About Peripheral Artery Disease

Your Heart and Blood Vessels

Your heart is about the size of your fist and shaped something like a pear.

The heart pumps blood to every part of your body through pipes called arteries. The blood leaves the heart through a large pipe, the aorta. Smaller and smaller pipes take blood to every cell.

As it travels, blood brings oxygen and nutrients to each cell, picking up waste along the way. After the waste is removed by your kidneys and liver, the blood goes back through another set of pipes called veins. The veins carry the blood back to your heart and lungs to get more oxygen, and the trip starts all over again.

The heart, arteries and veins together are known as the vascular system.
Artery Disease

Artery disease refers to blood flow problems that can cause blocked arteries in the heart, brain and other parts of the body.

Various things—cholesterol, waste from cells, calcium, fatty deposits—can build up in your arteries. This is not unlike the sludge that may build up in the water pipes in your home.

This build-up, known as plaque, is more common as we get older. If there’s too much build-up in an artery, blood can’t flow through it the way it should. The body part supplied by that artery may be damaged, because it will not get enough oxygen.

Plaque can also cause a blood clot to form, quickly closing off the artery. Or, if a piece of plaque breaks off, it may be carried in your blood until it completely blocks a smaller artery.

Blood flow problems affect your body in different ways:

- If arteries in your heart are clogged or blocked, you may have a heart attack or other heart damage. This is called coronary artery disease, or heart disease.
- If arteries going to your brain are clogged or blocked, you may have a stroke or other brain injury. This is called cerebral vascular disease.
- If arteries going to another part of your body are clogged or blocked, you can have pain or damage in that area. In time, it can lead to organ failure, gangrene (dead tissue) or amputation (surgery to remove a limb). This is called peripheral artery disease (PAD).

The most serious blood flow problems can cause death.

How Artery Disease Progresses

Healthy artery

Plaque begins to build up inside the artery wall.

The plaque causes the artery walls to swell inward, which restricts blood flow.

The artery narrows, so less blood can get through.

A clot can form, cutting off blood flow in the artery.
The basic problem is the same: plaque build-up in your arteries. If you have build-up in one part of your body, you are more likely to have it in other parts of your body as well.

Lifestyle changes, such as quitting smoking or being more active, along with medicine, surgery and other treatments, can help you get better. They also make it less likely that you will have further problems.

**Who is likely to have blood flow problems?**

Anyone can have blood flow problems. Research shows that most people already do. As we get older, most of us are likely to get some build-up in our arteries somewhere in the body.

People who are more likely to have blood flow problems:

- Smoke, or spend time around tobacco smoke
- Are men, or are women who have been through menopause
- Have diabetes
- Have high blood pressure
- Get little or no exercise
- Have problems with cholesterol
- Are overweight or obese
- Deal with frequent stress
- Have a family history of early artery disease.

These are called risk factors. For more about risk factors, see page 14.

**How do I find out if I have blood flow problems?**

Some people come to the hospital with chest pain, a severe headache or leg cramps—all symptoms of artery disease. Others learn they have a problem after a doctor tests them for artery disease.

If you think you might have blood flow problems, tell your doctor about your symptoms and family history. If you know you have artery disease in one part of your body, ask your doctor about checking for it in other parts.

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**How Artery Disease Progresses**

(Cross-section View)

![Diagram showing the progression of artery disease](image-url)
Heart Disease (Coronary Artery Disease)

Coronary artery disease is disease in the arteries of the heart. Like every other part of your body, your heart needs fresh blood carrying oxygen and nutrients. The heart gets this blood through the heart arteries. These arteries go around the outside of the heart, branching into smaller arteries that go to different parts of the heart.

If plaque builds up in these arteries, it can slow or block the blood flow to the heart. If blood flow to part of the heart is stopped, the heart may have lifelong damage. This is an emergency.

If any part of the muscle is damaged or dies, a scar forms. This reduces the pumping power of the heart. The more damage there is, the harder it is for your heart to pump. This leads to pain, fatigue (feeling very tired), shortness of breath and other symptoms that affect your quality of life.

It’s important to get help quickly when you have signs of heart disease. The more time that passes, the more your heart muscle may be harmed.

Heart attack and angina

A heart attack happens when one of the heart arteries is completely blocked. No blood flows to that part of the heart. This usually occurs when a blood clot forms where there is plaque in an artery.

When blood stops flowing to part of the heart, that part will begin to die. This leads to lifelong damage.

