



INFORMATION FOR THE
HEART AND VASCULAR PATIENT



Information for the Heart and Vascular Patient

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Jeffrey M. Carlton Heart and Vascular Institute

Hoag Memorial Hospital Presbyterian

Hoag Memorial Hospital Presbyterian is a 498-bed, not-for-profit, acute care hospital located in Newport Beach, Calif. Fully accredited by the Joint Commission and designated as a Magnet hospital by the American Nurses Credentialing Center (ANCC), Hoag Hospital is home to Centers of Excellence in cancer, heart and vascular, neurosciences, orthopedics and women's health services.

Hoag offers a comprehensive mix of health care services to treat virtually any routine or complex medical condition. Through its 1,000-member medical staff, state-of-the-art equipment and modern facilities, Hoag provides a full spectrum of health care services.

Jeffrey M. Carlton Heart and Vascular Institute

Hoag has consistently been rated the finest hospital in Orange County and one of its cornerstones is Jeffrey M. Carlton Heart and Vascular Institute.

Jeffrey M. Carlton Heart and Vascular Institute is the highest-volume, highest-rated center in the area. The basis for its success is built upon a foundation of renowned physicians, world-class nursing and support staff, and leading-edge technology. Jeffrey M. Carlton Heart and Vascular Institute brings together skilled specialists in cardiology, cardiac surgery, interventional cardiology, interventional radiology, and vascular surgery. There are more than 50 cardiovascular specialists on staff.

In terms of technology, Hoag is unsurpassed. The hospital maintains dedicated cardiac surgical operating rooms, state-of-the-art cardiac catheterization labs, and a specialized endovascular suite.

As could be expected, Jeffrey M. Carlton Heart and Vascular Institute provides a vast array of procedures, many of which Hoag introduced first to Orange County.

The result is that Hoag is ranked among the top cardiovascular centers nationwide. The team at Jeffrey M. Carlton Heart and Vascular Institute is committed to delivering the finest patient care available.

Cardiovascular Patient Education Guide

This educational guide provides an overview for the cardiovascular patient. It is designed to assist you and your family by providing answers to many of the questions and concerns you may have about your treatment, procedure or surgery. Some of the specific information may vary depending on your specific condition and your individual treatment plan as directed by your physician.

At Jeffrey M. Carlton Heart and Vascular Institute you are an important part of your health care team. Your physician, nurses, and staff will give you instructions and information before, during, and after your treatment, procedure, or surgery.

It is important for you and your family to have this information so that you can participate in your recovery.

If you have any questions after reading this guide, please contact Jeffrey M. Carlton Heart and Vascular Institute at 949-764-HOAG (4624) and our knowledgeable staff will be available to assist you. Additional information for specific Jeffrey M. Carlton Heart and Vascular Institute departments and services are located in the "Resources" section.



Medications and Your Heart

Types of Medications

Introduction

In addition to lifestyle changes in diet and exercise, medications taken for your heart condition play an important role in reducing your risk for further cardiovascular events. All or some of the medications described in this packet have been prescribed by your physician and should be taken as directed.

ACE Inhibitors

benazepril (Lotensin®)	moexipril (Univasc®)
captopril (Capoten®)	perindopril (Aceon®)
enalapril (Vasotec®)	quinapril (Accupril®)
fosinopril (Monopril®)	ramipril (Altace®)
lisinopril (Prinivil®, Zestril®)	trandolapril (Mavik®)

What They Do

Angiotensin-converting enzyme inhibitors, or ACE inhibitors, prevent the formation of angiotensin, a substance in the blood that causes vessels to narrow and raises blood pressure. These agents help to lower blood pressure, reduce the heart's workload, and stabilize the plaque build-up.

Benefits

By allowing blood to flow easier, the ACE-inhibitors reduce blood pressure and assist the heart in functioning better. Studies have documented long-term benefits in preventing and slowing the progression of heart failure.

Things You Should Know

- Dizziness tends to occur with the first or second dose, and then goes away by itself. Be careful if you are taking other medications that can reduce blood pressure.
- A dry, hacking, and persistent cough may occur with this medication. Sucking on sugarless lozenges and taking sips of water can help to relieve the cough. However, if this cough becomes intolerable, contact your physician.
- Rarely, swelling of the face or tongue may occur. Call your physician immediately.

Aldosterone Antagonist

What It Does

Aldosterone antagonist inhibits the effect of a hormone called aldosterone, which is a chemical that is produced in excess in patients with heart failure. It is associated with sodium and water retention.

Benefits

Aldosterone antagonist helps you feel better and function better on a daily basis by reducing the accumulation of fluid in the legs, abdomen, and lungs, lowering blood pressure, and improving the efficiency of the circulation.

Things To Watch For

- **Nighttime urination.** Take it in the morning to avoid waking at night to urinate.
- May be taken with food or milk to avoid stomach irritation.

Angiotensin Receptor Blockers (ARBs)

candesartan (Atacand®)	losartan (Cozaar®)
eprosartan (Teveten®)	telmisartan s (Micardis®)
irbesartan (Avapro®)	valsartan (Diovan®)

What They Do

ARBs work similarly as ACE inhibitors. Rather than preventing the formation of angiotensin, the ARBs directly block the effect of the chemical from causing the small blood vessels to constrict. This lowers blood pressure and reduces the heart's workload.

Benefits

They help you feel better by reducing the amount of work the heart has to do. An ARB may be used in patients who are intolerant of ACE inhibitors due to swelling of the face or persistent cough. ARBs potentially have the same benefits as the ACE inhibitors in preventing and slowing the progression of heart failure.

Things You Should Know

- Dizziness is a common side effect. When getting out of bed, or after sitting for a long time, get up slowly.
- Careful when taking with other medications that reduce your blood pressure. The results may be additive.

Anti-arrhythmics

amiodarone (Cordarone®, Pacerone®)

sotalol (Betapace®, Betapace AF®)

Other: _____

What They Do

There are over 15 different cardiovascular medications which fall under the classification of “anti-arrhythmic” medications. Amiodarone and sotalol are the most commonly prescribed modern anti-arrhythmics, although some beta-blockers and calcium-channel blockers may also be used for their anti-arrhythmic activity. Amiodarone and sotalol electrically stabilize the heart and regulate heart rhythm.

Benefits

These anti-arrhythmics treat irregular heartbeat conditions such as atrial fibrillation or certain types of ventricular arrhythmias. They help your heart achieve a more normal beating pattern, which may help to improve heart function over time.

Things You Should Know

- Amiodarone may decrease your blood pressure or cause fatigue and dizziness. It can also affect your sensitivity to sunlight, so be sure to wear sunscreen.
- Rarely, amiodarone can affect other organ systems, such as the liver or lungs. These events are rare, but contact your physician for any unusual side effects, and be sure to get regular physical exams.
- Sotalol may also decrease your blood pressure, so be aware of other medications you may be on that can do the same. Sotalol is classified as a **beta-blocker** (see next page, “Beta-blockers”).
- Contact your pharmacist for additional questions on anti-arrhythmics not listed here.

Aspirin

baby aspirin, 81 mg or 162 mg

adult aspirin, 325 mg

What It Does

Aspirin is used to relieve mild to moderate pain, reduce fever, and to reduce inflammation associated with conditions such as arthritis. In addition, aspirin blocks the clumping of platelets together, which can prevent clots that cause heart attacks.

Benefits

As an anti-platelet agent, aspirin may reduce your risk of heart attack or stroke by preventing the clumping of platelets. Also shown to protect grafts after bypass surgery.

Things You Should Know

- Take with food or milk to avoid stomach irritation.
- Watch for signs of unusual bleeding or bruising, such as nose bleeds, bleeding gums, or blood in your urine, stool, and vomit.

Beta-blockers

acebutolol (Sectral®)

atenolol (Tenormin®)

bisoprolol (Zebeta®)

carvedilol (Coreg®)

labetalol (Trandate®, Normodyne®)

metoprolol (Lopressor®, Toprol XL®)

nadolol (Corgard®)

propranolol (Inderal®)

What They Do

Beta-blockers reduce the heart’s tendency to beat faster. It blocks the effects of chemical messengers in the body that cause the heart to work harder and increase blood pressure. This allows your heart to maintain a slower rate and helps keep it from getting weaker over time.

Benefits

Beta-blockers help to reduce the energy needs of the heart by decreasing its workload. When tolerated over a long period of time, beta-blockers may actually reduce heart size and improve the function of the heart. Studies have shown that beta-blockers help cardiac patients live longer and have less complications.

Things You Should Know

- Dizziness usually occurs early in the treatment course, but goes away once your body adjusts.
- Talk to your physician if you have severe asthma or COPD, symptomatic bradycardia, advanced heart block without a pacemaker, or diabetes, and are given a beta-blocker.

Calcium-channel Blockers

Dihydropyridines

amlodipine (Norvasc®)
felodipine (Plendil®)
isradipine (DynaCirc®)
nicardipine (Cardene®)
nifedipine (Adalat CC®,
Procardia XL®)
nisoldipine (Sular®)

Non-dihydropyridines

verapamil (Calan®, Isoptin®,
Covera-HS®, Verelan®)
diltiazem (Cardizem CD®,
Tiazac®, Diltia XT®)

What They Do

Calcium-channel blockers produce relaxation of the coronary vascular smooth muscle by blocking the movement of calcium ions into heart cells and blood vessels. This dilation of heart vessels increases the delivery of oxygen to the heart and is used to treat such heart conditions as hypertension (high blood pressure) and chronic stable angina (chronic chest pain caused by lack of oxygen to the heart).

Benefits

By relaxing the heart's smooth muscle vasculature, more blood carrying oxygen can flow to the heart muscle. It also relaxes other blood vessels throughout your body so that blood flows more easily through your body. This can help to reduce the heart's workload. Specific calcium-channel blockers are sometimes also used to prevent migraine headaches (check with your physician first).

Things You Should Know

- Dizziness usually occurs early in the treatment course, but goes away once your body adjusts.
- Constipation may occur with verapamil therapy. Remember to consume enough dietary fiber and liquids.
- Nifedipine use has been associated with ankle edema.
- A lupus-like rash may occur with diltiazem. Contact your physician immediately if a butterfly-pattern rash appears on your face or any other part of your body.

- Consult your pharmacist or physician on drug interactions which may occur with specific calcium-channel blockers, especially verapamil or diltiazem.

Anticoagulants

warfarin (Coumadin®)
dabigatran (Pradaxa®)
rivaroxaban (Xarelto®)
apixaban (Eliquis®)

What They Do

Anticoagulants work by blocking the clotting cascade. The cascade is a series of events by which different compounds are generated and ultimately result in blood coagulation (clotting). These drugs keep blood clots from forming or getting larger.

Benefits

Your body may make clots that you don't need. These clots can cause serious medical problems. A clot can move from one part of the body and travel to your heart to cause a heart attack, or to your brain and cause a stroke. Anticoagulants are used to help prevent and treat blood clots that can occur in patients with a heart-valve replacement, or in patients with an irregular, rapid heartbeat called atrial fibrillation.

If you have had a heart attack, anticoagulants are used to lower the risk of death and lower the risk of another heart attack. If you have had a stroke, transient ischemic attack (TIA) or other vascular problem, anticoagulants might also be used.

Things You Should Know

- Watch for unusual bleeding or bruising.
- Special blood tests called a prothrombin time ("protime") or INR or PT/INR is required for patients on Coumadin®. These blood tests are very important in helping your healthcare provider determine the dose of Coumadin® you should be taking, or if your dosage should change.
- Coumadin® works by blocking the formation of vitamin K-dependent clotting factors in your liver. Vitamin K is found naturally in foods. The Vitamin K content of foods you eat may have a significant effect on your Coumadin® therapy. Therefore, it is recommended to stay on a consistent, well-balanced diet and to avoid

binge eating and crash diets.

- Several things, such as sickness, diet, other medicines (prescription, over-the-counter, AND herbal supplements), or physical activities, may affect your PT/INR. Tell your healthcare provider about any changes in your health, diet, medicines, or lifestyle.

Digoxin

What It Does

Digoxin increases the force of the heart's contractions. This increases the amount of blood that is pumped with each heart beat. It also controls certain types of irregular heartbeats, such as atrial fibrillation, which increases the strength of the heart's pumping action. This improves blood circulation and reduces swelling of the feet and lower legs.

Benefits

Digoxin can help you feel better and function better on a daily basis.

