A photograph of a male doctor with grey hair, wearing a white lab coat and a blue stethoscope, examining an elderly woman with short grey hair. The woman is wearing a pink button-down shirt. They are in a clinical setting with anatomical charts on the wall in the background. The doctor is looking at the woman with a focused expression.

CHAPTER 1

Understanding
**YOUR HEART
AND THE CAUSES
OF HEART DISEASE**

THE HEART

Your heart is a muscle just behind your breastbone (sternum), the bone that connects your ribs. It is roughly the size of your fist, and weighs about 300 grams (one-half a pound). Each heartbeat pumps blood to all parts of the body. Your heart beats about 100,000 times a day.

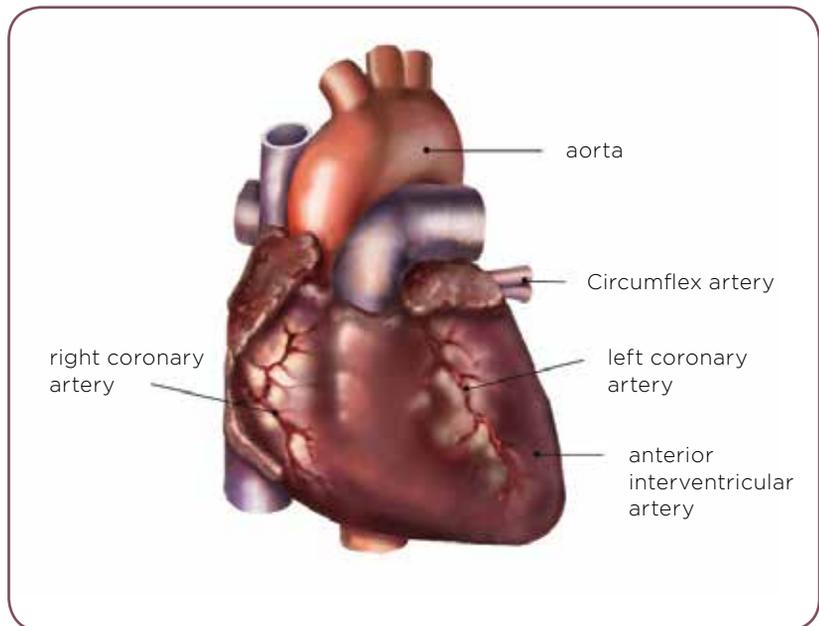
CHAD SHARES HIS STORY

Chad was 28 when he suffered a heart attack during a recreational game of hockey. Even though several relatives died of heart attacks, including his father, he said, “I was young and naïve and thought it couldn’t happen to me.” Chad was being treated for high blood pressure and high cholesterol, but he was in the prime of his life and said, “I didn’t feel sick.”

Chad believes in the power of being informed and emphasizes that resources for people living with heart disease are critical. “You only have one heart,” he says. He notes that his heart attack has changed his life and that he is grateful for the information he received during his recovery, which has helped him understand and cope with these changes. “I’m one of the lucky ones,” he says. When asked about prevention, Chad speaks to the impact of a strong family history, but emphasizes “If you can avoid heart disease, avoid it at all costs.”

THE BLOOD VESSELS

Blood vessels called arteries and veins carry blood around the body. Your body has about 113,000 kilometers of blood vessels. Arteries carry blood rich in oxygen from the heart to the body. Your body needs a constant supply of oxygen. Your body removes oxygen from the blood and uses it. Veins carry blood back to the heart and lungs to pick up more oxygen. The heart then pumps the oxygen-rich blood back again to the whole body.



© Heart and Stroke Foundation of Canada

THE CORONARY ARTERIES

Your heart also needs its own constant supply of oxygen to keep pumping. Coronary arteries carry blood rich in oxygen to the heart.

HEART DISEASE

Heart disease is a group of conditions affecting the heart. Your healthcare provider has told you that you have coronary artery disease.

