THE HEART TRUTH®

FOR WOMEN

A SPEAKER’S GUIDE

* The Heart Truth, its logo and The Red Dress are registered trademarks of HHS.
The Heart Truth® Campaign: Serious Messages about Women and Heart Disease

Heart disease is the #1 killer of American women, but many women do not realize they are at risk. To make women more aware of the dangers of heart disease, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH), U.S. Department of Health and Human Services (HHS), is sponsoring a national campaign, The Heart Truth®.*

The goal is to give women a personal and urgent wake-up call about their risk of heart disease. The Heart Truth® seeks to:

- Increase awareness that heart disease is the #1 killer of women.
- Increase awareness that having risk factors can lead to heart disease, disability, or death.
- Encourage women to talk to their doctors about heart disease risk factors and to take action to prevent or control these risk factors.

The Heart Truth® is especially aimed at women ages 40 to 60, the time when a woman’s risk of heart disease begins to rise. But its messages are also important for younger women because heart disease develops gradually and can start at a young age. It is also important for older women to take action to prevent and control their risk factors for heart disease.

To warn women of their #1 health threat, in 2002, The Heart Truth® created and introduced the Red Dress® as the national symbol for women and heart disease awareness. The Red Dress® symbol is a red alert that reminds women of the need to protect their heart health and inspires them to take action. Since its introduction, women across the country have rallied around the Red Dress and its message—“Heart Disease Doesn’t Care What You Wear—it’s the #1 Killer of Women®”—and are celebrating the cause and taking ownership of the symbol.

The NHLBI urges you to use this Speaker’s Kit to help women in your community learn The Heart Truth®. This kit supplies all you need to hold a session on women and heart disease, including downloadable PowerPoint slides available at www.nhlbi.nih.gov/educational/hearttruth/downloads/kit_presentation.ppt. By offering this session at your place of worship, a health fair, a club meeting, where you work, or at your local hospital, you can make a difference in women’s lives in your community.

*The Heart Truth, its logo, The Red Dress, and Heart Disease Doesn’t Care What You Wear—it’s the #1 Killer of Women are registered trademarks of HHS.
**Introduction**

*The Heart Truth®* is a national awareness campaign for women about heart disease sponsored by the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH), U.S. Department of Health and Human Services (HHS) in partnership with: Office on Women’s Health (OWH), HHS; and many other organizations committed to the health and well-being of women. *The Heart Truth®* created and introduced the Red Dress® as the national symbol for women and heart disease awareness in 2002. Women throughout the country are enthusiastically embracing the Red Dress®, which is propelling a national awareness movement about women and heart disease.

The goal of *The Heart Truth®* is to “put a face on heart disease” and motivate women and health professionals to take heart health seriously and engage in action to reduce women's risk of heart disease. The campaign is the result of recommendations from more than 70 experts in women's health who helped the NHLBI develop a national plan for women's heart health.

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- Increase awareness that heart disease is the #1 killer of women.
- Increase awareness that having risk factors can lead to heart disease, disability, or death.
- Encourage women to talk to their doctors about heart disease risk factors and to take action to prevent or control these risk factors.

**Heart Disease and Women**

Many women think heart disease is a man's disease. It isn’t. Heart disease is the leading cause of death of American women. It can also lead to disability and significantly decrease one’s quality of life.

Despite these facts, many women do not realize that:

- Heart disease is their leading health threat.
- There is a connection between risk factors, such as high blood pressure and high cholesterol, and their personal risk of developing heart disease.

In order to reach as many women as possible with critical heart health information, *The Heart Truth®* uses a multifaceted approach. Its components include:

- The Red Dress®, created and introduced in 2002 by the NHLBI as the national symbol for women and heart disease awareness.
- National Wear Red Day® held on the first Friday of February each year—a day of celebration and awareness-raising about women's heart disease.
- The Red Dress Collection—exquisite dresses donated to *The Heart Truth®* by America’s top fashion designers.
- The First Ladies Red Dress Collection, featuring red gowns and suits worn by America’s first ladies who have joined *The Heart Truth®* to raise awareness of the #1 killer of women.
- Partnerships with a wide range of groups including women’s health organizations, media, corporations, community groups, and government agencies.
- This kit, designed to help get the message out to local communities.
- “The Healthy Heart Handbook for Women,” as well as other health education materials.
- Web pages (www.hearttruth.gov) that provide access to campaign materials and more detailed information about heart disease risk factors, including how to assess personal risk and take action against heart disease. The Web pages also include an Online Toolkit packed with ideas for planning community events to raise awareness about women and heart disease and an Activity Registry for sharing information about local programs and events.
- *The Heart Truth®* Facebook page and Twitter account, both of which provide frequent updates on campaign activity.
- *The Heart Truth®* Champions Program, funded by the HHS OWH, which provides for a day of training for women and men across the United States to raise awareness of women and heart disease in their local communities. The OWH is the federal government’s champion and focal point for women’s health issues, and works to address inequities in research, health care services, and education that have historically placed the health of women at risk.

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What You Can Do
You can get involved in the national campaign by bringing The Heart Truth® to women in your community. It's a message every woman needs to hear, because the truth is that being a woman is no protection from heart disease. Many women don’t know that heart disease is their #1 killer and millions do not take their risk of heart disease personally or seriously. By presenting this talk, you will “put a face on heart disease,” helping women to understand their personal risk of heart disease and motivating them to take action to lower that risk. The Heart Truth® starts with you. The answers you give women in this talk will mean that fewer of them will have to answer to heart disease.

Using The Heart Truth® Speaker’s Kit
The Speaker’s Kit, which includes this Speaker’s Guide, is designed to be used by anyone with an interest in presenting women the truth about heart disease. No special training is needed. Materials to accompany the Speaker’s Guide, including a PowerPoint presentation, a video, a promotional poster, and wallet cards, can be found on our campaign materials Web page: www.nhlbi.nih.gov/educational/hearttruth/materials/index.htm.

The talk covers the following topics:

- Why women need to know about heart disease.
- What heart disease is.
- Why heart disease risk factors are important.
- How to talk to a doctor or other health care provider about heart disease risk.
- Taking action to lower risk.
- What to do if a heart attack occurs.
- How to get started and stay on the road to heart health.
- Resources to help women learn more.

Audience
The Heart Truth® presentation is designed especially for women ages 40 to 60, the years when a woman’s risk of heart disease begins to rise. However, younger women will be interested in its message because heart disease, which develops gradually and can start at a young age. And women older than 60 need to hear the presentation too, because it’s never too late to take action to prevent and control the risk factors for heart disease.

The talk is designed to be given to audiences of various sizes; it works well with a small group or a large audience. However, for large audiences, use your judgment about how to distribute the handout materials. You may want to arrange with someone ahead of time to distribute each handout when you ask for it, or you may want to give out a packet with all of the handouts at the beginning of the presentation.

