

Summer 2008  
Display until August 12

# heart•healthy LIVING™

HeartHealthyOnline.com

## Lower your cholesterol!

Natural foods that  
do wonders



### HEART-SMART RECIPES

**Blueberries**  
The powerhouse  
of antioxidants



### HOUSE CALL

Dr. Sharonne Hayes:  
**Slow down  
plaque  
buildup**

**Outsmart  
fat cells**  
12 weight-  
loss tips

6 ways to **stop  
a stroke before  
it strikes**



### EXTREME MAKEOVER

TV's Paul DiMeo retools  
for a heart-healthy life





# 9 Common Medical Mistakes And How to Avoid Them

Every day we make dozens of decisions that affect our well-being. We do the best we can, but some choices do more harm than good. Top doctors from across the country list the mistakes they wish their patients would avoid.

By Sandra Gordon





## MEDICAL MISTAKE 1: You don't have a primary-care doctor.

Women who have a gynecologist but not a primary care doctor need to go doctor shopping.

"Women should have both an ob-gyn and a primary-care provider (PCP)," says Michael Roizen, M.D., division chair at the Cleveland Clinic and co-author of *You: The Smart Patient* (Free Press; 2006). Primary-care providers have broad-based medical knowledge and training in prevention. "There are so many nuances in drug therapy and drug interactions that PCPs are expert in," Roizen says. If your blood pressure is creeping up, for example, your gynecologist shouldn't be the one to write a prescription for blood pressure medication.

Both men and women need a primary-care doctor to ensure they undergo age-appropriate screening tests, such as a colonoscopy (starting at age 50, or before). If they should need a specialist, primary-care doctors are responsible for coordinating care.

✓ **To-do tactic:** Interview two or three doctors until you find one you're compatible with. Clues a doctor is right for you: The waiting room has patients similar to your age. The doctor seems knowledgeable about the health issues that concern you. "If you have a family history of heart disease, you want a physician who focuses on heart disease prevention and knows the current medical literature," Roizen says.

## MEDICAL MISTAKE 2: You haven't had a physical in years because, well, you feel fine.

If you don't have your blood pressure, cholesterol, and blood glucose tested regularly—preferably every five years if you're in your 20s and 30s and otherwise healthy, and yearly after that—you don't know if you're at risk for a heart attack or stroke. "Denial can be deadly," says Nieca Goldberg, M.D., a cardiologist and medical director at the NYU Women's Heart Program in New York City.

✓ **To-do tactic:** Schedule a physical and get the facts on your blood pressure, total cholesterol, LDL or "bad" cholesterol, HDL or "good" cholesterol, triglycerides, glucose, body mass index, and waist circumference.



## MEDICAL MISTAKE 3: You ignore troubling symptoms.

A common heart-related ailment ignored by many women is atrial fibrillation, says Lori Mosca, M.D., M.P.H., Ph.D., director of New York-Presbyterian Hospital Preventive Cardiology Program in New York City. This is an irregular rhythm that causes one of the heart's chambers to beat improperly, and postmenopausal women are at an increased risk. Symptoms include the sensation of feeling your heart beat or a fluttering pulse. "Atrial fibrillation is one of the most common causes of stroke in women," Mosca says. A clot can develop because of the abnormal blood flow.

✓ **To-do tactic:** If you notice that your heart develops the tendency to beat rapidly, then slow down, see your doctor. You might also experience light-headedness or difficulty breathing. A stroke from atrial fibrillation is preventable, Mosca says. Blood-thinning drugs, such as aspirin or warfarin (sold as Coumadin), can help.



