

KNOW YOUR NUMBERS

Focus on These Things to Improve Cardiometabolic Health



BLOOD PRESSURE

Nearly 1 in 2 women have high blood pressure or are taking blood pressure medication in the U.S.

Blood pressure is measured in millimeters of mercury (mm Hg) and is recorded with two numbers:

Systolic Pressure, or the pressure on your blood vessels when your heart beats

ideally <120

Diastolic Pressure, or the pressure on your blood vessels when your heart is at rest

ideally <80

High blood pressure happens when the force of the blood pushing against the walls of the blood vessels is too great, damaging the vessels and creating health issues.



BLOOD GLUCOSE (aka BLOOD SUGAR)

Pre-diabetes and diabetes are conditions that occur when your blood glucose (or blood sugar) is too high. The higher your blood glucose, the higher your risk. This occurs because the body either doesn't make enough insulin (a hormone produced by the pancreas) or is unable to use the insulin it makes effectively.

People who have diabetes, **especially women**, are at higher risk of heart attacks, stroke and heart disease progression. Blood glucose targets vary, depending on whether someone has diabetes or not.

Nutrition, physical activity and medications (when needed) can keep blood glucose at optimal levels.

90

NORMAL:

Fasting glucose: <100
A1c: ≤5.6%

110

PRE-DIABETES:

Fasting glucose: 100-125
A1c: 5.7-6.4%
Increased risk for diabetes

130

DIABETES:

Fasting glucose: 126 +
A1c: ≥6.5%
Increased risk of heart disease and stroke

CHOLESTEROL

You want your LDL cholesterol "or bad" cholesterol as low as possible for as long as possible to minimize your risk.

Total Cholesterol:

The sum of your LDL cholesterol, HDL cholesterol and a fraction of your triglycerides.

ideally: <200



Triglycerides:

Carriers of fat cells in the blood

ideally: <150



HDL or "good" cholesterol:

Protective against heart disease

ideally: >50



LDL or "bad" cholesterol:

The higher this number, the higher your risk

ideally: <70 in women with heart disease

Sometimes, your doctor may look at additional cholesterol factors, such as **lipoprotein a or Lp(a)**. Lp(a) is a type of LDL cholesterol that is determined by your genes and is not generally affected by lifestyle.

WEIGHT

Excess weight is associated with an increased risk of heart disease. For most people, a comprehensive approach to weight loss is best:



nutrition
modifications



physical
activity/exercise



medication

Meeting with a trained professional for a personalized plan, such as a registered dietitian nutritionist or a weight loss clinician, often promotes more sustainable results.



SMOKING

One of the best things you can do for your health is to **avoid tobacco exposure** in any form (this includes traditional cigarettes, e-cigarettes and vaping). Generally, the more tobacco you are exposed to, as a smoker or through secondhand smoke, the higher your risk. Most of this risk is dramatically lowered after quitting. Success is significantly higher for individuals who participate in formal smoking cessation programs and those that use medications to help with quitting.

Regular visits with your health care team can help you monitor and optimize your risk factors. Be prepared with questions about what your goal numbers should be — and if there is any additional testing you need.

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KNOW YOUR NUMBERS

For anyone with and at risk of heart disease, knowing your numbers and managing your risk factors is key. The foundation of self-care includes lifestyle behaviors – things like eating healthy, participating in intentional activity throughout your day, getting adequate high-quality sleep, and incorporating ways to cope with stress. Making time for these behaviors can significantly improve overall cardiovascular health.



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