

Personal Best

HOPE Health Letter[®]

FEBRUARY 2024

Heart Health Myths



American Heart Month in February is a good time to review the current primary heart health facts and figures. Some current statistics:

1. Heart disease remains the No. 1 killer of American men and women.
2. Each year an estimated 250,000 Americans die within one hour of onset of a heart attack, and 60% to 70% of those individuals are male.
3. Older women who have heart attacks are twice as likely as men to die in a few weeks.
4. Most heart problems and strokes can be avoided through blood pressure control, a healthy diet, regular physical activity and smoking cessation.



Some key heart health myths to be aware of:

- **Myth:** Only men should worry about heart attacks. **Fact:** 44% of women in the U.S. are living with some form of heart disease, the leading cause of death for women, affecting them at any age.
- **Myth:** Heart attacks are purely hereditary. **Fact:** Only 40% of the risk for heart disease lies in hereditary factors.
- **Myth:** Chest pain is the only sign of heart attack. **Fact:** More subtle symptoms include discomfort in your back, neck, jaw or in one or both of your arms. You may feel lightheaded or short of breath and even nauseated. Take these symptoms seriously and seek medical help immediately.

Remember these heart health goals:

- Eat a healthy, balanced diet high in plant foods and fiber — and low saturated fats.
- Don't smoke or use tobacco, a primary trigger for heart damage.
- Stay physically active with 30 to 60 minutes of moderate-intensity physical activity, such as walking, most days.
- Maintain a healthy weight.
- Manage stress.
- Get regular health screening tests.

Knowing the difference between fact and fiction may save your life.

BEST bits

■ **Watch infants and their screen time.** With every additional hour of screen time (from less than one hour to more than four hours), one-year-olds had a higher risk of developmental delays in communication and problem-solving at ages two and four, according to a study published last year in *JAMA Pediatrics*. The study involved 437 children and their parents in Singapore from 2010 to 2020. Parents reported the amount of screen time. Since mobile devices became available, children between six and 18 months get two to three hours of screen time a day. The American Academy of Pediatrics advises parents to keep children away from screens until they're 18 months old, except for video chats, and limit digital media for two- to five-year-olds to one hour daily.



■ **February is National Children's Dental Health Month** — raising awareness about the importance of oral health — starting early in life and giving kids a jump on a lifetime of healthy teeth and gums. Nearly one in five kids have untreated cavities; the pain can make it hard to eat and speak, and prevent kids from playing and learning. As soon as baby teeth appear, parents can start brushing their kids' teeth with a soft toothbrush and plain water twice a day. Children can start brushing with supervision at about age three. Fluoride varnish treatments applied by a pediatrician or a dentist can prevent about a third of cavities in baby teeth.



■ **National Donor Day is February 14.** Also known as Organ Donor Day, this event aims to increase awareness about organ donation, and the lives it saves. More than 120,000 people in the U.S. are waiting for a life-saving donation, whether it be for organs, tissue, marrow, platelets or blood. This date pays tribute to those who have provided the gift of donation, have received a donation, are waiting, or have died waiting by joining the donor registry. Every day can be a good day to donate. Learn more at organdonationalalliance.org.

TIP of the MONTH

What is a Plant-Based Diet?

The term **plant-based diet** continues to trend. It is often misunderstood since it doesn't have an agreed-upon definition. Some use it to mean vegetarian or vegan diets that exclude meat, seafood or poultry. Others use it to describe diets that include lots of vegetables, whole grains and beans, as well as occasional amounts of meat, seafood or poultry. Both are correct. In plant-based diets, the largest part of the meals is plants (vegetables, beans, etc.), whether meat is eaten or not. And yes, you can get enough protein on a well-planned plant-based diet, whether or not you eat meat.



Dietary Supplements

By Cara Rosenbloom, RD

Some of the most common dietary supplements Americans take include vitamin D, magnesium and omega-3 fish oils. In fact, 74% of Americans take dietary supplements, so it's a common practice. If you take supplements, here's how to ensure you are safe.