Timing
The talk takes about one hour to present, allowing some time for questions and answers. It can be done in a shorter period, if necessary, by cutting down on the time for questions and/or condensing some of the material. It’s designed to be flexible to accommodate your needs and the needs of your audience.

Setting
The Heart Truth® can be presented in a variety of settings—hospitals and other health care facilities, adult education classes, recreation centers, sorority meetings, work sites, community group meetings, and places of worship, for example.

How to Host The Heart Truth® Presentation
Use these simple steps to help plan and organize a successful presentation.

Finding a Sponsor and Scheduling a Presentation
- Identify groups that can incorporate The Heart Truth® presentation in a regularly scheduled meeting. A good place to start is with organizations to which you belong. Examples are sorority alumnae groups, women’s auxiliary groups, women’s groups at places of worship, and so on. If these groups are unable to make The Heart Truth® a topic for one of their meetings, they may be able to assist you in other ways, such as helping to promote a presentation.
- Other groups also can sponsor presentations. Here are some possibilities:
  - Local businesses. See if they can offer The Heart Truth® presentation as a “brown bag lunch.” Or, if they cannot be sponsors, see if they can help promote presentations by posting flyers in their offices or by providing meeting space.
  - Local hospitals. Ask them to include The Heart Truth® presentation on their roster of community education classes.
Clinics, adult education agencies, places of worship, civic clubs, YWCAs, and community centers. Even if you don’t work in or belong to one of these, ask them to include a presentation in their continuing-education classes or other group meetings. Work with class coordinators about how best to incorporate The Heart Truth® presentation into their current activities. For example, a session could be offered as one class in an existing series, as part of a scheduled class, or as a new class or program.

Attract a sponsor by scheduling a presentation to tie in with a local, state, or national observance or event that has a connection to health, women, or the heart. Examples include:

- Late December/early January to encourage heart-healthy New Year’s resolutions.
- February is American Heart Month with the first Friday designated as National Wear Red Day® to support the issue of women and heart disease awareness.
- May has Mother’s Day and National Women’s Health Week and is National High Blood Pressure Education Month and American Stroke Month.
- September is National Cholesterol Education Month.

Getting Women to Attend

Start promoting the presentation at least 3 weeks beforehand. Use posters (included in this kit) and flyers at community sites, such as grocery stores, places of worship, libraries, beauty salons, and community centers. Enlist local women’s groups to promote the presentation through their e-mail lists, newsletters, and group meetings. Include all necessary information—topic, location, date, and time. Encourage women to bring friends and relatives to the session. See the sample flyer/newsletter and e-mail promotion in Appendix A, page 52.*

Ask local media to publicize the presentation. Many newspapers and local cable companies run weekly health-event calendars that are likely to list your presentation if you provide the information. Check with your local media outlets for their requirements. In general, you should submit your listings a month before the event. See the sample calendar listing in Appendix A, page 53.*

Many radio stations—particularly public radio stations—make announcements of community events, so be sure to contact them as well. See the sample radio announcer copy in Appendix A, page 53.*

Preparing for a Presentation

Look closely at the materials and become familiar with the presentation and video. The materials are meant to guide you so that you can deliver and reinforce the session’s key topics. The key topics are outlined on page 14 of this guide.


Copy the handouts in Appendix B. Make one set for each participant. You also can download these materials from the campaign Web pages at www.hearttruth.gov (click on “Campaign Materials & Resources;” then under “Speaker’s Kit,” open the file of the Speaker’s Guide and print pages 54 to 61 from the PDF file). The handouts are:

1. What’s Your Risk? Quiz and Body Mass Index Chart
2. Questions To Ask Your Doctor
3. Heart Attack Survival Plan
4. Resources for a Healthy Heart
5. Heart Disease Risk Factors You Can Do Something About

Consider using more handouts about women and heart disease. See the list of additional resources in Appendix B, “Resources for a Healthy Heart,” pages 58 to 59, for ideas, as well as organizations that provide material about heart disease.

Confirm ahead of time that a television and DVD player are available at your presentation site so you can show the DVD included in this kit. Or, you can show the video from your computer using an LCD projector.

Read through the questions and answers found in Appendix C, page 62. This resource will help you answer some of the questions that may be asked at your session.

Spreading the Message Beyond Your Event

Keep up the momentum and promote The Heart Truth® message after the event. A good way to do this is to contact health reporters from local newspapers and television stations in your area. Interest them in doing feature stories about women and heart disease. For instance, suggest the reporter profiles women’s experiences with heart disease and what these women are doing to lower their risk.

*Note: You can also download the promotional items from The Heart Truth® Web pages at www.hearttruth.gov.
Learning More
For additional information about women’s heart health, see the “Resources for a Healthy Heart” handout in Appendix B, pages 58 to 59.

Presenter’s Checklist
☐ The Heart Truth® Speaker’s Guide
☐ The Heart Truth® DVD or video file from The Heart Truth® Web site (note: the DVD and video file are both captioned)
☐ DVD player and television or computer, LCD projector, and screen
☐ Copies of the handouts in Appendix C
☐ Equipment for the PowerPoint presentation
☐ Disk or computer with the presentation saved on it. Download from the campaign materials Web page at www.nhlbi.nih.gov/educational/hearttruth/downloads/kit_presentation.ppt

Optional
☐ Name tags
☐ Other campaign materials, such as The Heart Truth® for Women fact sheets, downloadable from the campaign Web pages

The Heart Truth® campaign materials are available online at www.nhlbi.nih.gov/educational/hearttruth/materials/index.htm#kit or in limited print quantities from:

NHLBI Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
Monday through Friday, 8:30 a.m. to 5:00 p.m. ET
Phone: (301) 592-8573
TTY: (240) 629-3255
Introduction

Good morning/afternoon/evening. I’m very glad to see you all here, because this talk is about The Heart Truth®, a topic of vital importance to women. It’s about your heart, up close and personal, and why you need to get to know it better.

Let me begin by telling you who I am, and who is hosting this important presentation.

My name is __________________. I’m a [nurse, member of _____, mother, etc.] ____________________________.

I became involved in this presentation because __________ ________________________________.

[“I learned the hard way that I’m not immune to heart disease.” Or: “I’ve seen heart disease strike a woman I know.” Or: “I believe in taking action. And I know that with heart disease, there’s no time to waste.”]

The group hosting this session is _________________, and they are committed to helping women protect their heart health.
This session is part of a nationwide campaign called *The Heart Truth*. Its goal is to help women understand their risk of heart disease and take action to lower that risk.

The campaign is aimed especially at women ages 40 to 60, because it is during those years that a woman’s risk of heart disease begins to rise. But its message applies to younger women too, since heart disease develops gradually over time and can start at a young age. And older women also need to take action, because it’s never too late to protect your heart health. It is important to take care of your heart at every age in life.