Things To Watch For

- **Extreme tiredness and visual disturbances.**
This can happen if a therapeutic level of digoxin is not maintained. Your physician will periodically check digoxin levels in your blood.
- Take with food or milk to avoid stomach irritation.

Diuretics ("Water Pills")

Thiazide Diuretics

chlorthalidone (Hygroton®)
chlorthiazide (Diuril®)
hydrochlorothiazide (HCTZ)
(HydroDiuril®)
metolazone (Zaroxolyn®)

Potassium Sparing

amiloride (Midamor®)
triamterene (Dyrenium®)
spironolactone (Aldactone®)
Combination Agents
amiloride/HCTZ (Moduretic®)
triamterene/HCTZ (Dyazide®)

Loop Diuretics

bumetanide (Bumex®)
furosemide (Lasix®)
ethacrynic acid (Edecrin®)
torsemide (Demadex®)

What They Do

Diuretics act on the kidneys to rid the body of excess salt and water. They reduce the accumulation of fluid in the legs, abdomen, and lungs, lower blood pressure, and improve the efficiency of the circulation. With less

fluid to pump, the heart works better. Sometimes you will need more than one diuretic to get rid of all the fluid.

Benefits

They will prevent fluid build-up in your body. You will feel better when you don't have extra water weight.

Things You Should Know

- Thirst and dry mouth.
- **Nighttime urination.** Take your diuretic in the morning to avoid waking at night to urinate. If your diuretic is on a twice-a-day schedule, the last dose should be taken no later than 5 PM. Some diuretics may cause your body to lose potassium. Ask your physician if you should take potassium supplements.
- **Breast tenderness and breast pain.**
(for spironolactone only)
- **Watch your weight.**
- May take with food or milk if stomach upset occurs.

Platelet-ADP-Receptor Blockers

clopidogrel (Plavix®)
ticlopidine (Ticlid®)
prasugrel (Effient®)

What They Do

The platelet-ADP-receptor blockers reduce the clumping of platelets together by blocking the activity at the adenosine diphosphate (ADP) receptor – an important step in clot formation.

Benefits

These agents reduce the risk for future heart attacks and strokes by preventing clots from forming in individuals with atherosclerosis, or "hardening" of the arteries. In patients with high risk for heart attack, a platelet-ADP-receptor blocker may be prescribed in addition to aspirin. For patients who are allergic to or cannot tolerate aspirin, this medication offers an alternative choice.

Things You Should Know

- Watch for signs of unusual bleeding or bruising, such as nose bleeds, bleeding gums, or blood in your urine, stool, and vomit.
- If you are prescribed Ticlid®, ask your physician

about special blood tests that must be done periodically.

Statins

atorvastatin (Lipitor®)	pravastatin (Pravachol®)
fluvastatin (Lescol®)	rosuvastatin (Crestor®)
lovastatin (Mevacor®)	simvastatin (Zocor®)

What They Do

Statins, also known as HMG-CoA reductase inhibitors, reduce the amount of cholesterol in the body. This is done by blocking the enzyme in the liver that promotes the production of cholesterol.

Benefits

By lowering cholesterol, the statins prevent the build-up of plaque in your arteries – a condition called atherosclerosis. Unstable plaques may rupture and trigger the formation of clots, which can detach and travel to your heart and cause a heart attack, or to your brain and cause a stroke. A statin, along with changes in diet and exercise, may help to lower cholesterol and fats in the blood. Also, the statins may help to stabilize the plaques in your arteries and prevent them from rupturing. Taking a statin at nighttime will help to maximize its effectiveness. Studies have shown added benefits for cardiac patients who use statins even when their cholesterol levels are normal.

Things You Should Know

- Muscle weakness may occur with this medication. This side effect is a generalized weakness over your entire body (not usually isolated to one area), and should be alerted to your physician if experienced.
- Avoid taking this medication with **grapefruit** or **grapefruit juice**, as an interaction may occur. Check with your pharmacist about other **drug interactions** with this medication.
- Ask your physician about your **liver function** before starting this medication, and limit your alcohol intake while taking this medication.

Sublingual Nitroglycerin

Nitrostat® sublingual tablets
Nitro-Bid® ointment
Nitro-Dur® patch
Nitrolingual® translingual spray

What They Do

Nitroglycerin, when taken under the tongue (sublingual), helps to alleviate chest pain associated with heart attacks.

Benefits

Nitroglycerin may help to widen the blood vessels as well and help blood flow more easily. It should be taken immediately after the first signs of chest pain, and can be taken every 5 minutes for a maximum of 3 doses in 15 minutes. If the tablets are used, always carry them in their original container and keep the bottle tightly closed. It is also best to have nitroglycerin with you at all times.

Things You Should Know

- Call 911 or seek medical attention immediately if pain is unrelieved after 3 doses.
- Do not swallow or chew the sublingual tablets.

Vasodilators

What They Do

Vasodilators cause the blood vessels to widen or relax, allowing blood to flow more easily. This lowers blood pressure and reduces the heart's workload. Combination of hydralazine and nitrates may be used in patients with contraindications to or who cannot tolerate ACE Inhibitors.

Benefits

They help you feel better by allowing blood to flow easier.

Things To Watch For:

- Dizziness is a common side effect. When getting out of bed, or after sitting for a long time, get up slowly.
- Take with food or milk to avoid stomach irritation.



Tips On Taking Your Medicine

Medications can do their job only if they are taken properly. Skipping doses, not refilling a prescription, taking more or less than the prescribed dose or not following a physician's instructions make it more likely that your heart condition will get worse. Patients and their families should work with the healthcare team to understand their medications and how they should be taken – when, how often and in what amounts. The pharmacist who fills the prescriptions is another good information resource.

- **Take your medicines as ordered.** Even when you are feeling better, continue to take them. Medications need to be taken regularly to keep you healthy.

Know Your Medicine

Know the names, dose, special instructions and common side effects of all the medicines you are taking. **Maintain an updated list of all daily medications (including over-the-counter) and take it to all your physician, hospital or emergency room visits.**

- What is the name of the medicine? Is this the brand or generic name? Does it matter which one is used?
- What is the medicine supposed to do?
- How and when should it be taken – and for how long?
- What foods, drinks and other medicines should be avoided while taking this medicine?
- What are the possible side effects? What should be done if they occur?
- Is any written information available about the medicine?

Helpful Ways to Remind Yourself

The number of pills can often seem overwhelming, but physicians need to prescribe multiple medications for heart disease because each one treats a different symptom.

Each medication also comes with its own instructions and rules. This can make it difficult to remember what to take, when and how often. Take a few minutes to plan a schedule (your physician or pharmacist can help you).

Here are some strategies to remember taking your medications:

- **Use a weekly pillbox** – a box with seven separate compartments for the days of the week. Sometimes the boxes also have slots for four different times of day: morning, noon, late afternoon and bedtime.
- **Take medications at the same time of day.** Make it a routine.
- **Link taking medicines with a particular activity**, such as brushing teeth. This will help you remember that it's time to take your pills.
- **Make a chart** of the medicine you take and when you take them.

If You Miss A Dose

- **Do not miss doses.** If you miss a dose of medicine, check with your physician or pharmacist rather than take an extra dose. Certain medicines taken too close together can sometimes do more harm than good.
- **Simplify your medication schedule.** If you find it too hard to keep track of your medications and when they need to be taken, ask if there's any way to simplify the schedule.

Putting It All Together

Medicines help control your symptoms and should improve your quality of life. Follow the directions for your prescription carefully. Medicines only work if you use them correctly. **Call Your Physician, Nurse or Pharmacist** if you have questions about how they work or if you notice side effects. Do not hesitate to ask them. The more you know about your medications and how they work, the easier it will be for you to stay on track.

Side Effects/Drug Interactions

- Always report anything unusual when taking a new medicine. If a medication is causing unpleasant side effects, ask your physician how you can eliminate or minimize them. Sometimes doses can be adjusted, a medication can be taken at a different time, or a new medication can be substituted.
- Ask your physician or pharmacist before taking any over-the-counter drugs, such as:
 - Antacids. Some antacids may contain products that can decrease the effectiveness of your medications.
 - NSAIDS, or non-steroidal anti-inflammatory drugs, can reduce the effectiveness of some medications or contribute to increased blood pressure.
 - Cold medicines containing ephedrine-like products can reduce the action of beta-blockers.
 - Herbal products such as Gingko biloba can interact with blood-thinning medications like aspirin or Plavix®.
- Get your medicines at one pharmacy. The pharmacist will check your medicines to avoid possible interactions.

My Medication Schedule

Bring your updated medication list to all physician, hospital and emergency room visits.

Pharmacy _____ Phone _____

Medication	Dose	Frequency	Reason	Special Instructions	Schedule			
					AM	NOON	PM	BED

- Take your medications as directed by your physician.
- Know what to do in case you miss a dose of your medication.
- Relate taking your medications with events you do each day, like brushing your teeth or eating meals.
- Get your prescriptions filled and re-filled at the same pharmacy, and always check with the pharmacist for drug-interactions before taking a new medication – prescription OR over-the-counter.
- ALWAYS ask your physician, nurse, or pharmacist if you have any questions concerning your medications.



Heart Healthy Lifestyle

Nutrition/Dietary Guidelines

Dietary Guidelines

Healthy food habits can help you reduce three of the major risk factors for heart attack -- high blood cholesterol, high blood pressure and excess body weight. They'll also help reduce your risk of stroke, because heart disease and high blood pressure are major risk factors for stroke. The American Heart Association recommends the following dietary guidelines:

- Eat a variety of grain products, including whole grains. Choose 6 or more servings per day.
- Eat a variety of fruits and vegetables. Choose 5 or more servings per day.
- Select fat-free and low-fat milk products, fish, legumes (beans), skinless poultry and lean meats.
- Choose fats and oils with 2 grams or less saturated fat per tablespoon, such as liquid and tub margarines, canola oil and olive oil.
- Balance the number of calories you eat with the number you use each day. (To find that number, multiply the number of pounds you weigh by 15 calories.

This represents the average number of calories used in one day if you're moderately active. If you get very little exercise, multiply your weight by 13 instead of 15. Less-active people burn fewer calories.)

- Maintain a level of physical activity that keeps you fit and matches the number of calories you eat. Walk or do other activities for at least 30 minutes on most days. To lose weight, do enough activity to use up more calories than you eat every day.
- Limit your intake of foods high in calories or low in nutrition, including foods like soft drinks and candy that have a lot of sugars.
- Limit foods high in saturated fat, trans fat and/or cholesterol, such as full-fat milk products, fatty meats, tropical oils, partially hydrogenated vegetable oils and egg yolks. Instead, choose foods low in saturated fat, trans fat and cholesterol from the first four points above.

- Eat less than 6 grams of salt (sodium chloride) per day (2,400 milligrams of sodium).
- Have no more than one alcoholic drink per day if you're a woman and no more than two if you're a man. Examples of one drink are: 12 oz. of beer, 4 oz. of wine, 1-1/2 oz. of 80-proof spirits or 1 oz. of 100-proof spirits.

Following this eating plan will help you achieve and maintain a healthy eating pattern. The benefits of that include a healthy body weight, a desirable blood cholesterol level and a normal blood pressure. Every meal doesn't have to meet all the guidelines. It's important to apply the guidelines to your overall eating pattern over at least several days. These guidelines may do more than improve your heart health. They may reduce your risk for other chronic health problems, including type 2 diabetes, osteoporosis (bone loss) and some forms of cancer.

Menu Planning and Food Guide Pyramid

AHA Recommendation

Each of the basic food groups supplies a different combination of nutrients, vitamins and minerals. Remember, variety is the key to good nutrition.

Below are the basic food groups and recommended servings.	
Lean meat, fish, skinless poultry, dry beans, eggs and nuts	2-3 servings per day; fish twice a week
Vegetables and fruits	5 or more per day
Fat-free and low-fat milk, yogurt and cheese	2-4 per day
Breads, cereals, pasta and starchy vegetables	6 or more per day
Saturated and trans fats, oils, salt and sweets	Use sparingly

Good menu planning is based on balancing the foods you eat. When choosing foods, consider how many calories are in each serving. You should also learn about the amount of saturated fat, total fat, cholesterol and sodium these foods may add to your daily menu. **Choose foods low in saturated fat, trans fat, cholesterol and sodium.** Read labels and ingredient lists to find out what a product contains.

