-sided heart failure also known as cor pulmonale. This is due to the fact that the oxygen concentration in the blood falls to abnormally low levels causing pulmonary hypertension (high blood pressure in arteries). High blood pressure in the pulmonary arteries puts excess strain on the right ventricle, which may then become stretched and dilated, and as a result fail to pump blood efficiently. This may lead to congestive heart failure.

Common symptoms include shortness of breath and coughing. Because COPD and CHF symptoms are the same, it may be hard to determine which condition is causing them. If you experience any of the symptoms, speak to your healthcare provider right away.



STROKE

When one of the blood vessels that keep the brain supplied with oxygen gets blocked or bursts, the brain doesn't get the oxygen it needs to function. Within one minute, nerve cells start dying and, as they die, the brain and body functions they controlled stop working. Although your body replaces dead cells everywhere else in your body, brain cells aren't replaced, which means that any damage done by a stroke may be permanent.

Symptoms of Stroke

Strokes generally don't give you much advance notice. Symptoms come on suddenly and unexpectedly and include:

- Sudden numbness or weakness of face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause
- Women may report unique stroke symptoms. See page 35

Treating and Preventing Stroke

If you think you or someone you know may be having a stroke, act F.A.S.T. and do this simple test:

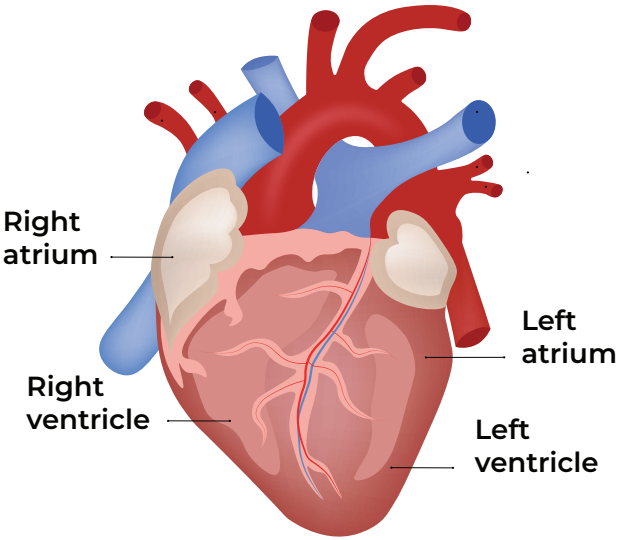
- **F—FACE:** Ask the person to smile. Does one side of the face droop?
- **A—ARMS:** Ask the person to raise both arms. Does one arm drift downward?
- **S—SPEECH:** Ask the person to repeat a simple phrase. Is his or her speech slurred or strange?
- **T—TIME:** If you observe any of these signs, call 9-1-1 immediately.

Remember the damage caused by a stroke gets worse with each passing second and can be permanent.

ATRIAL FIBRILLATION (AFIB)

We all know that our hearts are essentially pumps, pushing blood throughout the body. But did you know that your heart also generates its own electricity? Well, it does!

Take a look at the diagram below. You'll see that the heart is divided into four chambers or sections. Each of the top ones is called an *atrium*, while each of the lower ones is called a *ventricle*. The heart's electrical signals (called *impulses)* are generated in a tiny area of the right atrium called the SA Node (sinoatrial node) and spread across to the left atrium. This makes the muscles of heart contract, which pushes the blood into the left and right ventricles. The ventricles then push blood out to the rest of the body.



A healthy heart beats at a regular rhythm (about 60-70 times per minute when you're resting). But sometimes the SA node doesn't "fire" in rhythm. When that happens, the heart beats irregularly—a condition called *arrhythmia.* Arrhythmia can be continuous, or it can come and go.

The most common type of persistent (continuous) arrhythmia is Atrial Fibrillation (AFib). AFib affects more than 5.1 million people in the United States today—and experts expect that number to reach more than 12 million by 2030.

What happens in the heart when you have AFib?