Angina is pain or pressure in the chest. It is caused by reduced blood flow to part of the heart. There are three kinds of angina.

- **Stable angina** feels the same each time it occurs. It may happen when you are more active. When you rest, stop your activity or take nitroglycerin, it goes away.

- **Unstable angina** may come on even when you are resting. It may be stronger or last longer than stable angina. If you have had angina in the past, but now it’s more painful or happening more often, you may have unstable angina.

- **Coronary artery spasm** may occur when you’re at rest. This is when one of the heart arteries suddenly squeezes shut or almost shut. During a spasm, less blood—or no blood—goes to part of the heart. This can happen if you have plaque build-up in your arteries. But it can also happen in a normal heart artery. Your doctor will work with you to find out what triggers your spasms. For some people, going out in very cold weather or being under stress can trigger a coronary artery spasm.
What are the symptoms?

Angina and a heart attack have the same symptoms. Angina symptoms are usually short-term, and they don’t result in lifelong damage. But angina can lead to a heart attack, so it is something you can’t ignore. Symptoms include:

- Pressure, tightness, squeezing or burning on either side of the chest, in the middle of the chest or between the shoulder blades
- Pain or pressure in the throat, jaw or teeth
- Pain or pressure that spreads to the shoulders, arms, neck or jaw
- Tingling, aching or numbness on the inner sides of your arms, elbows or wrists
- Fainting or feeling light-headed, usually with other symptoms
- Heartburn or feeling sick to your stomach, usually with other symptoms
- Cold sweats; unusually heavy sweating during activity
- Feeling very tired or far more tired than usual
- Shortness of breath
- Sudden, strong anxiety
- Heartbeats that skip or seem either very fast or very slow, usually with other symptoms.

The symptoms may go away for a while and then come back.

What should I do if I think I’m having a heart attack?

- **Call 911** if you have any symptoms that might be a heart attack. Don’t wait. Even if it turns out to be only an upset stomach, it is better to make an extra trip to the emergency room than to risk lifelong heart damage.

- A heart attack often causes symptoms for more than 15 minutes. You may have had warning signs (chest pain or pressure) for days or weeks before the heart attack. If you are having a heart attack, your symptoms often won’t go away when you rest. Any symptoms that don’t respond quickly to rest and nitroglycerin need to be checked.

- Don’t drive yourself to the hospital—call 911. The ambulance staff can give you oxygen and medicine. These will help with pain and may reduce the amount of damage to your heart. The staff can also save your life with electric shocks if your heart stops beating effectively.

Once at the hospital, your care team will quickly work to diagnose the problem. Your history of symptoms, an EKG and blood tests all play a role in deciding if you have had a heart attack.

If you have a blood clot blocking a heart artery, you may get clot-dissolving medicine or have an emergency procedure to unblock the artery.

Pain or a tight feeling in your chest is the “classic” symptom of a heart attack, but not everyone has this symptom. Women are more likely to have heartburn, a hard time catching their breath, pain or pressure between the shoulder blades or extreme tiredness. Older people and people with diabetes are more likely to be short of breath, very tired or light-headed.
What should I do about an angina attack?

If you have never had an angina attack before:
Call 911 when the symptoms first occur, even if they only last a few minutes. You may be having a heart attack.

An angina attack usually lasts less than two to three minutes. The pain or pressure goes away when you rest or take medicine for it.

• If you have an angina attack, stop what you’re doing and rest. If your doctor has prescribed nitroglycerin, put a pill under your tongue and let it dissolve. With rest and nitroglycerin, your angina should be gone within a couple of minutes.

• After 5 minutes:
  – If your symptoms are the same or worse, go to the emergency room.
  – If you still have symptoms but they’re getting better, you may take another pill. Wait another 5 minutes. If you still feel angina, you can take a third pill. If the pain isn’t gone after the third pill, call 911.

• If you start having angina attacks more often, or if they seem to be getting more painful or lasting longer, it can be a sign that you are developing a more serious heart problem. Be sure to talk to your doctor about your angina attacks.

• If you start having angina attacks after you’ve had treatment to improve blood flow (angioplasty, stent or surgery), call your doctor.

• Some people have chronic angina. This is angina that will always happen when they do certain activities, like climbing lots of stairs. Chronic angina is often helped with nitroglycerin. Some people need to take it before the activity that causes their angina.

When might angina occur?

You may feel angina when:

• You are more active than usual—for example, when you exercise at a health club, run for the bus or climb stairs fast

• You smoke

• You are upset, angry or have very strong feelings

• You are eating a high-fat meal, or you have just eaten

• You are active in very hot or very cold temperatures

• You are not active at all, or you are sleeping.