In the process of hydrogenation, in which hydrogen is added to vegetable oils, trans fats result. **Trans fats** are used in commercial baked goods and for cooking in most restaurants and fast-food chains to improve

shelf life and for other reasons. Trans fats also occur naturally in meat and dairy products. In 2003, the FDA passed a regulation requiring manufacturers to label foods to show their trans fat content. The words “hydrogenated fat” or “hydrogenated vegetable oil” in the ingredient list show that a product has trans fat. Many manufacturers are removing trans fat from their products. Look for products labeled “trans fat free.”

The table below shows recommended levels of saturated fat, trans fat and dietary cholesterol for people in two categories of risk.

Risk Category	Saturated Fat and Trans Fat Combined	Dietary Cholesterol
People without coronary heart disease, diabetes or high LDL cholesterol	No more than 10% of total calories	Less than 300 mg per day on average
People with coronary heart disease, diabetes or high LDL cholesterol	No more than 7% of total calories	Less than 200 mg per day on average

Even if you don’t have coronary heart disease, you need to be careful if you have other cardiovascular diseases or several risk factors that combine to form an equivalent risk. (These could be peripheral artery disease, abdominal aortic aneurysm, symptomatic carotid artery disease, diabetes, etc.)

The lists below will help you “budget” your saturated fat and dietary cholesterol. For example, if you eat foods high in saturated fat or cholesterol in one meal, balance them with foods lower in saturated fat or cholesterol for your other meals on that day.

Milk Products

Portion	Food	Saturated Fat (g)	% Daily Total*	Dietary Cholesterol (mg)	% Daily Total**
1 Tbsp.	Butter	7.2	33	31	10
1 oz.	Cheese, american	4.4	20	18	6
1 oz.	Cheese, cheddar	6.0	5	30	10
1 oz.	Cheese, mozzarella, part-skim	3.1	14	15	5
1 Tbsp.	Margarine, hard stick	2.1	10	0	0
1 Tbsp.	Margarine, soft tub	1.5	7	0	0
8 oz.	Milk, low-fat, 1% milk fat	1.6	7	10	3
8 oz.	Milk, nonfat	0.0	0	5	2
8 oz.	Milk, reduced fat, 2% milk fat	2.9	13	20	7
8 oz.	Milk, whole, 3.7% milk fat	5.6	26	34	11

Eggs

Portion	Food	Saturated Fat (g)	% Daily Total*	Dietary Cholesterol (mg)	% Daily Total**
Small	Egg, fresh	1.1	5	157	52
Medium	Egg, fresh	1.4	6	187	62
Large	Egg, fresh	1.6	7	213	71
X-Large	Egg, fresh	1.8	8	246	82
Jumbo	Egg, fresh	2.0	9	276	93

Meats

Portion	Food	Saturated Fat (g)	% Daily Total*	Dietary Cholesterol (mg)	% Daily Total**
3 oz.	Beef, ground, extra-lean, 17% fat	5.3	24	84	28
3 oz.	Beef, ground, lean, 21% fat	5.9	27	86	29
3 oz.	Beef, ground, regular, 27% fat	6.5	30	86	29
3 oz.	Beef, T-bone, meat only	3.1	14	50	17
3 oz.	Beef, tenderloin, meat only	3.1	14	73	24
3 oz.	Ham, regular, 11% fat	2.9	13	49	16
3 oz.	Ham, extra lean, 5% fat	1.4	6	40	13
1 item	Hot dog, beef, 1 = 45 g	5.4	25	27	9
1 item	Hot dog, turkey, 1 = 45 g	2.7	12	48	16
3 oz.	Italian sausage, pork	7.5	34	65	22
3 oz.	Lamb, loin chop, lean only	3.2	15	74	25
3 oz.	Pork, loin chop, meat only	3.0	14	69	23

Poultry

Portion	Food	Saturated Fat (g)	% Daily Total*	Dietary Cholesterol (mg)	% Daily Total**
3 oz.	Chicken, breast, meat only	0.9	4	73	24
3 oz.	Chicken, breast, meat and skin	1.8	8	71	24

Fish and Seafood

Portion	Food	Saturated Fat (g)	% Daily Total*	Dietary Cholesterol (mg)	% Daily Total**
3 oz.	Clams	0.0	0	57	19
3 oz.	Cod	0.0	0	45	15
3 oz.	Oysters	0.9	4	85	28
3 oz.	Lobster	0.0	0	69	23
3 oz.	Salmon (varies by species and whether farm-raised or wild)	0.0–2.7	0–12	47–81	16–27
3 oz.	Scallops	0.0	0	28	9
3 oz.	Shrimp	0.0	0	166	55
3 oz.	Tuna, canned in water, light	0.0	0	26	9
3 oz.	Tuna, fresh	0.0	0	50	17

Snack Foods

Portion	Food	Saturated Fat (g)	% Daily Total*	Dietary Cholesterol (mg)	% Daily Total**
1 oz.	Crackers, snack	1.0	5	0	0
Small	French fries, fast-food	3.3	15	0	0
Med	French fries, fast-food	5.1	23	0	0
Large	French fries, fast-food	6.5	30	0	0
1 oz.	Potato chips	2.3	11	0	0

Dietary Guidelines: At -A-Glance

To Achieve an Overall Healthy Eating Pattern

- Choose an overall balanced diet with foods from all major food groups, emphasizing fruits, vegetables and grains.
- Consume a variety of fruits, vegetables and grain products.
- At least 5 daily servings of fruits and vegetables.
- At least 6 daily servings of grain products, including whole grains.
- Select fat-free and low-fat dairy products, fish, legumes, poultry and lean meats.
- Eat at least two servings of fish per week.

To Achieve a Healthy Body Weight

- Maintain a level of physical activity that achieves fitness and balances energy expenditure with caloric intake; for weight reduction, expenditure should exceed intake.
- Limit foods that are high in calories and/or low in nutritional quality, including those with a high amount of added sugar.

To Achieve a Desirable Cholesterol Level

- Limit foods with a high content of saturated fat and cholesterol. Substitute with grains and unsaturated fat from vegetables, fish, legumes and nuts.
- Limit cholesterol to 300 milligrams (mg) a day for the general population, and 200 mg a day for those with heart disease or its risk factors.
- Limit trans fatty acids. Trans fatty acids are found in foods containing partially hydrogenated vegetable oils such as packaged cookies, crackers and other baked goods; commercially prepared fried foods and some margarines.

To Achieve a Desirable Blood Pressure Level

- Limit salt intake to less than 6 grams (2,400 mg sodium) per day, slightly more than one teaspoon a day.
- If you drink, limit alcohol consumption to no more than one drink per day for women and two drinks per day for men.

To Achieve a Healthy Body Weight

Not everyone can be thin. But you can reach and maintain your best weight!

It's not easy. But it's possible. Your genes may affect your susceptibility to obesity, but some people simply eat too many calories. Obesity, which is a problem for about a third of the adult population in America, can contribute to heart disease.

So battle the bulge with a plan that includes developing – and maintaining – a healthy diet and an active lifestyle. It also helps to have family or friends who support your efforts.

In short, managing your weight requires you to be smart for your heart in three strategic ways:

1. Kick those bad habits... out of your life!

Are you eating lots of foods high in fat (especially saturated fat)? Then it's wise to drop them. They add even more calories to your overall diet. Furthermore, most foods high in saturated fat can raise the level of cholesterol in your blood. And that can increase your risk for heart disease.

2. Develop an eating plan... for life!

Most women can lose an average of one to two pounds a week by consuming 1200 – 1500 calories a day. Most

men can lose this amount by consuming 1500 – 1800 calories a day. One to two pounds a week is the ideal rate of weight loss.

Three different nutritionally complete diets are shown below. Your physician, a registered dietitian or a licensed nutritionist can tell you which of the three calorie levels is best for you.

Total Daily Calories

Food	1200 Calories Amount	1600 Calories Amount	1800 Calories Amount
Lean meat, poultry or fish	6 oz. cooked	6 oz. cooked	6 oz. cooked
Eggs	3 a week	3 a week	3 a week
Vegetables	4 servings	4 servings	4 or more servings
Fruits	3 servings	3 servings	3 servings
Breads, cereals or starchy vegetables	3 servings	4 servings	6 servings
Fat-free milk	2 cups	3 cups	3 cups
Margarine or oil	3 tsp.	4 tsp.	5 tsp.
Optional foods	–	2	2

The daily food plans listed above include the essentials of a nutritious, well-balanced diet containing a variety of foods. To find the food pattern suited to you, calculate your caloric level using the formula below:

- Multiply the number of pounds you weigh by 15 calories. This number represents the average number of calories used up in one day by a moderately active person of your weight.
- If you sit around or get very little exercise, multiply your weight by 13 instead of 15. Less-active people burn fewer calories.

To lose one pound, you need to burn 3500 calories more than you take in. In other words, you need to run a calorie deficit. To do this, reduce your caloric intake by 500 calories per day. (Seven days times 500 calories equals 3500 calories – one pound.)

Losing One to Two Pounds per Week is a Good Rate of Weight Loss

To maintain your ideal weight, weigh yourself once a week. When you're three to five pounds heavier than you should be, start eating less or exercising more (or both) until your weight is back down where you want it.

If you lose too much weight, increase your caloric intake mainly by eating lower-fat foods such as grains, vegetables, fruits and dairy products with fat-free milk. Try to stay within five pounds of your best weight.

To get all the nutrients your body needs, carefully follow the food plan you selected.

Other helpful hints include:

- Plan the kinds of food you'll eat and the number of meals and snacks you'll have.
- Don't skip whole categories of food.
- Vary your diet by eating different foods within each group. (Eating a variety of foods is essential to get all the nutrients you need.)
- Try to enjoy your food with less salt. Salt is about half sodium, and eating too much sodium raises blood pressure in some people. The American Heart Association recommends that a person's daily sodium intake should be no more than 2400 mg. To maintain this level, season foods with herbs and spices instead of salt, read food labels to help track your sodium intake and limit your consumption of salty foods.

And remember, make this a part of your life.

3. Engage in Physical Activity ... As a Way of Life!

To manage your weight, you must use up more calories (energy) than you consume. You can do this in three different ways:

- Eat less (take in fewer calories).
- Increase the calories you burn up (for instance, by increasing the amount you exercise).
- Eat less and be more physically active.

Check with your physician first if you are middle-aged or older, have a medical condition, have not been physically active, and plan to start a relatively vigorous exercise program. Your physician will help you find a

program suited to your needs and physical condition. It's good to take an exercise tolerance test to determine your present capabilities and identify potential hazards.

If you're in good health, your physician likely will recommend a program of frequent, ongoing physical activity that:

- is rhythmic
- is repetitive
- involves motion and using large muscles and
- challenges the circulatory system

It's best to do aerobic exercises such as jogging, swimming and walking at moderate intensity for a total of 30 minutes or more on most or all days of the week. This will condition your heart and lungs. These activities also help burn calories. For example, a 200-pound person who eats the same amount of calories but walks briskly each day for 1 1/2 miles will lose about 14 pounds in a year.

Besides weight control, exercise may help relieve tension and help control cigarette smoking, high blood pressure, high blood cholesterol and diabetes.

Even moderate, regular physical activity helps lower your risk of heart disease. Examples are: pleasure walking, gardening, yard work and dancing.

Don't let physical activity be just a fad. Like eating habits, make it a lifetime commitment.

Whatever you do, have fun, make it rewarding and stick with it.

To Achieve a Desirable Cholesterol Level

What Do Your Cholesterol Numbers Mean?

Everyone age 20 and older should have their cholesterol measured at least once every 5 years. It is best to have a blood test called a "lipoprotein profile" to find out your cholesterol numbers. This blood test is done after a 9- to 12-hour fast and gives information about your:

- **Total cholesterol**
- **LDL (bad) cholesterol** – the main source of cholesterol buildup and blockage in the arteries
- **HDL (good) cholesterol** – helps keep cholesterol from building up in the arteries
- **Triglycerides** – another form of fat in your blood

If it is not possible to get a lipoprotein profile done, knowing your total cholesterol and HDL cholesterol can give you a general idea about your cholesterol levels. If your total cholesterol is 200 mg/dL* or more or if your HDL is less than 40 mg/dL, you will need to have a lipoprotein profile done. See how your cholesterol numbers compare to the tables at the right.