In coronary artery disease, one or more of the coronary arteries becomes narrow or blocked. This stops the heart from getting enough oxygen to pump well. Coronary artery disease can cause:

- Chest pain (angina)
- Heart attack (myocardial infarction)
- Sudden stopping of the heart (cardiac arrest)

CORONARY ARTERY DISEASE

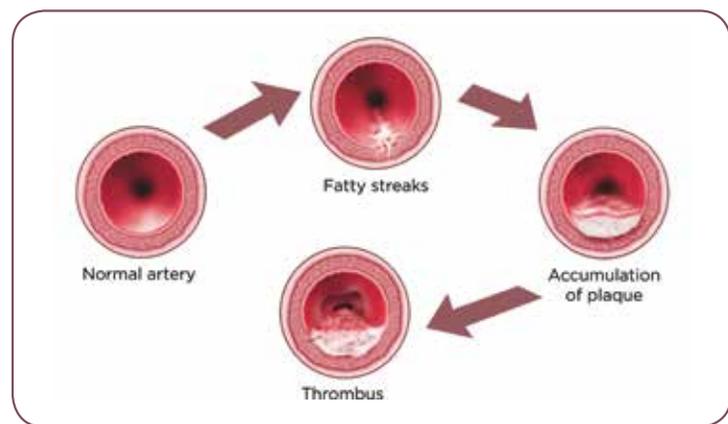
Normally, blood flows through blood vessels like water through a hose. In coronary artery disease, the coronary arteries become narrowed or blocked, which reduces blood flow to the heart. This is often called hardening of the arteries or atherosclerosis.

ATHEROSCLEROSIS

Atherosclerosis is the buildup of plaque on the inside wall of an artery. Plaque is a sticky mixture of fatty streaks that build up, making the walls of the arteries thick and hard. The coronary arteries and the arteries in the neck and the legs are affected most often.

Atherosclerosis usually starts early in life. Many people have plaque by middle age. Over time, the artery narrows or gets blocked. This stops blood from flowing through the artery. A plaque can also break open. If this happens, a blood clot (thrombus) forms at the break and blocks blood flow.

Mild plaque often does not affect blood flow very much. Atherosclerosis does not usually have any symptoms until the artery is blocked by at least half. Severe blockage causes symptoms in most people. The first symptom of coronary artery disease is often chest pain caused by angina.



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ANGINA

WHAT IS ANGINA?

Angina is caused by a drop in blood flow to the heart. This means the heart muscle does not get enough oxygen to work well. Angina is a serious warning signal. It can happen before or after a heart attack or by itself. Over time, many angina attacks can weaken the heart muscle, so that it does not pump well. This means your body does not get the oxygen it needs to carry out normal activities. Stress can cause angina because it makes your heart work harder.

WHAT ARE THE SIGNS OF ANGINA?

The signs of angina vary from person to person and between sexes.

Pain	<ul style="list-style-type: none">• Tightness, pressure or discomfort in the chest• Ache or discomfort in areas other than the chest: neck, jaw, throat, shoulder, arms or back• Vague pain (more common in women)• Indigestion or heartburn• Pain that goes away with rest
Shortness of breath	<ul style="list-style-type: none">• Difficulty breathing
Tiredness (fatigue)	<ul style="list-style-type: none">• Being tired all the time for no obvious reason• Trouble getting through normal, everyday activities• Weakness

Angina and heart attack are different conditions, but both can be caused by narrowing of the coronary arteries. Many things can lead to atherosclerosis and coronary artery disease. You will learn more about risk factors later in this chapter.

WHAT DO I DO IF I HAVE ANGINA?

Rest or a medication called nitroglycerin (or nitro) usually helps angina. Nitroglycerin widens or opens up the coronary arteries. This allows more blood to reach your heart. You need to see a doctor if you are having angina. The doctor will prescribe nitroglycerin. Always carry it with you.

Stable angina	Unstable angina
<ul style="list-style-type: none">• The same each time• Length of discomfort lasts for less than 15 minutes• Physical activity, exercise and/or emotional stress are common causes or triggers	<ul style="list-style-type: none">• Less predictable• Length of discomfort lasts for more than 15 minutes• Can happen at any time, even during sleep• You feel chest pain you did not have before

What can I do to reduce my angina?

Avoid the four E's:

Exertion: too much physical activity

Emotional stress

Eating a large meal

Environment: too hot or too cold

Any of the four Es make your heart work harder. This means your heart needs more oxygen. If your heart does not get enough blood, angina can occur.

