



Women, Heart Disease and Stroke



Cardiovascular Risk and You

It's not just a man's disease. Each year, one in three women's deaths in the United States is due to heart disease or stroke. But we can change that because 80 percent of premature heart disease, stroke and diabetes may be prevented with education and lifestyle changes.

If you start early, you can avoid many heart disease **risk factors**. Risk factors are conditions that make it more likely you'll develop a disease later in life.

Your life is why™

you should take charge of your heart health. This booklet will help you learn how you can reduce your risk—and that of your loved ones. When it comes to beating heart disease and stroke, change can be the cure. Encourage your family and friends to take small steps toward healthy lifestyle choices to reduce their risk for heart disease and stroke, too.





Taking Charge of Your Heart Health

Here are some serious facts about cardiovascular diseases (CVDs) in women:

- An estimated 44 million women in the U.S. are affected by CVDs.
- 90 percent of women have one or more risk factors for heart disease or stroke.
- The symptoms of heart attack can be different in women vs. men, and are often misunderstood—even by some physicians.
- Only 43 percent of African American women and 44 percent of Hispanic women know that heart disease is their greatest health risk, compared with 60 percent of Caucasian women.

What does this mean for you? Chances are high that you or someone in your family will be affected by CVD at some point. You can reduce your risk of heart disease and stroke if you start early.

Starting in your early 20s, get regular health checkups. Regular checkups let your healthcare providers track changes in your health over time. Schedule a visit with your healthcare provider to get started.

Understanding **Risk Factors**

To reduce your risk of heart attack and stroke, start by learning your **risk factors**. The more risk factors you have, the higher your overall CVD risk.

A Risk Factor Quiz

Take this quiz to help learn about your risk factors. Then work with your healthcare provider to reduce, control or prevent as many risk factors as you can. You'll be glad you did, and so will your loved ones.



Check each item that applies to you. Take this list with you to talk with your healthcare provider about how the risk factors you have checked affect your heart health.

Age and Gender

- I am a woman over 55 years old.

Family History

- My father or brother had a heart attack before age 55.
- My mother or sister had a heart attack before age 65.
- My mother, father, sister, brother or grandparent had a stroke.

Heart Disease Medical History

- I have coronary heart disease, atrial fibrillation or other heart condition(s).
- I've had a heart attack.

Stroke Medical History

- I've been told that I have carotid artery disease.
- I've had a stroke or TIA (transient ischemic attack).
- I have a disease of the leg arteries, a high red blood cell count or sickle cell anemia.

High Blood Pressure

- My blood pressure is 140/90 mm Hg or higher.
- My blood pressure is 120–139/80–89 mm Hg (prehypertensive).
- I've been told my blood pressure is high.
- I need drugs to control my blood pressure.
- I don't know what my blood pressure is.

Tobacco Smoke

- I smoke OR I live or work with people who smoke tobacco regularly.

Total Blood Cholesterol

- I need drugs to lower my blood cholesterol level.
- I don't know my blood cholesterol level.

Physical Activity

- I get less than a total of 75 minutes of vigorous-intensity or 150 minutes of moderate-intensity physical activity per week.

Overweight

- I am 20 pounds or more overweight for my height and build.

Diabetes

- I have diabetes (a fasting blood sugar of 126 mg/dL or higher).
- I have been told I have a fasting blood sugar number higher than 100 mg/dL (pre-diabetes).
- I need medicine to control my blood sugar.

Risk Factors:

What You Can and Can't Control

Some risk factors you can't do anything about. But others you can treat, manage or control with the help of your healthcare provider.

Risk Factors You Can't Control

You can't change these risk factors:

- Age
- Gender
- Heredity (family health history)
- Race
- Previous stroke or heart attack

Risk Factors That Can Be Managed

You can control or treat these risk factors with lifestyle changes and your healthcare provider's help:

- High blood pressure
- Smoking
- High blood cholesterol
- Lack of regular physical activity
- Obesity or overweight
- Diabetes

Know Your Numbers

Knowing your numbers is important! *The American Heart Association recommends that you be aware of five key numbers: Total cholesterol, HDL (good) cholesterol, blood pressure, blood sugar and body mass index (BMI).**

These numbers are important because they will allow you and your healthcare provider to determine your risk for developing cardiovascular disease caused by atherosclerosis. This includes conditions such as angina (chest pain), heart attack, stroke (caused by blood clots) and peripheral artery disease (PAD).

Ideal numbers for most adults are:

Category	Ideal Number
Total cholesterol	Get your cholesterol checked and talk to your doctor about your numbers and how they impact your overall risk.
HDL (good) cholesterol	
Blood pressure	Less than 120/80 mm Hg
Fasting blood sugar	Less than 100 mg/dL
Body mass index (BMI)	Less than 25 kg/m ²

With help from your healthcare provider, learn what your level of risk is and how you can take action to control your risk factors (starting on page 8).