Nitroglycerin is not for pain. This medicine relaxes the arteries and opens them wider, so more blood can flow through.
**Stroke (Cerebral Vascular Disease)**

Cerebral vascular disease is disease in the arteries of the brain and neck.

If you put your hands on the sides of your neck, you can feel your carotid (neck) arteries. Your heart pumps fresh blood, rich in oxygen and nutrients, through these large arteries. Smaller arteries then carry the blood throughout the brain and head.

If plaque builds up in the neck arteries, or if a blood clot blocks a smaller artery in the neck or brain, the brain may not get enough blood.

This disease is often a slow process; you may not even be aware of it. But if blood flow is stopped to a part of the brain, the brain may have lifelong damage.

**Stroke and TIA**

When your brain doesn’t get enough blood and oxygen, it can be injured. Symptoms that your brain isn’t getting enough oxygen are very serious and should not be ignored. You need emergency help at once.

The brain controls how the body works. If brain cells don’t get the blood they need, parts of the body may not work as they did before.

If the symptoms only last 24 hours or less—maybe only a few minutes—and then go away, it’s called a transient ischemic attack, or **TIA**. If they last longer, it’s a **stroke** (also called a brain attack or cerebrovascular incident). A TIA is a warning that you are at risk for a major stroke at any moment. You need medical help right away.

A stroke can be either ischemic or hemorrhagic.

**Ischemic stroke** is caused by:

- Artery disease in the neck (carotid) or brain arteries. It is the most common kind of stroke.

- Atrial fibrillation (an irregular heartbeat). This can cause a small blood clot to travel from the heart to the brain, where it gets stuck and blocks the blood flow in an artery. About 15 percent of strokes are caused by atrial fibrillation. To help prevent this, people with atrial fibrillation should be on well-managed blood-thinning drugs.

A blocked neck artery will cause an ischemic stroke
If you have an ischemic stroke, treatment will focus on improving blood flow. Doctors may use a “clot buster” medicine to try to open up blood flow. This is called lysis. The medicine can only be given within a few hours of the start of stroke symptoms.

**Hemorrhagic stroke** is caused by a broken blood vessel in or near your brain. This results in bleeding into the brain. The pressure from the blood injures the brain cells around it, and the burst vessel no longer supplies blood to the area of the brain it serves. This kind of stroke may result from:

- High blood pressure
- Weakness in the artery wall (an aneurysm) that causes the artery to balloon out and burst open
- An AVM (atrial venous malformation), which is an abnormal tangle of blood vessels.

For this type of stroke, the goal of treatment is to protect the brain from further injury. Doctors may use medicine to reduce swelling in the brain. Or they may drain the pooled blood in surgery.

Doctors will need to treat the cause of the stroke as well. There are several ways to treat aneurysms and AVMs, including surgery and other methods. High blood pressure can often be managed with medicine and lifestyle changes.

### What are the symptoms?

Symptoms of a stroke or TIA include:

- Sudden numbness or weakness in your face, arm or leg (you may feel numb on one side of your body)
- Sudden confusion; sudden trouble speaking, reading or understanding what is being said
- Vision changes in one or both eyes
- Sudden trouble walking, loss of balance, dizziness or problems with coordination
- Sudden, severe headache for no reason
- Sudden fainting or seizures.

A stroke is a medical emergency. Call 911, even if the symptoms go away.

Time is very important in the treatment of stroke. Doctors have more choices in how to treat a stroke if the patient gets to the hospital very quickly (within 3 hours is best; some treatments can be given up to 8 hours).

In some cases doctors can stop the stroke while it is happening. This limits the amount of injury in the brain.

### How do you diagnose artery disease in the brain?

Your doctor may do an ultrasound and other tests to check for a blocked neck artery if:

- You have symptoms of a stroke or TIA.
- Your doctor hears a “whoosh” sound in your neck artery during a physical exam. This can mean the arteries supplying blood to the brain are partly blocked.
• You have noticed early symptoms of artery disease in the brain (such as dizziness, daytime sleepiness or changes in memory or mental function).

• You have artery disease in other parts of your body or a family history of artery disease.

If the problem is mild, your doctor may simply check it regularly to see if it’s getting worse.

If I’ve had a stroke or TIA, how can I prevent it from happening again?

If you have had a stroke or TIA, you are at greater risk of having another stroke.