The national campaign is sponsored by the National Heart, Lung, and Blood Institute, which is part of the National Institutes of Health, U.S. Department of Health and Human Services. But the campaign also has many partners—including national and community organizations and health agencies—who are working to help spread the messages.

The centerpiece of the campaign is the Red Dress, introduced by the National Heart, Lung, and Blood Institute as the national symbol for women and heart disease awareness. The Red Dress serves as a “red alert,” giving women the message, “Heart Disease Doesn’t Care What You Wear—It’s the #1 Killer of Women.”

Being here today is a first step toward your knowing *The Heart Truth*. You will learn about how to protect your heart and increase your chance of enjoying many quality years with your family and friends. As first steps go, it’s an important one. Because heart disease is something that you really can take action against.
Outline of Today’s Session

Today, we’ve got a lot of ground to cover. The topics we’ll discuss in this session are:

- Why women need to know about heart disease
- What heart disease is
- Why heart disease risk factors are so important
- How to talk to your doctor or other health care provider about heart disease risk
- Taking action to lower your risk
- What to do if you do have a heart attack
- How to start and stay on the road to heart health
- Resources to help you learn more
Heart disease is the #1 killer of American women. Almost eight times more women die of heart disease than breast cancer. Heart disease kills more women than all forms of cancer combined.

But heart disease doesn’t just result in death. It also can damage your heart—and your life. It can interfere with your activities and even your ability to do everyday things, such as climb steps.

If it’s not treated, heart disease can lead to serious complications. These complications include angina, which is chest pain; heart failure, when your heart loses its ability to function well; and heart attack. About two-thirds of the women who have heart attacks do not make full recoveries.

Unfortunately, there’s a wide gap between what really threatens women and what they fear. Many women do not know that heart disease is their leading health threat. Nor do enough women know they can take action to help prevent heart disease.

It’s not wrong to be concerned about breast cancer—and, in fact, the steps that protect you against heart disease also will help protect you against many cancers.

But heart disease can cast a big shadow over your life, and it’s important to take this message to heart: Start taking action against heart disease now. As one woman doctor put it: “Heart disease is a ‘now’ problem. Later may be too late.”
I want to show you a short video—it’s about 10 minutes long. You’ll meet several women and hear their firsthand stories about heart disease, how it’s affected their lives, and actions they are taking to have heart-healthy lifestyles.

[Show video.]

As you heard, learning The Heart Truth® not only changes and improves lives, but also saves them.

Your heart is about the size of a fist. Make a fist and see. [Have women make a fist.] Your heart is a hard-working muscle. It contracts and releases 24 hours a day, every day, no time off. To work effectively, your heart needs a steady supply of blood, which feeds the heart oxygen and nutrients. Without nourishment, heart cells die—and the loss is permanent. There are many forms of heart disease, but the type we’ll be talking about today is called “coronary heart disease.” It’s the main form of heart disease, and I’ll use “heart disease” to refer to it.

Heart disease develops over many years. As I said, heart disease develops gradually over time and can start at a young age.
You’ve probably heard of “hardening of the arteries.” The process is called atherosclerosis. What happens is that plaque, which is cholesterol, calcium, and other substances, builds up in the walls of blood vessels. This process can happen anywhere in the body. Coronary heart disease occurs if plaque builds up in the coronary arteries of the heart.

The plaque buildup narrows the arteries and reduces blood flow to your heart muscle. The plaque can rupture and cause a blood clot to form. This further narrows the artery and the process repeats itself. Over time, the artery gets narrower and narrower, reducing blood flow even more.

When the blood flow to your heart muscle is reduced or blocked, it can lead to angina, which is chest pain.

Eventually, an area of plaque can rupture, causing a blood clot to form on the surface of the plaque. If the clot becomes large enough, it can mostly or completely block the flow of oxygen-rich blood to part of the heart muscle. If this happens, a heart attack occurs. If the blockage isn’t treated quickly, the heart muscle will begin to die and will be replaced by scar tissue.
With coronary artery disease, buildup of plaque inside the arteries will continue to worsen unless it’s treated. Certain procedures can be used to reopen a blocked artery. One that you’ve probably heard about is bypass surgery. A piece of blood vessel is grafted onto the coronary artery so blood can flow around the blockage.

Another is angioplasty, in which a thin tube containing a deflated balloon is inserted into the coronary artery and inflated to widen the narrowing. Sometimes, angioplasty is used to insert a wire mesh stent to keep an artery open. But these procedures do not “fix” a damaged heart. And the arteries are still affected by atherosclerosis.

It’s critical to realize that there’s no quick fix for heart disease. And if heart disease is not treated, it can worsen, leading to disability and death.

The good news is that heart disease can be prevented or controlled by making lifestyle changes, which we will discuss in more detail later, and, if prescribed by a doctor, by taking medication.
Heart Disease Risk Factors—Why Me, Why Now?

All women need to take steps to protect their heart health, even young women, because risk factors for heart disease develop gradually and can start at a young age. But taking action is particularly important if you're 40 to 60, when your risk of heart disease starts to go up. There are various reasons for this.

Estrogen does seem to play a role in preventing heart disease in younger women, although it's not understood how. When women go through menopause, the amount of estrogen in their bodies drops.

But another reason is that, during the middle-age years, many women develop one or more of the risk factors for heart disease. It is also important for older women to take action to lower their risks for heart disease.

What's a “risk factor”? Risk factors are behaviors or conditions that increase your chance of developing a disease. The heart disease risk factors will probably sound familiar to you.

There are risk factors you can control:
- Smoking
- High blood pressure
- High blood cholesterol and high triglycerides
- Overweight/obesity
- Physical inactivity
- Diabetes and prediabetes
- Metabolic syndrome, which is a name for a group of risk factors linked to overweight and obesity
And there are risk factors you can’t control:
- Family history of early heart disease. Your risk increases if your father or brother was diagnosed with heart disease before age 55, or if your mother or sister was diagnosed with the disease before age 65.
- Age, which, for women, is 55 and older
- History of preeclampsia during pregnancy

Other risk factors can contribute to coronary heart disease including:
- Sleep apnea
- Stress or depression
- Too much alcohol
- Birth control pills, particularly for women who are over age 35 and smoke
- Anemia
- Unhealthy diet

African American and Hispanic women, in particular, have higher rates of some risk factors for heart disease and are disproportionately affected by the disease than white women. More than 80 percent of midlife African American women are overweight or obese, 52 percent have high blood pressure, and 14 percent have been diagnosed with diabetes. Some 83 percent of midlife Hispanic women are overweight or obese, and more than 10 percent have been diagnosed with diabetes.
The risk factors don’t add their potential danger like one plus one equals two—they multiply it. They act both alone and together, through their effects on each other. For instance, being overweight increases your chance of developing heart disease—and it increases your chance of developing high blood pressure. And that too increases your risk of heart disease.

Your risk skyrockets with each added risk factor. For example, if you have high blood pressure, high blood cholesterol, and you smoke, you’re many times more likely to develop heart disease than a woman with no risk factors.