When you have AFib, your heart's electrical impulses don't start in the SA node. Instead, they start in another part of the heart and cause the atria (top chambers) to beat too quickly and irregularly. This prevents blood from being pumped effectively into your ventricles (the lower chambers)).

How AFib can lead to Strokes

The biggest concern you have with Afib is the risk of stroke (see pages 20-22 for more). When your blood isn't effectively pumped into the left ventricle, the blood may pool in your heart and form solid clumps called blood clots. These blood clots may break loose and start traveling throughout your arteries. If they partially (or fully) block blood flow to your brain, brain cells will start dying, and that causes a stroke.

- Afib increases your risk of stroke by **nearly 5 times**.
- Strokes that occur in people who have AFib are usually more severe and are about twice as likely to be fatal or lead to a severe disability.
- In the United States, every 12 seconds, someone has a stroke related to Afib

A stroke is of serious concern because it can cause blindness, difficulty walking and talking, paralysis, permanent disability, or death, and the damage is usually irreversible.

Your risk of developing a stroke is even greater if you smoke or have other conditions such as obesity, high cholesterol, high blood pressure, or heart disease. Even though getting plenty of physical activity can decrease your stroke risk, Afib often leaves you too weak to get up an exercise (or even walk).

If you have any symptoms for atrial fibrillation, make sure you contact your healthcare provider immediately.

Symptoms of AFib

Some people may have no symptoms at all. Others may notice one or more of the following:

- Racing, irregular heartbeat
- Heart palpitations (feelings that your heart is skipping a beat, fluttering)
- Shortness of breath especially when exercising
- Weakness
- Chest pain (angina)
- Dizziness or fainting
- Fatigue (tiredness)
- Confusion
- Sweating

What are risk factors for developing AFib?

- Age. The older you are, the greater your risk
- Family history. An increased risk of atrial fibrillation may be genetic
- Diabetes. If you do not have well controlled blood sugar level, you are at risk
- High blood pressure. This is one of the most common causes of AFib
- Smoking
- Excessive alcohol or caffeine use
- Stress
- Diseases that affect the health of the heart, including.
  - Coronary heart disease. Anyone with heart disease, including valve problems and a history of heart attack and heart surgery, has an increased risk of atrial fibrillation.
  - Chronic lung disease
  - Congestive Heart failure
  - Cardiomyopathy (disease of heart muscle that causes heart failure)
  - Congenital (present at birth) heart disease
  - Pulmonary embolism (blood clot in lungs)

How is AFib Diagnosed?

Your doctor may discover AFib through the following ways:

Physical Exam

- A a complete cardiac exam. This will include listening to the rate and rhythm of your heartbeat and taking your pulse and blood pressure reading.
- WYour doctor will likely check for any signs of heart failure, and other symptoms of heart problems, such as swelling in your legs or feet.

Medical and Family Histories

Your doctor will likely ask you questions such as:

- What symptoms are you having? Are your feet or ankles swollen (this is a possible sign of heart failure)? Do you have any chest pain?
- Do you have other health problems, such as a history of heart disease, high blood pressure, lung disease, diabetes, or thyroid problems?
- Does anyone in your family have a history of AFib? Has anyone in your family ever had heart disease or high blood pressure? Has anyone had thyroid problems? Does your family have a history of other illnesses or health problems?
- Do you smoke or use alcohol or caffeine?

Tests, such as Electrocardiogram (ECG):

- An ECG is the most useful test for diagnosing AFib. It's simple, painless way of recording how fast your heart is beating and its rhythm (steady or irregular). It also records the strength and timing of electrical signals as they pass through your heart. Depending on the frequency of your AFib episodes, your doctor may ask you to wear a portable ECG monitor at home (called a Holter monitor) in order to record your heart's rhythm over a longer period (usually 24 to 48 hours).
- Your doctor may also order a blood test, chest X-ray, or echocardiogram (a test that shows your heart in motion) to look for the underlying cause of your AFib as well as any signs of complications.

AFib treatment usually includes:

Once you have been diagnosed with AFib, your doctor may need to take medical action to get your heart rhythm back to normal. This is called rhythm control. Rhythm control allows the atria and ventricles to work together to efficiently pump blood to the body.

