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10 Ways to Remain Healthy in These Stressful Times

Good habits and common sense are more important than ever.

Your exercise class was canceled months ago. Frozen entrees and canned foods have replaced the fresh fruits and vegetables in your kitchen. Incessant worries about what might happen to you and those you love prevent you from sleeping at night.

It's time to get back on track. "Healthy habits are important for everyone, but are critical for people with heart disease," says Cleveland Clinic preventive cardiologist Leslie Cho, MD.

"It's very easy to give up a healthy lifestyle when your normal routine is upended, but doing so may increase your risk of a cardiac event."

Here are 10 things you can do to preserve your physical and mental health and protect your heart.

1 Get plenty of sleep

Sleep is restorative. If you don't get enough quality sleep, your mental and physical health can suffer. Moreover, too little sleep and poor-quality sleep are associated with increased risk of atherosclerosis. Practice good sleep hygiene:

- ▶ Reserve your bedroom for sleeping and sex: Banish the TV and any electronic device that emits blue light.
- ▶ Be sure the room is dark, well ventilated and quiet.
- ▶ Make sure you have a comfortable mattress and clean sheets.
- ▶ Turn down the thermostat. The ideal sleeping temperature is 60 to 67 degrees.



© patrickheagney | Getty Images
Social distancing actually means staying physically separated, not out of touch. Modern technology makes it easy for most people to remain socially active.

2 Stay connected with family and friends

You may not be able to spend time with those you love, but you can stay in touch through phone calls, FaceTime or apps such as WhatsApp or Zoom. Make it a point to talk with someone every day.

3 Get some exercise

Go for a walk or bike ride, if you are permitted and able. "Be outdoors. It's free, and the wind will blow away germs," says Dr. Cho.

If you are stuck inside, search YouTube for low-impact exercises, and practice them daily.

"Try to move fast enough to raise your heart rate and breathe harder," says Dr. Cho. "This type of aerobic exercise strengthens the heart muscle and helps control weight and blood pressure."

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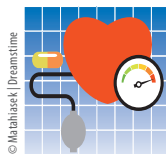
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HEART BEAT



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Hypertension-Related Deaths on the Rise

A study of deaths occurring in the United States from 2007 to 2017 showed that hypertension (high blood pressure) is living up to its reputation as a silent killer. During this decade, deaths from hypertension rose from 18.3 per 100,000 people to 23 per 100,000. The increase was seen throughout the country in people of all ages and both sexes. However, the rural South was hit hardest, seeing hypertension-related deaths rising from 23 per 100,000 people to 39.5 per 100,000 in the same time period. In the study, published online March 19 in the *Journal of the American College of Cardiology*, the principal author postulated that the increase in deaths from hypertension may be due to the rising incidence of diabetes and obesity, an aging population and lack of access to medical care in the rural South.



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American Hearts Also Benefit from Olive Oil

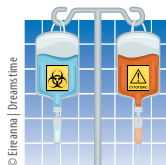
As the cooking and salad oil of choice in Southern Europe, olive oil is a key ingredient in the Mediterranean diet's contribution to lower rates of cardiovascular disease. Now we know olive oil provides the same benefits to adults on this side of the Atlantic. In a study published online March 20 in the *Journal of the American College of Cardiology*, researchers examined the diets of more than 61,000 female participants in the Nurses' Health Study and nearly 32,000 men in the Health Professionals Follow-Up Study. Over 24 years, those who consumed more than 7 grams of olive oil per day (one-half teaspoon) had a 14% lower risk of cardiovascular disease and an 18% lower risk of coronary artery disease. When 5 grams per day of butter, margarine, mayonnaise or dairy fat was replaced with an equal amount of olive oil, the risk dropped 5% to 7%.



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Cocoa May Improve Peripheral Arterial Disease Symptoms

In people with peripheral arterial disease (PAD), insufficient blood flow to the legs can make walking painful. As the disease advances, the distance they are able to walk before leg cramps gets shorter and shorter. A pilot study found that drinking cocoa seems to help. In this study, published online Feb. 14 in *Circulation Research*, 44 patients with PAD were randomly assigned to drink cocoa made from dark chocolate or a placebo beverage three times a day for six months. At the end of the study, all participants underwent a treadmill walking test, magnetic resonance imaging (MRI) to measure blood flow in the legs and a biopsy of their calf muscles to assess muscle health. Compared with those who were given the placebo beverage, those who drank cocoa showed improved blood flow to the legs and healthier calf muscle regeneration. Importantly, they were able to walk 46.5 yards farther on a six-minute walk test given 2.5 hours after their last cup of cocoa.



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Chemotherapy Damages the Right Side of the Heart

Chemotherapy agents known as anthracyclines are responsible for improving survival from leukemia, lymphomas and many other cancers. But survival comes with a price: a greatly increased risk of death from cardiovascular disease. The primary reason is dose-dependent damage to the left ventricle leading to heart failure. Cardiologists and cardio-oncologists are vigilant about monitoring the left ventricle (LV) of these patients for signs of early changes. Now researchers have discovered that changes in the right ventricle (RV) may precede those in the LV. Using 2- and 3-dimensional transthoracic echocardiography with strain imaging, they were able to see changes in the RV that affect its ability to function normally. All 74 study participants received six cycles of standard chemotherapy containing anthracyclines for diffuse large B-cell lymphoma. As explained in the March 1 issue of *Journal of the American College of Cardiology: CardioOncology*, signs of cardiotoxicity appeared after the fourth round. At the end of treatment, 36% of patients had developed cardiotoxicity, defined as a decline in the ability of the RV to function normally. In all cases, this effect occurred before any changes in the LV could be seen. 

Should You Try a Diet Drug?

When used together with lifestyle changes, weight-loss drugs can lower the risk of death from cardiovascular disease.

Most of us know how hard it is to lose weight. You try one diet, then another, and even ramp up your exercise, but the excess pounds don't budge.

If your doctor says your weight is increasing your risk for a cardiovascular event, it may be time to think about adding a weight-loss medication—some call them “diet drugs.” Such drugs can make it easier to shed pounds, while lowering the risk of heart attack and stroke.

Yet according to Cleveland Clinic preventive cardiologist Dennis Bruemmer, MD, many individuals are never offered this option, because their physician is not comfortable using these medications or simply does not attempt to treat obesity.

“Obesity is largely ignored as a risk factor for cardiovascular disease,” he says. “Anyone with a body-mass index of 27 or higher who develops cardiovascular disease or has a cardiovascular risk factor such as high blood sugar, blood pressure or blood cholesterol levels should be offered lifestyle interventions and, probably, weight-loss drugs, as well.”

Doctors' Choice

According to Dr. Bruemmer, the GLP-1 agonist liraglutide (Victoza®, Saxenda®) is the first choice among weight-loss drugs. Sold under the name Victoza, it has been proven to prevent cardiovascular death in patients with type 2 diabetes and cardiovascular disease. As Saxenda, it is offered for weight loss and also may protect the heart.

Another GLP-1 agonist known as semaglutide (Ozempic®) also been shown to reduce cardiovascular disease in patients with diabetes and is showing promise for weight loss. Unlike liraglutide, which is injected, this agent is available in pill form.

Other Options

Weight-loss medications have a sketchy history, which is why some physicians may be reluctant to prescribe them or patients to take them. Sibutramine (Meridia®) was pulled from the market in 2010 after it was found to increase the risk of heart attack, stroke and death.

Earlier this year, lorcaserin (Belviq®) was removed from the shelves after it was connected with an increased risk of certain cancers.

Yet several safe weight-loss medications are still available. Some encourage weight loss by increasing a sense of fullness, so patients eat less. Two examples are phentermine (Adipex-P®, Lomaira®, Suprenza®) and orlistat (sold in prescription form as Xenical® and over the counter as Alli®).

In other cases, a drug that was developed to treat a specific medical problem was found to produce weight loss. One is topiramate (Topamax®), a drug used to treat seizures, migraines and mood disorders. Naltrexone (Vivitrol®) causes weight loss in patients who use the drug to combat cravings for alcohol and opioids. It is even more effective when combined with bupropion (Wellbutrin®), an antidepressant and highly effective smoking-cessation medication.