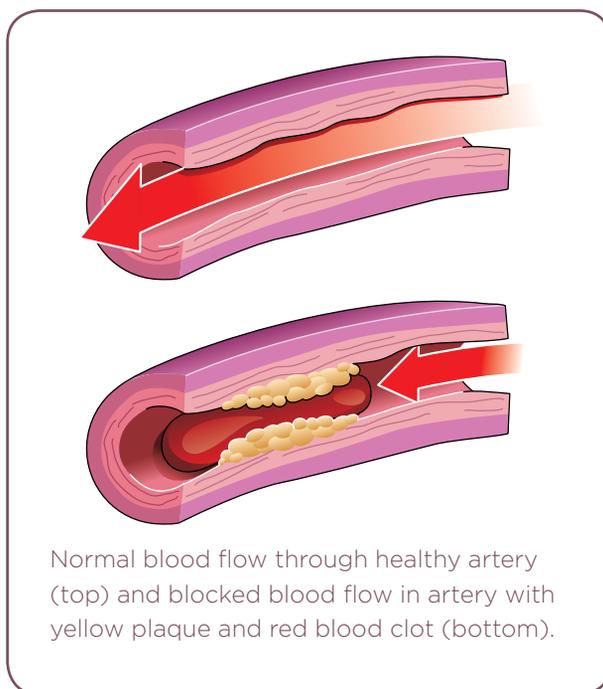
HEART ATTACK

WHAT IS A HEART ATTACK?

A heart attack (*myocardial infarction*) happens when the blood flow through one or more of the coronary arteries is blocked. The blockage stops oxygen from reaching parts of the heart. Not getting oxygen is what damages that part of the heart. The faster you seek medical attention and the artery is unblocked, the less damage will be done.

A heart attack can be caused in three different ways:

1. **Atherosclerosis.** Plaque build-up can block a coronary artery so that little or no blood gets through. At the time of a heart attack, a small break in the plaque or a small blood clot (thrombus) often occurs.
2. **Blood clot (thrombus).** Plaque is fragile and blood flow in an artery can break it open. The body tries to mend the break by making a clot. A blood clot in a coronary artery can block blood flow and cause a heart attack.
3. **Coronary artery spasm.** Sometimes coronary arteries go into spasm (squeeze closed or contract strongly, then relax). This can stop the flow of blood through the artery and can cause a heart attack. Often, the causes of spasms are not known.



Normal blood flow through healthy artery (top) and blocked blood flow in artery with yellow plaque and red blood clot (bottom).

Image: iStock.com/jackOm

WHAT ARE THE COMMON SIGNS OF HEART ATTACK?



Chest discomfort

Pressure, squeezing, fullness or pain, burning or heaviness



Sweating



Upper body discomfort

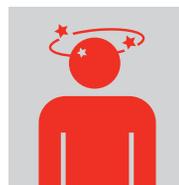
Neck, jaw, shoulder, arms, back



Nausea



Shortness of breath



Light-headedness

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If you are experiencing any of these signs, you should:

- **CALL 9-1-1 or your local emergency number immediately** or have someone call for you.
- Stop all activity and sit or lie down, in whatever position is most comfortable.
- If you take nitroglycerin, take your normal dosage.
- Chew and swallow one 325 mg tablet or two 81 mg tablets of ASA (Aspirin®), as long as you are not allergic or intolerant.
 - ◆ Do not take other pain medications such as acetaminophen (Tylenol®), or ibuprofen (Advil®) instead of Aspirin.
 - ◆ Do not substitute Aspirin for medical care.
- Rest and wait for Emergency Medical Services (EMS) to arrive.
- Keep a list of your medications in your wallet and by the phone. Emergency personnel will want this information.

HOW IS ANGINA DIFFERENT FROM A HEART ATTACK?

Angina is not a heart attack, but angina may develop into a heart attack. The main difference between them is heart damage. Angina does not cause damage or death of the heart muscle, but a heart attack does. That is why you must act right away if you think you are having a heart attack!

	Angina	Heart attack
When does it happen?	More often during physical effort (exercise) or stress, or if you are in a very cold place, or after a large meal	Often at rest
What does it feel like?	<ul style="list-style-type: none"> • Pain or discomfort may spread to chest, neck, jaw, shoulders, both arms (mostly the left arm), and back • Chest tightness, burning, heaviness, feeling of squeezing or not being able to breathe • People with diabetes may only have trouble breathing 	
What are other symptoms?	Sometimes dizziness, paleness, weakness	Often nausea, throwing up (vomiting), weakness, tiredness, sweating
How long does it last?	Three to five minutes, rarely more than 15 minutes	Mostly more than 30 minutes
What helps or relieves it?	Rest, nitroglycerin	Nitroglycerin or rest do not help
What happens to the heart?	No damage to the heart muscle	Small or large scar on heart muscle. This damage may be permanent if you wait too long before getting to the hospital for medical help.
What are the causes?	Short or temporary lack of oxygen to the heart	Lack of oxygen to the heart for a long time. This is usually caused by a blood clot that blocks a coronary artery.