Treatment may include:

Medications:

These will help to slow down the rate of your heartbeat or manage your heart's rhythm. Different types include

- **Antiplatelets.** These are sometimes referred to as blood thinners although they don't really thin the blood. They are given to people with a low risk, to help prevent a stroke.
- **Anticoagulants.** These will help to prevent the formation of blood clots and will reduce your risk of a stroke.
- **Rate Controllers.** These medications will help to slow your heart rate to return it to normal. They are usually prescribed to individuals that will not engage in any physical activity.
- **Rhythm Controllers.** These medications will help to return and maintain a normal heartbeat. They are usually given to people who recently have started having AFib.

Remember to always take the prescribed doses of your medication—especially when consequences such as having a stroke are involved.

Electrical Cardioversion

These are low-energy shocks are given to your heart to return it to a normal rhythm.

Radiofrequency catheter ablation

This is a procedure that is used to destroy abnormal tissue in the heart, which may be interfering with your heart's electrical signals. You will be given anesthetic drugs that will put you to sleep for this procedure. This is usually done when other treatments do not work.

When to Talk to Your Healthcare Provider about AFib.

- AFib is a disease with serious consequences so anytime you feel a difference in your symptoms or response to your medication, speak to your healthcare provider.
- Tell your healthcare provider all the symptoms you have and when you had them. This includes any that may seem unrelated to AFib.
- Make a list of all medications**,** as well as any vitamins or supplements, that you're taking.
- Try to keep a journal and jot down everything so you don't forget to tell your healthcare provider.
- Here are some important questions you should ask your healthcare provider
  a) How serious is my AFib?
  b) What are my treatment options?
  c) What changes do I need to make in my lifestyle including diet modification and physical activity level
  d) How often should I be screened for heart disease or other complications of atrial fibrillation?
  e) If you have any other health conditions, remember to ask: How can I best manage them together?

Remember: Don't hesitate to ask questions any time you don't understand something. When it comes to your health, there's no such thing as a stupid question.

YOU AND YOUR DOCTOR: A CRITICAL PARTNERSHIP

Unfortunately, men don't see their healthcare providers as often as women do. And if they do make a visit, they tend not to ask the questions they need to be asking.

So once you've made your appointment to see your provider, make sure you get answers to the following questions:

- What is my risk of developing any cardiovascular condition?
- What is my blood pressure?
- What is my cholesterol—HDL and LDL?
- Am I at risk for developing diabetes?
- How much should I exercise?
- What's the best way to quit smoking?
- How much alcohol is okay for me to drink every day?
- Could any of the medication I regularly take increase my risk of developing cardiovascular problems?

In addition, be sure to answer your provider's questions honestly and completely. This is no time to be shy or to be keeping secrets. Even the smallest details could make the difference between life and death or between a healthy life and an unhealthy one.

Unfortunately, not all doctors ask their male patients the right questions and not all doctors make sure their mail patients get the appropriate screening tests and the right times. If your doctor doesn't bring it up, here's a list of test you should have.

CHECK UPS AND SCREENINGS	WHEN?	20-39 years	40-49 years	50+ years
PHYSICAL EXAM: Review overall health status, perform a thorough physical exam and discuss health related topics.	Every 3 years	X		
	Every 2 years		X	
	Every year			X
BLOOD PRESSURE: High blood pressure (Hypertension) has no symptoms, but can cause permanent damage to body organs.	Every 2 years if BP ≤119/79	X	X	X
	Every year if BP ≥ 120/80	X	X	X
CHOLESTEROL: Too much cholesterol can cause a sticky substance (plaque) to build up in your blood vessels. This plaque can block blood vessels and cause heart attacks and strokes.	Every 5 years or discuss with Physician	**Age: 35** X *	X	X
DIABETES: Blood glucose or A1c test should be done if BP is higher than 135/80. Diabetes, or high blood sugar, can cause problems with your heart, eyes, feet, kidneys, nerves, and other body parts.	Every 3 years		**Age: 45** X	X
BLOOD TESTS & URINALYSIS: Screens for various illnesses and diseases (such as cholesterol, diabetes, kidney or thyroid dysfunction) before symptoms occur.	Every 3 years	X		
	Every 2 years		X	
	Every year			X
ECG: Electrocardiogram screens for heart abnormalities .	Discuss with Physician*	X	** X	X