Most of these medications have side effects that must be weighed against the need to lose weight. Also, cost can be a factor.

“Insurers like phentermine, because it is the least expensive, but I don't like to prescribe it, due to its potential to cause arrhythmias,” says Dr. Bruemmer.

Lifestyle Changes Come First

Medications are not designed to be the first step in weight loss.



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When you can't lose enough weight with diet and exercise alone, adding a diet drug may increase the likelihood of success, a leading cardiologist says.

“If a patient is overweight, but has not been diagnosed with cardiovascular disease and has no risk factors for it, we encourage trying lifestyle changes first,” says Dr. Bruemmer.

He advises overweight patients find a program that includes a weight-loss coach, nutritionist and doctor who work together as a team. “Weight loss is hard, and you are much more likely to be successful with a team on your side,” he says.

If you cannot lose the necessary amount of weight with lifestyle changes alone, the team will decide whether adding a medication might be beneficial. If so, he recommends liraglutide, if your insurance will cover the cost.

Liraglutide is the only weight-loss drug approved for long-term use (up to one year).

All other weight-loss medications may be used only for three months. This is too short a time to produce long-lasting results.

“When the medication is stopped, patients tend to regain all the weight they have lost,” says Dr. Bruemmer.

That's why you can't fix the problem by popping a pill, and why weight-loss drugs aren't a cure-all for obesity.

“It's what we eat, when we eat and lack of activity that causes us to gain weight and prevents us from losing it. To lose weight and keep it off, we have to change our habits,” he says. ■

Bicuspid Aortic Valves and Aneurysms Go Hand-in-Hand

Be sure your doctor looks for an aortic aneurysm if you are diagnosed with a bicuspid aortic valve.

The heart and cardiovascular system develop during the first three months of pregnancy. When everything goes well, an aortic valve with three leaflets (cusps) emerges. But in 1% to 2% of hearts, two of the leaflets fuse, leaving the valve with one normal leaflet and a larger, misshapen one. This is called a bicuspid aortic valve (BAV).

A BAV doesn't always cause problems. In fact, its existence may be revealed through a heart murmur or an echocardiogram performed for another reason. If it's not causing problems, it is left alone. But a BAV that fails will cause symptoms such as shortness of breath, chest pain or an arrhythmia. Repairing or replacing the BAV generally causes the symptoms to disappear.

"After valve surgery, these patients generally do very well," says Eric Roselli, MD, Chief of Adult Cardiac Surgery and Director of the Aorta Center at Cleveland Clinic.

Aorta Woes

A major concern is that 40% to 50% of people with BAV develop an aneurysm in the section of their aorta adjacent to the aortic valve—an area known as the aortic root—and/or the ascending aorta. "The aortic valve, aortic root and ascending aorta have a shared embryonic origin. Their tissue is comprised of different cells than those that form the rest of the aorta," Dr. Roselli explains.

In these patients, the integrity of the aortic wall is compromised, and it balloons out. Such aneurysms may have a 150-fold increased risk of rupturing or dissecting with no warning, but catastrophic results.

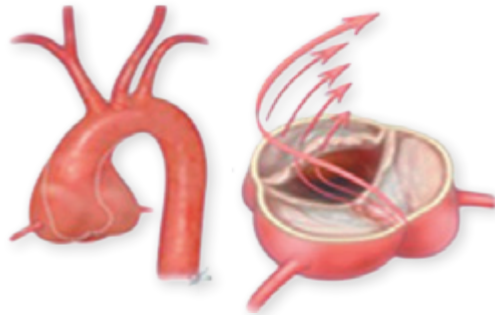


Image courtesy of Cleveland Clinic
Why some patients with BAV develop an aortic aneurysm (like the one seen on the left outside the white lines indicating the normal aorta) is unclear. It may be that the misshapen valve alters blood flow in a way that puts undue stress on the aorta. Or perhaps the wall of the aorta is not normal from birth. "I suspect it is a combination of both," says Dr. Roselli.

That risk is dependent on the size of the aortic aneurysm, which typically grows slowly over many years, even decades.