* To learn more about our guidelines and scientific statements, visit heart.org/statements.

Examining Your **Risk Factors**

Let's take a closer look at what each of these risk factors mean for you, starting with the ones you can't change.

Age

Cardiovascular diseases can strike women at any time of life. But the risk steadily rises with age. For example, the processes that lead to heart attack and stroke start when you're young and develop over time. Other age-related factors, such as menopause, also increase risk.

People of all ages, including children, can have strokes. But the older you are, the higher your risk.

Gender

Men have a higher risk of heart attack than women. They also have heart attacks earlier in life. But at older ages, women who have heart attacks are more likely to die of them. This is because women tend to be older and sicker when they have heart attacks.

Men have higher rates of stroke at younger ages, but not at older ages. Because women live longer than men, more women die of strokes each year.

Family History

If your brother, father or grandfather had a heart attack before age 55, or your sister, mother or grandmother had one before age 65, you may be at risk, too. Most people with a strong family history of heart disease or stroke have at least one other risk factor. Just as you can't control your age, sex and race, you can't control your family history. That's why it's even more important to treat and control any other risk factors you have.



Race

If you're African American, you're at higher risk of heart disease and stroke than other ethnic groups. In part this is because African Americans have higher rates of high blood pressure, diabetes and obesity. Heart disease risks are also high among Mexican Americans. This is partly due to higher rates of obesity and diabetes. And American Indians/Alaska Natives also have high rates of diabetes.

Previous Stroke or Heart Attack

Stroke and heart attack survivors have a much higher risk of having another stroke than people who've never had one. To help prevent a second stroke, you must work to reduce your risk factors.

Risk Factors **You Can Manage**

The following heart attack and stroke risk factors can be managed, treated or controlled.

High Blood Pressure

High blood pressure (**HBP**) makes the heart work harder than normal. This means the heart and arteries can be injured more easily.

High blood pressure raises your risk of heart disease, stroke, kidney failure, eye damage and heart failure.

As a woman, you have a high risk of developing HBP if you:

- Are 20 pounds or more over a healthy weight (for your height and build).
- Have a family history of HBP.
- Take certain types of oral contraceptives.
- Are age 55 or older.

Your risk of developing HBP increases during pregnancy, especially in the last trimester. If not treated, HBP during pregnancy can endanger you and your child.

The higher your blood pressure is, the higher your health risk is. Talk with your healthcare provider about:

- How often to check your blood pressure.
- How to reduce your blood pressure by eating healthy foods (with emphasis on fruits and vegetables), limiting the sodium (salt) you eat, losing weight if you're overweight, limiting the alcohol you drink and exercising regularly.
- Taking medicine, if needed, exactly as prescribed.

Measuring Your Blood Pressure

HBP is a “silent killer” because it usually has no symptoms. The only way to know you have it is to measure your blood pressure.

Blood pressure is recorded as two numbers, such as 118/78 mm Hg. **Systolic** pressure (the higher number) is the pressure in the arteries while the heart is beating. **Diastolic** pressure (the lower number) is the pressure when the heart is resting between beats.

The chart below shows the blood pressure categories for adults age 18 and over.



Category	Systolic (mm Hg)		Diastolic (mm Hg)
Normal	less than 120	and	less than 80
Prehypertension	120–139	or	80–89
Hypertension, Stage 1	140–159	or	90–99
Hypertension, Stage 2	160 or higher	or	100 or higher

mm Hg = millimeters of mercury

Unusually low readings should be evaluated for clinical significance.

Source: *Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure 7.*

Smoking

Smoking is a leading cause of preventable death and disability in the United States. Women who smoke have a higher risk of illness and death from heart attack and stroke than women who don't smoke. They're also at higher risk of other problems, such as heart failure and peripheral vascular disease (clogged arteries in the legs and arms). Other major health problems caused by smoking include lung, mouth and throat cancers and chronic lung diseases and infections.



If you don't smoke, but you're often exposed to other people's tobacco smoke, you're at risk.

If you smoke, your second-hand smoke puts others around you at risk as well.