Please Note: **Men's Health Network does not provide medical services. Rather, this information is provided to encourage you to begin a knowledgeable dialogue with your physician. Check with your healthcare provider about your need for specific health screenings.**

* If you are younger than 35, talk to your doctor about whether to have your cholesterol checked if you have risk factors like diabetes, history of heart disease, tobacco use, high blood pressure, or BMI of 30 or over.

** ECG Screening: Routine screening in asymptomatic, low risk adults is not recommended because the evidence suggests that the harms of screening outweigh the benefits.

CARING FOR SOMEONE WITH CARDIOVASCULAR DISEASE

If your loved one has had heart surgery, talk with their healthcare provider about how you can prepare yourself and your home for your loved one's return from the hospital. Some things you can do include:

- Make sure you know the signs and symptoms that may require you to call your healthcare provider or 911
- Add safety bars around the house especially in the bath tub and near the toilet
- If you have stairs, they may be unable to climb them so set up a place to sleep on the first floor
- Prepare a journal so you can track medications, their doses and administration times
- A certification in cardiopulmonary resuscitation (CPR) may come in handy
- Also, be sure to speak to your doctor about enrolling the patient in a cardiac rehabilitation program

Call your healthcare provider if your loved one is experiencing any of the following symptoms:

- Shortness of breath
- Frequent dizziness or lightheadness
- Chest pain that goes away with rest
- Difficulty breathing when walking, doing chores or exercising
- Fast irregular heart rate (above 100 beats per minute)
- Irregular sleeping patterns (sleeping more or less than usual)
- Nausea or poor appetite

If your loved one experiences any of the following symptoms call 911 right away:

- Severe unexplained chest pain that does not go away with rest
- Heart rates faster then 150 beats/min coupled with shortness of breath
- Sudden numbness or weakness of face, arms or legs -- especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Remember the damage could be permanent, irreversible and gets worse with each second, so call for help immediately!

You can also do the following to help yourself manage your loved ones condition:

- Provide a healthy diet that is low in saturated fats and high in whole grains, fruits, and vegetables. A heart healthy diet is essential to managing your loved ones condition.
- If you or anyone in your home smokes, it's time to quit. Second-hand smoke is not only unhealthy for the person with heart disease, but also increases the risk of developing heart disease by 25-30% among other household members.

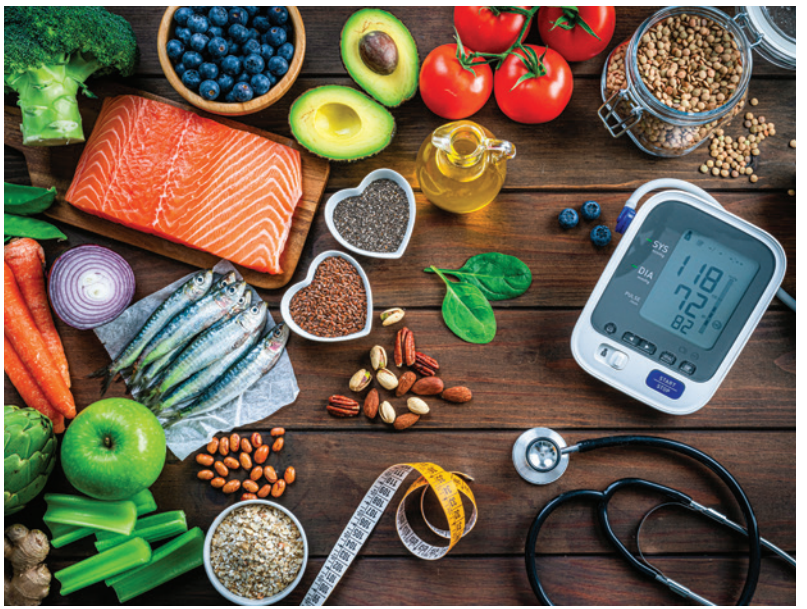
- Educate yourself. The more you know about the illness, the more effective you will be in caring for the person with the illness.
- Provide your loved one with encouragement, celebrate improvements and let them do as much as possible independently.
- Unexpected bills can pile up quickly, whether or not you have health insurance or Medicare. So stay organized. Communicate with your insurance company or healthcare provider immediately and take the appropriate action. Speak to the patient services department at your hospital to determine your options.
- Join a caregiver support group. Sharing your feelings and experiences with others in the same situation can help you manage stress, and reduce feelings of frustration and/or isolation.
- Don't forget to take care of yourself too. Make sure you eat regular healthy meals and get plenty of rest.
- And remember, you are not to blame for their condition. Try not to dwell on those times when you served pizza, junk food, pies and desserts. Rather, take one day at a time and work towards creating a heart healthy environment where he/she is comfortable and thrives.