Fortunately, you can prevent or control most of these risk factors. Only family history, age, and a history of preeclampsia are beyond your control.

And you can do a little multiplication of your own, because the same steps will prevent or control many of the risk factors.

For example, if you follow a healthy eating plan and lose excess weight, you’ll not only help prevent high blood pressure, but also high blood cholesterol, overweight, and diabetes.

What’s Your Heart Disease Risk?

I’m going to ask you to take a look inside yourself now. How’s your heart doing in there? You may look good from the outside, but what’s going on inside your body?

Here’s a short quiz that will help you find out your risk for heart disease. You may not be able to answer each of the questions on this handout. That’s one of the issues: we too often don’t know our complete “risk profile,” which is based on how many risk factors we have. You may know if you’re overweight, but not if you have high blood cholesterol, for example.

Take a few minutes and check off what you can. You may be surprised how easy it is to be at an increased risk for heart disease.

Finished? You may be surprised at this, but all it takes is one “yes” to be at increased risk. The quiz gives you a quick look at your overall risk for heart disease. But it’s important for you to get your risk properly assessed. To do that, you need to see your doctor.
A Heart-to-Heart With Your Doctor

Your doctor can assess your risk factors. For instance, high blood cholesterol and high blood pressure can be measured with simple tests.

But don’t assume the doctor will bring up the topic of heart disease. Few women have a heart-to-heart talk with their doctor unless they start the conversation. You have to speak up and ask questions.

This handout has questions to ask your doctor. You don’t have to ask each and every one. It’s meant to help you talk more effectively with your doctor or another health care provider.

This list is a good starting point, but there may be other questions you have for your doctor as well. It’s a good idea to make a list of questions and take it with you. It’s also good to write down what the doctor says, so you’ll remember everything. For instance, it’s hard for most of us to remember our blood pressure and blood cholesterol numbers. It’s also good to write down any recommended treatment.

It’s important to provide your doctor with information that can help assess your risk. This includes family history of heart disease, if you smoke and, if so, how much, whether or not you’re physically active, and if you have any symptoms such as chest pain or breathlessness. Don’t be afraid to be honest—a complete picture will help your doctor develop an effective treatment plan.
Your doctor will no doubt measure your blood pressure. Be sure you learn the results. Normal blood pressure is less than 120 over less than 80. Be sure it’s being controlled to less than 130 over 80 or lower if you have certain conditions such as diabetes. If it’s not, ask what you can do to get it under control. A healthy woman should have her blood pressure taken at least once every 2 years.

To check your cholesterol, be sure your doctor does a blood test called a fasting lipoprotein analysis. This test will give you information about your:
- Total cholesterol
- Low-density lipoprotein (LDL) or “bad” cholesterol
- High-density lipoprotein (HDL) or “good” cholesterol
- Triglycerides, another form of fat in your blood

A healthy woman should have this done once every 5 years. At the same time, get a fasting plasma glucose test, a blood test that tells if you have or are likely to develop diabetes.

As part of your risk profile, you should assess your body mass index (BMI) and your waist circumference. These measures help determine your risk of heart disease and diabetes, and if you need to lose weight. BMI is a ratio of your weight to your height. Use the Body Mass Index table—it’s in the “What’s Your Risk?” handout. A BMI score of 25 to 29.9 means you’re overweight. A BMI of 30 or more means you’re obese. Waist circumference is an indicator of abdominal fat. The risk of heart disease increases for women if it’s greater than 35 inches.

Another test is the EKG, or ECG. These are acronyms for the electrocardiogram. This test shows a record of your heart’s electrical activity as it contracts and relaxes. It can detect various problems, such as abnormal heartbeats, muscle damage, and poor blood flow.

A stress test also records the heart’s electrical activity, but while you’re exercising, usually on a treadmill or exercise bike. The heart works harder when you exercise, and the stress test can check if it’s getting enough blood. If you can’t exercise due to arthritis or another problem, medication can be used to get the same effect.

If you have heart disease, you may need additional tests. All of this information will help paint a picture of how your heart’s doing.
Taking Action to Lower Your Risk

A lot of us are at risk. What do we do about it?

As you’ve heard, surveys show that women may already know many of the risk factors for heart disease, and they may know at least some of those they have. But they still don’t take their risks personally or seriously.

Women put off taking action for many reasons. For instance, many women are so wrapped up in caring for their families that they do not make their own health a top priority.

Women also say:
- I’m not old enough to be at risk for heart disease.
- I’m just too busy to make changes in my life.
- I’m already too stressed out.
- I’m too tired.

Also, many women believe that doing one healthy thing takes care of all their risks. As one woman said, “I know smoking is a risk, but I eat well, I work out, I do everything else, but it’s just...I can’t get rid of the smoking.” The fact is that it’s important to deal with all of the risk factors for heart disease. And social pressures and barriers can make it hard to take action. We’re bombarded with ads pushing foods that aren’t heart healthy. We go to restaurants and get super-sized meals. We can’t find a safe place to walk.

Well, sometimes there’s no easy answer. You have to do what you can. Tune out those ads. Don’t eat everything on your plate, and eat fewer fast-food meals. Walk at the mall or join your local YWCA. Make a start today. Keep in mind that you don’t have to make all of the changes at once—small steps in the right direction will put you on the road to a healthy heart.

And the good news is that, no matter what your age, no matter how many risk factors you have, it’s never too late to improve your heart health. If you make just two healthy changes—eating right and getting active—you’ll reduce five of the risk factors for heart disease.

And this is something that you can do with your family. Do it with your husband, your kids, and your grandchildren. In fact, as I said, heart disease starts early, and the earlier you help children learn healthy habits, the less they’ll be at risk for heart disease.
You are a top priority. It can sometimes be difficult to start living a heart-healthy lifestyle. But with a little motivation and support from friends and family, you can reduce your risk of heart disease up to 82 percent. Just take it one step at a time, and don’t get frustrated if you get off track. Learn to recognize your mistakes and jump back on the healthy train. Small steps make a big difference! We’ll discuss this more in detail toward the end of this talk.

Here are the key steps to a heart-healthy lifestyle. Start today, and make changes one step at a time. We’ll talk about where to get help with taking these steps in a moment.

If you smoke, work hard to quit. It’s the biggest favor you can do for your health. Start by writing down all of the reasons you want to quit. Then set a target date to quit. And don’t be shy talking to your doctor about using aids for quitting—nicotine gum, the patch, nasal spray, or medications. Reward yourself (with something besides food) for your progress.

Be physically active. For adults, to get major health benefits, this means getting 2 hours and 30 minutes of moderate-intensity aerobic activity or 1 hour and 15 minutes of vigorous-intensity activity (or a combination of both) each week. Aerobic activity moves your large muscles and makes your heart beat faster than usual.