Smoking, drinking too much and using illegal drugs will increase your risk for a hemorrhagic stroke. If you are a woman with migraine headaches and you smoke or have high blood pressure, using birth control pills will increase your risk for an ischemic stroke.

You can reduce your risk if you change your lifestyle: Avoid smoking, eat a healthy diet, watch your weight and get regular exercise. If you have problems with your heart, blood pressure or cholesterol, talk to your doctor.

If you have another stroke, you must act fast and get emergency help right away (within 3 to 8 hours). Doctors can sometimes stop a stroke while it is in progress. With treatment, the problems caused by a stroke may improve or go away altogether. And new treatments are being developed all the time.

Peripheral Artery Disease

Artery disease can affect any artery, not just arteries leading to the heart and brain. When artery disease slows or stops the blood flow to the legs or other parts of the body, it is called peripheral artery disease (PAD).

Most people who have PAD don’t even know it. As many as 10 million people in the United States have PAD, but only 4 million of them feel pain or other symptoms.

Symptoms may seem like nothing more than a cramp in the leg or blood pressure that is hard to control. Often there are no symptoms at all until a person has organ damage or can no longer walk without pain.

Often, PAD has no symptoms. Ask your doctor to check for PAD.

A person with untreated PAD is four times more likely to have a heart attack and two to three times more likely to have a stroke within 10 years.
The parts of your body most likely to be hurt by PAD are:

- **Legs.** PAD in the legs can make it hard to walk and stay active. If it becomes more serious, it can lead to sores that don’t heal and sometimes the death of leg tissue, which may require amputation (surgery to remove the leg).

- **Kidneys.** PAD in the kidney arteries can cause high blood pressure or gradual kidney failure.

- **Arms and upper body.** PAD in your upper body can cause pain in your hands, arms, shoulders, upper back or neck.

- **Intestine.** PAD in the arteries that lead to the intestine can cause belly pain, weight loss and even death.

You are more likely to get PAD if you are over 60, or if you are over 50 and have certain risk factors (smoking, diabetes, family history). See page 14 for more details about risk factors.

**Lower extremity (legs) PAD**

Blood flow problems in the leg arteries are the most common kind of PAD.

**What are the symptoms?**

- Pain or cramping in your calf, buttocks or hip when you exercise. It often goes away with rest. Your leg may ache as if the muscle is tired. For some people, the leg feels numb.

- A change in skin color on your leg or foot—reddish blue when sitting still with your feet down, pale when you lift your leg.

- Your leg or foot feels cool.

- A weak or absent pulse in your leg or foot.

- A sore on your leg or foot that won’t heal.

- Burning or aching pain in the foot when you’re lying down. You may also have tingling or weakness in the leg.

- Hair loss on your leg.

If not treated, PAD can lead to the amputation of your leg or foot.

**What can be done about it?**

- Control your risk factors. (See page 14.) For example, your doctor may start you on a walking program. Regular walking is the best exercise for your legs.

- Your doctor may suggest medicine, a procedure to open up the artery, or bypass surgery. All of these will improve blood flow.
**Upper extremity (arms and body) PAD**

Upper extremity PAD affects arteries that carry blood to the arms or chest.

**What are the symptoms?**

Symptoms usually occur when you are actively using your arms (lifting or doing overhead work, for example). You may also have:

- Dizzy spells or vision changes when you use your arms.
- Numbness, tingling or weakness
- Pain when using your arms overhead or in a repeated motion
- Cool, pale skin.

PAD can lead to gangrene (dead tissue) if it isn’t treated.

**What can be done about it?**

Your doctor may suggest medicine, a procedure to open up the artery, or bypass surgery. All of these will improve blood flow.

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**Kidney and abdominal (intestinal) artery disease**

If the arteries to your kidneys are affected, or if you have very high blood pressure, your kidneys may not work as well. This kind of artery disease is called **renal artery stenosis**.

When the arteries that carry blood to your kidneys are narrowed, it changes how well the kidneys remove waste from your body. Over time, this can cause your kidneys to get smaller. It can also cause high blood pressure, which may be your only symptom.

When an artery in your **abdomen** (belly) is narrowed, it can block or reduce blood flow to the small intestine or colon (parts of your digestive system). This is very serious. It can cause part or all of your intestine to die. Symptoms may include:

- Severe belly pain that seems to have no cause (it often comes after eating)
- Nausea (feeling sick to your stomach) and vomiting (throwing up)
- Diarrhea (loose, watery stools), sometimes bloody.