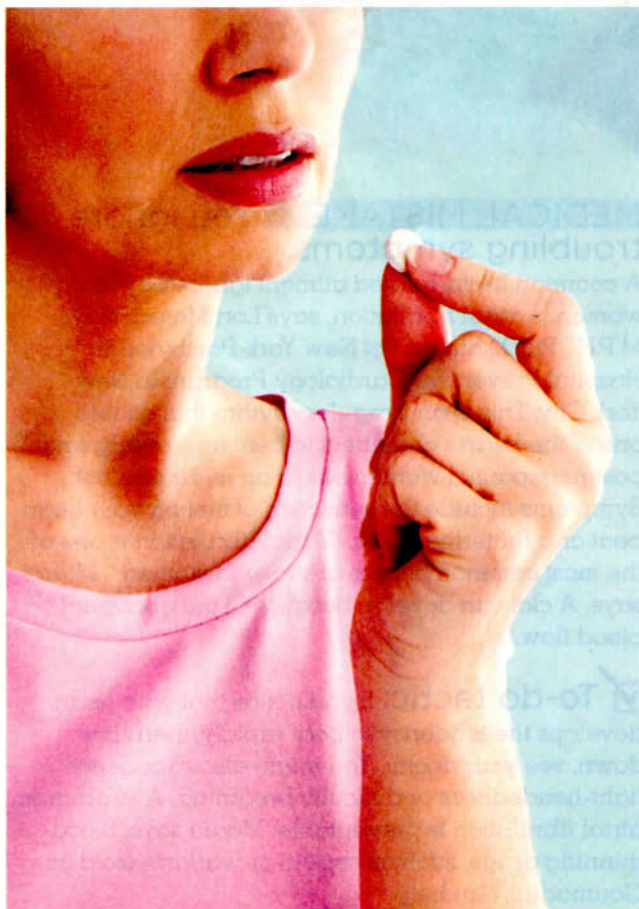
# Chewing an uncoated aspirin isn't a bad idea if you think you're having a heart attack.

## **MEDICAL MISTAKE 4:** You think you might be having a heart attack, so you take an aspirin and wait for the pain to subside.

Chewing an uncoated aspirin (not Advil, Aleve, Tylenol, generic acetaminophen, or Tums) isn't a bad idea if you think you're having a heart attack (symptoms: chest pain; discomfort in the back, neck, jaw, or stomach; shortness of breath; cold sweats; nausea; or light-headedness). Aspirin, an anticoagulant, has been shown to help keep arteries open. "But while you're chewing aspirin, you should

call 911," Goldberg says. The faster you can get treatment during a heart attack, the better your chances of survival and a full recovery. Unfortunately, half of all people with heart attack symptoms die before reaching a hospital.

✓ **To-do tactic:** Know the signs and symptoms of a heart attack and keep aspirin handy at home and in the car. Call 911 immediately if symptoms occur. (If you try to drive yourself or have someone else do it, you could collapse en route or get stuck in traffic.)



## **MEDICAL MISTAKE 5:** You take over-the-counter supplements to lower cholesterol or blood pressure without telling your doctor.

Most patients don't like taking prescription medicine, but they're all too willing to ingest supplements to treat high cholesterol without alerting their doctors, says Leslie Cho, M.D., director of the Women's Cardiovascular Center at the Cleveland Clinic.

Over-the-counter supplements aren't clinically tested, so you don't know if they work or not. And because the U.S. Food and Drug Administration doesn't regulate supplements, you can't be sure of what you're taking. You won't be monitored like you would be if you were on a prescription, and supplements can negatively affect some medications. "Ginkgo and echinacea, for example, can interfere with blood-thinning medication," says Dawn Calderon, D.O., FACC, a cardiologist and director of the Women's Wellness Program at Deborah Heart and Lung Center in Browns Mills, New Jersey.

✓ **To-do tactic:** Talk to your doctor or pharmacist before taking a supplement. If you don't want to take medication, change your diet and try to lose weight. Some people can get to their goals with diet and exercise alone, Cho says. Just tell your doctor.





## MEDICAL MISTAKE 6: You stop taking your prescription medication because you are scared of possible side effects.

TV commercials for prescription drugs are required by law to present a balanced view of the risks and benefits of the medication, and that includes mentioning possible side effects. But that doesn't mean they're common. You'll hear, for example, that statins (to control high cholesterol) can adversely affect the liver. "That's rare unless you drink a lot of alcohol or take another medication that interacts with a statin," Cho says.