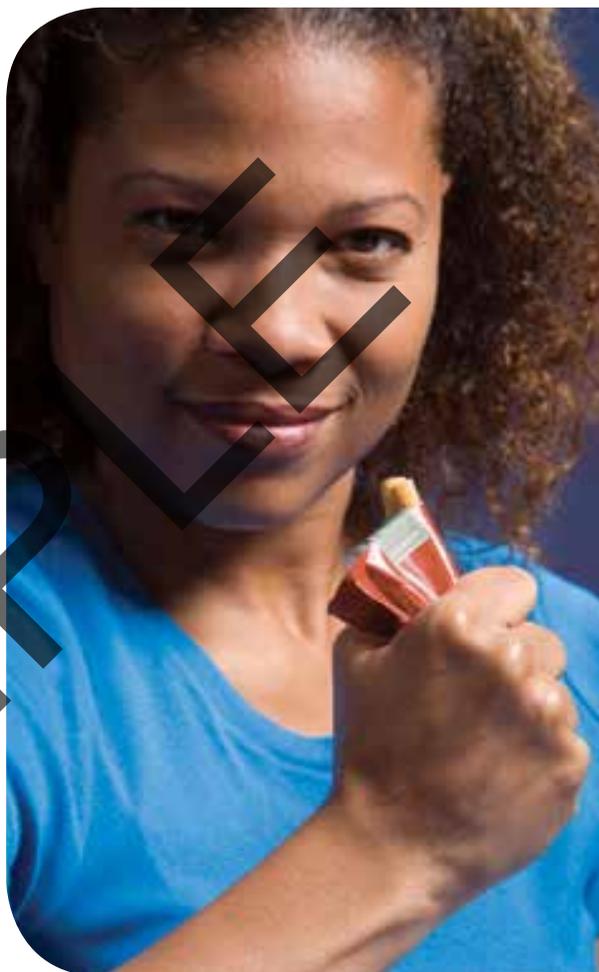
Here are some facts to consider:

- While you're smoking, carbon monoxide can reduce the amount of oxygen that gets to your heart and other organs. And nicotine damages the inner walls of blood vessels, allowing plaque to build up and increasing inflammation. Tobacco smoke may also cause blood clots to form.
- Smoking is a major cause of coronary heart disease. Risk increases with the number of cigarettes smoked and how long one has smoked.
- Women smokers who use birth control pills have a higher risk of heart attack and stroke than nonsmokers who do not use birth control pills.

The good news is that when you stop smoking—no matter how long or how much you’ve smoked—your risk of heart disease and stroke starts to drop. It is very much reduced after one to two years without smoking. And it keeps dropping until eventually it’s as low as a nonsmoker’s risk.

You’ll enjoy immediate benefits from quitting, such as:

- Healthier hair, smoother skin, fewer wrinkles, better blood circulation and more energy.
- More money to spend on other things.
- No more stains on your fingernails, smoker’s breath and smoker’s cough.
- No more standing in the rain or cold for cigarette breaks.



If you don’t smoke, don’t start! If you do smoke, get help to quit now. Many effective programs, nicotine replacements (including gum, patches, inhalers or nasal spray) and other medications are available to help you quit.

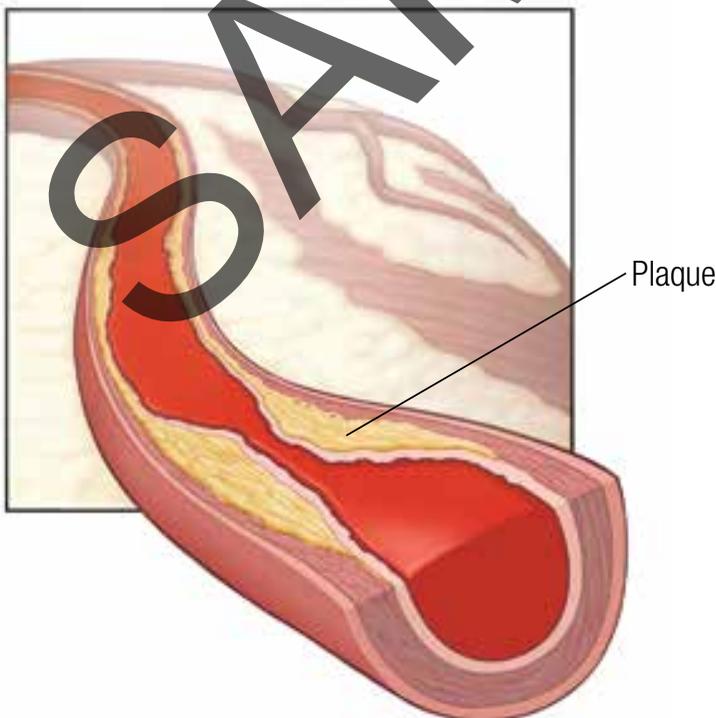
You can also call **1-800-Quit Now** (1-800-784-8669) for free smoking cessation information, advice, support and referrals to quit-smoking resources in your local area. Or, visit **BeTobaccoFree.Gov**.

High Blood Cholesterol

Cholesterol is a soft, fat-like substance. It's in the blood and in all the body's cells. Some cholesterol is needed for the body to function normally. But too much of it in your blood can be a problem. Having high cholesterol is bad because it can build up with other substances in the inner walls of arteries. This buildup, called **plaque**, narrows the arteries and reduces blood flow.

