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GUIDE

Healthy Heart Habits

Everyday Steps for a Stronger Heart

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Everyday Steps for a Stronger Heart

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DISCLAIMER

This guide is for educational purposes only and is not medical advice. It does not diagnose, treat or replace care from a qualified health professional. Talk to your doctor before you change any treatment, medication or care plan, and get help promptly for any symptom that worries you.

INSIDE THIS GUIDE

Contents

	How to Use This Guide	4
CHAPTER 1	How Your Heart and Arteries Work	6
CHAPTER 2	Know Your Numbers	10
CHAPTER 3	Eat for Your Heart	15
CHAPTER 4	Move More, Sit Less	19
CHAPTER 5	Weight, Waist and Blood Sugar	23
CHAPTER 6	Smoking, Vaping and Alcohol	26
CHAPTER 7	Sleep, Stress and Connection	30
CHAPTER 8	Family History and Hidden Risks	33
CHAPTER 9	Working With Your Doctor and Medicines	36
CHAPTER 10	Warning Signs and What to Do in an Emergency	39
CHAPTER 11	Your 8-Week Heart Habit Plan	42

How to Use This Guide

Heart disease and stroke rarely arrive out of nowhere. They are usually the end of a long, quiet process in the blood vessels that runs for decades, driven by things you can measure and change: blood pressure, cholesterol, blood sugar, smoking, food, movement, sleep and weight. That is the hopeful part. Everyday habits, combined with good medical care when you need it, shift the odds substantially.

This guide shows you how to know your numbers, eat in the patterns with the best evidence, move more, sleep and handle stress better, and work with your doctor on your personal risks. It also teaches the warning signs of a heart attack and stroke, so you can act fast if you or someone near you needs help.

How the guide is organized

The first two chapters explain how heart disease develops and which numbers to track. The next five chapters each cover one area of daily life: food, activity, weight and blood sugar, smoking and alcohol, and sleep and stress. Then come your hidden risks (family history and other conditions), working with your doctor and medicines, and the emergency warning signs. The final chapter is an eight-week plan.

Each chapter explains the mechanism in plain language, gives numbered steps, shows an example and ends with an exercise and Key Takeaways. The people in the examples are fictional composites written to show the method; they are not real customers or testimonials.

What you need

- [ ] Your most recent blood pressure, cholesterol and blood sugar results, if you have them
- [ ] A tape measure for your waist
- [ ] Optional but very useful: a validated upper-arm home blood pressure monitor
- [ ] A pen, and about 20 minutes per chapter

⚠ CAUTION

Before you begin

This guide is educational and is not a substitute for medical care. It does not replace your doctor's advice about your own risks or treatment. Do not stop or change any prescribed medicine without talking to your doctor. If you have a heart condition, chest pain or breathlessness on exertion, ask your doctor before starting a new exercise plan.

Call emergency services immediately for chest pain, pressure or tightness, pain spreading to the arm, jaw, neck or back, sudden breathlessness, a cold sweat or lightheadedness (possible heart attack), or for face drooping, arm weakness, slurred speech, sudden loss of vision or balance, or a sudden severe headache (possible stroke). Do not wait, and do not drive yourself. The chapter "Warning Signs and What to Do in an Emergency" covers this in detail.

CHAPTER 1

How Your Heart and Arteries Work

01

Your heart is a muscular pump about the size of a fist. It beats roughly 100,000 times a day, pushing blood through a network of arteries that carry oxygen to every organ, including the heart muscle itself (through the coronary arteries) and the brain. Most heart attacks and strokes are not problems with the pump. They are problems with the pipes.

How arteries get clogged

The inside of a healthy artery is smooth and flexible. Over years, particles that carry cholesterol in the blood, especially LDL (low-density lipoprotein), slip into the artery wall. The body treats them as an injury, and an inflammatory reaction builds a fatty deposit called **plaque**. This process is called **atherosclerosis**. It starts early in life and progresses faster when LDL is high, blood pressure is high, blood sugar is high or the vessel lining is damaged by smoking.

Plaque can narrow an artery slowly, causing chest pain on exertion (angina) or leg pain when walking. More dangerously, a plaque can crack open. The body forms a blood clot over the crack, and the clot can suddenly block the artery:

- In a coronary artery, the result is a **heart attack**: part of the heart muscle is starved of oxygen.
- In an artery to the brain, the result is an **ischemic stroke**. (Other strokes are caused by a burst blood vessel, and high blood pressure is the main driver of those.)

In both cases, muscle or brain tissue begins to die within minutes, which is why fast treatment matters so much.

How high blood pressure does damage

Blood pressure is the force of blood against artery walls. When it stays high, the walls are under constant strain. They thicken and stiffen, the lining is damaged (which speeds up plaque), the heart has to work harder and can thicken and weaken over time, and small vessels in the brain, kidneys and eyes are injured. High blood pressure usually causes no symptoms at all, which is why it is so often missed.

The risk factors

THE SCIENCE

Most heart attack risk is modifiable

The INTERHEART study, published in 2004, compared about 15,000 people who had a first heart attack with similar people who had not, across 52 countries. Nine factors that can be measured or changed (abnormal blood fats, smoking, high blood pressure, diabetes, abdominal obesity, psychosocial stress, low fruit and vegetable intake, alcohol pattern and physical inactivity) accounted for more than 90 percent of the population risk, in men and women and in every region. Age, sex and family history matter too, but most of the risk sits in things you can influence.

The American Heart Association (AHA) groups the habits and measures that matter most into **Life's Essential 8**: eat better, be more active, quit tobacco, get healthy sleep, manage weight, control cholesterol, manage blood sugar and manage blood pressure. This guide follows the same map.

Risk factors also multiply rather than simply add up. Someone with slightly high blood pressure, slightly high cholesterol and a smoking habit can be at higher risk than someone with one very high number. The good news runs the same way: improving several factors a little often does more than perfecting one.

EXAMPLE

Daniel connects the dots

Daniel, 52, an accountant, feels fine. At a workplace health check his blood pressure is 142/88, his LDL cholesterol is high, he smokes five cigarettes a day “only at work,” and his father had a heart attack at 58. None of these alone worried him. Seen together, they explain why his doctor wants to talk about his 10-year risk, and why Daniel decides to start with the habit that touches several factors at once: stopping smoking.

EXERCISE

Your risk snapshot

Tick everything that applies to you now. You will find out the numbers you do not know in the next chapter.

- [ ] Blood pressure 130/80 or higher, or I take blood pressure medicine
- [ ] High LDL cholesterol, or I take cholesterol medicine
- [ ] Diabetes or prediabetes
- [ ] I smoke, vape or use other tobacco
- [ ] I am active less than 150 minutes a week
- [ ] My waist is more than half my height
- [ ] I usually sleep less than 7 hours
- [ ] I often feel stressed, low or isolated
- [ ] A parent or sibling had heart disease or stroke young (men before 55, women before 65)
- [ ] I do not know several of my numbers

The three that matter most for me, in my own judgment: