

# Take care of your heart

BY Ellen Phipps

February is Black History Month and Heart Health Awareness Month. Research shows the high rates of heart disease amongst Black Americans. One recent study explains Black adults are at significantly higher risk for cardiovascular disease than white adults. The new study found these large differences can be explained by differences in social determinants of health (like education or neighborhood-level poverty), clinical factors (like blood pressure) and lifestyle behaviors (like dietary quality).

“The key take-home message is that racial differences in cardiovascular disease are not due to race itself, which is a social concept that is not related to biology,” said corresponding author Dr. Nilay Shah, assistant professor of cardiology and epidemiology at Northwestern University Feinberg School of Medicine and a Northwestern Medicine physician. “Rather, these differences in cardiovascular disease can be explained by differences in social and clinical factors. Clinicians should be evaluating the social determinants that may be influencing the health of their patients.

Heart disease is the number one leading cause of death in America. According to AARP, many Americans do not address the risk factors, or are not getting checked.

AARP suggests older adults ask four specific questions when they visit their doctor:

### 1. HOW'S MY BLOOD PRESSURE?

Forty percent of Americans don't know their blood pressure numbers, and 64 percent don't know what those numbers mean, a 2019 survey from the American Medical Association and American Heart Association found. Normal blood pressure is less than 120/80. If that top number is 120 to 129, that's “elevated.” If the top number is 130 or higher, or the bottom number is above 80, that's considered “high.”

### 2. WHAT ARE MY TARGET CHOLESTEROL NUMBERS, AND HOW DO I MEASURE UP?

A total cholesterol level under 200 is considered normal, but the best levels of heart-threatening low-density lipoproteins (LDLs) and triglycerides depend on your age, gender and whether you have other heart risks like diabetes. No wonder half the people with high cholesterol

in a recent survey said they were confused about the best cholesterol level for them and how to get there.

Similar to high blood pressure, high cholesterol can come without warning. A cholesterol test — just a quick blood draw — will check your LDL levels, your high-density lipoprotein (HDL), or “good,” cholesterol levels and your triglycerides, which play a role in heart attack and stroke risk.

### 3. CAN YOU REFER ME TO A DIETITIAN?

Fifty-nine percent of heart doctors say nutrition help can improve heart health as much as medications do. But in a 2021 study, 71 percent of doctors admitted they refer fewer than 10 percent of their patients to a registered dietitian. If your doctor isn't helpful, you can search for a dietitian in your area through the Academy of Nutrition and Dietetics, at eatright.org.

The American Heart Association recommends a diet rich in fruits and vegetables, whole grains and lean proteins, including fish and legumes.

### 4. IS IT TIME TO SEE A CARDIOLOGIST?

Your primary care doctor will likely refer you to a cardiologist if you have serious risk factors for heart disease. But speak up and ask about one if you have a family history of heart disease or a condition called hereditary cardiac amyloidosis, where specific abnormal proteins build up in the heart and other organs, says Anekwe E. Onwuanyi, professor of medicine and chief of cardiology at Morehouse School of Medicine.

I am reminded of the experience of own brother — he is an avid athlete and in excellent health.

He experienced what he thought was severe “indigestion” and went to the doctor. But he waited several weeks before getting checked out. Eventually, he ended up in the Emergency room, and he did avoid having a heart attack. He wrote an article about his experience and explains the lessons he learned:

First, good cholesterol numbers are not enough. Low dose statins, which he had been on, were completely misleading and gave him a false sense of confidence. Low doses, recent studies show, do not have the same beneficial effects on the coronary arteries as medium and high doses.

Second, he absolutely should not have waited three or four weeks while speculating about the causes of his set of symptoms. He acknowledges he should have gone to the doctor immediately.

### Risk Factors for Heart Disease

#### Key Risk Factors:

- High blood pressure
- High cholesterol
- Smoking

#### Other risk factors include:

- Diabetes
- Obesity
- Physical inactivity
- Family history
- A diet high in saturated fats, trans fat, and cholesterol
- Drinking too much alcohol

SOURCE: CDC

Don't wait to get help if you experience any heart attack warning signs. Some heart attacks are sudden and intense, but others start slowly, with mild pain or discomfort. Pay attention to your body and call 911 if you experience:

- Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes — or it may go away and then return. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath. This can occur with or without chest discomfort.
- Other signs. Other possible signs include breaking out in a cold sweat, nausea or lightheadedness.

AMERICAN HEART ASSOCIATION



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