Plaques that rupture (burst) can cause blood clots to form. These clots can block blood flow in the artery. If a clot blocks a blood vessel that feeds the heart muscle, it causes a heart attack. If it blocks a blood vessel that feeds the brain, it causes a stroke.

High blood cholesterol has no symptoms. Many people who have it don't know it. It's important to find out what your cholesterol levels are, so you can lower them if needed.

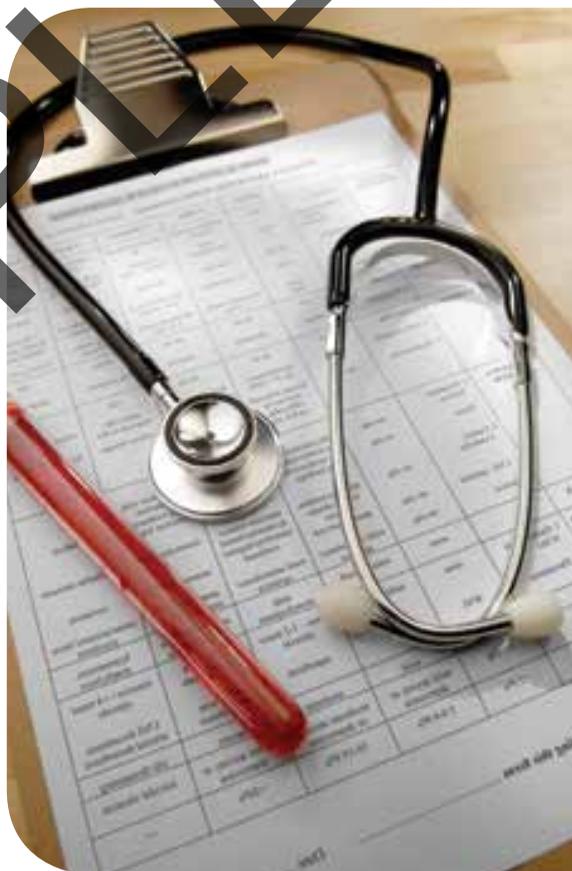


How Cholesterol Is Measured

Everyone age 20 and older should have their cholesterol measured at least once every four to six years as part of an overall cardiovascular risk assessment. If other factors put you at higher risk for heart disease or stroke, your healthcare provider may want to check it more often.

Your healthcare provider will do a blood test called a “fasting lipoprotein profile” to measure your cholesterol levels. It assesses several types of fat in the blood. It is measured in milligrams per deciliter (mg/dL). The test gives you four results: total cholesterol, LDL (bad) cholesterol and HDL (good) cholesterol, and triglycerides (blood fats).

Previously treatment guidelines directed healthcare providers to focus on treating their patients to target goal levels for total cholesterol, LDL, HDL and triglycerides. However, current prevention guidelines support that an approach that goes beyond cholesterol levels alone and considers overall risk assessment and reduction is better. It's still important to know your numbers, but work with your healthcare provider to treat your risk.



LDL Cholesterol

LDL cholesterol is known as “bad” cholesterol. The body’s tissues use some of this cholesterol to build cells. But when you have too much of it, LDL can build up inside your arteries. Together with other substances, it can form plaque (a thick, hard, fatty deposit). Plaque narrows the arteries and reduces blood flow. This is called **atherosclerosis**.

Plaque may partially or totally block the blood’s flow through an artery. If your heart’s arteries become so narrow that your heart can’t get enough blood, it can lead to chest pain called **angina**. Even worse, if the plaque splits open, causing a blood clot to form, blood flow to part of the heart muscle can be blocked. This causes a heart attack. And if a clot blocks blood flow to part of the brain, a stroke results.

Your doctor may recommend lifestyle changes or medication to lower your LDL if your risk factors show you have an increased risk for heart disease or stroke.

