

Eating — What does eating have to do with heart trouble? During digestion the heart's work is increased, so the more you eat, the more work your heart must do. The burden of extra weight around a body organ makes the work of that organ more strenuous, thus imposing an extra strain on the heart.

A diagnosis of heart trouble or high blood pressure will probably mean not that you'll have to give up your favorite foods, but rather that you'll have to eat more moderately of them. If you're overweight, your doctor will probably advise you to diet, and he may suggest five or six light meals a day instead of the usual three so as to spread out the work the heart does during digestion. He may prescribe a low sodium diet. Many hypertensive patients have benefited from such a diet. Many doctors prescribe for cardiac patients a diet which limits the types and amounts of fats. Your doctor will tell you what is best for *you*.

Smoking — If you're a confirmed smoker, you perhaps feel that smoking relaxes you. However, it seems to have the opposite effect on your blood vessels. Experiments have shown that when you smoke, your arterioles almost immediately tighten or constrict, and your blood pressure goes up. So of course if you have high blood pressure or hardening of the arteries, it is advisable for you not to smoke or to limit your smoking. Your doctor will advise you about this.

General Health Care — Run over in your mind the general rules for health that should be followed by everyone. Then underscore each rule three times, for if you have heart trouble, you should be even more careful of your general health than are your hardier colleagues. For example, everyone should see a physician regularly, but you, of course, will need to keep in close touch with a doctor, as your diet, weight, activity, amount of rest — your way of life — should have constant and careful medical supervision.

Everyone should avoid infections, but you who already have a handicapped heart must take particular care to prevent further damage to it by avoiding infections such as colds, sore throats, pneumonia, and infections of the sinuses and teeth. If you should develop an acute infection, be sure to call a doctor.

Perhaps at this point you feel that you've heard a discouragingly large number of do's and don't's — maybe you *don't* want to hear any more! But actually the general restrictions have not been so many; there is still a vast amount of enjoyable activity available to you.

So do live up to your fullest potentialities. If you have to cut out your favorite sport, why not look around for a less strenuous one? It doesn't have to be taxing to be enjoyable! As for work, most people with heart disease can and do work. Usually they are able to stay at their same jobs. Your doctor, of course, will advise you about this.

Some local heart associations have set up work evaluation clinics. And for the small number of people who must change jobs, programs to help them do this successfully have been developed in many communities. Such programs help a person decide what new kind of work he is suited for, help him train for it, and aid him in actually getting a job. Ask your doctor or your local heart association about the facilities available in your community.

People who are willing to try for serenity — who are able to go ahead with less speed and less worry, who face their handicaps without fear, coaxing their hearts along without letting their impairment become an obsession — these are the people who have the best chance for a full, happy, and lengthy life despite heart trouble.

The text of this pamphlet was prepared with the cooperation and advice of the American Heart Association, 44 East 23d Street, New York 10, N. Y. For information about other publications relating to heart disease write to that Association. The cover design of Your Heart is an artist's rendition of an electrocardiogram (see page 14).