

ABC's of Heart Smart Living Checklist

For Patients with Heart Disease and Diabetes

National guidelines have been established to help patients with heart disease prevent a recurrence and patients with diabetes from developing heart disease. The following checklist is based on those recommendations. Discuss with your doctor what therapy is appropriate for you.

A is for:

Angiotensin-converting Enzyme (ACE) Inhibitors

Take an ACE Inhibitor, unless contraindicated or not tolerated.

Angiotensin Receptor Blockers (ARBs)

If you cannot tolerate an ACE Inhibitor and you have heart failure consider taking an ARB.

Alcohol

Limit alcohol intake to no more than 1 drink per day for women and no more than 2 drinks per day for men.

Antiplatelets/Anticoagulants

Take aspirin (75-162 mg), unless contraindicated or not tolerated. Consider taking clopidogrel or warfarin if you had a recent coronary stent or hospitalization for angina and you cannot take aspirin.

Avoid

Avoid regular use of ibuprofen, which may limit the cardioprotective effect of aspirin.

Aldosterone blockade

If you had a heart attack and have heart failure or diabetes, with normal kidney function, consider therapy.

B is for:

Beta-Blockers

Take a beta-blocker, unless contraindicated or not tolerated.

Blood Pressure

Maintain a blood pressure < 140/90 mm Hg (< 130/80 mm Hg if diabetic or with kidney disease) and, ideally, achieve a blood pressure < 120/80 mm Hg.

Body Weight

Maintain a body mass index (BMI) between 18.5-24.9 kg/m² and a waist circumference of < 35 inches (women) or < 40 inches (men).

C is for:

Cardiac Rehabilitation

Participate in a medically supervised program after hospitalization for heart disease.

This resource provides brief, general information about this health care topic. It does not take the place of the instructions you receive from your health care providers. Discuss the risks and benefits of therapies with your doctor and always take medication as prescribed. For answers to other questions talk to your health care provider.

For more information or a referral, please call the NewYork-Presbyterian Hospital Preventive Cardiology Program at (212) 305-4866 or visit our website at: <http://www.hearthealthtimes.com>.



❑ **Cessation of Cigarette Smoking**

- ❑ If you smoke, stop smoking completely.
- ❑ Avoid environmental tobacco smoke.

❑ **Cholesterol**

Maintain your:

- ❑ Total Cholesterol < 200 mg/dL
- ❑ LDL < 100 mg/dL
 - ❑ LDL < 70 mg/dL (optional)
- ❑ HDL > 50 mg/dL (women), > 40 mg/dL (men)
- ❑ TG < 150 mg/dL

❑ **Cholesterol-lowering medications**

- ❑ Take a cholesterol-lowering medication (statins preferred), unless contraindicated or not tolerated.
- ❑ Take fibrate or niacin if abnormal triglycerides or HDL-cholesterol, unless contraindicated or not tolerated (dietary supplement niacin is not a substitute for prescription niacin).

D is for:

❑ **Depression**

Watch for signs of depression and get treatment if indicated.

❑ **Diabetes**

Maintain a HbA1C < 7% and a fasting glucose < 100 mg/dL (or non-fasting glucose < 140 mg/dL).

❑ **Diet**

The goals include:

- ❑ < 7% calories from saturated fat/day
- ❑ < 30% calories from total fat/day
- ❑ < 200 mg/d cholesterol
- ❑ ≥ 5 servings of fruits/vegetables per day
- ❑ Sodium intake < 2,400 mg/day
- ❑ Fiber intake ≥ 20 grams/day
- ❑ ≥ 2 servings of fish/week (or increase consumption of omega-3 fatty acids)

E is for:

❑ **Exercise**

Maintain a minimum daily activity level of 30-60 minutes of moderate-intensity aerobic activity such as brisk walking.

❑ **Exclude**

- ❑ Antioxidant vitamin supplements (no proven benefit and may interfere with statin therapy)
- ❑ Hormone replacement therapy in post-menopausal women

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