RISK FACTORS FOR CORONARY ARTERY DISEASE

Risk factors for heart disease are conditions or habits that make it more likely that you will get heart disease. Some risk factors for coronary artery disease can be changed and others cannot.

“Heart disease is one of the leading causes of death among First Nations. But it doesn’t have to be this way. In order to reduce the poor health and obesity associated with heart disease, we need to eat healthy foods and exercise at least 30 minutes per day.

We need to return to the days when our Peoples maintained very active lifestyles. As the Chair of the national AFN Chiefs Committee on Health, I am making it a priority that our Peoples have access to healthy foods and health prevention and promotion programming. Together, we can become healthy and happy, and inspire others to do the same.” ~ Ontario Regional Chief Isadore Day

MEDICAL CONDITIONS THAT ARE RISK FACTORS

High blood pressure

Blood pressure measures the pressure of blood on the walls of your arteries. High blood pressure (hypertension) is when your heart muscle has to work harder than normal to pump blood through your arteries. It can weaken your artery walls, and increase your risk of heart disease. Your

My blood pressure is

blood pressure target depends on your age and whether you have diabetes. Speak to your healthcare provider about what blood pressure is considered high for you.

High blood cholesterol and triglycerides

Three main types of fats (lipids) are normally found in the blood and in the cells of the body:

- LDL cholesterol is called bad cholesterol because it can increase plaque buildup (atherosclerosis). High levels of LDL cholesterol increase your risk of heart attack.
- HDL cholesterol is called good cholesterol because it helps move bad cholesterol to the liver for breakdown. Low levels of HDL cholesterol increase your risk of heart attack. High levels are good.
- Triglycerides are a type of fat (not a type of cholesterol). Your body switches some calories from food to triglycerides.



LDL



HDL

Cholesterol is important. It is found in all cells of the body. Your body makes most of the cholesterol in your blood — only one-fifth comes from food.

My cholesterol level is

Image: Shutterstock.com

Diabetes

Diabetes is a condition that develops when the body does not make enough insulin or does not use insulin well. Insulin is a hormone. It breaks down sugar in the blood into energy for your body. If your body does not make enough insulin or cannot use it properly, then you will have high blood sugar. High blood sugar increases plaque buildup and narrowing of the arteries (atherosclerosis) which raises the risk of high blood pressure, stroke and heart attack.

Learn more about diabetes from the Canadian Diabetes Association at diabetes.ca

Pre-eclampsia

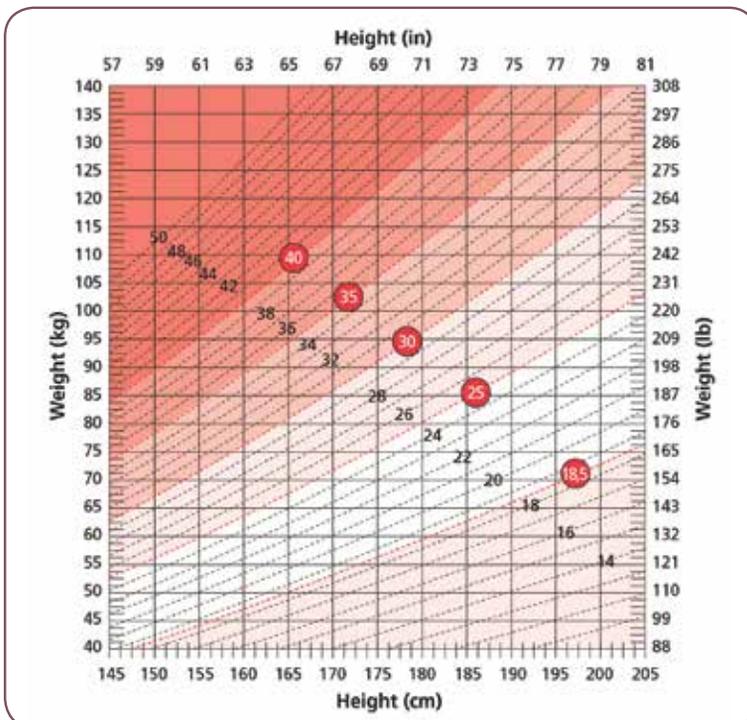
Women who have had preeclampsia during pregnancy have an increased risk of high blood pressure and heart disease.