Total Cholesterol Level	Category
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline high
240 mg/dL and above	High

LDL Cholesterol Level	LDL Cholesterol Category
<70 mg/dL	Optimal for high risk* people
Less than 100 mg/dL	Goal for general population

Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.

* High risk people are defined as people with very high risk of heart attack or death: cardiovascular disease with diabetes, cigarette smoking, poorly controlled hypertension, multiple risk factors of metabolic syndrome (high cholesterol, low levels of "good" HDL cholesterol, obesity) and immediately after a heart attack.

HDL (good) cholesterol protects against heart disease, so for HDL, higher numbers are better. A level less than 40 mg/dL is low and it increases your risk for heart disease.

Triglycerides can also raise heart disease risk. Levels that are borderline high (150-199 mg/dL) or high (200 mg/dL or more) may need treatment in some people.

Know Your Fats

Knowing which fats raise LDL cholesterol and which ones don't is the first step in lowering your risk of heart disease. Saturated fat, trans-fatty acids and dietary cholesterol raise blood cholesterol. Monounsaturated fats and polyunsaturated fats don't. Some studies suggest they might even help lower LDL cholesterol slightly when eaten as part of a low-saturated-fat diet.

Saturated Fats

Saturated fat is the main dietary cause of high blood cholesterol. The American Heart Association recommends that you limit your saturated fat intake to 7-10 percent of total calories (or less) each day. If you have coronary heart disease or your LDL cholesterol level is 100 mg/dL or greater, your physician should recommend the **Therapeutic Lifestyle Change (TLC) Diet** (see below). It recommends 25-35 percent of calories from fat, with less than 7 percent coming from saturated fat. Cholesterol is limited to less than 200 milligrams a day.

Saturated fat is found mostly in foods from animals and some plants.

- **Foods from Animals** – These include beef, beef fat, veal, lamb, pork, lard, poultry fat, butter, cream, milk, cheeses and other dairy products made from whole milk. These foods also contain dietary cholesterol.
- **Foods from Plants** – These include coconut oil, palm oil and palm kernel oil (often called tropical oils), and cocoa butter.
- **Hydrogenated Fats** – During food processing, fats may undergo a chemical process called hydrogenation. This is common in margarine and shortening. These fats also raise blood cholesterol. Use hydrogenated fats only if they contain no more than two grams of saturated fat per tablespoon. The saturated fat content of most margarines and spreads is printed on the package or “Nutrition Facts” label.

Polyunsaturated and Monounsaturated Fats

Polyunsaturated and monounsaturated fats are the two unsaturated fats. They’re found primarily in oils from plants.

- **Polyunsaturated Fats** – These include safflower, sesame and sunflower seeds, corn and soybeans, many nuts and seeds, and their oils.
- **Monounsaturated Fats** – These include canola, olive and peanut oils, and avocados.

Both polyunsaturated and monounsaturated fats may help lower your blood cholesterol level when you use them in place of saturated fats in your diet. But a moderate intake of all types of fat is best. Use polyunsaturated or monounsaturated oils – and margarines and spreads made from them – in limited

amounts. This is recommended in place of using fats with a high saturated fat content, such as butter, lard or hydrogenated shortenings.

Trans-fatty Acids

Unsaturated fatty acids can be in one of two shapes – “cis” and “trans.” These terms refer to the physical positioning of hydrogen atoms around the carbon chain. The cis form is more common than the trans form. Trans-fatty acids (TFA) are found in small amounts in various animal products such as beef, pork, lamb and the butterfat in butter and milk.

TFA are also formed during the process of hydrogenation, making margarine, shortening, cooking oils and the foods made from them are a major source of TFA in the American diet. Partially hydrogenated vegetable oils provide about 75 percent of the TFA in the U.S. diet.

To make foods that will stay fresh on the shelf or to get a solid fat product, such as margarine, food manufacturers hydrogenate polyunsaturated oils. “Hydrogenate” means to add hydrogen.

How are Trans-fatty Acids Harmful?

In clinical studies, TFA or hydrogenated fats tend to raise total blood cholesterol levels. Some scientists believe they raise cholesterol levels more than saturated fats. TFA also tends to raise **LDL (“bad”) cholesterol** and lower **HDL (“good”) cholesterol** when used instead of cis fatty acids or natural oils. These changes may increase the risk of heart disease.

Because there are no standard methods, it’s difficult to estimate the TFA content of food items. It’s also difficult to estimate intake, especially long-term intake. The four most important sources of TFA in one large group of women studied included margarine; beef, pork or lamb as the main dish; cookies (biscuits); and white bread.

Recently, the FDA passed a regulation requiring trans fat to be listed on the nutrition label. Although changes in labeling are important, they aren’t enough. Many fast foods contain high levels of TFA. There are no labeling regulations for fast food, and it can even be advertised as cholesterol-free and cooked in vegetable oil. Eating one doughnut at breakfast (3.2 g of TFA) and a large order of french fries at lunch (6.8 g of TFA) add 10 g of TFA to one’s diet, so the lack of regulations for labeling restaurant foods can be harmful to your health.

Is Butter Better than Margarine?

Recent studies on the potential cholesterol-raising effects of TFA have raised public concern about the use of margarine and whether other options, including butter, might be a better choice. Some stick margarines contribute more TFA than unhydrogenated oils or other fats.

Because butter is rich in both saturated fat and cholesterol, it's potentially a highly atherogenic food (a food that causes the arteries to be blocked). Most margarine is made from vegetable fat and provides no dietary cholesterol. The more liquid the margarine, i.e., tub or liquid forms, the less hydrogenated it is and the less TFA it contains.

What Can I Do to Regulate My Intake of Trans-fatty Acids?

The American Heart Association's Nutrition Committee strongly advises that healthy Americans over age 2 limit their intake of saturated fat to 7-10 percent of total calories. Individuals should adjust total fat intake to meet their caloric needs. People who are overweight or obese should limit their total fat intake to no more than 30 percent of total calories.

On the basis of current data, the American Heart Association recommends that consumers follow these tips:

- Use naturally occurring, unhydrogenated oil such as canola or olive oil when possible.
- Look for processed foods made with unhydrogenated oil rather than hydrogenated or saturated fat.
- Use margarine as a substitute for butter, and choose soft margarines (liquid or tub varieties) over harder stick forms. Shop for margarine with no more than 2 grams of saturated fat per tablespoon and with liquid vegetable oil as the first ingredient. Look for those labeled "trans-fat free."
- French fries, doughnuts, cookies and crackers are examples of foods that are high in TFA. Consume them infrequently.
- Limit the saturated fat in your diet. If you don't eat a lot of saturated fat, you won't be consuming a lot of TFA.
- Eat commercially fried foods and commercial baked goods infrequently. Not only are these foods very high in fat, but that fat is also likely to be very hydrogenated, meaning a lot of TFA.

- Commercial shortening and deep-frying fats will continue to be made by hydrogenation and will contain TFA. That's just one more reason to eat fried fast food infrequently.

What Does the TLC Diet Recommend?

In May 2001 the NCEP released new guidelines for cholesterol management. These new guidelines are in the Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III [ATP III]). The American Heart Association accepted and endorsed this report and began incorporating these recommendations into its materials on dietary and lifestyle change for people with high blood cholesterol. ATP III recommends that therapy for elevated cholesterol begin with more intensive life-habit intervention to lower cholesterol and reduce the risk for developing heart disease and having a heart attack. This approach is referred to as the "Therapeutic Lifestyle Changes (TLC)" diet. It's targeted to people whose LDL cholesterol is above the goal level for their category of risk for heart disease. These are the essential components of TLC:

TLC Diet in ATP III	
Nutrient	Recommended Intake as Percent of Total Calories
Total Fat¹	25–35%
Saturated	Less than 7%
Polyunsaturated	Up to 10%
Monounsaturated	Up to 20%
Carbohydrate²	50–60% of total calories
Protein	Approximately 15%
Cholesterol	Less than 200 mg per day
Total Calories³	Balance energy intake and expenditure to maintain desirable body weight and prevent weight gain

1. The 25–35% fat recommendation allows for increased intake of unsaturated fat in place of carbohydrates in people with the metabolic syndrome or diabetes.

2. Carbohydrate should come mainly from foods rich in complex carbohydrates. These include grains (especially whole grains), fruits and vegetables.

3. Daily energy expenditure should include at least moderate physical activity (contributing about 200 Kcal a day).

4. Options include adding 10–25 grams of viscous (soluble) fiber; 2 g/day of plant-derived sterols or stanols. Soy protein may be used as a replacement for some animal products.

To Achieve a Desirable Blood Pressure

Sodium Recommendations

Healthy American adults should reduce their sodium intake to no more than 2400 milligrams per day.

This is about 1 teaspoon of sodium chloride (salt).

To illustrate, the following are sodium equivalents in the diet.

1/4 teaspoon salt = 600 mg sodium

1/2 teaspoon salt = 1200 mg sodium

3/4 teaspoon salt = 1800 mg sodium

1 teaspoon salt = 2400 mg sodium

1 teaspoon baking soda = 1000 mg sodium

What are the Common Sources of Sodium?

Watch for both natural and added sodium content.

Ordinary table salt is sodium chloride – 40 percent sodium by weight. Encourage your patients to read the labels when they buy prepared and packaged foods.

They should watch for the words “soda” (soda refers to sodium bicarbonate, or baking soda) and “sodium” and the symbol “Na” on labels. These products contain sodium compounds.

Some drugs contain large amounts of sodium. Make a habit of carefully reading the ingredient list on the label of all over-the-counter drugs and the warning statement to see if sodium is in the product. A statement of sodium content must appear on labels of antacids containing 5 mg or more per dosage unit (tablet, teaspoon, etc.). Some companies now make low-sodium over-the-counter products.

Most spices contain sodium in very small amounts.

What Foods Help Reduce Sodium in the Diet?

- Choose fresh, frozen or canned food items without added salts.
- Select unsalted nuts or seeds, dried beans, peas and lentils.

- Avoid adding salt and canned vegetables to homemade dishes.
- Select unsalted, fat-free broths, bouillons or soups.
- Select fat-free (skim) or low-fat milk; low-sodium, low-fat cheeses; and low-fat yogurt.
- When dining out, be specific about what you want and how you want it prepared. Ask for your dish to be prepared without salt.
- Learn to use spices and herbs to enhance the taste of your food.

Eight Ways to Say “No” to Fat

- Trim off all fat before you cook.
- Broil on a rack instead of pan frying.
- Cook stews, boiled meat and soup stock ahead of time. Refrigerate. When the fat hardens on top, remove it.
- Baste with wine, tomato, or lemon juice instead of drippings
- Allow moderate portions of meat for each family member. Make the meal special with more interesting vegetable dishes and salads.
- Trim away visible fat on meat as you eat it.

Substitute

- Try other protein foods, like fish or poultry.
- Try a meatless meal occasionally

If your family loves meat, don't try drastic changes. Slowly introduce new recipes and less fatty meats. Experiment with different ways of preparing food. You'll find that lean meats taste delicious and satisfy your appetite, too.

Menu Complimentary of Hoag Hospital Registered Dieticians and Executive Chef

Moroccan Style Halibut

(Serves 4 at 208 Calories, 139 mg Sodium per serving)

Ingredients

2 Cloves garlic	4 Tbsp lemon juice
1 1/2 Tomatoes sliced	1 small red chili (optional)
2 Tbsp Ground cumin	4 – 6 oz Cutlets of Halibut or,
2 Green peppers, seeded and sliced thin	4 – 6 oz Cutlets of Orange Roughy
2 Tbsp Paprika	Black Pepper
2 Tbsp Tomato puree	Fresh coriander for garnish
3 Tbsp Chopped fresh parsley	

Mix together the garlic, cumin, paprika, chili, tomato puree, parsley and lemon juice. Spread this mixture over the fish, cover and chill for about 30 minutes to 2 hours to let the flavors penetrate the fish.

Preheat the oven to 400° F. Arrange half of the tomatoes and peppers in a baking dish. Add the fish and continue to arrange the remaining tomatoes and peppers on top. Cover the baking dish with foil and bake for approximately 30 minutes or until the fish is tender. Sprinkle with parsley and coriander.