- 1. Only take what you need.** Check with your health care provider or dietitian to make sure you are taking the right supplements to meet your needs. Vitamin and mineral supplements are most effective when they prevent deficiencies, but if you already get enough of a certain nutrient from food, a supplement may be overkill. More is not always better, and excess supplements can cause harm.
- 2. Scan medication interactions.** Check with your pharmacist before taking any supplement, since some can interact with prescription medications (making the medicine either more or less potent). For example, vitamin K can reduce the effectiveness of blood thinners.
- 3. Learn about supplement timing.** Some supplements interact with each other and should be taken together — or further apart. Plus, some are absorbed better when taken with food, while others are better on an empty stomach. Ask your pharmacist.
- 4. Look for third-party testing.** While the FDA prohibits manufacturers from selling adulterated supplements — those that may contain more than one active pharmaceutical ingredient and lack necessary warnings — the manufacturers self-regulate and evaluate the safety of their products. In the past, this has led to questions about quality control. Choose products that have been third-party tested by NSF, ConsumerLab and USP (these names or logos will appear on the supplement bottle).

Remember to be realistic. Supplements can be helpful when used as recommended by a health care professional but are not meant to replace well-balanced eating plans. Supplements are just meant to fill in the gaps. Don't expect supplements alone to be a panacea for illness.



Lemon-Butter Halibut

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|----------------------------------|--|
| 2 tbsp butter, melted | 1 tsp each paprika, garlic powder and onion powder |
| 1 lemon, zested and juiced | 1 tbsp extra-virgin olive oil |
| 1 lb halibut or other white fish | ¼ cup freshly chopped parsley |
| ½ tsp salt | |
| ¼ tsp pepper | |



In a small bowl, blend melted butter with lemon juice and zest. **Set** aside. **Pat** fish dry with paper towel. **In** a large bowl, combine salt, pepper, paprika, garlic powder and onion powder. **Evenly** press fish fillets into spice mixture. **Add** olive oil to pan set over medium heat. **Once** pan is hot, sear fish on one side, about 2-3 minutes. **Drizzle** with lemon butter sauce, flip and cook until opaque, about 6-8 minutes. **Add** remaining lemon butter sauce to pan and spoon over fish. **Plate** fish topped with pan drippings and parsley.

Makes 4 servings. Per serving: 175 calories | 22g protein | 10g total fat | 4g saturated fat | 3g mono fat | 2g poly fat | 0g carbohydrate | 0g sugar (0g added sugar) | 0g fiber | 374mg sodium

Slow Down Racing Thoughts

By Eric Endlich, PhD

If you've experienced racing thoughts — feeling like your mind has sped up — you know they can make it difficult to calm down and focus. Racing thoughts can result from stress, anxiety, bipolar disorder and certain medical conditions, as well as caffeine or other substances.

Try a few of these strategies and see what works best for you:

- **Breathe slowly and deeply.** Within minutes, you may feel more relaxed.
- **Practice mindfulness.** Try yoga or meditation, or focus on your experience in the moment.
- **Accept your thoughts.** Rather than resisting or judging what's happening, just notice what's happening with your mind.
- **Get busy.** Focusing on an activity, whether exercising, reading or conversing with someone, can give your mind a chance to settle down.
- **Pick a worry time.** Use this designated time to explore your concerns; at other times, simply take note of what you plan to worry about and then move on.
- **Write it down.** Putting your thoughts in a journal may help take some of the internal pressure off. Consider whether you need to take any action to improve your situation, or whether you're spending unnecessary energy on issues that are out of your control. While you're at it, jot down some things you're grateful for or happy about.
- **Talk to someone.** If you are struggling to cope with racing thoughts, talking to someone can be helpful. This could be a friend, family member or mental health professional. In some cases, medication may be recommended.



Reading does more than inform and entertain.