LIFESTYLE RISK FACTORS

Unhealthy weight

Being overweight is a risk factor for heart disease. Achieving and maintaining a healthy weight can reduce your risk. It can also help control high blood pressure, high blood cholesterol and diabetes. You can assess your weight in two ways: finding your BMI (body mass index) and measuring your waist circumference.

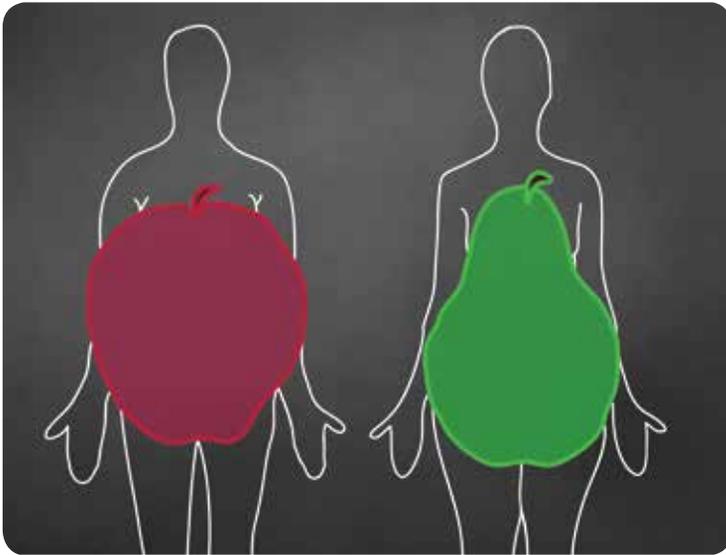
BMI is based on your height and weight. Finding your BMI can tell you if you are overweight, normal weight, or underweight. This chart is for people 18 to 65 years old, except if they are pregnant, breastfeeding or very muscular.



My BMI is _____

Source: Health Canada, Canadian Guidelines for Body Weight Classification in Adults. Ottawa: Minister of Public works and Government Services Canada; 2003, available online at http://www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/guide-ld-adult/bmi_chart-graph_imc-eng.php

Image: Shutterstock.com/ssimone



The size of your waist can help you know if you have a high risk of heart disease. Even if you are at a healthy weight, too much fat around your waist can raise your risk of high blood pressure, high blood cholesterol, heart disease and type-2 diabetes.

People with apple body shapes have a higher risk of heart disease than people with pear body shapes. The best way to find out if your waistline is increasing your risk of heart disease is to measure it.

	Increased risk	Substantially increased risk
Male*	More than 94 cm (37 inches)	More than 102 cm (40 inches)
Female*	More than 80 cm (31.5 inches)	More than 88 cm (35 inches)

* Some ethnic-groups or people living with risk factors may have increased risk even at lower waist circumference measurements.

Even if you have a small waist, you can have a higher risk if you are part of a certain ethnic group, if you have a family background of heart disease, or if you have other conditions such as high blood pressure or diabetes.

My waist circumference is _____

Too much alcohol

Drinking too much alcohol is a risk factor for high blood pressure, weight gain and heart disease. Alcohol may also make your medications not work as well. Ask a healthcare professional for more information.

Not enough exercise

Not getting enough exercise can cause heart disease and diabetes. It can lower good (HDL) cholesterol.

Smoking

Smoking tobacco is the most common preventable cause of death in Canada. Smoking causes almost half of all deaths from heart disease among Canadians. Even exposure to second-hand smoke increases your risk. Smoking makes the heart work harder and decreases oxygen in the blood. Damage to your arteries from smoking also leads to a buildup of plaque.

If you smoke, quitting smoking is one of the most important things you can do to lower your risk of heart disease.

Stress

Some people who have high levels of stress — or are stressed over a long time — have higher cholesterol and blood pressure.

Unhealthy diet

Eating a healthy, balanced diet is one of the most important things you can do to protect your health.

A healthy diet can help lower your risk of heart disease and stroke by improving your cholesterol levels, reducing your blood pressure, helping you manage your body weight and controlling your blood sugar.

