

Katie Johnson: Good morning. Welcome to Apple A Day, Lake Region Healthcare's Health and Wellness Show, where we feature news and information that you can use to live a healthier life. February is Heart Disease Awareness Month. We have as our guest today Nancy Nubson, an RN at our cardiac rehab program, to help us uncover some of the myths surrounding heart disease. Good morning, Nancy.

Nancy Nubson: Good morning. It's nice to be with you, Katie.

Katie Johnson: Thank you for bringing your knowledge and expertise from your many years in cardiac rehab to our program this morning. I think there are a lot of myths out there, but we've narrowed them down to our top seven myths that we want to shatter about heart disease.

The first one we came up with is age. "I'm too young to worry about heart disease." Why is that not true?

Nancy Nubson: Heart disease or aging happens in our body when we start developing even before we're born. The diets that children eat and adolescents eat and us as adults just keep adding to the changes in our bodies. That might mean that we're building up some cholesterol in our body, or we're doing things that make our blood pressure high. The way we live and are active our bodies change with that. Actually, children can even start developing heart disease.

Katie Johnson: We have seen heart attacks even happen in people in their twenties.

Nancy Nubson: That's right. I've seen people in my program in their twenties with heart attacks. Then, there's also things that happen, like congenital things that happen. Congenital things are things, like valvular heart disease that can happen.

Katie Johnson: Whether it's your lifestyle choices or your family history, both can contribute to heart disease and heart attack at very young ages. You're never too young to start paying attention to your heart health.

Number two is on the topic of high blood pressure. People who say, "I'd know if I had high blood pressure. I'd be able to tell, so I don't have any high blood pressure symptoms. I've got nothing to worry about."

Nancy Nubson: High blood pressure or hypertension is called the silent killer. Maybe a lot of people have heard that term, but you know, for us to really think about it we don't know. We don't feel, unless our blood pressure is extremely high. We might get a headache or something. Really low and we might get lightheaded or pass out, because it's low for some strange reason. Otherwise, we really don't know how it is. An early treatment is so important, because that affects how our blood vessels in our body, our arteries and veins are. The health of them, how elastic they are, and how they work. Those things can cause strokes, heart attacks, and kidney failure. Lots of serious health problems.

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Katie Johnson: We should get our blood pressure checked often and know what healthy numbers are.

Nancy Nubson: Exactly. Ideally, we'd like our blood pressure as an adult to be like 120/60 or 80. If you start getting a blood pressure above 140/90, then you for sure want to check it out and see a doctor.

Katie Johnson: Our number three myth is that, "It will be obvious if I'm having a heart attack. I'll feel severe pain in my chest."

Nancy Nubson: Some people do come in and say they have severe pain. Years ago when I used to work in critical care in cardiology, I would see some people, once in a while, that would have such terrible pain that they couldn't stand, they couldn't lay in bed still. They couldn't handle it. Usually, it's more subtle. Sometimes it's even just a weakness, especially for women, maybe a little shortness of breath, or a little sweaty, or might have a discomfort between their shoulder blades and their back. People miss things like that, or up in to their neck or jaw. They go to the dentist or chiropractor for a shoulder, and it's actually their heart. The symptoms don't need to be really severe pain like we picture. I think it's important for people to recognize that. You can have discomfort without even having any associative symptoms and can be having a heart attack.

Katie Johnson: Mm-hmm (affirmative). Sometimes I've even heard people say it felt like indigestion.

Nancy Nubson: Exactly. People will take Tums or a bottle of antacids. Then, they all finally go in, because it doesn't go away. Then, they're having a heart attack. That early treatment is so important. If you take an antacid and it's not helping you in four or five minutes, because usually if I take a Tums it helps me that quick, go in and get help. Go to the emergency room. That's where to go.

Katie Johnson: Definitely. Next myth is for people who have diabetes who think that diabetes isn't going to affect their heart or have any relation to heart disease.

Nancy Nubson: For people with diabetes, if they can keep their A1C, their long-term blood sugar, if they can keep their blood sugar in nice ranges and have that at goal level, it really does help reduce the risk of heart disease or health problems. The other risk factors that come along with getting diabetes are the thing. They overlap and cause problems with health, like the high blood pressure, being overweight, being physically inactive, not knowing what their cholesterol level is. They should get their cholesterol check every five years after age 20, people should. If our cholesterol mix is not good and we don't have a lot of that good cholesterol, we could be plugging up arteries. Then, there's that smoking. That's a big issue.

