

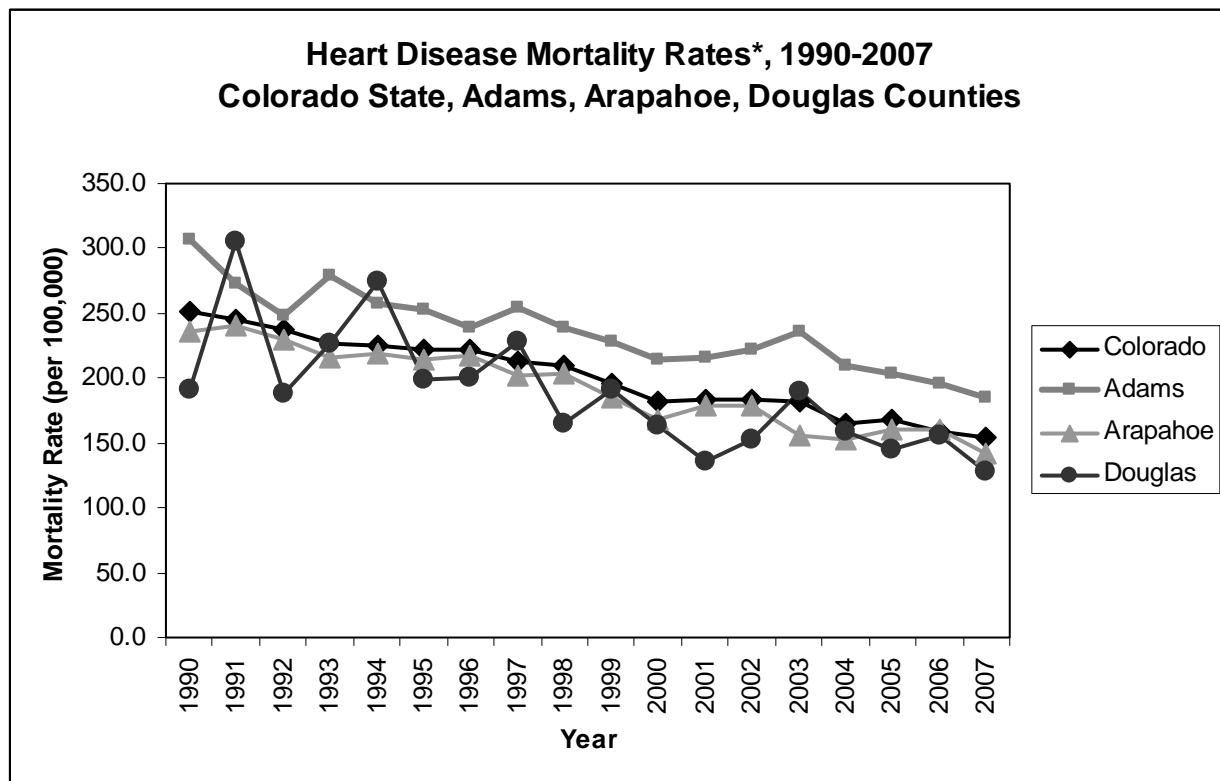
Public Health Update

February 2009

American Heart Month By Maura Proser, MPH

February is American Heart Month! This serves as a time to raise awareness of heart disease and its risk factors in all Americans. For more information about American Heart Month, visit www.americanheart.org.

Heart disease is the number one killer in the United States and the second leading cause of death in Colorado. Though mortality rates for heart disease have decreased 39% since 1990, prevalence of major risk factors is increasing. The proportion of Colorado adults who have been told by a health care provider that they have hypertension increased 12% from 1990-2005. High cholesterol prevalence increased 50% and diabetes prevalence increased 43% in that same time period. Obesity in Colorado has more than doubled since 1990! Though smoking among adults has decreased, one in five still smokes regularly. The American Heart Association predicts that heart disease death rates may begin to rise again if these risk factors are not controlled and reduced. There is a prime opportunity for health care providers to work with patients to reduce heart disease risk now.



*Age-adjusted to the 2000 US Standard Population
Source: Colorado Health Information Dataset, Colorado Death Statistics



Tri-County Health Department • Serving Adams, Arapahoe and Douglas Counties
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Preventable and Controllable Risk Factors for Heart Disease:

There are some risk factors for heart disease that cannot be changed, including gender, age, and heredity. Men have a higher risk of heart disease than women (though it should be noted that heart disease is the leading killer of both men and women), and risk increases with age. Having a family history makes a patient more likely to develop it him/herself. Because these personal factors cannot be changed, it is important to talk with your patients about risk factors for heart disease that can be prevented, controlled, or treated. These include:

- **High Blood Pressure:** The Joint National Committee on Prevention, Detection, and Treatment of High Blood Pressure (JNC-7) recommends all adults achieve a blood pressure <120/80. Blood pressure above 140/90 is considered Stage 1 Hypertension and should be treated accordingly⁴.
- **High Cholesterol:** The Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults recommends all adults achieve a total cholesterol level <200, LDL-cholesterol levels <100, and HDL-cholesterol levels of 40 or higher. High total cholesterol, high LDL, and low HDL should be treated accordingly⁵.
- **Overweight/Obesity:** Patients should be provided resources and support in achieving a healthy weight.
- **Diabetes:** Patients currently diagnosed with diabetes should practice recommended self-care behaviors and maintain a steady level of blood glucose control. Those at risk for diabetes should be counseled on healthy lifestyle techniques to prevent diabetes and aim for a fasting blood glucose <100³.
- **Tobacco Use:** All patients should be screened for tobacco use and counseled on appropriate cessation resources.
- **Physical Inactivity:** The United States Department of Health and Human Services issued its first Physical Activity Guidelines for Americans in 2008. These guidelines recommend all adults accumulate 150 minutes of activity per week to reduce risk of heart disease⁶.
- **Poor Diet:** The American Dietetic Association recommends a diet low in fat, cholesterol and sodium, and high in fiber, whole grains, fruits and vegetables, and healthy fats such as those found in fish and nuts. Patients with special dietary needs, such as diabetes or obesity, should be referred to a registered dietitian when appropriate².

As a health care provider, what can you do to reduce the risk of heart disease in your patients?

- Raise Awareness: Educate patients on heart disease risk factors and the importance of screening
- Modify Risk Factors: Work with patients to help them change lifestyle-related risk factors for heart disease, such as tobacco use, obesity, and physical inactivity.
- Screening: Be sure to conduct age and risk-appropriate screening in a timely manner
- Reminder system: Develop a reminder system to ensure that your patients get screened regularly



Current Preventive Screening Recommendations for Heart Disease Risk Factors:

- **High Blood Pressure:** The United States Preventive Services Task Force (USPSTF) currently recommends blood pressure screening for all adults over age 18⁷. The Joint National Committee on the Prevention, Detection, and Treatment of High Blood Pressure (JNC-7) calls for routine blood pressure measurement at least once every 2 years for adults with systolic blood pressure less than 120 mm Hg and diastolic blood pressure less than 80 mm Hg, and every year for those with systolic blood pressure 120 to 139 mm Hg and diastolic blood pressure 80 to 89 mm Hg. Diagnosis and treatment should follow guidelines of the Seventh Report of the JNC-7⁴.
- **High Cholesterol:** The USPSTF currently strongly recommends that all men over age 35 and women over age 45 are screened for lipid disorders. Persons aged 20-45 who are at increased risk for heart disease should also be screened⁷. Diagnosis and treatment should follow guidelines of the Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults⁵.
- **Obesity:** Currently, the USPSTF recommends that clinicians screen for obesity in all adult patients and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. The USPSTF recommends the use of body mass index (BMI), calculated as weight in kilograms divided by height in meters squared, as a reliable and valid tool for identifying adults at increased risk for mortality and morbidity due to overweight and obesity. The USPSTF has found fair to good evidence that *high-intensity* counseling—about diet, exercise, or both—together with behavioral interventions aimed at skill development, motivation, and support strategies produces modest, sustained weight loss (typically 3 to 5 kg for ≥ 1 year) in adults who are obese⁷.
- **Diabetes:** The USPSTF currently recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg⁷. The American Diabetes Association further suggests screening adults aged 45 and older every three years¹, particularly in those with a BMI ≥ 25 kg/m².
- **Tobacco Use:** The USPSTF strongly recommends screening all adults for tobacco use and providing tobacco cessation opportunities⁷. It is important to assess a patient's readiness to quit and counsel patients on cessation and provide any appropriate cessation methods. The Colorado Quit Line (1-800-QUIT-NOW) can offer patients free counseling, education, and nicotine replacement.



FREE HEART DISEASE RISK SCREENINGS PEAK WELLNESS PROGRAM

The Tri-County Health Department Peak Wellness Program provides *free* heart disease screening to uninsured and underinsured low-income men and women, ages 40-64. Patients receive blood pressure, cholesterol, and glucose screenings, and women can also receive an annual pap smear and mammogram as well.

For more information on Peak Wellness, visit www.tchd.org/peakwellness.htm or call (303) 363-3018.

COLORADO QUIT LINE 1-800-QUIT-NOW

All smokers should be referred to the Colorado Quit Line. The Quit Line can provide resources for patients at all stages of readiness, whether they are just contemplating quitting or are ready to quit today. Callers to the Quit Line receive a free personalized program, including coaching and support, and free nicotine replacement therapy. There are also online quit tools and information to help smokers determine if they are ready to quit and decide when they will be ready.

For more information on the Quit Line, visit www.coquitline.org or call 1-800-QUIT-NOW.

References and Resources:

1. American Diabetes Association. Screening for Type 2 Diabetes. Position Statement. http://care.diabetesjournals.org/cgi/content/full/26/suppl_1/s21
2. American Dietetic Association: www.eatright.org/cps/rde/xchg/ada/hs.xsl/index.html
3. American Heart Association: www.americanheart.org
4. Seventh Report of the Joint National Commission on Prevention, Detection, and Treatment of High Blood Pressure: www.nhlbi.nih.gov/guidelines/hypertension/
5. Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults: www.nhlbi.nih.gov/guidelines/cholesterol/
6. United States Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. . www.health.gov/PAGuidelines/
7. United States Preventive Services Task Force Recommendations for Preventive Clinical Services: www.ahrq.gov/clinic/uspstfix.htm



For more information or questions, please contact:

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**Selected Diseases by Date of Report
 Adams, Arapahoe, and Douglas Counties
 2008 Year-to-Date through December**