RISK FACTORS FOR CORONARY ARTERY DISEASE THAT YOU CANNOT CONTROL

Age and sex

Men are more likely to have coronary artery disease at any age. Their risk rises over the age of 55. Until women reach menopause, they have a lower risk of heart disease than men. After menopause, less estrogen is produced. Hormones such as estrogen have an impact on heart disease and stroke.

Heart disease can also present and progress in different ways depending on whether you are male or female.

Family history

Your risk of coronary artery disease is higher if a close male relative had heart disease before 55 years of age or if a close female relative had heart disease before menopause.

Indigenous heritage

First Nations, Métis and Inuit peoples have a higher risk of coronary artery disease. This is because they are more likely to have high blood pressure (hypertension) and diabetes. Both conditions can cause coronary artery disease.

Ethnic heritage

People of African or South Asian background also have a higher risk of coronary artery disease. This is because they are more likely to have high blood pressure (hypertension), diabetes or other risk factors for coronary artery disease at a younger age.

Your risk factors

The first step in reducing your risk of developing heart disease is finding out your risk factors. Talk to your healthcare team. Together, you can learn what you can do to improve your health.

What are your risk factors? List them here:

THINGS YOU CAN DO TO LOWER YOUR RISK

“People living with heart disease must get the information they need from their healthcare team and take it seriously enough to change their lifestyles. You only have one heart.” ~ Chad

It is up to you to decide what and how much to change. Ask yourself: “Is there anything I would like to do for my health over the next few weeks or months?” You can only change when you have a goal. So set a goal for each change you want to make. You may decide to quit smoking, drink less alcohol or become more physically active. You may have several lifestyle change goals. But remember, change can be hard — especially lifestyle changes — so tackle them one at a time. Go to page 18 for help to develop healthy lifestyle habits that stick.

Go to heartandstroke.ca/risk to take a 10 minute risk assessment quiz. You will get a personal report on how to reduce your risk.

Control your blood pressure

Know your blood pressure so that you can control it. Here are some steps you can take:

- Have a healthcare professional check your blood pressure regularly.
- If you choose to buy a home blood pressure monitor, your doctor or pharmacist can help you choose a monitor and the right cuff size for you. Get your pharmacist to show you how to use the monitor.
- Ask a doctor for information about the right target numbers for you.

My blood pressure target is

“My blood pressure and cholesterol levels are spot on for the first time in years.” ~ Chad

Visit heartandstroke.ca/bloodpressure for more information to help you manage your blood pressure:

- Learn how to measure your blood pressure at home
- Use a web-based tool to track your BP readings over time
- Learn about how the DASH eating plan can reduce your blood pressure

If you have been prescribed medication to lower your blood pressure, take it as directed. Do not stop taking it without talking to your doctor first.

- Know your target blood pressure
- Follow a healthy diet
- Reduce salt in your diet
- Keep to a healthy body weight
- Be physically active
- Manage and reduce your stress
- Quit smoking

Control your cholesterol and triglycerides

Your healthcare team tracks your health by comparing the fats levels in your blood test with your target levels. Check with a healthcare professional for more information about the target.

My cholesterol target is _____

- Follow a healthy diet
- Monitor and limit your alcohol consumption
- Be physically active regularly
- Quit smoking
- Maintain a healthy weight
- If you have been prescribed medication to lower your cholesterol, take it as directed

Control your diabetes

If you have diabetes, the best way to reduce the impact it can have on your health is by controlling your other risk factors :

- Maintain a healthy weight
- Follow a healthy diet
- Work closely with your healthcare team to set goals for your blood glucose and know your target levels.
- Learn how to monitor your blood sugar and tell your doctor if you cannot keep it in control.
- Be physically active.

Pre-eclampsia

Women with pre-eclampsia should be screened and treated for high blood pressure, obesity, smoking and high blood cholesterol during and after pregnancy.

Follow a healthy balanced diet

For information on eating for a healthy heart, see Chapter 3.

Keep a healthy body weight

The size of your waist or BMI on one day doesn't tell you everything you need to know about your weight issues. Watching your waist size and body weight over time is an excellent way for you and your healthcare provider to learn how your body is changing as you age and to look out for your risk of heart disease and stroke.

Staying at a healthy weight isn't always as simple as eating healthy and being active, but it is a great beginning.

See Chapter 3 and Chapter 4 for more information about getting to a healthy body weight.