Examples of aerobic activities include walking, jogging, swimming laps, bicycling, ballroom dancing, and tennis. Add strength training 2 to 3 times a week.
Follow a healthy eating plan—which means one low in saturated fat, trans fat, and cholesterol and moderate in total fat. Include lots of fruits, vegetables, whole grains, and fat-free or low-fat dairy products. Also include lean meats, poultry, fish, beans, and nuts in your diet. If you have high blood pressure, cut down on salt and sodium. And if you drink alcoholic beverages, have no more than one a day.

Healthy eating and being physically active will help you with another step, which is to lose weight, if necessary, and maintain a healthy weight. To maintain a healthy weight, balance the calories you take in with those you use up in physical activity.

If you have heart disease or risk factors for it, such as diabetes, high blood pressure, or high blood cholesterol and are taking prescribed medication, be sure to take it as directed by your doctor.

That's it. Basically, we're talking about a sensible way of living. As one woman said in the video, “It's very real. Deal with it. Get on with it. You can do it.”

If you have heart disease—and if you've had a heart attack—then taking action becomes even more important.

No procedure will “cure” your heart disease. But taking action will improve your condition. It can keep you from having a repeat heart attack. It can save your life.
Surviving a Heart Attack

Sometimes, despite our best efforts, it happens—a heart attack occurs. What does it mean for your health to have a heart attack? How do you know if you’re having one? What do you do if you’re having one?

Let me answer the last question first. The most important factor in surviving a heart attack is getting help fast. It’s impossible to stress this point enough: If you have any heart attack symptoms or think you might be having a heart attack, call 9-1-1 immediately for emergency medical care.

Women often don’t know the symptoms of a heart attack. Most of us think a heart attack will happen like we’ve seen it in the movies—a dramatic event where a man, of course, suddenly clutches his chest in agony and falls over.

Often, that’s not the way it happens in real life. Not all people who have heart attacks experience the same symptoms or experience them to the same degree. Some heart attacks are sudden and intense. But many people aren’t sure what’s wrong when they’re having heart attack symptoms. Heart attacks don’t always cause common symptoms such as chest pain or discomfort. Heart attacks can start slowly, with mild pain or discomfort and/or with other symptoms, which may come and go over several hours.

People who have already had a heart attack may not recognize if they’re having another one. This is because a next heart attack may cause different symptoms than an earlier heart attack.
Heart Attack Symptoms in Women

As with men, the most common heart attack symptom in women is chest pain or discomfort. But women are somewhat more likely than men to experience other heart attack symptoms, including shortness of breath, nausea and vomiting, unusual fatigue, and pain in the back, shoulders, and jaw.

Some of the Most Common Symptoms of a Heart Attack in Both Men and Women

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the left side of the chest. The discomfort usually lasts for more than a few minutes or goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness, or pain. It may even feel like heartburn or indigestion.

- **Upper-body discomfort.** This symptom can include pain or discomfort in one or both arms, the back, shoulders, neck, jaw, or upper part of the stomach (not below the belly button).

- **Shortness of breath.** This symptom may occur before or with chest pain or discomfort and can even be the only symptom of a heart attack. It can occur while you are at rest or with minimal physical activity.

- **Other symptoms to pay attention to:**
  - Breaking out in a cold sweat
  - Unusual or unexplained fatigue (tiredness), particularly in women (which may be present for days)
  - Nausea (feeling sick to the stomach) and/or vomiting
  - Light-headedness or sudden dizziness
Minutes matter. When in doubt, check it out. Call 9-1-1 immediately for emergency medical care. Quick treatment can save your life.

If you are unable to access 9-1-1, have someone else drive you to the hospital. Don’t drive yourself to the hospital unless you have no other choice. Driving yourself puts you and others at risk of a car accident if your condition suddenly worsens.

Women are particularly likely to delay seeking help. They’re afraid of embarrassment over a false alarm or of bothering their families. Even if it does turn out to be a false alarm, you still need to get your symptoms checked.

Another way to increase your chance of survival is by planning ahead. Learn the heart attack warning signs, make a survival plan, and talk to your family and friends to be sure they know the warning signs and what to do if a heart attack happens.

Here’s a handy heart attack survival plan. It explains the symptoms, what to do, and lets you write in important information. Fill it out and keep it in a convenient place. Make sure your family knows where it is.

If you prepare for the worst, you’ll fare the best.
How can you start today?

[Give out the “Heart Disease Risk Factors You Can Do Something About” handout. Or refer the audience to the handout if you gave them packets at the beginning.]

A good place to start is this handout that summarizes heart disease risk factors and the steps that can help lower your risk. The trick is to make the change one step at a time. Replace some unhealthy habits with healthier ones. Get comfortable with one step and then take on another. Pretty soon, you’ll wonder why you didn’t make these changes sooner.

Take a first step by eating for a healthy heart. Try cutting back on saturated fat. Saturated fat raises your blood cholesterol more than anything else in your diet. Try switching from whole milk to low-fat milk and then to fat-free milk. Another step? Take the skin off the chicken before you eat it.

Here’s another: Fat is rich in calories. Eat less fat, and you’ll cut calories, which will help you lose weight. But don’t eat less fat and more food. Calories still count, even if the item is called a low-fat brownie.

Here’s another: Step your way toward a regular walking program. Try walking briskly for 10 minutes a day. Then each week, increase your walking time until you’re up to 2 hours and 30 minutes a week.

You may be surprised that one study showed people benefit from even small changes in their routines.

So take a longer walk on the way to the office, use the stairs more, or take a walk after dinner.

Prevention Begins with You

This has been a lot to digest. But don’t be overwhelmed. Whenever you start something new, the effort can seem too great, too complicated. But The Heart Truth® has to start with you. I can give you information, but only you can make the changes. Keep in mind that taking action now can mean more years of healthy life. Do it for yourself and for—and with—those you love.

So how do you get started? Here are some tips on how to begin—and I’ll follow them with some others on how to stick with it, because that’s often the hard part.
Don’t kick yourself if you get off track. If you go back to eating a high-fat diet for a while, don’t attack yourself and give up. Everybody slips. It’s what you do next that counts. Get back into your new routine.

Reward yourself. Changing habits is tough, so let yourself enjoy each success. But be careful: Don’t celebrate with cake. Go to a movie, instead. Accomplishments are worth celebrating.

Finally—and this is very important—when it comes to your health, you must be your own advocate.

You can’t let others, even the doctor, make your health decisions for you. Speak up. Ask for tests. Ask questions. Be sure you understand every issue and instruction. And seek out information. There’s plenty of information out there.

So, once you’ve started, how do you keep going?

First, as I said, don’t try to overhaul your life in a day. If you try to do too much at once, you’ll probably feel overwhelmed and give up. This is about making changes that will stay with you for the rest of your life.

Set realistic goals. Be sure that each change is doable without a super-human effort. For instance, if you’re increasing your physical activity by swimming laps, don’t go for 50 laps your first day out.