HEART HEALTHY EATING

Poor diet and the lack of physical inactivity are the most common risk factors for cardiovascular disease because they often lead to being overweight or obese. By choosing a heart-healthy diet, you can reduce your chance of developing *atherosclerosis*, the blockage of arteries that eventually leads to heart disease.

Here are some diet tips that will help you maintain a healthy heart:

- **Limit saturated fat and sugar.** This will help reduce total and LDL ("bad") cholesterol, increase HDL ("good") cholesterol, lower blood pressure, decrease your risk of developing diabetes, and help you maintain an appropriate weight. Choose non-fat or fat-free options whenever possible. For example, have baked potatoes instead of french fries, choose low-fat dressings, and skip the cheese on your burger. In addition, try to cook with oils that are low in saturated fat such as olive, canola, corn, safflower, sunflower, soybean, cottonseed, peanut , and sesame. Stay away from high-saturated fat oils and shortenings, including palm and coconut.



- **Avoid any food that contains hydrogenated or partially hydrogenated oils.** These are called "trans fat" and are extremely unhealthy. These are mainly found in pastries, piecrusts, biscuits, pizza dough, cookies, crackers, stick margarines, and shortening.
- **Limit your salt and sodium intake.**
- **Don't skip breakfast.** People who eat a healthy breakfast tend to eat less during the rest of the day, have lower cholesterol, and are able to concentrate better at work and at home.
- **Get into the habit of reading food labels.** Avoid high-calorie, high-fat, high-sodium snack foods or fast foods.
- **Eat plenty of fresh fruits and vegetables.** As they are high in vitamins and minerals.
- **Eat out less often and have fewer packaged foods.** Home-cooked meals tend to be lower in calories, salt, and fat than restaurant-cooked or packaged foods.
- **Drink less alcohol.** Drinking more than two drinks per day can raise blood pressure and increases your calorie intake, which, in turn, may increase your risk of developing heart disease.
- **Eat slowly.** Pay attention to how you feel, don't have seconds unless you're hungry, and stop when you're full. Despite what your mother may have said, you do not always need to finish everything on your plate.

YOUR PARTNER: WOMEN AND CARDIOVASCULAR DISEASE

Although a lot of people think of cardiovascular disease as a "man's disease," almost as many women as men die from it each year. In fact, it's the number one killer of women in the United States and is a leading cause of disability. Like men, women's risk of getting heart disease increases, as she gets older— especially after menopause. But it's important to keep in mind that women of *any* age can get heart disease.

Although both males and females often have the "classic" heart attack symptoms: tightness in the chest, arm pain, and shortness of breath, women are more likely to also complain of nausea, fatigue, indigestion, cold sweats, anxiety, and dizziness. If your partner has any signs of a heart attack, make sure you call 9-1-1 right away—do *not* wait for her to do it on her own. According to an American Heart Association survey, only about half of women indicated they would call 9-1-1 if they thought they were having a heart attack. If you wait too long to call for help, by the time you reach the hospital and have the necessary tests, it may be too late for treatment to prevent permanent heart damage.