Added Risk

When an aorta dissects, the tissue separates, allowing blood to flow between the layers, causing immediate, severe chest or back pain. The dissection can lead to compromised blood flow to vital organs or rupture of the aortic wall. A ruptured aorta spills copious amounts of blood into the chest cavity in seconds, causing loss of consciousness and sudden death.

"The potentially fatal risk of aortic dissection or rupture is the reason why everyone with BAV should make sure their aorta is carefully examined to rule out the presence of an aneurysm and evaluated for its risk for complications," says Dr. Roselli. While echocardiography is ideal for diagnosing a valve problem such as BAV, it is not the right test for viewing the aorta.

"The ascending aorta is hidden behind the trachea, putting it in a blind spot," says Dr. Roselli. "To get

a good look at the aorta, you really need to get a cross-sectional CT or MRI study."

Aneurysm Surgery

Aneurysms are "fixed" by cutting out the weakened section of aorta and replacing it with a tough Dacron® graft designed for this purpose.

There is some disagreement about the best time to perform this operation. The standard recommendation is when the aorta has expanded to 5.5 centimeters (cm) in width. Cleveland Clinic surgeons think it is sometimes too risky to wait that long and have lowered the threshold to 5 cm for patients at low risk for surgery.

"Some data suggest the risk of rupture or dissection increases at a smaller size in certain patients, including those with BAV," says Dr. Roselli.

The operation, which is a form of open-heart surgery, is effective and safe. The risk of death from elective aortic replacement is less than 1% at Cleveland Clinic—lower than the national average of 3% or more. Most patients survive and go on to live a normal life. "I have patients who run marathons after recovering from surgery," he says.

A Family Matter

BAV often runs in families. When one family member has BAV, the chance of having a relative with BAV is 10% to 20%.

The high incidence of aortic aneurysm is good reason to make sure that no one else in the family is at risk. That's why when someone has BAV, their first-degree relatives (parents, siblings, children) should also be screened for the valve defect with echocardiography.

"It is important that the screening echocardiogram is ordered to rule out a bicuspid valve, even if the valve functions well," says Dr. Roselli. "If BAV is not found in these family members, they are not likely to have an aortic aneurysm." ❏

Sleep Apnea, a Thief That Can Steal Your Heart Health

Oxygen levels drop, stressing the heart and blood vessels.

Is your snoring legendary? If so, you may suffer from sleep-disordered breathing (SDB). The hallmark of SDB is snoring punctuated by short periods of silence that are followed by a snort or gasp.

Although you may be unaware of this sleep pattern, it will bother others within earshot. It may also affect your heart.

SDB associated with loud snoring increases the risk of cardiovascular disease. Studies have shown loud snorers are 40% more likely to have high blood pressure, 34% more likely to have a heart attack and 67% more likely to have a stroke than people who do not snore.

It's also true that people with some forms of heart disease are at increased risk for SDB.

“An average of 35% of heart-failure patients have a form of SDB,” says Cleveland Clinic heart failure specialist Mazen Hanna, MD. “In patients with heart failure with preserved ejection fraction, the incidence may be as high as 55%. SDB is associated with worse outcomes from heart failure and an increased risk of mortality.”

SDB also may elevate blood pressure in the lungs, causing pulmonary hypertension, and raise the risk of developing heart failure or atrial fibrillation. It alters glucose metabolism, increasing the likelihood of developing diabetes, and may increase the risk of developing cognitive impairment or dementia.

Double Trouble

The majority of patients with SDB suffer from obstructive sleep apnea



© digitalskillet/Getty Images

People with OSA who suffer from daytime sleepiness have triple the risk of heart disease, heart failure and stroke over a 12-year period.

(OSA). This condition occurs when excess tissue in the back of the throat collapses, blocking the windpipe and interrupting breathing. The pauses (apneas) usually occur for 10 seconds or more. When the body becomes alarmed it sends the signal to breathe.

A small percentage of patients have central sleep apnea. In this SDB, the brain stops signaling the muscles that control breathing.

Regardless of the condition causing apneas, oxygen levels in the blood drop, and carbon dioxide levels rise. This raises blood pressure. Over time, the relentless stress of untreated blood pressure adversely impacts the heart and blood vessels.