Enlist the help of a buddy. Get a family member or friend to make changes with you. Go for walks together, share recipes.
So that’s The Heart Truth®. Women’s risk of heart disease is serious. It’s up to you to take action to protect your heart. And I congratulate you on making a start. Now keep it up!

We have time for a few questions. If I don’t have the answers, I’ll try to point you in the right direction to find more information.

Thank you for coming.
THE HEART TRUTH® FLYER OR NEWSLETTER PROMOTION

THE HEART TRUTH® FOR WOMEN

What you learn in one hour could save your life.

Free Health Information Session on The Heart Truth®: Women and Heart Disease
Get The Heart Truth® about heart disease and women. Get the facts. Know your risk. And be motivated to take action.

Every woman needs this information. Take a first step to protect your heart. Attend this session.

HEART DISEASE IS THE #1 KILLER OF WOMEN.

* The Heart Truth is a registered trademark of HHS.

THE HEART TRUTH® E-MAIL PROMOTION

Subject line
Get The Heart Truth®: Women and Heart Disease

E-mail message
The Heart Truth®, Women and Heart Disease.

Please join us for a free health information session about women and heart disease on [Date], [Time] at [Place].

Heart disease is the #1 killer of women. Yet many women do not recognize heart disease as their leading health threat. This session can save your life by giving you the facts about heart disease, explaining the risks and what they mean to you, encouraging talking with your doctor, and empowering you to take action to lower your risk.

Don’t miss it. Every woman needs this information. Invite your family and friends to attend with you.

RSVP by returning this e-mail. Or call [Phone number]. We look forward to seeing you.

* The Heart Truth is a registered trademark of HHS.

THE HEART TRUTH® CALENDAR LISTING

The Heart Truth®: Women and Heart Disease. Heart disease is the #1 killer of women. Learn more. Attend this free health information session about heart disease, women’s risk factors for it, and steps for heart-healthy living.

LOCAL INFO — Date, Time, Place, RSVP info.

THE HEART TRUTH® RADIO PROMOTION

:60 Announcer Copy
ANNOUNCER: Did you know heart disease is the #1 killer of women? Too many women don’t take their risk seriously or personally...until it’s too late. Heart disease can cause disabilities and slow you down. Every woman needs to attend The Heart Truth® for Women...a free health session about women and heart disease.

At The Heart Truth® for Women presentation, you will learn about risk factors for heart disease...like high blood pressure, smoking, and physical inactivity...to name a few. And you will learn what to do to improve your heart health.

Get The Heart Truth® for Women on [Date and Time] at [Place]. Call [Phone number] for more information. Get the facts. It’s free. And it could save your life.

The Heart Truth® for Women is presented by [Name of local organization].

The Heart Truth® Campaign is sponsored by the National Heart, Lung, and Blood Institute, the National Institutes of Health, U.S. Department of Health and Human Services.

:30 Announcer Copy
ANNOUNCER: Did you know heart disease is the #1 killer of women? Too many women don’t take their risk seriously or personally...until it’s too late. Every woman needs to attend The Heart Truth® for Women...a free health session about women and heart disease.

Get The Heart Truth® for Women on [Date and Time] at [Place]. Call [Phone number] for more information. Get the facts. It’s free. And it could save your life.

The Heart Truth® for Women is presented by [Name of local organization].

The Heart Truth® Campaign is sponsored by the National Heart, Lung, and Blood Institute, the National Institutes of Health, U.S. Department of Health and Human Services.
WHAT’S YOUR RISK?

Here is a quick quiz to find out your risk of a heart attack.

Yes  No

☐  ☐  Do you smoke?

☐  ☐  Is your blood pressure 140/90 mmHg or higher, OR have you been told by your doctor that your blood pressure is too high?

☐  ☐  Has your doctor told you that your total cholesterol level is 200 mg/dL or higher, OR have you been told by your doctor that your HDL (good cholesterol) is less than 40 mg/dL?

☐  ☐  Has your father or brother had a heart attack before age 55 OR your mother or sister had one before age 65?

☐  ☐  Do you have diabetes OR a fasting blood sugar of 126 mg/dL or higher, OR do you need medicine to control your blood sugar?

☐  ☐  Are you over age 55?

☐  ☐  Do you have a body mass index (BMI) score of 25 or more?

☐  ☐  Do you get less than a total of 30 minutes of moderate-intensity physical activity a day?

☐  ☐  Has a doctor told you that you have angina (chest pains), OR have you had a heart attack?

Are You at Risk?

If you answered “yes” to any of the questions, you are at an increased risk of having a heart attack.

BODY MASS INDEX

To calculate your body mass index (BMI), you may use the chart below that provides the BMI for various heights and weights. For men and women.* Additionally, you can find a BMI calculator on the National Heart, Lung, and Blood Institute Web site at www.nhlbi.nih.gov/bmi/bmi_calculator.htm or download the BMI calculator iPhone application at http://apps.usa.gov/bmi-app.

What Does Your BMI Mean?

Normal weight: BMI = 18.5–24.9. Good for you. Try not to gain weight.

Overweight: BMI = 25–29.9. Do not gain any weight, especially if your waist measurement is high. You need to lose weight if you have two or more risk factors for heart disease and are overweight, or have a high waist measurement, for women more than 35 inches.

Obese: BMI = 30 or greater. You need to lose weight. Lose weight slowly—about ½ to 2 pounds a week. See your doctor or a nutritionist if you need help.


Another way to find out your BMI is to use this three-step method: Multiply your weight in pounds (in underwear, but not with shoes) by 703; divide the answer by your height in inches; then divide that answer by your height in inches.
QUESTIONS TO ASK YOUR DOCTOR

1. What is my risk for heart disease?
2. What is my blood pressure, what does it mean for me, and what do I need to do about it?
3. What are my cholesterol numbers—total cholesterol, LDL (“bad”) cholesterol, HDL (“good”) cholesterol, and triglycerides—what do they mean for me, and what do I need to do about them?
4. What is my body mass index (BMI) and waist circumference measurement, and do they indicate that I need to lose weight for my health?
5. What is my blood sugar level, and am I at risk for diabetes?
6. What other screening or diagnostic tests for heart disease do I need? How often should I return for checkups for heart health?
7. How can you help me quit smoking?
8. How much physical activity do I need to help protect my heart?
9. What is a heart healthy eating plan for me? Should I see a registered dietitian or a qualified nutritionist to learn more about a heart-healthy eating plan?
10. How can I tell if I am having a heart attack?

HEART ATTACK SURVIVAL PLAN

Learn the symptoms and steps to take if a heart attack happens. You can save a life—maybe your own.