Prevention is important because two-thirds of women who have a heart attack never fully recover. The risk factors for cardiovascular disease in women are the same as the ones for you: age, obesity, smoking, excessive alcohol intake, lack of physical activity, high blood pressure, and diabetes. The best way for your partner to prevent heart diseases is by practicing the healthy lifestyle habits we've described throughout this book.

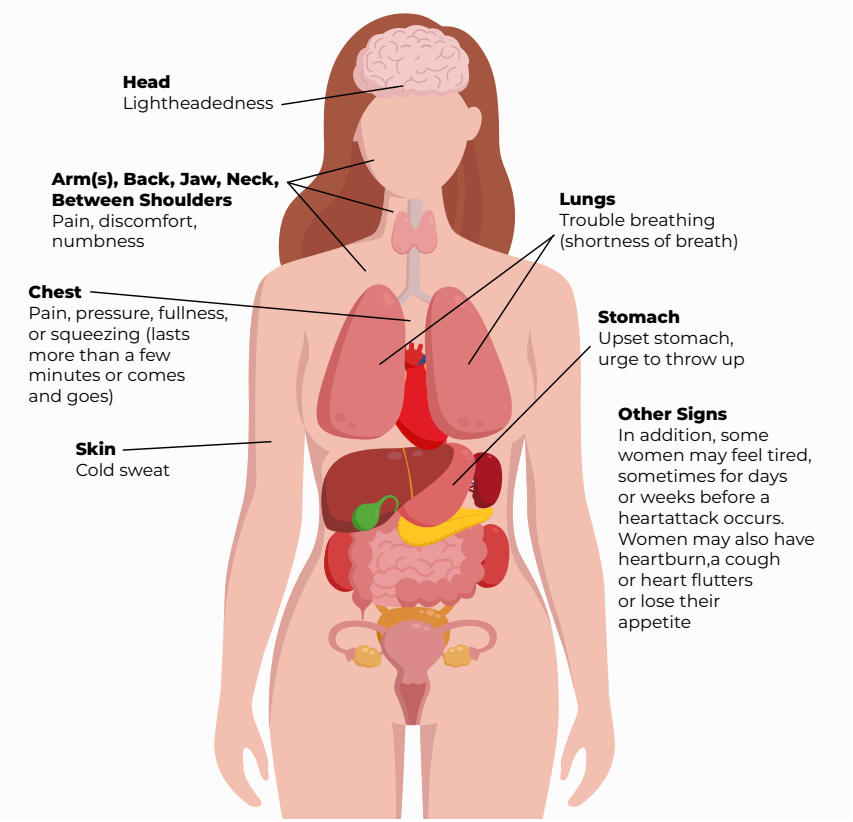
When it comes to strokes, men and women have slightly different symptoms. We talked about the ones that affect men on page 20. In addition, a woman suffering a stroke may experience:

- sudden face and limb pain
- sudden hiccups
- sudden nausea
- sudden general weakness

- sudden chest pain
- sudden shortness of breath
- sudden palpitations

Remember: When dealing with any kind of cardiovascular disease—whether it's a heart attack or a stroke—the damage could be permanent, irreversible and gets worse with each second, so call for help immediately!

Heart Attack Warning Signs



GIVE YOUR CHILDREN A HEALTHY START

About 17 percent of children 2 -19 in the U.S. (that's almost 13 million) are overweight. Children who are overweight have a higher risk of developing high cholesterol, high blood pressure, and diabetes—all of which increase the chances that they'll have cardiovascular diseases as adults. The risk factors for children are the same as the ones for adults:

- Being overweight
- Having a family history of cardiovascular disease
- Having a congenital heart condition (meaning the child was born with it)
- Being African American
- Having high blood pressure
- Exposure to cigarette smoke
- Lack of physical activity
- Having diabetes
- Not eating a healthy diet

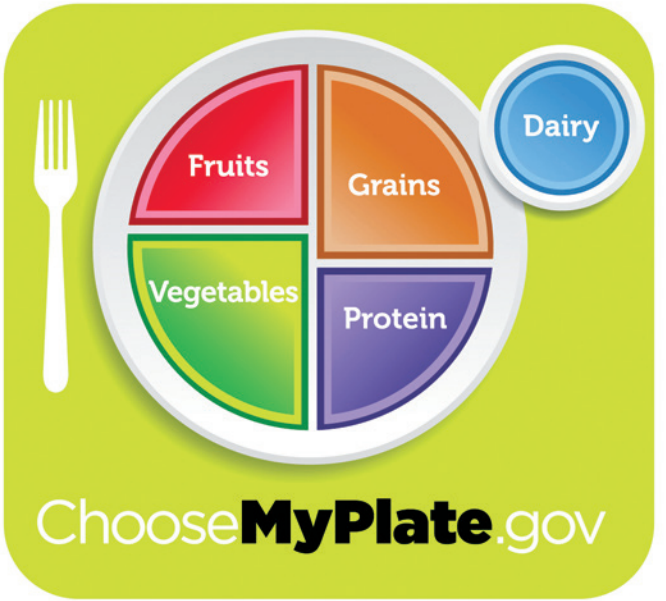
According to the Centers for Disease Control, the prevalence of obesity was 19.7% and affected about 14.7 million children and adolescents. Obesity prevalence was 12.7% among 2- to 5-year-olds, 20.7% among 6- to 11-year-olds, and 22.2% among 12- to 19-year-olds[1].

Of course, you can't do anything about some of the risk factors (such as family history and ethnic background). But most of the others can be minimized or prevented by changing behavior. Because our children pay close attention to what we say and do (it may not always seem like it, but they really do), the best way to help them prevent cardiovascular disease is to set a good example. Ideally, you'd start teaching your children the basics when they're very young, but it's never too late to start.

Here are some important steps you can take to help your children live a healthier—and hopefully much longer—life.

- Encourage them to eat a healthy diet. This means:
  - Lots of fresh fruits and vegetables
  - Whole grains instead of processed ones
  - Lean proteins (meat, poultry, fish, beans, and lentils) instead of fatty ones
  - Low-fat or fat-free dairy products (milk and cheese)
  - Reducing sodium (read the ingredient panel on food packages)
  - Drinking water instead of soda and juice
  - Limiting fast foods, snacks, and desserts.
  - Keep portion sizes reasonable and don't overeat. (See My Plate picture below)
  - Eat slowly. This gives children a better chance of noticing when they're full. Also, discourage eating in front of the TV as this may make it hard to pay attention to feelings of fullness and may lead to overeating.
  - Have your kids help with the shopping and cooking.
- Encourage them to get plenty of exercise. Children should get an hour of physical activity *every day*.
- Make sure your children don't smoke and that no one who lives in your house does.

[1]Read **CDC National Center for Health Statistics (NCHS) data brief** May 2022



USDA (Retrieved from http://www.choosemyplate.gov)

Remember, you are your children's most important teacher. So if you're overweight, eat poorly, don't get enough exercise, smoke, and/or drink too much alcohol, now's the time to make some changes. If you don't want to do it for yourself, do it for your kids.

There's some fascinating research that indicates that fathers have a 17 percent lower risk of dying from cardiovascular disease then married men without children. One possible explanation is that whatever it is that increases men's cardiovascular disease risk may also prevent them from having children. But a more interesting theory is that fathers take better care of themselves—in part because they're changing their own behavior to set a good example for their children, and in part because having children has given their life more meaning and they want to be around as long as possible to enjoy it.

DEFINITIONS

Atherosclerosis. A condition that develops when a substance called plaque builds up in the walls of the arteries. This buildup narrows the arteries, making it harder for blood to flow through. If a blood clot forms, it can stop the blood flow. This can cause a heart attack or stroke.