Reading also has multiple health benefits. Research shows it can reduce stress, ease muscle tension and slow the heart rate. Reading may lower inflammation, too. What's more, reading can increase empathy toward others, and that can positively impact relationships. Reading before bed can help your sleep quality. And you're never too young or too old to enjoy reading. Brain benefits can begin early — reading to babies helps them build language and social skills, according to the Cleveland Clinic. Did you know? Studies suggest aging bookworms may have a lower risk of Alzheimer's disease.



Put the Nix on Self-Sabotage

Are you sabotaging yourself? It turns out that self-sabotage can often explain misfortune and frustrations in careers and other areas of life. It occurs when your thought patterns and actions become obstacles, blocking you from achieving goals in work and in your personal life.

Some self-defeating patterns are obvious, such as wanting to achieve a healthier weight, but continuing to snack on high-calorie, low-nutrition treats when you feel stressed. Other patterns, especially those involving work, can be more difficult to identify.



The first step in avoiding self-sabotage is to recognize behavior patterns that undermine you and commit to changing them:

- **Perfectionism** is anything but perfect. Don't agonize over turning in work that you fear isn't perfect. Remember that nothing is flawless.

- **Procrastinating** is commonly caused by fear that you'll fail at a task or worry your work won't be good enough. Avoid making excuses. Commit to meeting deadlines and accepting any work revisions needed.
- **Being chronically late** can also indicate self-sabotage. Chronic lateness, often due to anxiety, can erode the trust of coworkers, friends and family. Set your alarm a bit earlier to have extra time in the morning and arrive a bit earlier at appointments so you have time to calm your anxiety and stay focused.
- **Self-medicating** is a common way people self-sabotage. While soothing worries with alcohol or drugs may lower stress short-term, substance abuse is likely to interfere with your long-term goals and health. Ask your health care provider for a referral to a therapist to help you find healthy, pro-active ways to lower stress and act in your best interests.

Drug deaths from counterfeit pills are soaring. Prescription drugs can be expensive, even if you have health insurance that requires hefty copays. But obtaining antibiotics, pain pills, antidepressants or any other prescription drugs illicitly through sources or ads not requiring a legitimate prescription can be deadly. The drugs could be counterfeits containing dangerous chemicals and drugs that can cause illness and even death. The CDC reports drug deaths from counterfeit pills have more than doubled in recent years. Can't afford your prescription? Talk to your health care provider or pharmacist about generics or other medication options.

Q: Health Effects of Loneliness?

A: Loneliness is a widespread but under-acknowledged condition that can profoundly affect our physical and mental health. Those who chronically feel alone and lack meaningful relationships may be at greater risk for:

- High blood pressure.
- Heart disease.
- Stroke.
- Type 2 diabetes.
- Poor immunity.
- Depression, anxiety and dementia.
- Premature death.

Some groups are at higher risk for loneliness, including those who have a low income, live alone or in an isolated area, or have chronic health conditions or disabilities. However, living alone doesn't always go hand in hand with loneliness, which is the feeling of being lonely and isolated.

Here are some ways to combat loneliness:

- Talk about your feelings to a mental health professional or confidante.
- Find ways to support others (e.g., by volunteering).
- Spend time with pets or animals.
- Reach out to people in your network, or expand your circle by joining clubs or organizations.



Have Knee Surgery or Delay It?

Knee giving you trouble? Knee pain is common. It may result from an injury, such as a ruptured ligament or torn cartilage often during sports or exercise activity. Medical conditions — including arthritis, gout and infections may also cause knee pain.

Maybe the achiness is slowing you down, limiting your activities? Nonsurgical treatments should likely be your first line of defense. Weight loss, physical therapy or injections may help reduce your pain. But it's time to get serious about ongoing knee pain when you:

- Can't bear weight on your knee.
- Feel as if your knee is unstable or fails to provide support.
- Have marked knee swelling.
- Are unable to fully extend or flex your knee.
- Have severe knee pain that is not linked to an injury.

These effects may be signs of osteoarthritis — and the pain can be physically limiting and frustrating. It may interfere with sleep, work, activities and quality time with friends and family.