Heart Attack Symptoms

- Chest discomfort. Most heart attacks involve discomfort in the center of the left side of the chest. The discomfort usually lasts for more than a few minutes or goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness, or pain; it may even feel like heartburn or indigestion.
- Upper-body discomfort. This symptom can include pain or discomfort in one or both arms, the back, shoulders, neck, jaw, or upper part of the stomach (not below the belly button).
- Shortness of breath. This symptom may occur before or with chest pain or discomfort and can even be the only symptom of a heart attack. It can occur while you are at rest or with minimal physical activity.

Other symptoms to pay attention to:
- Breaking out in a cold sweat
- Unusual or unexplained fatigue (tiredness), particularly in women (which may be present for days)
- Nausea (feeling sick to the stomach)/vomiting
- Light-headedness or sudden dizziness

Minutes Matter. Call 9-1-1!

If you or someone you are with has any heart attack symptoms or you think you might be having a heart attack, call 9-1-1 immediately for emergency medical care.
RESOURCES FOR A HEALTHY HEART

For additional information on heart disease risk factors and how to take action toward having a healthy heart, contact the organizations listed below:

National Heart, Lung, and Blood Institute
Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
Telephone: (301) 592-8573
TTY: (240) 629-3255
Fax: (301) 592-8563
E-mail: nhlbinfo@nhlbi.nih.gov
NHLBI Web site: www.nhlbi.gov

Many materials are available from the National Heart, Lung, and Blood Institute (NHLBI) that provide information about the prevention and treatment of heart disease risk factors. The NHLBI’s “Your Guide” series of booklets and fact sheets provide heart-health information in an engaging and interactive format that can motivate you to embrace a healthy lifestyle. The “Your Guide” topics include: Healthy Heart, Living Well With Heart Disease, Healthy Sleep, Lowering Your Cholesterol with TLC, Physical Activity and Your Heart, and Lowering Your Blood Pressure with the DASH Eating Plan. The NHLBI’s “Aim for a Healthy Weight” booklet gives you easy-to-use information for losing and maintaining weight. These materials are downloadable from the NHLBI Web site. Limited quantities of print materials are available from the NHLBI Health Information Center.

The NHLBI maintains a Web site at www.nhlbi.nih.gov. The site includes downloadable information and publications for health professionals, patients, and the public. Special interactive Web pages offer self-assessment quizzes, online menu planning, Body Mass Index calculator, heart healthy lifestyle tips, and more.

Also on the Web site is the NHLBI Diseases and Conditions Index, which features easy-to-understand articles on a variety of diseases of the heart, lungs, blood vessels, and sleep disorders and common diagnostic tests and procedures.

The Heart Truth® Campaign Web pages can be found at www.hearttruth.gov. The Web pages provide access to all campaign materials, online toolkit, the Activity Registry; and more detailed information about heart disease risk factors, including how to assess personal risk and take action against heart disease.

Office on Women’s Health
U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 730B
Washington, DC 20201
Phone: (800) 994-WOMAN or (800) 994-9662
Web site: www.womenshealth.gov

Help yourself to better health. It’s easier than you think. Use the National Women’s Health Information Center to get free, trustworthy women’s health information on more than 800 topics. Find reliable publications and resources on heart disease, diabetes, nutrition and physical activity, eating disorders, and much more.

American Heart Association
National Center
7272 Greenville Avenue
Dallas, TX 75231
Phone: (888) MY-HEART (694-3278)
Web site: www.americanheart.org

The American Heart Association aims to reduce disability and death from cardiovascular diseases and stroke by providing information on related topics. Through its national women’s campaign, Go Red for Women, women can access educational tools and free programs to help them reduce their risk.

WomenHeart: the National Coalition for Women with Heart Disease
818 18th Street, NW, Suite 730
Washington, DC 20006
Phone: (202) 728-7199
Web site: www.womenheart.org

Founded by women with heart disease, WomenHeart provides information about the risks of heart disease, prevention, and survival skills. The coalition has community-based networks across the United States that provide a variety of services to female heart disease survivors.

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**HEART DISEASE RISK FACTORS YOU CAN DO SOMETHING ABOUT**

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Facts You Need to Know</th>
<th>Take These Steps To Prevent Heart Disease</th>
</tr>
</thead>
</table>
| High blood pressure (hypertension)  | When your blood pressure is high, your heart works harder than it should to move blood to all parts of the body. If not treated, high blood pressure can lead to stroke, heart attack, eye and kidney problems, and death. Check your number: Normal is less than 120/80 mmHg. Prehypertension is 120–139/80–89 mmHg. High blood pressure is 140/90 mmHg or more (based on readings at two different visits). | - Have your doctor check your blood pressure.  
- Aim for a healthy weight.  
- Become physically active.  
- Follow a healthy eating plan, including food lower in salt and sodium.  
- Limit alcoholic beverages.  
- Take medication, if prescribed. |
| High blood cholesterol              | Total cholesterol: Desirable is less than 200 mg/dL. Borderline-high is 200–239 mg/dL. High is 240 mg/dL or more. If you are age 20 or older, have your blood cholesterol checked by a blood test called a “lipoprotein profile” every 5 years, or more often if it is high. If it is high, ask your doctor how to lower it. | - Get your blood cholesterol level checked.  
- Learn what your numbers mean.  
- Follow a low saturated fat and low cholesterol eating plan.  
- Become physically active.  
- Aim for a healthy weight.  
- Take medication, if prescribed. |
| Smoking                             | Cigarette smoking is addictive. It harms your heart and lungs and can greatly increase your risk of a heart attack. | - Stop smoking now or cut back gradually.  
- If you can’t quit the first time, keep trying.  
- If you don’t smoke, don’t start. |
| Overweight                          | Excess weight increases your risk of a heart attack and of developing high blood pressure, high blood cholesterol, and diabetes. | - Maintain a healthy weight. Try not to gain extra weight.  
- If you are overweight, try to lose weight slowly. Lose 1 to 2 pounds a week. |
| Diabetes                            | Diabetes is serious; you may have it and not know you have it. It can lead to heart attack, blindness, amputations, and kidney disease. | - Find out if you have diabetes or prediabetes. Get your blood sugar level checked. |
| Physical inactivity                 | Physical inactivity increases your risk of high blood pressure, high blood cholesterol, and diabetes. Adults should do 30 minutes of moderate-intensity physical activity every day. | - Become active; get 2 hours and 30 minutes of moderate-intensity aerobic activity each week. |
FREQUENTLY ASKED QUESTIONS

Does stress cause heart disease?

There appears to be a strong connection between stress and heart disease. For instance, many people say that an emotionally upsetting event preceded a heart attack. There is also evidence that those who easily become emotionally upset are more likely to develop hardening of the arteries. Additionally, some common ways women cope with stress are bad for the heart—such as overeating, drinking too much, and smoking. Adopting good lifestyle behaviors and a positive outlook appears to help prevent and manage heart disease. Such practices seem to make women less vulnerable to heart disease and heart attack. For instance, regular physical activity reduces stress and lowers the risk of heart disease. And supportive relationships—from a spouse, support group, or religious organization—appear to improve women’s ability to cope with heart disease. It’s suggested that you ease stress by spending time reflecting on your life, sorting out priorities, and establishing new meaning in life. Having a positive outlook can improve the quality of your life and make you less vulnerable to heart disease. This is especially important if you’ve had a heart attack. Feelings of guilt and loss of independence seem to affect how well women do. Supportive relationships are particularly important at such times.

Should hormone therapy be used to reduce the risk of heart disease?

In the past, many postmenopausal women were prescribed menopausal hormone therapy to help prevent heart disease. Menopausal hormone therapy can involve the use of estrogen plus progestin or estrogen alone. Research now shows that estrogen plus progestin therapy increases the chances of developing heart disease, stroke, blood clots, and breast cancer. It also doubles the risk of dementia and does not protect women against memory loss. Research on estrogen-alone therapy shows it increases the risk for stroke and blood clots, but has no effect on heart disease and colorectal cancer, and an uncertain effect on breast cancer. Estrogen alone gives no protection against memory loss. Both estrogen and estrogen combined with progestin increase the risk of developing urinary incontinence and worsen the symptoms of incontinent women.

If you are on this medication to prevent heart disease or another chronic condition, such as osteoporosis, talk with your doctor about other approaches. If you decide to go ahead with it, use the lowest dose for as brief a period of time as possible.

Should I see a doctor before starting a physical activity program?

Most people don’t need to see a doctor before they start moderate-intensity physical activities, such as brisk walking. You should check first with a doctor if you have heart trouble or have had a heart attack, if you’re over age 50 and are not used to doing a moderate-intensity activity, if you have a family history of heart disease at an early age, or if you have any other serious health problems.

I’ve heard about the DASH eating plan. What is it and how can I find out more about it?

DASH stands for Dietary Approaches to Stop Hypertension. It’s an eating plan that emphasizes fruits, vegetables, whole-grains, and low-fat dairy products. It is rich in magnesium, potassium, and calcium, as well as protein and fiber. It’s low in saturated and total fat and cholesterol, and limits red meat, sweets, and sugar-containing beverages. It was tested in clinical studies and found to lower elevated blood pressure and help prevent high blood pressure. One of the clinical studies also found that people who followed the DASH eating plan and cut down on sodium got the biggest reductions in blood pressure. The National Heart, Lung, and Blood Institute (NHLBI) has a booklet and fact sheet about the DASH eating plan. You can download them from the NHLBI Web site at www.nhlbi.nih.gov. The publications explain how many servings of different food groups to have and gives you a week’s worth of menus, plus some recipes.
FREQUENTLY ASKED QUESTIONS
(Continued)

What is a fasting blood glucose test?
This is one of the tests used to diagnose diabetes or prediabetes, which are risk factors for heart disease. If you have prediabetes, you are at high risk of developing diabetes, as well as heart disease and stroke.

The other diagnostic test for diabetes is the oral glucose tolerance test. Both are done on a blood sample after a fast to see how much glucose (or sugar) is in the blood. With the oral glucose tolerance test, blood samples are taken before and after you drink a high-glucose beverage.

You should ask your doctor which test is appropriate for you.

Being tested for diabetes and prediabetes is recommended every 3 years for those over age 45.

It also should be considered for those below age 45 who have one or more additional risk factor for diabetes besides age.

The risk factors for diabetes include:
- Over age 45
- Overweight
- A parent, brother, or sister with diabetes
- Family background of African American, American Indian, Asian American, Pacific Islander, or Hispanic American/Latino
- Gestational diabetes or having given birth to at least one baby weighing more than 9 pounds
- High blood pressure
- Not having normal cholesterol levels: an HDL cholesterol of 35 mg/dL or lower or a triglyceride level of 250 mg/dL or higher
- Not physically active
- Prediabetes
- Polycystic ovary syndrome (in which there is insulin resistance and a woman’s body produces an excess of male hormones)

If you have diabetes, you’ll need to take action to control your condition and prevent complications. If you have prediabetes, you’ll need to take action to prevent developing diabetes. In both cases, the steps include making lifestyle changes, such as losing weight.

What is insulin resistance?
Insulin is a hormone produced in the pancreas. It helps the body use glucose for energy. In insulin resistance, the body is unable to properly use the insulin it produces. Insulin resistance is often the first step in a pathway that leads to prediabetes and then type 2 diabetes, in which either the body is even less able to use insulin correctly or the pancreas no longer makes enough of it.

Should aspirin be taken daily to prevent a heart attack?
Aspirin has only been shown to lower the risk of a heart attack for those who have already had one. It also can help to keep arteries open in those who have had a heart bypass or other artery-opening procedure.

But it is not approved by the U.S. Food and Drug Administration for preventing heart attacks in those who have never had one or had a stroke. In fact, it can be harmful for some people. However, a recent large study found that in women 65 and older, taking low-dose aspirin every day may help to prevent a stroke.

Aspirin is a powerful drug and can have side effects, such as increasing your chance of ulcers and kidney disease. It also can mix dangerously with other drugs, including some over-the-counter medicines and dietary supplements.

It should only be taken with your doctor’s specific recommendation and guidance.
FREQUENTLY ASKED QUESTIONS
(Continued)

What is metabolic syndrome?
Metabolic syndrome is the name for a group of risk factors linked to overweight and obesity that increase your chance for heart disease and other health problems, such as diabetes and stroke. The term “metabolic” refers to the biochemical processes involved in the body’s normal functioning.

The five conditions listed below are metabolic risk factors for heart disease. A person can develop any one of these risk factors alone, but they tend to occur together. Metabolic syndrome is diagnosed when a person has at least three of these heart disease risk factors:

- A large waistline. This is also called abdominal obesity or “having an apple shape.”
- A higher than normal triglyceride level in the blood (or you’re on medicine to treat high triglycerides). Triglycerides are a type of fat found in the blood.
- A lower than normal level of HDL cholesterol (high-density lipoprotein cholesterol) in the blood (or you’re on medicine to treat low HDL). HDL is considered “good” cholesterol because it lowers your chances of heart disease. Low levels of HDL increase your chances of heart disease.
- Higher than normal blood pressure (or you’re on medicine to treat high blood pressure).
- Higher than normal fasting blood sugar/glucose (or you’re on medicine to treat high blood sugar). Mildly high blood sugar can be an early warning sign of diabetes.

The more of these risk factors you have, the greater your chance of developing heart disease, diabetes, or a stroke. In general, a person with metabolic syndrome is twice as likely to develop heart disease and five times as likely to develop diabetes as someone without metabolic syndrome.
The development of The Heart Truth® for Women: A Speaker’s Kit involved the dedication of many individuals and organizations committed to educating women about their risk for heart disease and what they can do about it. The National Heart, Lung, and Blood Institute gratefully acknowledges everyone who contributed to the development of this kit.