Body Mass Index (BMI). To calculate BMI, divide your weight in pounds by the square of your height in inches. Then multiply the result by 703. For example, if you are 6' tall and weigh 195, the calculation would look like this: 195 pounds divided by 5184 (72 inches x 72 inches), multiplied by 703 = 26.4. If your BMI is less than 18.5, you're underweight. Normal is 18.5–24.0. Overweight is 25-29.9. Obese is anything over 30.

Cardiovascular Disease (CVD). A blanket term that includes a number of major types of diseases of the heart and blood vessels: hypertension (high blood pressure), coronary heart disease, and stroke.

Diabetes. A lifelong (chronic) disease in which there are high levels of sugar in the blood that result from defects in the body's ability to produce and/or use insulin.

High Density Lipoprotein (HDL). "Good," cholesterol. They act as cholesterol scavengers, picking up excess cholesterol in your blood and taking it back to your liver where it's broken down.

Low Density Lipoprotein (LDL). "Bad cholesterol." These lipoproteins carry cholesterol throughout your body, delivering it to different organs and tissues. Some LDL may be deposited into your artery walls causing plaque to build up.

Monounsaturated Fats. Can help reduce bad cholesterol levels in your blood and lower your risk of heart disease and stroke. They also provide nutrients to help develop and maintain your body's cells. Sources include olive oil, canola oil and avocados.

Polyunsaturated Fats. Can help reduce the cholesterol levels in your blood and lower your risk of heart disease. They also include essential fats that your body needs but can't produce itself – such as Omega-6 and omega-3, which play a crucial role in brain function and in the normal growth and development of your body. Sources include vegetable oils and fatty fish like salmon and mackerel.

Saturated Fats. Have a chemical makeup in which the carbon atoms are saturated with hydrogen atoms. Eating foods that contain saturated fats raises the level of cholesterol in your blood.

Trans Fat (or trans fatty acids). Are created in an industrial process that adds hydrogen to liquid vegetable oils to make them more solid. Another name for trans fats is "partially hydrogenated oils." Look for them on the ingredient list on food packages. These are found in foods such as doughnuts, baked goods including pastries, piecrusts, biscuits, pizza dough, cookies, crackers, and stick margarines and shortenings.

SinoAtrial Node (SA Node/ Sinus Node): A small mass of specialized cardiac muscle fibers that acts as a pacemaker by initiating and maintaining normal heartbeat and cardiac rhythm In healthy adults, the SA node fires off between 60-100 heartbeats per minute.

Atria: two smaller chambers of the heart. The right atrium receives deoxygenated blood from the body and pumps it into the right ventricle which then sends it to the lungs. The left atrium receives oxygenated blood back from the lungs and pumps it down into the left ventricle for relatively high-pressure delivery to the body

RESOURCES

You can get more information on cardiovascular health and many other health topics that affect men from the following sources:

Blueprint for Men's Health
www.BlueprintForMensHealth.com

National Heart, Lung, and Blood Institute
www.nhlbi.nih.gov

Men's Health Network
www.MensHealthNetwork.org

Centers for Disease Control and Prevention (CDC)
www.cdc.gov

National Institutes of Health (NIH)
www.nih.gov

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
www.niddk.nih.gov

Men's Health Month
www.MensHealthMonth.org

Men's Health Week
National Men's Health Week
www.MensHealthWeek.org

International Men's Health Week
www.imhw.org

Self-Assessment Health Quiz
www.HealthSelfAssessment.com

Men's Health Library
www.MensHealthLibrary.org

American Heart Association (AHA)
www.heart.org

Association of Black Cardiologists
www.abcardio.org

Senior Center for Health and Security
www.SeniorsForCures.org

Veterans Health Council
www.VeteransHealth.org

Wear Blue
www.WearBlueForMensHealth.com

Please Note: The content of this booklet is not intended as medical advice it is provided as an educational service and contains general information on health conditions. It is important to consult with a properly credentialed healthcare professional for all potential conditions and for information about your personal health circumstances and care.

ABC
Association of Black Cardiologists, Inc.
Saving the Hearts of a Diverse America

Boehringer Ingelheim

Veterans Health Council℠
veteranshealth.org

MHN Men's Health Network™
www.menshealthnetwork.org