Image: thinkstock.ca

Follow the instructions or watch a video on how to measure your waist at heartandstroke.ca/healthywaist

My BMI is _____

My waist circumference is _____

Limit the alcohol you drink

Know how many drinks you have every day and week. If you drink alcohol regularly, plan non-drinking days each week. Follow Canada's Low-Risk Alcohol Drinking Guidelines:

- No more than two drinks a day most days, to a weekly maximum of 10 for women.
- No more than three drinks a day most days, to a weekly maximum of 15 for men.

Always consider your age, body weight and health problems. They may lower your limit.

Learn about drinking recommendations from Canada's Low-Risk Alcohol Drinking Guidelines at ccsa.ca

Be physically active

Regular physical activity can be a lifesaver — literally. At least 150 minutes of physical activity a week can reduce your risk of heart disease. And being active is also a great way to keep to a healthy weight, lower high blood pressure, lower cholesterol levels and manage stress. Chapter 4 has more information about physical activity and exercise plans.

Quit smoking

Quitting smoking is one of the best things you can do to reduce your risk of heart attack. Twenty minutes after your last cigarette, your blood pressure and heart rate drop. The stress on your heart and blood vessels goes down.

- Within 48 hours, your risk of heart attack starts to go down. Your sense of smell and taste begin to improve.
- Within one year, your risk of heart attack is cut in half.
- Within 10 to 15 years, your risk of heart attack is the same as someone who never smoked.

You may be afraid that quitting will be too hard. There is lots of help for you when you are ready. Do not get discouraged or give up. It is never too late to quit.

Where should I go for help?

- Call **1-866-366-3667** to talk to someone about quitting. There are lots of helpful booklets and online programs and support to help you through the process.
- Your healthcare team can help with nicotine replacement and other therapies.

Manage stress

For information on managing stress, see Chapter 5.

WHAT ELSE DO YOU NEED TO KNOW ABOUT THE HEART AND HEART DISEASE?

MEDICATIONS CONTAINING ESTROGEN

Medications that contain estrogen — the female hormone — increase the risk of heart attack. Hormone replacement therapy (usually prescribed for the symptoms of menopause) and many birth control pills contain estrogen. Female smokers older than 35 years have the most risk. If you take birth control pills or hormone replacement therapy, discuss the benefits and risks with your healthcare professional.

SLEEP APNEA

Sleep apnea is a serious medical condition that can cause your breathing to stop and start many times while you sleep. There is a strong link between sleep apnea and high blood pressure, heart disease and stroke. Even short pauses in breathing while you sleep are hard on the heart because they lower the amount of oxygen reaching the heart. It is important to treat sleep apnea, so talk with a healthcare professional if you think that you or your partner may have it.

ABNORMAL HEARTBEAT (ARRHYTHMIA)

Arrhythmia is an abnormal heartbeat or rhythm. The heartbeat might be too fast, too slow or not regular (uneven). A lack of blood flow to the heart can cause arrhythmia. An arrhythmia may last for a short time or it may be how a person's heart always beats. It may not matter very much, or it might be extremely dangerous.

Learn more about arrhythmia at heartandstroke.ca/heartdisease

PERIPHERAL ARTERY DISEASE

What is peripheral artery disease?

Peripheral artery disease (PAD) is the hardening of the arteries (atherosclerosis) outside the heart which reduces blood flow. PAD most often affects the legs. It can also affect the aorta (the main artery in the body) and arteries going to the brain, arms, kidneys and stomach.

PAD is a serious condition. It raises your risk of heart attack and stroke. PAD can even result in loss of a leg. Finding and treating peripheral artery disease early can lower your risk of heart attack, stroke, and loss of a limb.

What are the causes of peripheral artery disease?

The causes of peripheral artery disease are the same as for coronary artery disease. The more risk factors you have, the higher your risk.

What are common signs of peripheral artery disease?

Peripheral artery disease develops slowly, over many years. In the early stages, most people have no symptoms. Eventually many people with peripheral artery disease will experience:

- Cramping, tiredness or pain (claudication)
- Pain in your foot or toe that disturbs your sleep
- Cuts or sores on your feet that only heal slowly (two to three months) or not at all

It is very important to talk to a doctor if you have any pain in your lower legs, thighs, or butt. Pain may be a warning sign of peripheral artery disease.

HOW TO MAKE HEALTHY LIFESTYLE CHANGES

Ask yourself: “Is there anything I would like to do for my health? Is there anything I can do to improve my quality of life with heart disease?”