Chronic knee conditions that may lead to knee replacement surgery include:

1. Rheumatoid arthritis: an autoimmune disease that causes chronic inflammation of the joints.
2. Post-traumatic arthritis: a form of arthritis that develops after an injury to the knee, such as a fracture or ligament tear.
3. Failure to heal properly after an injury or surgery.

If you have tried physical therapy options and continue to have knee pain, your health care provider may suggest knee surgery or replacement. This step can reduce your pain and improve your ability to move easier and maintain your fitness level.





Q: Need okay before exercising?

A: It's important to talk to your health care provider before starting an exercise routine if you have a chronic condition. Your risk of illness or injury from physical activity may be elevated if you have health conditions, such as high blood pressure, high cholesterol, chronic lung disease, type 1 or type 2 diabetes, kidney disease, arthritis or injuries.

After evaluating your fitness, health conditions and medications, a health care provider, if necessary, can refer you to a physical therapist who can design a fitness program that gradually improves your flexibility, balance, strength and endurance. Your provider can determine the frequency, intensity, duration and type of activities that are likely to be the best fit for your circumstances. If you're taking medications affected by exercise or weight loss, or if you have been physically inactive for a long time, your provider can make adjustments that are individualized for you.

— Elizabeth Smoots, MD



How does evening exercise affect your sleep quality?

Once a concern for getting to sleep, research in the past ten years suggests it may be okay for you to exercise in the evening before heading for bed — provided you avoid vigorous activity (e.g., jogging or using stationary equipment) for at least one hour before bedtime. In one study, Swiss researchers examined 23 studies that evaluated sleep onset and quality in healthy adults who performed a single session of evening exercise (aerobic exercise or muscle-building routine) compared with similar adults who did not. They found that not only did evening exercise not affect sleep, it seemed to help people fall asleep faster and spend more time in deep sleep. However, those who did high-intensity exercise — such as interval training — less than one hour before bedtime took longer to fall asleep and had poorer sleep quality.

Buying OTC Hearing Aids

By Elizabeth Smoots, MD

Hearing aids are available over-the-counter (OTC) in stores and online. The FDA regulates them as medical devices, and they've been approved for adults with mild to moderate hearing loss. Unlike prescription hearing aids, no visit to a hearing health professional is required; you can fit and adjust them.

Two types are available. Self-fitting devices can be programmed to suit the user's needs. You may be instructed to complete a hearing test online or on an app, and use the results to adjust the device's controls. In contrast, non-self-fitting hearing aids are simpler, with volume control and a few predetermined settings; they are often less costly. Both types are made with a variety of features and styles.

Warnings about when to visit a health care provider are usually on the OTC device packaging.

The warnings commonly include ear pain, ear drainage, excessive wax, quickly worsening hearing loss, episodes of vertigo (severe dizziness), and hearing loss or tinnitus (ringing) in only one ear.

Prescription hearing aids are still needed for more severe hearing loss, since OTC devices may not amplify sounds well enough. Consult with an audiologist or hearing health professional if you need an evaluation or have questions.

Improved hearing aid accessibility. Nearly 30 million Americans suffer from hearing loss, yet only about one-quarter of those who could benefit from hearing aids has used them. Increasing availability of OTC hearing aids could help turn this around.



Health Care on Credit: What You Need to Know

Health care credit cards are used for medical expenses. Because they work like general credit cards, many of the same issues apply, such as interest rates.

If you think a health care credit card is for you, consider the following before you open an account:

- **You don't have to pay the entire cost of care at once.** However, take the interest rate into account. Compare rates.
- **Zero or low introductory rates may be available to pay off medical debt.** Note: A low introductory rate can increase exponentially after the introductory period ends.
- **Check the terms of the agreement carefully.** They may include rules for interest due. For some accounts, if the balance isn't paid off by the end of the introductory rate, the amount may accrue interest from the treatment date and add to the balance. Example: You put \$1,000 on your card. The account carries a 0% interest rate for 12 months and then increases to 15%. If you don't pay off the \$1,000 by the end of the 12 months, you must pay compound interest at 15% on the \$1,000.
- **Don't pay for future treatments up front.** Once the charge for the treatment goes on your card, the medical practitioner gets paid. If you change your mind or if the practitioner goes out of business, you are still responsible for the outstanding balance.

