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Cardiac Risk Factors

What is a risk factor?

- Risk factors are those things which contribute to a person's likelihood of developing a disease.
- Risk factors can be controllable (things we can change) or non controllable (things we can't change)
- Through management of controllable risk factors, people can decrease symptoms of the disease and slow down development of that disease

Non controllable cardiac risk factors (things you can't change)

Age: As we age our chance of developing coronary artery disease increases

Gender: Males have more chance of developing coronary artery disease than females due to hormonal differences. This however becomes the same after females lose this protection after the menopause

Family History: Unfortunately if coronary artery disease is in your family you have a higher chance of developing coronary heart disease.

Controllable cardiac risk factors (things you can change)

Smoking: If you have coronary artery disease and are a smoker, you have 70% more chance of dying from coronary artery disease than a non- smoker. Half of all deaths from coronary artery disease occur suddenly without warning. Smokers are three times more likely to have this happen than non- smokers. **Giving up smoking at any time improves your health.** Within the first year of quitting there is a rapid decline in risk which returns to the same as a non smoker within 2-6 years.

Diabetes: If you already have diabetes, keeping your BGL's under control reduces your risk of coronary artery disease. People with type 2 diabetes have the same risk of a heart attack as people without diabetes who have already had a heart attack. While cardiovascular disease accounts for 40% of deaths in Australia, for people with diabetes it accounts for 75% of all deaths.

Physical Activity: Regular physical activity has a positive effect on your heart. Inactive people have up to twice the chance of having a heart attack when compared to active people. Regular physical activity will also help reduce other risk factors like obesity and high cholesterol. **It is recommended that you do 30 minutes or more of physical activity on all or most days of the week.**

Obesity: Being overweight increases your risk of coronary artery disease. It is recommended that your BMI (Body Mass Index –your weight divided by your height in meters squared) be 25 or less and your waist measurement be no greater than 94 cm for men and 80cm for women. **Any reduction in weight and waist measurement will decrease your risk**. Losing weight and maintaining that loss needs to be done responsibly through lifestyle changes such as healthy eating and regular physical activity.

Information Sheet

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Diet: Eating habits can also greatly affect coronary artery disease. Reducing fats and sugars in your diet will help with weight loss and help decrease cholesterol levels in your blood stream. Polyunsaturated and monounsaturated fats are better for you than other fats. It is also important to have a diet high in fibre, have fish often and have a low salt intake. Alcohol intake should be limited to 2 standard drinks a day for men and 1 for women.

Cholesterol: Cholesterol is produced naturally in our bodies and is also found in foods we eat. Cholesterol is necessary for our bodies, but we produce all we need and do not need to have any extra in our diets. Cholesterol levels can become raised in our blood when we eat too many saturated fats. Saturated fats are contained in all foods derived from animals and palm and coconut oil. Reducing saturated fats in our daily eating and exercising will help reduce cholesterol in the blood. Some people will still have an elevated level of cholesterol in their bodies, and this is mainly due to their own liver producing too much cholesterol. Cholesterol lowering medications may be prescribed in addition to a healthy diet to help control cholesterol. **It is recommended that people who have a history of heart disease have a total cholesterol below 4.0 mmol/l** (with LDL below 1.8 mmol/l, Triglycerides below 2.0 mmol/l and HDL above 1.0 mmol/l, non- high density lipoprotein cholesterol (NHDL-C) < 2.5 mmol/L).

Blood Pressure: High blood pressure increases the workload of the heart, which over a long period of time can lead to the heart becoming enlarged and less effective. There is also an increased risk of blood clots forming within a coronary artery, causing a heart attack. Approximately 25% of heart attacks are due to high blood pressure. High blood pressure may be controlled through lifestyle changes and medications. An increase in physical activity, quitting smoking, eating a healthy diet and relaxation will all help to reduce blood pressure. **The recommended Blood Pressure target measurement is 130/80 mmHg for people with heart disease with or without diabetes and/or stroke/transient ischemic attack**.

Depression and social isolation: Depression, anxiety, panic disorder and circumstances like social isolation and bereavement have an impact on your cardiovascular health. **It is very important to recognize these factors in your life and seek appropriate psychological support and medical management.** There are many people in the community who can assess your situation and support you such as your GP and counselors and your Cardiac Educator and organisations such as Beyond Blue. Improving family relationships and developing greater community links helps reduce social isolation and your heart disease risk.

Chronic Kidney Disease (CKD): Kidneys have the important job of filtering blood. They remove waste products and extra fluid and flush them from the body as urine. When they do not work well, they increase the risk of a heart attack. The kidneys play a central role in regulating blood pressure and balancing important electrolytes which maintain the heart's rhythm. People with CKD have a 2 to 3-fold greater risk of cardiac death than individuals without CKD. People at every stage of CKD are at a higher risk of cardiovascular disease than those without. The best way to reduce the risk of cardiovascular disease is to maintain a healthy lifestyle, to control and maintain a healthy blood pressure, cholesterol level and blood glucose level if you have diabetes. The doctor will check your albumin/creatinine ratio. Normal albuminuria/creatinine ratio is: men > 2.5mg/mmol, women > 3.5mg/mmol.

For more information please contact the Healthy Living NT Cardiac Educator

References:

National Heart Foundation and cardiac Society of Australia and New Zealand (2012) Reducing Risk in heart disease. An expert guide to clinical practice for secondary prevention of coronary heart disease. Melbourne. National Heart Foundation