Abdominal artery disease can be hard to diagnose. It is often very advanced before it is found. This is one reason to ask your doctor to check for signs of artery disease in different parts of your body.

**What can be done about them?**

Your doctor may suggest medicine, a procedure to open up the artery, or bypass surgery. All of these will improve blood flow.
Aneurysm Disease

An aneurysm is a weak spot in the wall of an artery. The wall balloons out, or expands. In time it may burst.

Aneurysms can occur anywhere in the body, though some places are more common than others. There is less risk when an aneurysm is small. But if it bursts, it can cause serious bleeding and sometimes death.

Common types of aneurysm include cerebral (brain), thoracic (chest), abdominal aortic (belly), iliac (pelvis), femoral (thigh) and popliteal (knee).

What are the symptoms?

Many people have no symptoms when the aneurysm is small. If you do have symptoms, they can vary based on the location and size of the aneurysm.

For cerebral aneurysm (in the brain), you may feel far more tired than normal. You might also have stroke symptoms (see page 8).

For thoracic aneurysm (in the chest), symptoms include:

- Pain in the chest or upper back
- Shortness of breath
- Trouble swallowing
- Hoarseness.

An abdominal aortic aneurysm (AAA) may occur in your belly area, in the aorta (the main artery that runs down the center of your body). You may have no symptoms, or you may feel:

- Pain or tenderness in the belly or lower back
- A deep, steady ache that may get better as you change positions
- Throbbing in the belly, almost like a heartbeat.

What happens when an aneurysm bursts?

When an aneurysm bursts and bleeds, it is very serious. You would likely have several symptoms at the same time. This is an emergency. Call 911 at once.

A burst cerebral aneurysm will cause a stroke. For stroke symptoms, see page 8.

If a thoracic aneurysm or AAA bursts, symptoms may include:

- Sudden chest pain or pressure with shortness of breath
- Severe chest pain or belly pain that goes straight through to your back, or sharp pain between the shoulder blades
- Suddenly feeling sweaty, pale, faint or dizzy
- Sudden fast pulse, restlessness or anxiety
- Suddenly having a dry mouth and being very thirsty
- Loss of consciousness.

With a lower body aneurysm, you might feel pain or aching in the pelvis, buttocks, thigh, leg or knee when you walk. Pain may go away when you rest.
Who is at risk?

Those at greatest risk include smokers, people over age 60 and those with a family history of aneurysm. Men are five times more likely to have an abdominal aortic aneurysm (AAA) than women.

What can be done about it?

• If the aneurysm is small, your doctor may choose to watch it over time. You might have an ultrasound every six months to a year depending on how quickly it is changing.

• Blood pressure medicine may help manage an aneurysm.

• Depending on the type of aneurysm, your doctor may suggest treatment (stents) to help re-direct blood flow and take pressure off the aneurysm.

• Your doctor may suggest surgery to repair the aneurysm.

Deep Vein Thrombosis

Deep vein thrombosis (DVT) is caused by a blood clot in a vein that is deep in your pelvis, leg, chest, shoulder or arm. Veins carry blood back to your heart and lungs. If a clot in your vein breaks off or moves, it can damage your heart or lungs.

What are the symptoms?

DVT happens most often in the leg. Symptoms may include:

• Sudden swelling in the leg, usually on one side

• Red or tender areas, often in your calf or lower leg but sometimes in the thigh. It may hurt more when you try to walk.

In the arm or shoulder, symptoms of DVT may include sudden swelling in the arm and shoulder or in your neck and chest, usually on one side. This is a serious symptom—call your doctor or go to the emergency room right away.

You are at greater risk for DVT if you:

• Have recently had surgery or a broken bone

• Smoke

• Take birth control pills or hormone supplements

• Have certain clotting disorders (often this is not known until you have DVT; it is more common in younger adults)

• Have been pregnant or have had a baby recently

• Cannot move much because of illness, weakness or paralysis.

If you have sudden shortness of breath, chest pain, arm pain or stroke symptoms, a piece of clot may have broken off and traveled to your heart, lung or brain. This is an emergency. Call 911.

What can be done for it?

DVT is often treated with medicines that help the clot slowly dissolve. If you are 60 or younger and have had DVT for less than two weeks, your doctor may suggest lysis (see page 8).
You may be more or less prone to artery disease than other people. The things that affect how likely you are to develop artery disease are called risk factors.

Some risk factors, such as age, race and family history, can’t be changed. Others are a part of your lifestyle and diet; changing these will reduce your risk for artery disease.