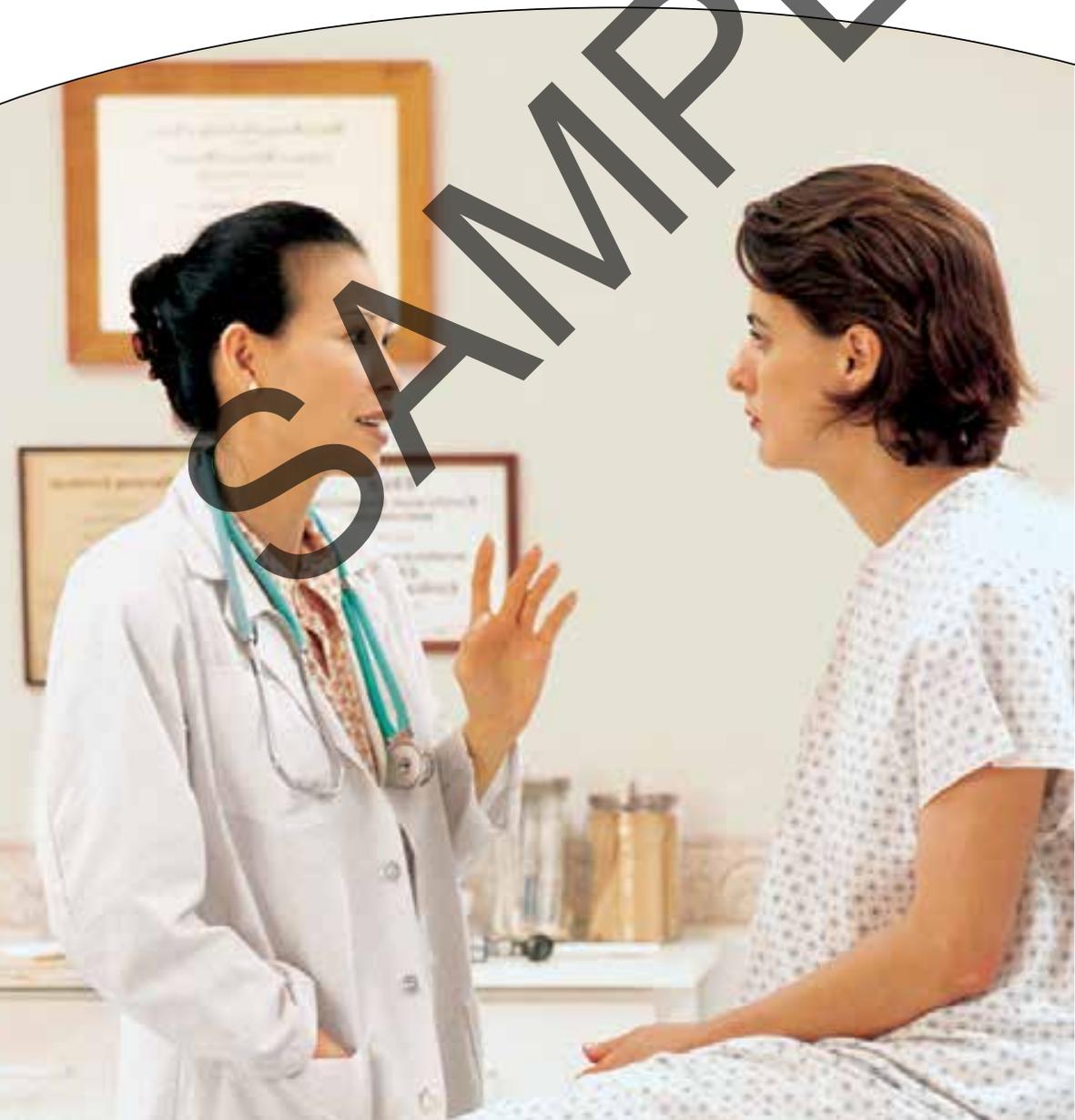
HDL Cholesterol

HDL cholesterol is called “good” cholesterol. Having a high level of HDL can lower your risk of heart attack and stroke. HDL takes cholesterol away from your arteries and back to the liver. There, it’s processed so that excess can be passed from your body. HDL may also remove cholesterol from plaque in the arteries.

Triglycerides

Triglycerides are the most common type of fat in the body. They're also a major energy source. They come from food, and your body also makes them.

Certain factors increase your levels of triglycerides and speed up atherosclerosis. As people get older or gain excess weight (or both), their triglyceride and cholesterol levels tend to rise. Being physically inactive, smoking, drinking too much alcohol and eating too many carbohydrates can also increase triglycerides.



Take Action to Improve Your Cholesterol

To improve your cholesterol, choose foods low in saturated and *trans* fats. These fats are usually found in meat, dairy foods and products that are commercially baked or fried. Replacing foods high in these fats with healthier options can reduce your risk by lowering your LDL cholesterol level.

The American Heart Association recommends an eating plan that includes:

- Fruits and vegetables
- Whole-grains
- Low-fat dairy products
- Skinless poultry
- Fish
- Nontropical vegetable oils
- Legumes (dried beans and peas)
- Unsalted nuts and seeds



A healthy dietary pattern should also limit:

- Saturated and *trans* fats
- Red meat
- Sodium (salt)
- Sweets, added sugars and sugar-sweetened beverages

Reduce your use of solid fats such as shortening, lard and butter for cooking. Instead choose unsaturated vegetable oils, such as canola, olive, safflower and sunflower oils. You can adapt this dietary pattern to your calorie needs and personal or cultural food preferences.

Making healthy lifestyle changes is the first step in reducing your risk. However, sometimes these changes alone won't reduce your risk enough.

*The American Heart Association recommends that you and your healthcare provider discuss the pros and cons of medical treatment(s) if you are at high risk.**

People at high risk include the four major groups below.