Caribbean Spiced Pork with Apple-Fennel Chutney

(Serves 6 – 4 oz servings at 343 Calories, 254 mg Sodium per serving)

Ingredients

1 1/2 lb Pork Tenderloins
1 Tbsp Ground ginger
1 Tbsp Mustard seed
1 Tbsp Red pepper flakes
1 tsp Ground allspice
1 tsp Fennel seed
1 tsp Fresh minced or powder garlic

Apple Fennel Chutney

1 1/2 cups Chopped, peeled apple
3/4 cup Diced fennel bulb
3/4 cup Packed brown sugar or maple syrup
1/4 cup Chopped pecans
1/3 cup Raisins or cranberries
1/2 cup Cider vinegar

Heat oven to 450° F. In a medium saucepan, combine all chutney ingredients; mix well. Bring mixture to a boil. Reduce heat to low; cover and cook 15 minutes more. Remove cover and cook 15-20 minutes more, or until fruit is tender. Meanwhile, place pork tenderloins on a sheet of wax paper. Place all dry seasonings in a blender; grind to a powder. Coat tenderloins with the spice mixture and let sit 1-2 hours once rubbed. Place pork in a shallow roasting pan. Roast for 20 minutes, or until meat thermometer registers 160° F. To serve, slice pork tenderloins in 1/2 inch medallions. Top with chutney. Serve remaining chutney on the side.

Ingredients Make a Difference

Tips for Making Healthful Recipe Substitutions

Original	Substitute	Fat Calories Saved
1 cup whole milk	1 cup nonfat milk	70
1 cup heavy cream	1 cup evaporated skim milk	504
1 cup sour cream	1 cup nonfat plain yogurt,	289
	1 cup low-fat cottage cheese and tbsp. lemon juice	213
1 cup grated cheddar cheese	1 cup low-fat cheddar cheese	120
8 oz. cream cheese	4 oz. skim ricotta and 4 oz. tofu	534
	8 oz. "light" Neufchatel cheese	200
1/2 cup oil	1/2 cup applesauce	907
	1/4 cup applesauce and 1/4 cup milk	914
	1/4 cup applesauce and 1/4 cup oil	454
1 stick margarine or butter	1/2 cup applesauce	747
	1/2 cup diet margarine	400
2 tbsp. oil	2 tbsp. wine or broth	240
1/4 cup brown gravy	1/4 cup au jus or broth	159
1 cup cream soup	1 cup broth	149
1 cup walnuts	1/2 cup walnuts	427
1 lb. regular ground beef	1 lb. ground turkey	358
	1 lb. extra lean round beef	123
	1 lb. diced chicken breast	585
6 1/2 oz. tuna in oil	6 1/2 oz. tuna in water	182
2 whole eggs	4 egg whites	94
1 cup sugar	3/4 cup sugar	193
1 cup chocolate chips	1/2 cup chocolate chips	456
	2/3 cup chocolate chips	310
	3/4 cup chocolate chips	228
1 cup shredded, sweetened coconut	1/2 cup shredded, sweetened coconut	233



Stress Management

What is Stress?

Stress is one's physical and emotional response to change.

- **Positive Stress:** May improve one's concentration, performance and motivational drive to achieve goals "under pressure."
- **Negative Stress:** Environmental factors that cause a non-specific chain of reactions that keep you "geared up" in a constant ongoing debilitating cycle.
- **Causes of Stress:**
 - People
 - Environment
 - Feelings
 - Relationships
 - Thought process
 - Physical illness

Symptoms of Stress

- **Physical:** Headaches; muscle tension; difficulty sleeping; sweating; back pain; irregular heart rate; fatigue; frequent colds or flu; sexual dysfunction; skin problems; upset stomach
- **Psychological:** Anxiety; impatience; depression; irritability; anger; feeling of helplessness
- **Behavioral:** Eating too much or too little; difficult communication; lack of concentration; excess smoking; alcohol and drug use.

Managing Your Stress

1. Awareness

- A. Identify stressors
- B. Focus on how your body feels under stress
- C. Find a solution.

2. Take Control of Your Attitude

Practice positive self-talk: "I can meet this challenge" or "I am in control" can act as a shield against stress.

3. Lifestyle Modification (exercise/nutrition/rest)

Stress is an emotional and physical response and developing a positive attitude and lifestyle can help the better than average stress manager. A healthy lifestyle (physical activity, eating healthy, getting enough rest and relaxation (smoking cessation) can make you feel better about yourself and can reduce your chances of developing stress-related illnesses.

4. Deep Breathing:

Breathing slowly and deeply is one of the ways you can "turn off" your stress reaction and "turn on" your relaxation response.

Inhale: Sit or stand and inhale slowly and deeply through your nose. Take in as much air as you can while expanding your abdomen as much as possible (place hands on stomach to feel proper inhalation). Hold breath for 5-10 seconds (promotes a state of relaxation) and release breath slowly (promotes decrease muscle tension)

Exhale: With your hands on your stomach, exhale slowly through your mouth with pursed lips until your lungs feel "empty". As you exhale, your stomach deflates as the large muscle under your lungs (the diaphragm) expands.

Repeat cycle slowly three to four times

5. Relaxation Techniques: "Break Stress with Relaxation"

Stretching: One of the automatic responses to stress is muscle tension. A simple, easy way to loosen up tight muscles and combat stress is to take a few minutes and do stretching exercises.

Visualization: Clear your mind with a mental retreat. Try to visualize yourself feeling warm, calm, and relaxed.

Autogenics: "Mind over matter." Concentrate on a mental suggestion (i.e. "My arm feels heavy") and repeat command until arm actually feels heavy. Continue throughout body until relaxation.

Daily Meditation: “personal time”

6. Break the Tension Cycle:

- When you feel tense, close your eyes and “take a slow deep breath.”
- Walk away from a stressful situation. A few minutes away can reduce stress.
- Take laughter breaks with friends and peers.

7. Time Management:

- Make a “To-do” list daily. Combine similar tasks.
- Break down big tasks to one step at a time.
- Allow enough time for each task.
- Ask for assistance if task is more than you can handle.
- Simplify your life. Focus on what you really want and need to do!

8. Build a Support System:

- Reach out! Build a strong support network.
- Develop trusting relationships and discuss your concerns.
- Air your feelings before they build up.

9. Coping Skills:

- Accepting the stressor
- Avoiding the stressor
- Altering the stressor
- Adapting to the stressor

Take Action Today!!!

Write down...

One **Good** thing you will **START** doing,

One **Bad** habit you will **STOP** doing,

Something you presently do **Well** and will **KEEP** doing.

• **START** _____

• **STOP** _____

• **KEEP** _____

Smoking Cessation

The Process of Quitting Smoking

Every year, three million smokers give up cigarettes. With the right attitude, preparation, and knowledge you can be one of them. The main step in the process of quitting is deciding to start.

Why smoke?

Smokers give several general reasons for smoking. They smoke for:

1. Stimulation
2. Handling the cigarette
3. Relaxation
4. Help for tension
5. Craving
6. Habit

What are your main reasons for smoking?

If you smoke for reasons 1 through 3, then you use cigarettes when you feel good. You will need to find substitutes for cigarettes.

Smokers who use cigarettes for reasons 4 through 6 smoke for negative reasons. They are likely to use cigarettes when stressed, angry, or tired. It is important to find new ways to cope with these problem times.

Decide to Quit

Smokers tell us that 50% of the job of quitting smoking is the decision to quit smoking. Think about the reasons to smoke, reasons to quit, then write them out. Add to the list for a week. Spend half an hour thinking about whether you want to smoke for the rest of your life or whether you want to quit. If you decide to quit someday in the future, pick a date and stick with it.

Make Changes

In preparation for quitting, begin to change your smoking pattern. Change brands of cigarettes. It is best

if you can change to a lower nicotine brand. Change how much you smoke, where, and when you smoke. Scramble your smoking routine – this makes smoking less pleasant.

Keep a Diary

A week before quitting, do a daily diary of your smoking. Record where, when, and why you are smoking. Begin to think of substitutes you will use as a nonsmoker. Imagine yourself not smoking in that situation in the future.

Think Positive

Project a positive attitude. Tell yourself you can do it this time. Convince yourself that you will succeed. Studies show that smokers who use this mental preparation are more likely to be nonsmokers.

Plan Your Deadline

Prepare for quitting by picking your day. Decide what you will do that day to handle urges to smoke. Wake up a nonsmoker. It's easier than quitting in the middle of the day. Say nice things to yourself. Give yourself a pep talk as needed. Take the day in short spurts. Don't think that you are going to give up something – that's negative thinking. Plan to spend lunch and coffee breaks with nonsmoking friends.

Coping Techniques

Things that help smokers overcome urges for cigarettes are self-talk and activities. Self-talk is telling yourself you are great for making the effort or telling yourself that smoking is not an option, then switching to other thoughts. Activities are related to doing something different. Getting up, walking around, and taking deep breaths are all activities.

Nicotine Replacement

Do you need nicotine gum? It's a good question to ask. Today we can identify smokers who are addicted. They often smoke a pack or more a day, prefer cigarettes with a higher nicotine content, smoke within 30 minutes of arising, smoke a cigarette at least every two hours while awake, and have withdrawal symptoms when smoking is delayed. They also smoke when they have a medical condition that is made worse by continued smoking. Addicted smokers may find nicotine replacement therapy eases their withdrawal symptoms, making it easier to quit cigarettes. Ask your physician if it might help you.

Learning Process

Quitting smoking is a process. It took a while to learn to smoke; it takes a while to learn not to smoke. Some smokers need to make repeated attempts to quit. Don't ever give up – just persist in cessation efforts until you are successful.

Where Are You in the Six-Step Process of Quitting?

Precontemplation

Not even thinking about quitting. People in this step have never really considered trying to quit. This is a hard group to motivate to quit.

Contemplation

These smokers are considering quitting someday. They are waiting for a motivating event to help them find the reasons to quit.

Action

In the act of quitting. These smokers have prepared to stop. They have reduced the amount smoked, changed brands, or restricted their smoking. They have considered what to do on the day of quitting and planned for coping strategies to deal with urges to smoke.

Maintenance

In this stage, a person has quit smoking but is in the first year of staying quit. After one year off cigarettes, a smoker can claim success at cessation.

Relapse

A return to daily smoking after a period of not smoking. First-time quitters are successful 25% of the time; others need to make another attempt. In fact, most smokers need to try to quit at least three times before it works. Said another way, "Practice makes perfect."

Renewed Action

Please note that 75% of smokers will have to pass through this step to become a nonsmoker. The good news is that repeated attempts to quit are worth it because you can learn from past mistakes.

Some Benefits to Quitting

Within 20 minutes of the last cigarette – blood pressure drops to normal, pulse rate drops to a normal rate, body temperature of the hands and feet increases to normal.

In 8 to 24 hours – carbon monoxide level in blood drops to normal, oxygen level in blood increases to normal, chance of heart attack decreases.

In 48 hours – nerve endings start regrowing, and the ability to taste and smell things is enhanced.

It's Better For You

The Surgeon General's Report on Smoking and Health in 1964 concluded that smoking was harmful to one's health. In 1990, the Surgeon General's Report concluded that stopping smoking was beneficial to all smokers, no matter what age or condition of health.

Stop Smoking Directory

Provided by: American Lung Association®
of Orange County

American Cancer Society

1940 E. Deere Avenue, Suite 100, Santa Ana, CA 92705
949/261-9446

Services: Literature, referrals and self-help materials

American Lung Association of Orange County

1570 E. 17th Street, Santa Ana, CA 92705
714/835-5864

Services: Literature and in-home materials on smoking and health, how to help a friend quit, smoking and teens, and referrals

Cost: Varies

FREEDOM FROM SMOKING online www.lungusa.org

Interactive course designed to educate and modify the behavior patterns of a smoker. Cost: Free

California Smokers' Helpline

English	800/NO-Butts
Spanish	800/45-NO-FUME
Korean	800/556-5564
Vietnamese	800/778-8440
Chinese	800/400-0866
TDD	800/933-4833
CHEW	800/844-CHEW

Services: One-on-one telephone counseling, and self-help materials. Teens – most of the above helplines have specialized counseling for teens 14 and older.

<http://www.californiasmokershelpline.org>

Cost: Free

County of Orange Health Care Agency – Tobacco Use Prevention Program (TUPP)

405 W. 5th Street, Santa Ana CA 92701

714/541-1444 (English)

866/639-5864 (Spanish, Vietnamese)

Services: Phone counseling and self-help materials, information on policy and local activities to decrease access of tobacco to youth, support to youth, materials, and referrals.