Do your research. If you qualify for a zero or low introductory rate, remember to pay the entire balance off **before** the special rate ends. Make sure you understand all terms associated with the credit account. Also, ask your health care provider if they offer flexible payment plans.

Bottom line: Read the fine print.

— Jamie Lynn Byram, PhD, CFP, AFC, MBA

AED or CPR? Or Both?

When someone is suffering cardiac arrest, meaning that their heart stops beating, do you use CPR or an AED? The answer is use both. CPR or cardiopulmonary resuscitation is used to perform chest compressions, manually pumping blood to the victim's vital organs. The person administering CPR also provides oxygen to the victim via breaths. CPR consists of 30 chest compressions and two breaths on a repeated cycle until help arrives.

An **AED or automated external defibrillator** is a device that sends an electrical shock to restart the victim's heart. AEDs can be found in most public places.



The American Heart Association's Chain of Survival consists of the following steps:

1. Recognize cardiac arrest and call 911.
2. Start CPR.
3. Use AED if one is available.
4. Advanced resuscitation performed by emergency medical services.



Note: If you don't feel confident enough to perform CPR with breaths, you can still perform hands-only CPR. To learn more, search for **hands-only CPR** at [yourethecure.org](https://www.yourethecure.org).

*Important: Always call or have someone else call 911 before administering CPR or using an AED.

CORNER

SAFETY

Burn Awareness Week is February 4 to 10.



Avoid Kitchen Burns and Scalds

Approximately 15,000 children are hospitalized annually with burn injuries — many of them occur in the kitchen, according to the American Burn Association.

Make your kitchen a safe zone:

- Turn pot and pan handles away from the stove's edge.
- Use a lid or splash guard when frying foods.
- Keep children away from stove while someone is cooking.
- Secure loose clothing and long hair when cooking.
- Use oven mitts or potholders to remove hot items from the stove or oven.
Caution: Use dry mitts and potholders; damp ones can create steam, which will cause burns.
- Carefully remove plastic film from microwaved food or when opening food cooked in packages, such as popcorn. Steam can escape and cause burns.
- Keep your hot water heater at 120°F.



Best Moves for Your Heart

Exercise is key to heart health. It's also crucial to make sure a specific workout or sport is safe for you, especially if you have a history of heart problems. Get your health care provider's okay before you start.

It's important to know that people who are not physically active are far more likely to develop heart disease than people who are. In fact, the National Heart, Lung and Blood Institute notes inactivity is a major risk factor for heart disease, just like high blood pressure, unhealthy blood cholesterol and smoking. But if you're inactive, there's good news — starting regular exercise can help your lower risk factors and protect your heart.

How much exercise do you need? Adults should aim for at least 150 minutes per week of moderate-intensity aerobic exercise, or 75 minutes per week of vigorous-intensity aerobic exercise, or a combination of both. Done long-term, this amount lowers the risk from dying of cardiovascular disease and other causes by 21%. Harvard researchers found people who exercised substantially more than the guidelines lowered their risk as much as 38%.



You need three types of physical activity:

Aerobic exercise (e.g., brisk walking, running, playing tennis, swimming, cycling) improves circulation, lowers blood pressure, and helps your heart pump more efficiently. Increase your exercise by a few minutes each time to increase stamina. Start slowly and consistently increase the minutes of your activity. Aim to eventually exercise five times a week for at least 30 minutes if you can. Walking for five, ten or 15 minutes at a time, as often as it takes, is okay too, if a half an hour session is too much at first. Any amount of activity is beneficial and more is better.