- Adults with known cardiovascular disease caused by atherosclerosis
- Adults with diabetes, aged 40–75 years with an LDL-C level 70–189 mg/dL
- Adults with LDL-C level of greater than 190 mg/dL
- Adults with LDL-C level of 70–189 mg/dL and a 7.5 percent or greater 10-year risk of developing cardiovascular disease from atherosclerosis

It is important to talk to your healthcare provider about your 10-year risk. He or she will assess your risk factors to determine your level of risk and work with you to choose the best treatment approach.

* To learn more about our guidelines and scientific statements, visit [heart.org/statements](https://www.heart.org/statements).

Physical Inactivity

Make time in your life for daily physical activity. Regular physical activity can help control blood cholesterol, diabetes and weight. It can also help lower blood pressure and reduce your stroke risk. You'll feel better and look better, too. And even if you haven't been physically active in a while, it's not too late to get started:



“I wish I had been more physically active in my 20s. I wish I had played more sports and taken more of an interest in exercising. I’m truly enjoying it now and I can see the benefits— I’m sorry I didn’t give myself this joy 20 years ago!” –Andrea, age 40

“In my 20s I wish I would have known how important it is to exercise to maintain my heart health. During my 20s the only constant exercise that I did was dancing and it was because of my culture and pleasure but not because of my heart health. Now I eat more fruits and vegetables and exercise knowing that it will maintain my heart health.” –Maria, age 32

What Is Moderate to Vigorous Activity?

You don't have to be an athlete to lower your risk! Moderately vigorous activities (brisk walking, housework, dancing or bicycling) for at least 150 minutes per week can help your heart. And you can break the time into shorter periods. Start with 10 to 15 minutes of activity. Then work up to more intense activities for longer periods of time.

*For most healthy people, the American Heart Association recommends at least 150 minutes per week of moderate-intensity physical activity (such as brisk walking), or at least 75 minutes of vigorous-intensity aerobic physical activity per week (or a combination of both).**



If you need to lower your blood pressure or cholesterol, aim for three to four sessions per week of moderate-to-vigorous physical activity lasting on average 40 minutes.

If you have a specific medical question or are experiencing symptoms of a chronic condition, talk with your healthcare provider to find out what kinds and amounts of physical activities are best for you.

** To learn more about our guidelines and scientific statements, visit [heart.org/statements](https://www.heart.org/statements).*

Obesity or Overweight

Too much body fat—especially around your waist—puts you at risk of health problems. This includes HBP, high cholesterol, high triglycerides, diabetes, heart disease and stroke. People with excess abdominal fat are at high risk of heart disease and stroke even if they don't have other risk factors. Some studies have also suggested that obesity can contribute to gallstones, arthritis and respiratory problems.

Body mass index (**BMI**) is a good way to estimate body fat for many people. The BMI assesses your body weight relative to your height.

To find your BMI risk level, weigh and measure yourself wearing very little clothing and no shoes. To calculate your exact BMI number, multiply your weight in pounds by 703. Divide by your height in inches, then divide again by your height in inches. You can also use AHA's online BMI calculator at heart.org/bmi.

BMI values from 18.5 to 24.9 are normal. Overweight is defined as a BMI of 25.0 to 29.9. Obesity is a BMI of 30.0 or higher. If your BMI is between 25 to 35, your healthcare provider may measure your waist circumference. For women, a waist circumference greater than 35 inches indicates an increased risk.

Reaching and Maintaining a Healthy Weight

Try to reach and maintain a healthy weight. To lose weight, you need to take in less calories than you burn. Losing one to two pounds or less per week is a healthy weight loss.

For women, this could mean:

- reducing total calories consumed.
- increasing total calories burned.

Many overweight and obese women have trouble losing weight. But even modest weight loss (5 to 10 percent of body weight) can help lower your risk. Take it from Andrea, age 40:

“I exercise regularly during the week and I try and push myself a little more each time by running a little longer or faster. I also try to make better, healthier food choices and I make sure to laugh a lot. My heart responds well to laughter.”

If you can't lose weight on your own, talk to a doctor, registered dietitian (R.D.) or a licensed nutritionist. He or she will start by evaluating your obesity risk factors.

*The American Heart Association has concluded that the most effective weight loss treatment for overweight and obese individuals who would benefit from weight loss is to participate in a comprehensive lifestyle program for at least six months.** The treatment plan for weight loss involves eating fewer calories than your body needs, getting more physical activity and learning the skills to change unhealthy behaviors.

Weight loss surgery may be considered for severely obese people with related health problems, if they are motivated to lose weight and have not responded to other treatment plans.

Talk with your healthcare provider about your best treatment options for weight loss.