Likewise, patients have been known to take themselves off statins or anti-hypertension medication

because they don't feel any different. Many heart disease risk factors, such as high blood pressure or high cholesterol, don't hurt. Stopping a medication on your own can result in devastating consequences, such as a heart attack or stroke.


✓ **To-do tactic:** Team up with a physician you trust and don't play doctor. Before going off any chronic pharmaceutical, such as a statin, talk with your physician about your concerns. At every visit after that, it's fair to ask whether you still need to be on whatever you're taking. Taking a medication doesn't mean you're unhealthy or a failure. "We're lucky to live in an era in which there are medications that can help prevent heart attacks and stroke," Cho says.



A full-page photograph of a woman with dark hair tied back, wearing a white zip-up hoodie over a white tank top and black athletic pants. She is running on a dirt path through a forest with green trees and foliage. The background is slightly blurred, suggesting motion. The lighting is bright, possibly from sunlight filtering through the trees.

### MEDICAL MISTAKE 7: You slack off your diet and exercise regimen after getting a stent.

Patients think that once they get a stent—a wire mesh tube surgically implanted to prop open a blocked artery and improve blood flow to the heart—they can stop worrying about eating healthier and exercising. Wrong.

 **To-do tactic:** “If you’ve had a surgical procedure, such as a stent or even a bypass, don’t think you’re out of the woods,” says Michael Lim, M.D., director of the Cardiac Catheterization Laboratory at Saint Louis University in Missouri. You’ll still need to keep up the good work: Take your medication, eat healthfully, and exercise regularly. “That’s what arrests the atherosclerotic process,” Lim says.



## MEDICAL MISTAKE 8: You don't hear back about your test results so you just assume they're normal.

No news isn't necessarily good news. Doctors are especially pressed for time these days, so things can fall through the cracks. "From a physician standpoint, it's always a concern," Calderon says.

✓ **To-do tactic:** Don't let your doctor drop the ball. If you don't hear from your doctor's office when you thought you would after you've taken medical tests, it's your responsibility to call the doctor or the doctor's nurse to follow up. "Just like in school, you've taken the test, so you deserve to get the grade to see how well you've done," Calderon says.



You can shop for insurance online  
at [ehealthinsurance.com](http://ehealthinsurance.com).

## MEDICAL MISTAKE 9: You let your health insurance lapse.

If you're among the 47 million Americans without health insurance, do what you can to get at least catastrophic coverage, Roizen says. Catastrophic covers major procedures, such as an operation or a hospitalization, if something serious happens to you. You can't afford to go without it. A recent study in the *Journal of the American Medical Association* found that the uninsured were less likely than the insured to receive any medical care after an accident or the onset of a new chronic condition.

✓ **To-do tactic:** "Look at your situation and decide the minimum amount of health coverage you need, then go from there," Roizen says. Take cost into consideration and whether your doctor accepts a particular insurance plan.

To choose a good plan, see how various health plans rate in your state by checking out the health plan report at the National Committee on Quality Assurance at [ncqa.org](http://ncqa.org). An "excellent" score means a plan is handling claims better than other insurers. You're less likely to be surprised with bills for health services you only thought were covered. **HHL**

## Risk Factor Tracker

Not all annual checkups are alike. Here's a general baseline of blood tests and other measurements you'll need in order to monitor your heart disease risk.

TEST	GOAL
Total cholesterol	Less than 200 mg/dL
LDL ("bad") cholesterol	Less than 100 mg/dL (less than 70 mg/dL if high-risk)
HDL ("good") cholesterol	Greater than 50 mg/dL for women; greater than 40 mg/dL for men
Triglycerides	Less than 150 mg/dL
Fasting blood glucose	Less than 100
Blood pressure	Less than 120/80 mm/Hg
Body mass index	Less than 25
Waist circumference	35 inches or less for women; less than 40 inches for men



Will you have a heart attack in the next 10 years? Take our quiz at [HeartHealthyOnline.com/quiz](http://HeartHealthyOnline.com/quiz).