Katie Johnson: Those are true for anyone, not just people with diabetes.

Nancy Nubson: That's true for everybody.

Katie Johnson: Right. Right. About the myth, "It runs in my family. I have no control over that. There's nothing I can do about it if it's in my family history."

Nancy Nubson: Family history is certainly a factor. Sometimes I say to people, "Part of it is how we live and how we learn to live from our parents." We live by what we learned from example. There is a higher risk of it. By taking steps to reduce the risks that we can, that is going to decrease it. There is a lot we need to do. Being aware that it's in our family, and then knowing the signs and symptoms, we can make a big difference. There's over 200,000 people that die a year in the United States from heart disease that's preventable.

Katie Johnson: Right. Just because the family history is there, it doesn't take away your responsibility to do what you can with your diet, with your lifestyle choices, with your physical activity levels in other words.

Nancy Nubson: Exactly.

Katie Johnson: Another one is, "I've had a heart attack. I shouldn't exercise once I've had a heart attack."

Nancy Nubson: Some people are concerned and they think that it's not a good thing to exercise. They have to stop doing everything, but that is probably the wrong, opposite thing. As soon as we get approval from our doctor, and they tell us on our sheets when we can start exercise or being active again and how much we can do, and often times doctors will tell people if they've had a heart attack, they should come to cardiac rehabilitation. That's where I work. We assess people, make sure their heart rhythms, blood pressures, oxygen levels, heart sound good, and everything's doing good. Then, we give them guidelines, help them work through, get reassurance, know how much exercise is good, and help them find out how much they can handle doing.

Katie Johnson: It's just like any other injury, you have to exercise that muscle or that area that's been injured in order to strengthen it and return it to good health. That's exactly what exercising in cardiac rehab is designed to do.

Nancy Nubson: Yes, it does. It exercises our whole body. When our whole body is exercising, we're exercising our heart, because that heart that we have has to deliver all that oxygen to our body. We do it in a manner, depending on how a person's health is and we look at how their body reacts to it, so then we can carefully gauge how much work they should progress, how fast they should do what they should do, working with their physical body, and how they feel otherwise with what's going on with their health. Cardiac rehab guides people along.

Katie Johnson: One more myth. "That pain I have in my legs is just because I'm getting old."

Nancy Nubson: Sometimes we like to think that. Sometimes, maybe, we have other health issues, but a lot of times that pain that we get in our legs is from things, like poor circulation. Cholesterol, that plugs up vessels, can plug up vessels in our heart. It can do it up in our brain and make us have some poor circulation up there and cause a stroke. It can happen in our legs and cause something called claudication or peripheral arterial disease. Actually, exercise is one of the best things to improve that.

In fact, the University of Minnesota has provided a grant that we are utilizing here at Lake Region Healthcare, and we see people that have circulation problems in their legs. They tend to quit walking, because their legs hurt. If they can't walk, we do other kinds of exercise that they can do, because they have discovered that any kind of exercise, whether it's using your arms or your legs, helps improve the circulation throughout your body. It dilates all the arteries in your body. Not just the ones being used. The study pays for the people to participate in cardiac rehab. If you have aching in your legs, you should talk to your doctor or contact us and we will do a screening. Then, you can participate in a program where you learn about maintaining health, exercise, build up some strength and endurance, get some counseling, and some intervention for just holistic health.

Katie Johnson: Great. That information is available here from Lake Region Healthcare. We are always here to be a resource for you for those questions, concerns, and screenings. And a lot of the information that you've shared with us, if listeners want to dig into any more of these myths or other information about heart disease, has come from the American Heart Association.

Nancy Nubson: Yes. I rely on them a lot. They have such good recipes. They have good intervention things, like talking about, "Gee. I feel this way, is it my heart? Is this my blood pressure? Is this my circulation?" Whatever it is that they deal with it when it's cardiovascular and how to help people prevent problems.

Katie Johnson: That's exactly our goal today. Nancy, thanks so much for shedding some light on these myths surrounding heart disease during February Heart Health Month.

Nancy Nubson: Thank you for having me, Katie.

Katie Johnson: Nancy Nubson, RN in our cardiac rehab program. My guest today on Apple A Day. Nancy and I both remind you, there is so much to do here. Stay healthy for it. Have a great day.