Speak Up

The road to improved sleep and lower cardiovascular risk begins with telling your primary care physician or cardiologist that you snore.

“I advise doctors to have a low index of suspicion that a snoring patient has sleep apnea and refer them for a sleep study,” says Dr. Hanna. “If they have OSA or central sleep apnea, the next step is to see a sleep specialist.”

CPAP Can Help

There are treatments for both forms of sleep apnea that effectively eliminate snoring, restore normal breathing and relieve stress on the heart.

The gold standard treatment for OSA is continuous positive airway pressure (CPAP). CPAP uses a small, bedside machine that blows air through a mask into the throat during sleep. CPAP pushes obstructive tissue out of the way, so the person can breathe normally.

Examples of CPAP Masks:



CPAP mask images courtesy of ResMed

CPAP masks come in a variety of styles, including full-face masks, nasal masks and nasal pillows.

People who use CPAP awaken feeling refreshed. They are less sleepy and more alert during the day.

Although studies of CPAP and OSA are small and few in number, they showed CPAP reversed arterial stiffness, reduced the risk of heart attack and stroke and lowered the incidence of atrial fibrillation.

In patients with heart failure, CPAP improved 6-minute walk distance and left ventricular ejection fraction, but had no effect on hospitalizations or survival.

“I encourage patients with heart failure to wear CPAP. Not only will it improve their quality of life, it also will reduce the likelihood they will develop an arrhythmia from worsening OSA,” says Dr. Hanna.

Those with central sleep apnea may find the *remedē*® system more effective. This treatment uses a pacemaker to stimulate the phrenic nerve, which controls breathing.

What You Should Drink (or Not Drink) When You Are Thirsty

Be sure your beverage of choice does not increase your heart risk.

It's summertime, and the heat is soaring. The more you perspire, the quicker you get thirsty and the faster you want to quench that thirst.

It may be tempting to reach into the refrigerator and grab anything cold. But if you have heart disease or its risk factors, what you drink matters as much as what you eat. When you reach for a soft drink, orange juice, iced tea or other beverage, do you know if you are making a good choice?

"The healthiest choice may not be what you expect," says Cleveland Clinic dietitian Kate Patton, RD, LD. "Many beverages are loaded with sugar. When consumed regularly, they contribute to diabetes, obesity, elevated triglyceride levels and increased death from all causes."

So what should you be drinking? Let's take a look at the pros and cons of popular thirst quenchers.

Fruit Juice

Since "eat more fruits and veggies" is a mantra you hear over and over, fruit juice is a good choice, right?

Wrong. The keyword is "eat." Fruit juice is high in sugar and low in the fiber you get from eating whole fruit.

"It is okay to consume 100% fruit juice, but only in small quantities," says Patton.

She suggests adding a splash of fruit juice to water to get the citrusy taste with fewer calories and less sugar. Or put a jug of ice water in the refrigerator along with slices of lemon, lime or orange.

If you crave the sharp taste of citrus, look into True Citrus®. The company offers zero-calorie,



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Fruit juice is loaded with sugar, which makes it a poor choice for consuming in large quantities. If you must have fruit juice, drink a small amount of juice you have squeezed yourself. At least you will get some benefits from the fiber it contains.

unsweetened water enhancers made from crystalized citrus fruits. They also have 10-calorie drink mixes sweetened with Stevia that you add to 16 ounces of water. Patton suggests keeping a few packets in your purse or pocket.

Iced Tea

Iced tea is fine, so long as it's not flavored with sugar. Try brewing it at home to control the sugar content. Or buy unsweetened herbal tea.

"It's okay to add a teaspoon of sugar or honey. Just be sure to stop there," says Patton.

Iced Coffee

Iced black coffee can be a good thirst-quencher, particularly if it's decaffeinated.

If you buy it in a bottle or from a coffee shop, it is likely to be loaded with sugar. A bottle of Starbucks® Vanilla Iced Latte, for example, has 34 grams of sugar and 4.5 grams of fat, including 3 grams of saturated fat. That's not healthy for anyone.

Gatorade®

Gatorade was developed to replace electrolytes lost through sweat. A bottle of Gatorade contains 110 mg of sodium, 30 mg of potassium and four kinds of sugar, making it a red flag for anyone watching their salt or sugar intake.