The key to making lifestyle changes is developing healthy habits that stick. The change will become a habit that you do every day without thinking, like brushing your teeth. Here are seven tips to help you plan for change:

“I have learnt how to manage my new life and I have rolled with it. I had to change my lifestyle.” ~ Chad

1. SET A SMARTER GOAL

Your healthcare team can help you decide which lifestyle change would have the greatest impact on your overall health and heart disease. Make sure it is a change that you feel confident about.

When you have your goal, make it into a SMARTER goal:

- **S**pecific: Vague goals produce vague results. Know what the goal is, and the when, where and how of the goal.
- **M**asurable: Putting a number in your goal makes it easier to measure your progress towards the goal.
- **A**ttainable: You have to be able to achieve the goal. An extremely difficult goal will set you up for failure.
- **R**ealistic: Is this something that you are willing and able to work towards?
- **T**imely: Set a time to achieve your goal.

Try to choose one goal that you can achieve in a short period. For example, “I will walk around the block once a day for a week.” Make the goal specific and realistic. Set yourself up to succeed!

2. FIGURE OUT HOW YOU WILL ACHIEVE YOUR GOAL

Planning is one of the most important steps to success. Ask yourself, “What do I need to do to reach my goal?”

Then make a plan that sets out specific steps to success. For example, if your goal is to eat seven servings of vegetables and fruit every day, you could break it down this way:



How many servings of vegetables and fruit do I eat now?

- I eat four per day. I will need to add three to reach my goal.

Ideas to add servings each day

- Eat salad of colourful vegetables for lunch.
- Make vegetable soup for lunches.
- Have a piece of fruit for an afternoon snack.
- Choose a vegetable stir-fry when out for dinner.

What I can do to make it happen

- Plan my meals for the week.
- Shop with a list that includes extra fruit and vegetables.
- Wash and cut up fruit and vegetables ahead of time.
- Keep track of the fruit and vegetables I eat each day.

3. PREPARE FOR OBSTACLES

Try to think ahead about the challenges you might face. Develop a plan to meet them. For instance, you may have to miss a morning walk if you have a doctor's appointment. Plan to walk after lunch or dinner.

4. GET SUPPORT

Cardiac rehabilitation programs are run by people who are experts in helping you make lifestyle changes and get comfortable with life with heart disease. Programs are offered in person, over the phone and online.

Check with the Canadian Association of Cardiovascular Prevention and Rehabilitation at cacpr.ca to find a program near you. If you cannot find a centre near you, talk to your doctor.

You can also find support closer to home from your family and friends. If you have a partner, ask them to make the change with you. Here are some more tips on reaching out for support:

- Ask a family member, friend or neighbour to go for a walk with you.
- Ask for help to cut up vegetables and fruit.
- If you don't buy the groceries, ask whoever does to only buy healthy snacks.
- Ask the people in your house not to smoke at home or in your presence.
- Ask your healthcare team for information and coaching. For instance, your physiotherapist can give you a safe exercise routine. Your dietitian can help with healthier food choices.

5. TRACK YOUR PROGRESS

The more you track your progress, the greater your chances of achieving your goal. For example, if your goal is go outside for a walk after dinner four times a week, this simple log will track the time you spend walking for each day of the week.

You only need to track the changes until you feel that they have become a regular habit.

Date	Time spent walking
Sun	
Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	

6. WHEN THINGS GO OFF PLAN, KEEP GOING

It can be hard to stick to a plan if you are tired, stressed, or not feeling well. Setbacks are a normal part of the process — they are not a failure. Don't give up. Here are some tips to help you turn a setback around:

- Remind yourself why you want to make the change. Think about how important it is.
- Look at what you've achieved so far. It is human nature to focus on the things we don't get right, but try instead to give yourself credit for what you have accomplished.
- Start keeping a log again.
- Look at what caused the setback. What can you do if it happens again?
- Look for support. Ask your family to help you get back on track.
- Check your goals again. Are they specific, realistic and measurable? Do you need to change them?
- Do you need to change your plan?

7. CELEBRATE SUCCESS!

Whenever you make a small step toward your goal, pat yourself on the back and congratulate yourself. Reward yourself with something you like — like reading your book after your walk. And, remember, focus on the small steps you have achieved. If your goal was to walk every day one week, and you only did it 5 times, don't focus on not quite making it to your goal. Focus on the fact that you accomplished walking 5 days in row!