Cost: Free

Hoag Hospital

One Hoag Drive, Newport Beach, CA 92663

949/764-5511

Services: Freedom From Smoking; Mondays & Thursdays, 7 pm to 9 pm, January – November
Hoag Conference Center, Lower Campus

Cost: \$95

Kaiser Permanente

200 N. Lewis Street, Orange, CA 92668

23781 Maquina Ave, Mission Viejo, CA 92690

714/748-7843

Services: 4 behavior modification sessions.

For information about Teen Stop Smoking Program,
call 714/748-6210

Cost: \$50 Kaiser members & \$65 Non-Kaiser members

PacificCare – Free and Clear Program

5995 Plaza Drive, Cypress, CA 90630

800/292-2336

Services: At home, self-paced program with phone
counseling support for 1 year

Cost: \$20 PacificCare & Secure Horizon members;
\$150 Non-members

Nicotine Anonymous

800/642-0666

Services: 12-step support groups in Orange County

Cost: Free

Smokenders, Inc.

800/828-4357

www.smokenders.com

Services: Behavior modification, smoke awareness,
corporate and individual services.

Cost: Varies

The American Lung Association of Orange County (ALAOC) in no way endorses the products or services (other than ALAOC) of those listed above. However, we do feel it is beneficial for the public to have access to smoking cessation services. Costs listed are subject to change.

Secondhand Smoke

Sidestream smoke (smoke that drifts off the end of a burning cigarette) and **passive smoke** (smoke exhaled by someone who is smoking) both describe types of **secondhand smoke**. Nonsmokers are unwittingly being forced to engage in a “smoking” habit by inhaling, secondhand, the smoke of others. Smoking family members and friends of nonsmokers may be exposing their loved ones to an increased risk of illness or disease, and more and more evidence points to the fact that this kind of indirect exposure to smoke is harmful.

Consider these facts that the American Association for Respiratory Care (AARC) has learned in its search for information about secondhand smoke:

- As reported in the 1989, “25 Years of Progress,” report of the Surgeon General, a 1986 study titled, “The Health Consequences of Involuntary Smoking,” concluded that:
 - Involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers.
 - The children of parents who smoke have an increased frequency of respiratory infections and symptoms.
 - Separation of smokers and nonsmokers within the same air space reduces – but does not eliminate – exposure of nonsmokers to environmental tobacco smoke.
- A San Diego study showed that nonsmokers exhibited a functional change in their airways directly related to the amount of smoke they passively inhaled at work.
- Children of nonsmoking and smoking parents were studied in research reported in the American Journal of Epidemiology. Results showed that children with nonsmoking parents demonstrated normal lung function, while those with one smoking parent demonstrated impaired function. The worst lung function test results were found in children from households in which both parents smoked.

- Likewise, nonsmoking spouses of smokers demonstrated measurable lung function abnormalities.
- Pregnant women who smoke are at greater risk for low-birthweight infants, fetal problems, infant deformities, and miscarriages.

Cigarette smoke contains dangerous chemicals that are a hazard when inhaled – either directly or indirectly. Carbon monoxide, which is found in smoke, starves your blood of oxygen and increases the work your heart must perform. Nicotine raises your blood pressure and heart rate, and tar, which also builds up in your lung tissue, contains cancer-causing substances. These dangerous chemicals increase your risk of several kinds of cancer, heart disease, heart attack, and chronic respiratory illness and disease.

Although most people today are aware of these dangers, many continue to smoke, and, as a result, nonsmokers may be forced into situations that bring them in contact with bothersome tobacco smoke. For people who have a history of lung problems, this smoke can be threatening, not just uncomfortable.

Here are some tips from the AARC that will help you on your way to a smoke-free environment:

- If a family member smokes, consider setting aside one well-ventilated room in your home where smoking will be permitted. Not only will this help to confine the smoke to a limited area, but it may help the smoker in your house to think twice before lighting up.
- Patronize restaurants with designated nonsmoking areas, and express your appreciation to the management. Not only will this provide you with a smoke-free environment, but it may encourage other businesses and eating establishments to create these special sections when they see a demand.
- When you patronize any restaurant or business without designated smoking areas, encourage them to create them.

- In a theater or restaurant, if someone near you lights up a cigarette, it isn't wrong to ask them to extinguish it. A polite, "Excuse me, your smoke is drifting my way. Could I ask you to please not smoke?" is all that's needed. Most smokers will gladly comply.
- Join nonsmokers clubs and organizations. There are travel clubs and other special-interest groups formed especially for nonsmokers. Or form your own group that meets for social or recreational activities.
- When you travel, stay at nonsmoking hotels or inns, or request nonsmoking rooms. Many of the larger hotel chains now offer this special service. If you stay in a hotel that doesn't offer special rooms for nonsmokers, encourage the management to do so.
- Use stickers or signs in your work area to ask smokers to refrain from their habit around you.
- Encourage your smoking friends to quit by supporting their cessation efforts. Keep sugar-free gum or mints handy as an oral substitute for them, or plan activities with them that will keep you both busy and will keep their minds off smoking.
- Become active in working for and supporting legislation that restricts smoking.
- During social functions at your residence, request that your environment be smoke-free. If you send out invitations, mention "nonsmoking only." Kindly ask friends who must light up to do so outside. Public pressure is such now that few friends will complain.
- Assist your smoking friends by giving them a paid smoking cessation class at gift-giving times such as birthdays.
- Encourage your employer to restrict or to ban smoking in your workplace. Suggest that cessation programs be offered to smoking employees and that incentives be offered to those who quit.

It has been determined that nonsmokers are exposed to an increased risk of illness or disease. Evidence points to the fact that indirect exposure to smoke is harmful. These tips from the AARC will help you on your way to a smoke-free environment.

Smoking Cessation Products

Patch-Nicoderm CQ®

Over the counter medication.

Dose

- 21 mg x 6 weeks
- 14 mg weeks 7 & 8
- 7 mg weeks 9 & 10
- Start with 14 mg patch in patients less than 45 kg

Common Side Effects

Local reactions (erythema, pruritis, rash, edema), insomnia, vivid dreams

Patient Instructions

- Apply in a.m., start on quit date.
- Place on clean, dry, non-hairy skin surface on arms or trunk. Rotate site.
- Replace the patch every 24 hrs.
- Discard used patches away from children & pets!
- Do not smoke cigarettes while using this product.

Comments

- Start with 21 mg/day in those who smoke more than 40 cigarettes/day; otherwise start with 14 mg and continue as shown for a total of 4 weeks.
- Avoid in patients with recent heart attack/MI (within 4 weeks), arrhythmias, dermatitis, or unstable angina.
- Nicotine may cause fetal harm, if pregnant consult with your physician.

Patch-Nicotrol®

Over the counter medication.

Dose

- 15 mg x 6 weeks

Common Side Effects

Local reactions (erythema, pruritis, rash, edema)

Patient Instructions

- Apply in a.m., start on quit date.
- Place on clean non-hairy skin surface on arms or trunk. Rotate site.
- Wear patch for 16 hrs/day. Remove before bedtime.
- Discard used patches away from children and pets!
- Do not smoke cigarettes while using this product.

Comments

- For use only by those who smoke more than 10 cigarettes/day.
- Avoid in patients with recent heart attack/MI (within 4 weeks), arrhythmias, dermatitis, or unstable angina.
- Nicotine may cause fetal harm, if pregnant consult with your physician.

Patch-Habitrol®

Over the counter medication.

Dose

- 21 mg x 6 weeks
- 14 mg weeks 7 & 8
- 7 mg weeks 9 & 10
- Start with 14 mg patch in patients less than 45 kg

WARNING: Consult a physician before using any of these products. © California Thoracic Society 2000. A complete list of indications/precautions/adverse effects of these products may be obtained from American Hospital Formulary Service (AHFS) Drug Information®.

Common Side Effects

Local reactions (erythema, pruritis, rash, edema), insomnia, vivid dreams

Patient Instructions

- Apply in a.m., start on quit date.
- Place on clean non-hairy skin surface on arms or trunk. Rotate site.
- Wear patch for 16 hrs/day. Remove before bedtime.
- Discard used patches away from children and pets!
- Do not smoke cigarettes while using this product.

Comments

- Start with 21 mg/day in those who smoke more than 40 cigarettes/day; otherwise start with 14 mg and continue as shown for a total of 4 weeks
- Avoid in patients with recent heart attack/MI (within 4 weeks), arrhythmias, dermatitis, or unstable angina.
- Nicotine may cause fetal harm, if pregnant consult with your physician.

Patch-ProStep®

Prescription only

Dose

- 22 mg x 4-8 weeks
- Optional weaning with 11 mg x 2-4 weeks
- Start with 11 mg patch in patients less than 45 kg

Common Side Effects

Local reactions (erythema, pruritis, rash, edema), insomnia, vivid dreams

Patient Instructions

- Apply in a.m., start on quit date.
- Place on clean non-hairy skin surface on arms or trunk. Rotate site.
- Wear patch for 16 hrs/day. Remove before bedtime.
- Discard used patches away from children and pets!
- Do not smoke cigarettes while using this product.

Comments

- Start with 21 mg/day in those who smoke more

than 40 cigarettes/day; otherwise start with 11 mg and continue as shown for a total of 4 weeks

- Avoid in patients with recent heart attack/MI (within 4 weeks), arrhythmias, dermatitis, or unstable angina.
- Nicotine may cause fetal harm, if pregnant consult with your physician.

Gum-Nicorette®

Over the counter medication.

Dose

- 10-15 pieces/day
- At least 1 piece per hour while awake
- Decrease after 6 weeks
- MAX – 30 pieces/day of 2 mg
20 pieces/day of 4 mg

Common Side Effects

Hiccups, mouth or throat soreness, nausea, vomiting, indigestion, flatulence, sticks to teeth, jaw muscle aches, abuse potential.

Patient Instructions

- Start on date that you quit smoking.
- Avoid acidic beverages (coffee, soda, juices) with gum.
- Chew slowly until peppery taste/tingling occurs, then “park” gum against cheek for several minutes, then chew again.
- Continue for 30 minutes.
- Keep away from children and pets!
- Do not smoke cigarettes while using this product.

Comments

- Start with 2 mg gum if patient smokes less than 25 cigarettes/day.
Start with 4 mg gum if patient smokes more than 25 cigarettes/day.
- Avoid in patients with recent heart attack/MI (within 4 weeks), arrhythmias, or unstable angina.
- Nicotine may cause fetal harm, if pregnant consult with your physician.

WARNING: Consult a physician before using any of these products. © California Thoracic Society 2000. A complete list of indications/precautions/adverse effects of these products may be obtained from American Hospital Formulary Service (AHFS) Drug Information®.

Nasal Spray-Nicotrol NS®

Prescription only

Dose

- Dose = 1 spray each nostril
- 1-2 doses/hr for 6-8 weeks
- Decrease slowly over next 4-6 weeks
- MAX 5 doses/hr, 40 doses/day

Common Side Effects

Nasal & throat irritation, rhinitis, sneezing, coughing, watery eyes, (tolerance develops in 1 week), abuse potential.

Patient Instructions

- Start on date that you quit smoking.
- Keep away from children and pets!
- Do not smoke cigarettes while using this product.

Comments

- Avoid in patients with sinus problems, allergies, or asthma
- Avoid in patients with recent heart attack/MI (within 4 weeks), arrhythmias, or unstable angina.
- Nicotine may cause fetal harm, if pregnant consult with your physician.

Inhaler-Nicotrol®

Prescription only

Dose

- Start with 6-16 capsules per day
- Take up to 80 puffs over 20 minutes (delivers up to 2 mg)

Common Side Effects

Cough, throat/mouth irritation (usually mild), abuse potential.

Patient Instructions

- Start on date that you quit smoking.
- Take shallow puffs.

- May re-use each capsule for up to 20 minutes total.
- Do NOT expose inhaler to temperatures less than 50 degrees F.
- Discard used capsules away from children and pets!
- Do not smoke cigarettes while using this product.

Comments

- Cost is approximately double that of the other products at recommended doses.
- “Inhaler” is a misnomer. Nicotine is absorbed through the buccal mucosa, just like nicotine gum.
- Avoid in patients with recent heart attack/MI (within 4 weeks), arrhythmias, or unstable angina
- Nicotine may cause fetal harm, if pregnant consult with your physician.