** To learn more about our guidelines and scientific statements, visit heart.org/statements.*

Diabetes

Our bodies turn most of the carbohydrates in the food we eat into a sugar called **glucose**. This sugar is then used for energy. The pancreas is an organ near the stomach that makes a hormone called **insulin** that helps glucose enter our bodies' cells.

When you have diabetes, your body doesn't make enough insulin, or can't use its own insulin as well as it should, or both. This causes your blood glucose (**blood sugar**) level to be too high. Diabetes is defined as having a fasting blood glucose of 126 mg/dL or more, measured on two occasions. If your fasting blood glucose is between 100 and 125 mg/dL, you have **prediabetes**. This puts you at risk of diabetes and cardiovascular disease.

Type II diabetes is the most common form of diabetes in adults. But it's also an increasing problem in children and adolescents. Compared to women without diabetes, women with diabetes have a much greater risk of heart disease, heart attack or stroke.

Many people with diabetes also have HBP and high blood cholesterol, putting them at even higher risk. In fact, most older adults with diabetes die of some form of heart or blood vessel disease.

If you have diabetes, it's very important to have regular medical checkups. Work closely with your healthcare provider to manage your diabetes and reduce or eliminate any other risk factors. If diabetes runs in your family, ask your healthcare provider for a fasting blood sugar test.

If your blood sugar is too high, talk with your healthcare provider about:

- How often to check your blood sugar.
- How to control diabetes by eating healthy foods, managing your weight, limiting the alcohol you drink and increasing your physical activity.
- Taking oral medicine or insulin shots, if needed, to control your blood sugar.



Understanding Other Stroke Risk Factors

In addition to the risks listed earlier, certain diseases and conditions specifically increase the risk of stroke. In many cases, these conditions can be treated to reduce your risk.

Carotid and Peripheral Arterial Disease

The carotid arteries in your neck supply blood to your brain. A carotid artery narrowed by plaque can become blocked by a blood clot. Surgery may be needed to remove the plaque buildup.

Peripheral arterial disease (PAD) is the narrowing of blood vessels outside the heart carrying blood to leg and arm muscles. People with this problem have a high risk of carotid artery disease, which raises their risk of stroke.

Atrial Fibrillation (AFib)

People with this heart rhythm disorder have a five times greater risk of stroke. AFib causes the heart's upper chambers (called the **atria**) to "quiver" instead of beating with a regular rhythm. This causes blood to pool in the atria, and blood clots can form. If a clot enters the bloodstream, it can travel to the brain and cause a stroke. AFib can be treated with drugs, non-surgical interventions, or surgery.

Other Heart Diseases

People with coronary heart disease or heart failure have more than twice the stroke risk as people whose hearts work normally. **Dilated cardiomyopathy** (an enlarged heart), heart valve disease and some types of congenital heart defects also increase stroke risk.

Transient Ischemic Attacks (TIAs)

TIAs are sometimes called “warning strokes.” They produce stroke-like symptoms but usually no permanent damage to the brain. For example, your arm and leg on one side might go numb for several hours and then recover. Or you may suddenly have trouble seeing, have trouble speaking (such as slurred speech) or lose your balance, then feel fine.

It’s very important to recognize the warning signs of a TIA or stroke. If you or someone with you has any of the symptoms listed on page 32, even if they go away, **call 9-1-1**, or your emergency response number, to get medical help right away.



Certain Blood Disorders

A **high red blood cell count** (called **polycythemia**) thickens the blood and makes blood clots more likely. This raises the risk of stroke and other blood vessel problems. Your healthcare provider can detect this problem with a routine blood test. It’s often treated by removing blood cells or prescribing medications called “blood thinners.”

Sickle cell anemia is a genetic disorder that mainly affects African Americans. “Sickled” red blood cells can’t carry oxygen very well to the body’s tissues and organs. They also tend to stick to blood vessel walls. This can block arteries to the brain and cause a stroke.

Other **Considerations**

Unhealthy stress levels, excessive alcohol and illegal drug use may also affect heart attack and stroke risk.

Excessive Alcohol Intake

Drinking too much alcohol raises blood pressure. Drinking too much alcohol over time can cause heart failure and can lead to stroke. It also increases calorie intake, contributes to obesity and makes it harder to lose weight.

If you don't drink, don't start. And if you do drink, do so in moderation. For women, a moderate amount of alcohol is an average of one drink a day. One drink is defined as 1½ fluid ounces (fl oz) of 80-proof spirits (such as bourbon, Scotch, vodka, gin, etc.), 5 fl oz of wine (12% alcohol) or 12 fl oz of beer (5% alcohol).

Note: If you're pregnant, don't drink any alcohol!

It can cause serious medical problems for your unborn child, including birth defects.

Stress

We feel stress in different amounts and react to it in different ways. Too much stress over a long time, and unhealthy responses to it, may create health problems. For example, if you're under stress, you may overeat, start smoking or smoke more than you otherwise would. Find ways to address the causes of your stress, and be sure to make time for things you enjoy. It's important to find healthy ways to handle stress.