Resistance training (e.g., lifting free weights, working with resistance bands or machines) at least two days a week can help heart health by raising HDL (good cholesterol) and lowering LDL (bad cholesterol). If you are new to resistance training, it's a good idea to get started at a health club or with advice from a personal trainer or your health care provider.

Flexibility workouts (gentle stretching, tai chi, and yoga) daily and before exercise, help heart health indirectly. By lowering risk of joint pain and muscle issues, flexibility exercise helps you avoid injuries that limit other kinds of workouts. Your health care provider can recommend basic stretches to do at home.

If your work requires a lot of sitting, set an alarm to remind you to get up every hour (if possible) and move around. Take the stairs (with your provider's okay). Park farther from your building. Walk at lunch. The same applies if you work at home.

Bottom line: Exercise can add years to your life and, by helping with stamina and weight control, likely add life to your years.

Heart Patients and Exercise

Heart disease doesn't mean you can't exercise. However, your health care provider needs to decide what activities are safe for you. If you are recovering from a heart attack or a heart surgery, you may be eligible for rehabilitation therapy to help build your physical strength.

When you're cleared for exercise, start slowly with an aerobic activity, such as walking, swimming or light jogging three to four times a week. Always take five minutes to warm up your muscles and heart before exercising, and allow time to cool down after you exercise. And make sure you stay well hydrated. If you have any symptoms of chest pain, dizziness, shortness of breath or irregular heartbeat, stop exercising and call your provider for advice.

Good news: Researchers prescribe a positive attitude plus regular exercise. Optimism helps heart patients keep up with exercise goals, and the exercise may lower heart risk. If you are depressed or anxious about a heart disorder, counseling may improve your mood and confidence.



DR. ZORBA'S corner

Depression and Exercise

Depression, anxiety and distress intensified during the Covid pandemic and continue to be common conditions in the U.S. Self-care influencers tell you how to feel

better, but what does science say? Antidepressants, therapy, mindfulness and meditation help. A recent study showed that exercise also is effective in relieving these psychological conditions. Researchers reviewed studies covering nearly 130,000 people and found that exercising regularly especially physical activity that gets your heart pumping faster also worked. During winter, finding a time and place to exercise is even more important, especially if you're prone to the winter blahs — seasonal affective disorder. — Zorba Paster, MD

Study: Take Aspirin to Lower Risk of Another Heart Attack or Stroke

Aspirin is underused around the world, an analysis of 125,000 people in 51 countries found. Participants aged 40 to 69 were surveyed between 2013 and 2020. About 11,000 participants had a self-reported history of cardiovascular disease. The study excluded people who had not had a heart attack or stroke and those who took aspirin for primary prevention. The research focused on participants who had a previous heart attack or stroke to determine if they took aspirin for secondary prevention.

An average of 40% of participants self-reported taking aspirin after a heart attack or stroke, the findings showed. The breakdown was 17% in countries with a low average income, 25% to 51% with an average in the middle, and 65% in countries with a high average income. All of these results are too low. The American Heart Association says taking aspirin as recommended by a health care provider can help prevent another heart attack or stroke (secondary prevention). Never take aspirin without asking your provider first.

Study: Asthma Linked to Higher Heart Attack and Stroke Risk

People with persistent asthma may be nearly twice as likely to have arterial plaque, compared to those without asthma, according to an observational study published last year in the *Journal of the American Heart Association*.

Researchers evaluated 5,000 adults with cardiovascular risk factors. Some had asthma and others did not. The average age was 61, about half were female, and the proportions of some minority groups were higher than those of the U.S. population as a whole. Participants had an ultrasound of left and right carotid arteries in the neck to identify any arterial plaque. Blood levels of the inflammatory markers C-reactive protein and interleukin-6 were also measured.

Study participants with chronic asthma also had higher levels of inflammatory markers. More plaque and inflammation increase the likelihood of cardiovascular disease. The study concluded that asthma is an inflammatory condition associated with, but not the direct cause of, an increased risk of heart attack and stroke.

— Elizabeth Smoots, MD

Stay in Touch. Keep those questions and suggestions coming!

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