Bupropion-Zyban®

Prescription only

Dose

- 150 mg c.d. for 3 to 7 days, then 150 mg b.i.d. for 7 to 12 weeks

Common Side Effects

Dry mouth, dizziness, insomnia (avoid bedtime doses).

Patient Instructions

- Set quit date for 1-2 weeks after starting higher dose.
- Take 2nd dose in late afternoon or early evening to avoid insomnia.

Comments

- If patient has not stopped or significantly reduced smoking by week 7, the drug should be stopped.
- Contraindicated in patients with a seizure disorder, those taking Wellbutrin® or a MAO inhibitor, or patients with a current or prior diagnosis of bulimia or anorexia nervosa.

WARNING: Consult a physician before using any of these products. © California Thoracic Society 2000. A complete list of indications/precautions/adverse effects of these products may be obtained from American Hospital Formulary Service (AHFS) Drug Information®.

Varenicline-CHANTIX®

Prescription only

Dose

- 12 Week Therapy
- 0.5 mg tablet daily x 3 days then 0.5mg tablets twice daily x 4 days
- On day 8 (first smoke free day) 1.0 mg tablets twice daily x 11 weeks

Common Side Effects

Nausea, flatulence, sleep disturbance, constipation and vomiting.

Patient Instructions

- Choose your “smoking quit date”
- Begin therapy one week prior to quitting.
- Drink a full 8oz glass of water with each dose
- Do not use nicotine replacement therapies when taking CHANTIX®

Comments

- Varenicline-CHANTIX® therapy lasts 12 weeks; if you are unsuccessful with smoking cessation during that period, your physician may decide to extend treatment for 24 weeks total.
- Studies have shown that there is no clinical benefit to the combination therapy of Varenicline-CHANTIX® with Bupropion-Zyban®
- Varenicline-CHANTIX® offers a behavioral support program for patients taking this prescription. The GETQUIT™ program is available via the internet or telephone at no additional cost. GETQUIT™ teaches patients to identify cues that trigger their smoking (e.g., talking on the phone, having a cup of coffee) so they can begin to consciously dissociate cigarettes from those situations.

WARNING: Consult a physician before using any of these products. © California Thoracic Society 2000. A complete list of indications/precautions/adverse effects of these products may be obtained from American Hospital Formulary Service (AHFS) Drug Information®.

Freedom from Smoking®

Hoag Hospital's Community Medicine & Pulmonary Department Offers FREEDOM FROM SMOKING® Clinics Monthly, January through November

Freedom From Smoking® is an 8-session group program that is led by trained and Certified Freedom From Smoking® Facilitators. You may join a Clinic-in-Session at any time. The Facilitator will adapt your sessions to ensure you have a successful experience in the cessation process.

When: Monday and Thursday evenings

Time: 7:00 – 9:00 pm

Where: Hoag Hospital Conference Center (Lower Campus)

Clinic Fee: \$95 – Please make checks payable to Hoag Hospital.

The program uses a positive behavior-change approach that teaches how to become a non-smoker for life.

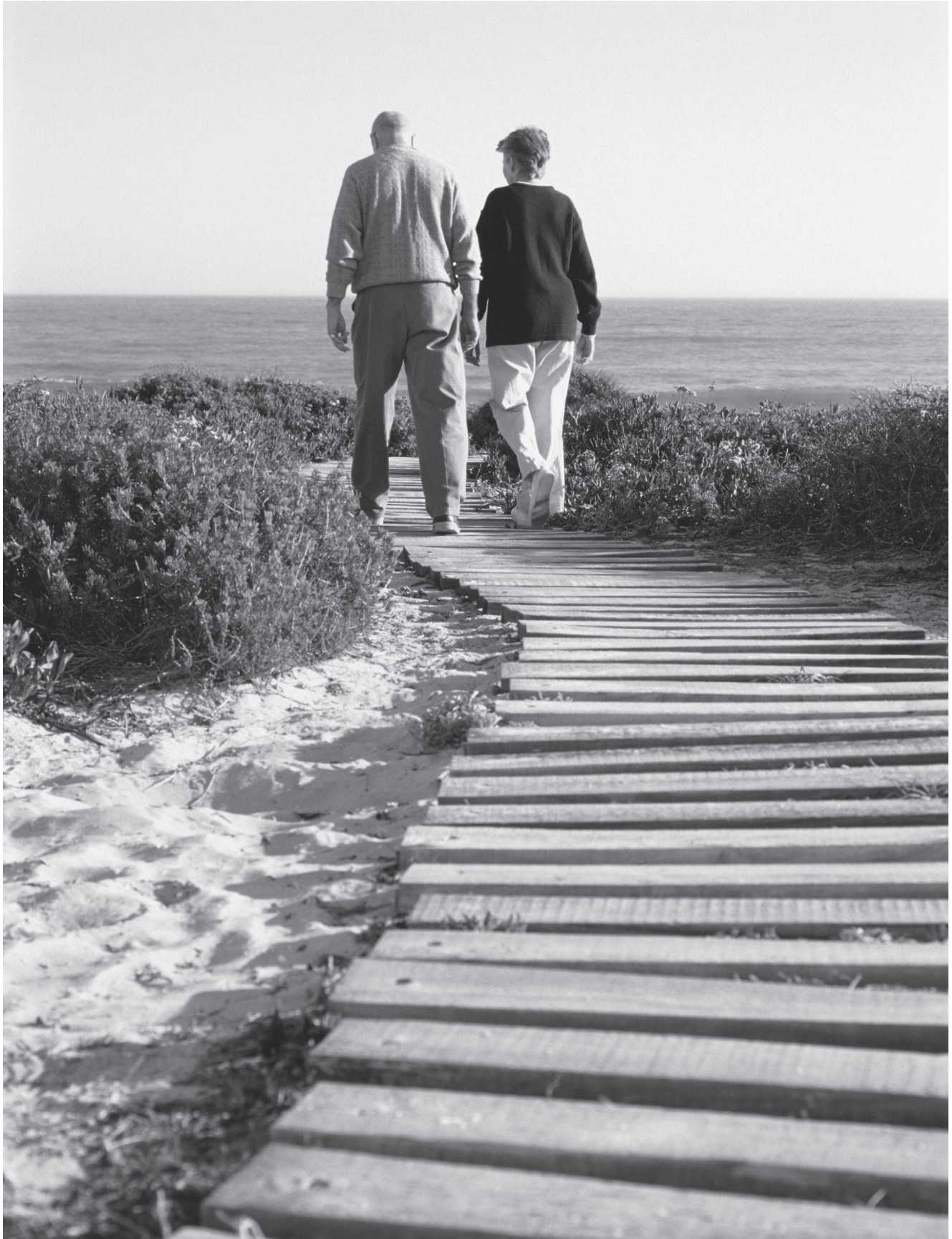
Program components include:

- Individualized attention to assist participants in developing a quitting plan
- Methods for coping with symptoms of nicotine withdrawal
- Group support
- Approaches for controlling weight
- Methods for managing stress through relaxation techniques that work
- Strategies for relapse prevention... how to be well prepared to fight those urges when tempted to go back to smoking

Freedom from Smoking® Chart

Session	January through November Mondays & Thursdays 7 – 9pm	Date
Orientation	On The Road to Freedom <ul style="list-style-type: none"> • Decision Process 	
1	On The Road to Freedom <ul style="list-style-type: none"> • Study Your Habit • Building Motivation 	
2	Wanting To Quit <ul style="list-style-type: none"> • Coping With Urges • Making a Plan 	
3	*** QUIT DAY***	
4	Winning Strategies <ul style="list-style-type: none"> • Recovery and Support 	
5	The New You <ul style="list-style-type: none"> • Stress Management • Weight Control 	
6	Staying Off <ul style="list-style-type: none"> • Active Fun, Exercise • Assertive Communication 	
7	Celebration <ul style="list-style-type: none"> • Relapse Prevention • Graduation 	

You can obtain more information and register for the Freedom From Smoking Program by calling Hoag Hospital at 949/764-5511.



Cardiac Rehabilitation

Cardiac Rehab Services

After learning that you have a heart problem, you may be concerned about finding ways to maintain a healthier heart. Joining a cardiac rehabilitation program is designed to help you do exactly that. Cardiac rehab programs combine exercise with information on how to make lifestyle changes that will help you recover and reduce your risk for future problems. By participating in cardiac rehab, your heart can reach its optimal level of function as well as improving your general health.

At Hoag Heart and Vascular Institute we have such a program. The staff consists of Registered Nurses, Exercise Physiologists, and a Dietician who work together with your physician to design an individualized rehab program for you. Your program includes safe, effective exercise and educational classes that support you in making healthy lifestyle choices. Our classes can help you quit smoking, lower blood cholesterol and blood pressure, control weight, understand medications, manage stress, develop a safe home exercise program and cope with change.

The exercises prescribed in cardiac rehab are designed to help you build strength and flexibility. The first month typically involves low-intensity exercises designed to recondition your body. Over the next 1-2 months, workloads are gradually increased to improve your endurance. Aerobic exercise is accomplished with the use of treadmills, bicycles, arm cranks and dumbbells. Heart rate, rhythm, and blood pressure is monitored during each exercise session. Your staff will help to make exercise and lifestyle changes a part of your routine.

Cardiac rehab programs usually begin about 2-3 weeks after leaving the hospital. A prescription from your physician is necessary before beginning. If cardiac rehab has not been prescribed and you'd like to participate, talk to your doctor. Your insurance may cover participation for up to 12 weeks of therapy.

To schedule an appointment, call 949/764-5594.

Hours are Monday-Friday, 7 a.m.- 5 p.m.

If you are unable to attend our outpatient cardiac rehabilitation program, we recommend that you and your family plan to attend our cardiac education series. Here is a list of topics offered:

- Understanding Heart Disease and Cardiac Anatomy
- Understanding Stress and Techniques for Managing It
- Exercise Guidelines for Your Home Program
- Managing Your Weight
- Heart Healthy Nutrition Guidelines
- Understanding Lipid Management
- Women and Heart Disease
- Understanding Medications

These classes are usually offered in the Hoag Heart and Vascular Institute conference room. There is no additional charge and family and friends are invited to attend. Please register by calling 949/764-5595.

Stress and Recovery

Life is stressful and dealing with a health problem increases that stress. Identifying risk factors for heart disease and making lifestyle changes are difficult. You can't get rid of life's stress but you can learn how to respond to it to reduce its effects on you and your heart.

Stress and Your Heart

Too much stress sends your body into a fight-or-flight response and brings on these changes:

- Faster heart rate
- Rise in blood pressure
- Increase in blood flow to large muscles
- Tensing of muscles
- Sweating
- Cold, "clammy" hands and feet

When you're under stress you increase the work for your heart. Being aware of the physical symptoms of your stress and decreasing the negative effects of that stress is a very important step in taking care of yourself. You can impact your health if you start being more aware of the stress in your life and begin dealing with it.

Being Aware of How You Deal With Your Stress

Identify what your emotional style is. Are you angry a lot of the time? Do you often feel impatient and rushed? Are you someone who talks, eats, and drives fast? Are you competitive or a perfectionist? Having this emotional style can put you in greater risk for heart attack and stroke. Learn about your way of dealing with life stress. Be honest with yourself and take the time to reduce the stress in your life when possible. Be open to those around you that may see you differently than you see yourself.

Exercise After a Heart Attack

Regular exercise is an important component of recovery from a heart attack. Exercise strengthens your muscles and helps the heart and lungs use oxygen more efficiently. It also helps lower blood cholesterol, reduce blood pressure, control blood sugar, lower weight, manage stress, and allow your muscles to become stronger so you can stay active. A regular exercise program can reduce the risk of coronary artery disease progression.

Exercise after a heart attack should be carefully planned and medically guided. Always check with your physician before beginning any exercise program.

In general, the following guidelines are recommended:

- Do not start back into your usual exercise routine. You will need to start slowly. A few days after your heart attack, your physician may want you to start walking in the hospital with the guidance of the hospital staff. The staff will work with you to devise a progressive walking plan during your hospital stay.
- The preferable type of exercise during the first 4 weeks of recovery is WALKING.
- The preferable intensity of exercise is a comfortable, steady pace, without sweating or feeling short of breath. Specifically, the heart rate should not exceed 25 beats above the resting rate. You should be able to comfortably speak while walking.