Illegal Drug Use

Some studies have concluded that intravenous drug abuse carries a high risk of infections of the heart (**endocarditis**) and stroke. Researchers have also concluded that cocaine use has also been linked to heart attacks and strokes.

Birth Control Pills

Today's low-dose oral contraceptives ("the Pill") carry a much lower risk of heart disease and stroke than the early Pill did. But women on the Pill who smoke or have HBP are at higher risk. Taking oral contraceptives and smoking greatly increases the risk of heart attack and stroke.

If you're a woman over 35 who hasn't reached menopause, and you want to use birth control, ask your healthcare provider about:

- Your personal and family medical history.
- Your risk factors for stroke, heart disease and cancer.
- The safety and effectiveness of the various birth control methods.

Take Action for Heart Health

Now, more than ever, women must be more involved in their own and their families' healthcare. Reduce not only your own risk of heart disease and stroke, but also that of your children, parents and friends. Help your kids learn healthy habits now to protect their hearts for a lifetime. Share this booklet with sisters, mothers, aunts, friends—all the women you care about. And help the men in your life reduce their risk, too. Take action now!

Talk with your healthcare providers. No question is stupid! If you don't understand the answers, ask again. Or get a second medical opinion.

Make changes slowly in your family's diet and physical activity habits. Share heart-healthy cooking tips and recipes with friends. Find a partner to be physically active with. Turn off the TV and be active as a family. Encourage friends and family who want to quit smoking.

Select healthier food choices in grocery stores, restaurants, vending machines and cafeterias. Insist on a nonsmoking section in restaurants and other public places. Ask that your workplace be smoke-free.

Start now! Take it from Jenna, age 25:

"To improve my heart health now I eat a low sodium diet, exercise with a trainer and make sure I get plenty of rest. I also avoid extra stress and I deal with stress now, rather than just letting it fester! I know these things work because my heart is healthier now than it was a year and a half ago."

For **More Information**

We want people to experience more of life's precious moments. To do that, you must be healthy—in heart and mind. It's why we've made better heart and brain health our mission.

Life is why[™] we have created many educational booklets like this to help you and your family make healthier choices to reduce your risk of heart disease and stroke, manage disease or care for a loved one.

Everyone has a reason to live a longer, healthier life. **What's the "why" in your life?** Maybe it's helping your daughter plan her wedding. Watching that perfect sunset with your spouse. Or simply giving your grandchild a big hug. Whatever your why, we encourage you to write it down here and use it to inspire you as you work to live a longer, healthier life.

_____ is why.

To learn more, call us toll-free at **1-800-AHA-USA1 (1-800-242-8721)** or contact your nearest American Heart Association office. You can also visit our Web site, **heart.org**. For information on stroke, call **1-888-4-STROKE (1-888-478-7653)** or visit us online at **strokeassociation.org**.

Go Red For Women (GRFW) is our national movement to end heart disease and stroke in women because CVD is not just a man's disease. In fact, more women than men die every year from heart disease and stroke. GRFW advocates for more research and swifter action for women's heart health. Visit **GoRedForWomen.org** to register and discover our resources.

Heart Attack Warning Signs

Some heart attacks are sudden and intense, but most of them start slowly, with mild pain or discomfort. Here are some of the signs that can mean a heart attack is happening.

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. 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 may occur with or without chest discomfort.
- **Other signs.** These may include breaking out in a cold sweat, nausea or lightheadedness.

As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting and back or jaw pain.

Stroke Warning Signs

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, or trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness or loss of balance or coordination
- Sudden, severe headache with no known cause

F.A.S.T. is an easy way to remember how to recognize a stroke and what to do. Spot a stroke FAST. **F**ace drooping. **A**rm weakness. **S**peech difficulty. **T**ime to call 9-1-1.

Dial 9-1-1 Fast

Heart attack and stroke are life-or-death emergencies—every second counts. If you suspect you or someone you are with has any of the symptoms of heart attack or stroke, **immediately call 9-1-1 or your emergency response number** so an ambulance can be sent. **Don't delay—get help right away!**

For a stroke, also note the time when the first symptom(s) appeared. If given within 3 to 4.5 hours of the start of symptoms, a clot-busting drug may improve the chances of getting better faster.

For heart- or risk-related information,
call the American Heart Association at
1-800-AHA-USA1 (1-800-242-8721)
or visit us online at heart.org.

For stroke information, call our American Stroke
Association at **1-888-4-STROKE (1-888-478-7653)** or visit
strokeassociation.org. For information on life after stroke,
call and ask for the Stroke Family Support Network.



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7272 Greenville Avenue
Dallas, Texas 75231-4596

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Published and distributed by
The StayWell Company, LLC.

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