Many risks factors are linked: If you are not very active, you're more likely to be overweight. If you're overweight, you're more likely to have cholesterol problems, high blood pressure and diabetes. All of these will raise your risk.

### Risk Factors You Can’t Control

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>What you should know</th>
</tr>
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<tbody>
<tr>
<td>Family history</td>
<td>If a parent, brother or sister has artery disease, you are at more risk of having it, too. Your risk increases if your blood relative had artery disease before age 55 (if a man) or 65 (if a woman).</td>
</tr>
<tr>
<td>Medical history</td>
<td>If you’ve had plaque build-up or a clot in one artery, you are much more likely to have it in another artery. A healthy lifestyle may reduce your risk by slowing or even stopping the disease.</td>
</tr>
<tr>
<td>Gender</td>
<td>Men are more likely to develop artery disease at an earlier age. But a woman's risk increases greatly after menopause. By age 65, men and women have the same risk.</td>
</tr>
<tr>
<td>Age</td>
<td>The older you are, the greater your risk for artery disease. The risk becomes much greater after age 60.</td>
</tr>
<tr>
<td>Race</td>
<td>African Americans, Native Americans and Latinos/Latinas have higher rates of high blood pressure, diabetes and obesity than whites and some Asian Americans. As a result, they are at greater risk for artery disease, including stroke.</td>
</tr>
</tbody>
</table>
## Risk Factors You Can Control

Check the risk factors that apply to you, then read what you can do about them.

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Your goals</th>
<th>What you can do</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Smoking or tobacco use</td>
<td>Avoid all forms of tobacco. Target quit date: __________</td>
<td>• Don’t smoke or use tobacco.</td>
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<td>• Avoid second-hand smoke.</td>
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<td>• Exercise regularly.</td>
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<td></td>
<td></td>
<td>• Manage stress.</td>
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<tr>
<td>☐ Diabetes (your level: __________)</td>
<td>Normal blood sugar range before eating is 70 to 100. A1c should be less than 7.</td>
<td>• Talk to a diabetes educator or dietitian.</td>
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<td>• Control your weight.</td>
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<td></td>
<td>• Exercise regularly.</td>
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<td></td>
<td></td>
<td>• Take medicines as prescribed.</td>
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<td>☐ Your blood pressure: __________</td>
<td>Ideal blood pressure is under 120/80. It should be no more than 135/85 (or no more than 130/80, if you have diabetes).</td>
<td>• Exercise regularly.</td>
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<td>• Limit salt to 2,000 to 2,400 mg a day.</td>
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<tr>
<td></td>
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<td>• Take medicines as prescribed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Control your weight.</td>
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<tr>
<td>☐ Lack of physical activity</td>
<td>Aim for 30 minutes of moderate activity on most days. Aim for 20 to 60 minutes of aerobic exercise 4 to 6 times a week.</td>
<td>• Increase activity during the day (take stairs instead of elevators, for example).</td>
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<tr>
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<td></td>
<td>• Exercise regularly.</td>
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<td></td>
<td>Try brisk walking, biking or swimming.</td>
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<tr>
<td>☐ Your cholesterol: __________</td>
<td>You should have:</td>
<td>• Exercise regularly.</td>
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<tr>
<td></td>
<td>– Total cholesterol under 150</td>
<td>• Limit saturated fat and cholesterol.</td>
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<td>– LDL 70 or lower</td>
<td>• Lose weight.</td>
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<tr>
<td></td>
<td>– HDL greater than 40 for men, greater than 50 for women</td>
<td>• Take medicines as prescribed.</td>
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<tr>
<td></td>
<td>– Triglycerides less than 150.</td>
<td>• Avoid smoking and tobacco.</td>
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<tr>
<td>☐ Your weight or BMI: __________</td>
<td>If you are overweight, aim to lose ½ to 2 pounds a week, up to 10 percent of your current body weight. Your goal: __________</td>
<td>• Eat a low-fat and low-cholesterol diet.</td>
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<td>• Eat fewer calories.</td>
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<td>• Exercise regularly.</td>
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<td></td>
<td>• Increase your activity level.</td>
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<tr>
<td>☐ Stress</td>
<td>Manage stress.</td>
<td>• Exercise regularly.</td>
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<tr>
<td></td>
<td></td>
<td>• Practice relaxation methods like deep breathing on a regular basis.</td>
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<td></td>
<td></td>
<td>• Seek professional help if needed.</td>
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</tbody>
</table>