However, Gatorade and other sports drinks do have a place. "If you are working or playing outside in the heat for more than one hour, an electrolyte-replacement drink is an appropriate choice," says Patton.

An alternative for replacing potassium, sodium and magnesium without consuming a large amount of sugar is coconut water.

Energy Drinks

If mowing your lawn leaves you depleted, you may be tempted to reach for an energy drink. Don't do it, Patton advises.

"Energy drinks have unhealthy additives, such as choline and carnitine, in amounts equivalent to eating multiple steaks," she says. "A single drink can raise TMAO levels, which our researchers have shown directly contribute to heart disease."

In addition, many contain very high doses of caffeine, which can raise blood pressure and trigger arrhythmias in some people.

Soft Drinks

Sodas are a no-no. A large study of healthy men and women found an association between increased risk of death and consumption of sugar-sweetened sodas in any amount. Surprisingly, the same risk was seen in those who drank more than two artificially sweetened sodas a day.

Water

Water should be your drink of choice. It's calorie-, sugar- and additive-free. Liven up the taste by adding fruit slices, berries, herbs or cucumber for a refreshing change. Unless you must restrict fluid intake due to heart failure, feel free to enjoy water, seltzer water or flavored water to your heart's content. 🍵

Staying Healthy... continued from page 1

4 Stay hydrated

Whether you are exercising or watching television, be sure to drink plenty of fluids (see article on page 6). But don't wait until you feel thirsty: If you become dehydrated, your blood pressure can drop, and you will feel lightheaded or woozy or pass out.



Stock up on apples, tangerines and grapefruit, which have a long shelf life.

5 Limit alcohol consumption

When there's nowhere to go, nothing to do and no one to do it with, it's easy to overindulge. Keep in mind that alcohol is loaded with sugar and empty calories and can quickly cause you to gain weight.

Too much alcohol also can trigger serious arrhythmias. And because heavy alcohol consumption increases the risk of stroke, consider capping the amount you consume daily at one drink if you're a woman, two if you're a man.

6 Don't smoke

Just like drinking alcohol, smoking is a habit with no health benefits. Although many smokers worry about getting lung cancer, they are more likely to have a heart attack.

Why not use this hiatus from your normal life to quit smoking? Ask your doctor for a prescription for a stop-smoking drug. Add nicotine gum to tide you through the night and a free online support group, and you'll be able to kick your habit.

7 Make healthy food choices

Fresh food is always best, but if you are unable to make regular trips to the supermarket, you can still eat healthfully. Try these options:

- ▶ Buy vegetable-based soups, such as butternut squash or asparagus.
- ▶ Canned cannellini beans and chickpeas are tasty eaten raw. Serve them as a side dish or snack, or mix them with water-packed tuna and onion for lunch.
- ▶ Canned fruit is fine, so long as you buy fruit packed in natural juice, not syrup.

- ▶ Cook whole grains in low-salt vegetable stock, and serve them in place of potatoes.
- ▶ Make open-faced sandwiches from sliced vegetables on whole-grain bread.
- ▶ Have nut butters on hand.
- ▶ Limit foods high in carbohydrates, salt, sugar and fat: Go easy on pasta, crackers, cookies and bread.
- ▶ Read labels. Most frozen entrees and canned soups are loaded with salt. If you must stock frozen entrees, make them vegetarian.
- ▶ Beware of protein bars. Most are simply candy bars.
- ▶ Limit hot dogs, sausages, bacon and lunchmeats, which contain large amounts of salt.

8 Take your meds

When the days of the week blend together, it's easy to get off track with your medications. Make a concerted effort to take your meds as prescribed.

If you are afraid to leave your home to pick up your refills, ask your pharmacy if they deliver. Many pharmacies are now offering this service free of charge.

9 Mind your mental health

If the news makes you anxious, take a break. Turn off your television and walk away from your computer and phone. Instead, read a book. Look through old photo albums. Clean out your closets and drawers. Look online for instructions on how to meditate or practice mindfulness. Find something to laugh about. Make a list of your blessings and review them daily.