- The frequency and duration of the exercise should be gradually increased each week as tolerated. Keep in mind that duration may need to be less depending on your age, fitness level, and extent of your illness. Choose a time of the day that is comfortable – not too hot or cold. In order to allow your heart to heal, follow the exercise guidelines below, these may differ for patients who have just had surgery – please refer to your specific instructions:

Week	Frequency Per Day	Duration Of Exercise
1	Twice daily	Up to 15 minutes
2	Twice daily	15-20 minutes
3	Twice daily	20 minutes
4	1-2 times daily	20-25 minutes
5	1-2 times daily	25-30 minutes
6	1-2 times daily	35 minutes

- Terminate exercise and call your physician if you experience excessive fatigue, dizziness, shortness of breath, nausea, sweating (beyond normal weather sweating), or angina.
- Be sensible about exercise. Walk at your own pace. If you are tired, take a rest. Do not ignore chest pain. Always keep nitroglycerin with you. Remember that angina is not a pain to “work through”, it is an alarm to tell you to stop and rest.
- Join a cardiac rehabilitation program. The program usually starts about 2-3 weeks after discharge. The staff will help devise an individual exercise program tailored to meet your specific cardiovascular needs.

Sex and the Heart: Guidelines

A normal concern after a heart attack, heart surgery or angioplasty is the resumption of sexual activity. Patients and their partners often worry about resuming sexual activity after even a short hospital stay. The following are questions often asked by patients:

When is it safe to resume sexual activity?

- Myocardial Infarction and/or Stent/Angioplasty (PCI) Patients:

- Non-vigorous sexual activity is allowed once discharged home. Degree of intensity may be increased after 1 month.
- **Heart Surgery Patients:**
 - Sexual activity is safe and appropriate when strength permits and general chest discomfort of surgery has subsided, unless otherwise recommended by your physician. For many people, this can be up to 6 weeks after discharge.

What effect does sexual activity have on my heart?

During sexual intercourse, a person's heart rate rarely gets above 130 beats a minute, and their systolic blood pressure (the higher number, recorded when the heart is pumping blood) nearly always stays under 170. Average sexual activity ranks as mild to moderate in exercise intensity. It uses oxygen three and half times faster than sitting quietly, which is about the same as doing the foxtrot or raking leaves.

There have been studies that have shown that sex is less stressful with a "usual" partner versus a new or extramarital partner. An appropriate analogy is a "brisk comfortable walk versus running on the treadmill."

Sex burns about 5 calories a minute; that's 4 more than a person uses watching TV, but it is the same as walking the course to play golf. If a person can walk up two or three flights of stairs without difficulty, they should be in good enough shape for sex.

What if I have chest discomfort during sexual intercourse?

Stop what you are doing and if the pain is not relieved, proceed with taking your Nitroglycerin as prescribed. **DO NOT TAKE** any **nitrate** (any preparations of nitroglycerin including long-acting nitrates such as: Imdur, Isosorbide, Nitroglycerin patches, paste or Amyl Nitrate if you have taken an **erectile dysfunction medication**. Erectile dysfunction medications include Viagra (Sildenafil), Levitra and Cialis. The effects of Viagra and Levitra may last up to 48 hours, Cialis may last in excess of 72 hours.

The combination of any of these erectile dysfunction drugs with a Nitrate can be fatal.

For persistent chest pain greater than 10 minutes call 911. If your pain is relieved, please remember to alert your Cardiologist during business hours that you had chest discomfort.

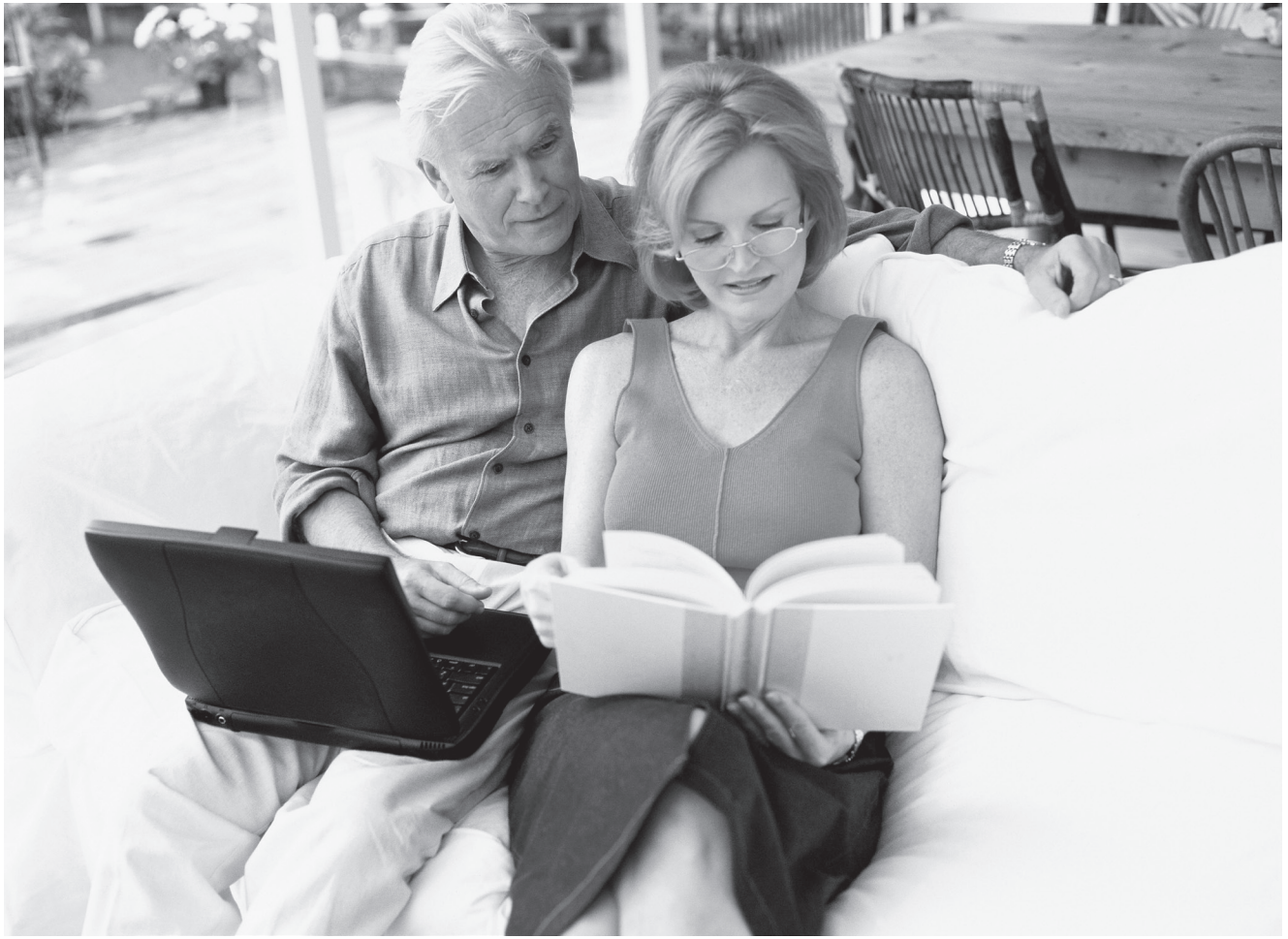
Viagra (Sildenafil), Levitra and Cialis are not recommended for patients with high-risk coronary artery disease, please consult your Cardiologist before using.

Will I lose my libido or have other side effects from my new medications?

Some medications may cause slight side effects that may affect your sex life. Before discontinuing any of these medications please contact your physician so that he/she may prescribe an alternative medical therapy.

What are some of the guidelines for couples resuming sex?

- Choose a time when you're rested, relaxed and free from the stress brought on by the day's activities.
- Wait one to three hours after eating a full meal so that digestion can take place.
- Select a familiar; peaceful setting that is free from interruptions.



How to Take Your Pulse

How to Take Your Pulse

Fatigue and stress during exercise should always signal that a rest is needed. Before that, however, patients should check their pulse during exercise to make sure the heartbeat is staying within a reasonable limit.

It is important to remember that pulse rates vary from individual to individual. There is no “magic number” but rather a range of about 60-100 beats per minute when the heart is at rest. The pulse rate is increased by exercise as well as emotional states like anger, fear, excitement, and anxiety.

Your pulse can be taken anywhere on the body where an artery near the surface can be compressed against a firm surface. Most commonly, physicians use the inner forearm (wrist), where the radial artery can be compressed against a bone in the forearm. There are some practical approaches to taking a pulse:

- Sit in a comfortable position.
- Place the index, second, and third fingers of one hand on the wrist of the other hand.
- Exert firm pressure.
- If you cannot feel a pulse, lighten on the pressure. If that doesn't work, move up along the wrist until a pulse is located.

- Count the beats for ten seconds, then multiply by six. This is the “resting pulse” per minute.
- To determine a good “speed limit” for exercise, add three to the resting pulse. For example, if the resting pulse is fifteen (or 90 beats per minute), a reasonable exercise target would be 18 beats in a 10-second period (or 108 beats per minute).

The pulse should be checked in the middle and at the end of exercise. If it rises above a reasonable limit, take a break or slow down. This can be done with abdominal breathing exercises. During an abdominal breathing exercise, the hands are placed over the abdomen and a deep breath is drawn in through the nose, allowing the abdomen to rise under the fingers. Breathe out through the mouth while pushing in on the abdomen. Repeat this eight to ten times. This will lower your respiratory rate.

If you notice a rapid or irregular pulse (which does not improve with rest) but feel fine, notify your cardiologist during regular office hours.

Resources

1) Hoag Hospital

949-764-HOAG (4624)

www.hoag.org

2) HVI Scheduling: for outpatient testing

(i.e. EKG, Stress testing, ECHO, Vascular testing)

949-764-5588

3) Hoag insurance questions

1-800-400-4624

4) Hoag HVI Heart Failure Program

949-764-5961

5) Hoag Arrhythmia Clinic

949-764-2111

6) Cardiac Surgery Nurse Practitioners

949/650-3350

The nurse practitioners/clinical nurse specialists work in collaboration with your surgeon to provide your care and are available during office hours. Simply call the office and ask for a nurse practitioner to be paged and your call will be returned ASAP. Of course, if it is an emergent issue, do not wait for a return call, please seek medical advice at the emergency room or call 911.

7) Hoag Cardiovascular Surgeons

949-650-3350

8) Hoag Heart and Vascular Institute Cardiac Rehabilitation Program

520 Superior Ave. Newport Beach, CA

949-764-5594

A comprehensive cardiac rehabilitation program is offered at Hoag Hospital. The goal of the program is to return you to an optimal state of physical and psychological health. Benefits include a monitored exercise & conditioning program along with cardiac risk factor counseling. To start, you need to be referred by your cardiologist for cardiac rehab treatment within one to three weeks after discharge from the hospital. Call if you would like more information or to schedule a consultation appointment.

If you cannot come to Hoag's Cardiac Rehab, look for a location near you through California Society for Cardiac Rehabilitation website www.cscr.org.

If out of state, see AACVPR website for national listings: www.aacvpr.org or email aacvpr@aacvpr.org or call 312-321-5146.

9) AARP (American Association of Retired Persons)

888/687-2277

10) Mended Heart Chapters (support group)

National: 888/Heart99 (432-7899)

11) American Heart Association

800/242-8721 www.americanheart.org

Internet site:

Internet site:

www.onelife.americanheart.org. This is an interactive "free" site for health care management and lifestyle information for the heart patient. This site includes smoking, physical activity and nutrition guidance. This program supports willingness to change, helps eliminate barriers and assists with medication compliance.

12) American Diabetes Association

800/242-8721 www.diabetes.org

13) National Heart, Lung and Blood Institute

301/592-8573 www.nhlbi.nih.org

Internet Resources

Hoag Hospital website

www.hoag.org

American Heart Association

www.americanheart.org

HeartCenterOnline

www.heartcenteronline.com

www.choosemyplate.gov

Cardiac Care Information

www.heart1.com

Disease Awareness Through Personal Stories

www.spotlighthealth.com

Heart Rhythm Society

www.hrsonline.org

Mayo Clinic Health

www.mayohealth.org

WebMD – Condition Center – Heart Disease

www.webmd.com

theheart.org Cardiology Online

www.theheart.org

Heart Information Network

www.heartinfo.org

Med Help International

www.medhelp.org

American Association of Cardiovascular and Pulmonary Rehabilitation

www.aacvpr.org

WomenHeart: The National Coalition for Women with Heart Disease

www.womenheart.org

