

# Frequently asked questions about heart disease

2 February 2017, by Graciela Gutierrez

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As American Heart Month kicks off, doctors at Baylor College of Medicine have answers to some commonly asked questions to help jump starting your path to a healthy heart.

**Q: Is heart disease the leading cause of death in the United States?**

A: Yes. According to the Centers for Disease Control, an American will have a coronary event about every 25 seconds. According to the American Heart Association, every 39 seconds one person will die from heart disease.

**Q: What are some of the risk factors for heart disease?**

A: The conventional [risk factors](#) include high cholesterol, high [blood pressure](#), obesity, diabetes, and tobacco use or second hand smoke.

**Q: Will over-the-counter supplements alone improve my heart health?**

A: No, there are no cardiovascular benefits to OTC nutraceuticals or vitamins alone.

**Q: Do all heart attacks have the same symptoms?**

A: Most heart attacks start slowly and build up gradually over few minutes time. Heart attacks can be perceived as mild pain or discomfort, including pressure, squeezing, tightness, fullness or pain. The [chest discomfort](#) may radiate to the neck, jaw, or arm, and is usually associated with shortness of breath, nausea, diaphoresis and pallor. Diabetics and women may not have the typical symptoms of chest discomfort, and may have only few of the associated features (shortness of breath or nausea, etc)

**Q: Do women have different heart attack symptoms than men?**

A: Yes. While chest discomfort is still a primary symptom, women will also suffer from these symptoms with or without chest discomfort: shortness of breath, nausea or vomiting, abdominal pain or heartburn, and unusual or unexplained fatigue.

**Q: Is heart disease preventable?**

A: There are some illnesses that cause heart disease and other heart conditions. However, adopting a healthy lifestyle can dramatically reduce your risk for heart disease. For example, lowering fat intake (avoiding red meat, if possible) and adding more activity to your day can help lower cholesterol. At least 30-60 minutes of cardiovascular exercise is recommended daily (or at least 5 days a week). Even if your workout is broken into shorter sessions through out the day, it can still reduce your risk of developing heart disease.

**Q: Can exercise and diet help me no longer need my cholesterol and blood pressure medications?**

A: Exercise is essential to lower cholesterol and blood pressure, but do not stop taking medications if you make these lifestyle changes. The magnitude of benefits might not be enough to completely stop treatments.

The American Heart Association recommends daily aerobic exercise, or at least 5 days a week, of moderate intensity for at least 30 minutes. The AHA also recommends a Mediterranean-like diet rich in legumes, vegetables and fruits, as well as non-fat dairy products and grains and low in saturated fats. Adding more fish to your diet is also recommended. Low sodium is also suggested to prevent [high blood pressure](#).

**Q: If I am on medication to treat heart disease, does that mean I am no longer at risk of a heart**

**attack?**

A: No, this means you are working to lower your risk of future heart attacks. However, some of the causes resulting in heart attacks may be genetic or hereditary. Heart attacks in these instances can still happen. It is best to talk with your doctor to do what you can to minimize the risk as much as possible.

**Q: I don't think I'm at risk, should I still talk to my doctor?**

A: Yes. A yearly exam should include a blood pressure check, lipid and cholesterol test and a discussion with your doctor about other risk factors. Your physician is likely to compute risk score to calculate your risk for [coronary heart disease](#) and inquire about family history of coronary [heart disease](#). From there, you and your doctor can decide how often to follow up and what else you can do to improve your overall health.

Provided by Baylor College of Medicine

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