Nuts make great snacks. Practice portion control to limit calories.

10 Use medical resources wisely

Having hypertension, heart disease or another serious medical condition puts you at increased risk of a bad outcome from COVID-19 infection. Avoid going to your doctor's office or a walk-in clinic, where you may expose yourself unnecessarily to the coronavirus. If you have any medical concerns, call your provider on the phone.

"Most doctors are doing virtual visits. It's not necessary or wise to see patients in person unless absolutely necessary," says Dr. Cho.

Although people who develop COVID-19 may show a variety of symptoms such as cough or fever, some patients are asymptomatic.

If you have heart disease and develop a fever, call your primary care provider, not your cardiologist. **Do not** go to the emergency department, where you could infect the doctors, nurses and other patients.

"We want you to be healthy at home," says Dr. Cho. 📞



When you begin to feel stressed by the bad news you are hearing, stop listening. Take a break from the media and read a book, or engage in an activity that gives you pleasure and distracts your mind.



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I am a 70-year-old who is trying to stop smoking by chewing nicotine gum up to 10 times a day. Is this safe? Is there anything I should watch out for?

As with any medicine, nicotine gum has risks, but if used properly, it is a safe way to help quit smoking and treat nicotine withdrawal.

The gum should not be used by anyone with temporomandibular joint disorders or severe arrhythmias, nonsmokers or soon after heart attack. If you have coronary heart disease, high blood pressure or diabetes, use nicotine gum only under a doctor's supervision. The stimulant properties of nicotine can raise blood pressure, increase heart rate and constrict blood vessels, all of which may contribute to heart complications. Unsafe side effects may occur if you use more gum than recommended or combine it with smoking. Individuals over 65 are more prone to side effects, so talk to your doctor.

Most people find side effects are mild and can be reduced by chewing the gum slowly and using it correctly. The starting dose depends on the smoking pattern: 4 milligrams (mg) if you smoke more than 25 cigarettes a day or have your first cigarette within 30 minutes of waking; otherwise, 2 mg. Use the "park and chew" technique for 30 minutes—chew until tingling develops; then rest the gum between your cheek and gums until the tingling resolves. A new piece of gum can be taken every one to two hours.

Chew only one piece at a time. Never swallow the gum. Avoid eating or drinking right before and while using the gum. Reduce the quantity of gum over time to allow your body to adjust to decreases in nicotine. It is generally advised that the gum should not be used longer than three to six months. Long-term use may contribute to addiction, risk of diabetes, heart arrhythmias or damage to dental work.

What should those of us with heart disease know about the COVID-19 virus? I had a heart attack and am very worried.

The virus that causes COVID-19 has greater infectivity and higher death rates than influenza. These facts and lack of vaccine are reasons for ongoing concern, particularly if you fall into a high-risk group such as those with cardiovascular disease (CVD).

Other respiratory viral infections, such as influenza, are associated with cardiac side effects. As COVID-19 has spread, we have received reports of myocarditis (inflammation of the heart muscle), heart muscle damage, heart rhythm problems and worsening heart failure in infected patients. Individuals with CVD are not only at higher risk of acquiring COVID-19 infection, but those who are infected also have an increased risk of severe illness, hospitalization, need for ventilators, cardiac complications and death.

A study of hospitalized patients in China noted that heart injury (determined by heart muscle enzymes) was present in up to 20%, and those with elevated enzymes had a 10-fold increase in mortality. Other observations suggest the death rate in CVD patients may be four to five times higher than those without CVD. Possible contributors to heart complications include the viral infection itself, intense inflammatory response, increased blood clotting and heightened stress on the heart when superimposed on pre-existing CVD.

It is especially important now and until this pandemic subsides for those with CVD to be highly vigilant and follow guidelines: Avoid sick patients, practice excellent hand hygiene, avoid touching your face, sanitize surfaces frequently and utilize social distancing. If you develop flu-like symptoms, call your doctor's office and ask if you can be tested. Since other infections can further complicate COVID-19, make sure your flu and pneumonia vaccinations are up to date. ■

IN COMING ISSUES

What are the early signs of diabetes?

How women can prevent heart disease.

Curing anemia caused by heart failure.

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