

What's your
heart risk?

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Eat what
you love—
guilt-free!

P. 20

Health Monitor[®]

Living



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**“I’m on a
total health
journey—and
I’m never
giving up!”**

Lowering Your Risk of Heart Attack and Stroke

By advocating for herself, Jacqueline Alikhaani got the treatment that's reining in her blood sugar and improving her heart health!





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“I’m never giving up!”
By advocating for herself, Jacqueline Alikhaani got the treatment that’s reining in her blood sugar and improving her heart health!

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THE Health Monitor

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LUJ23

Cover photo by Dana Fineman

LOOK FORWARD WITH CONFIDENCE!

Heart disease is the top threat to your golden years. Today, there are ways to rein it in—and enjoy every day with greater peace of mind.

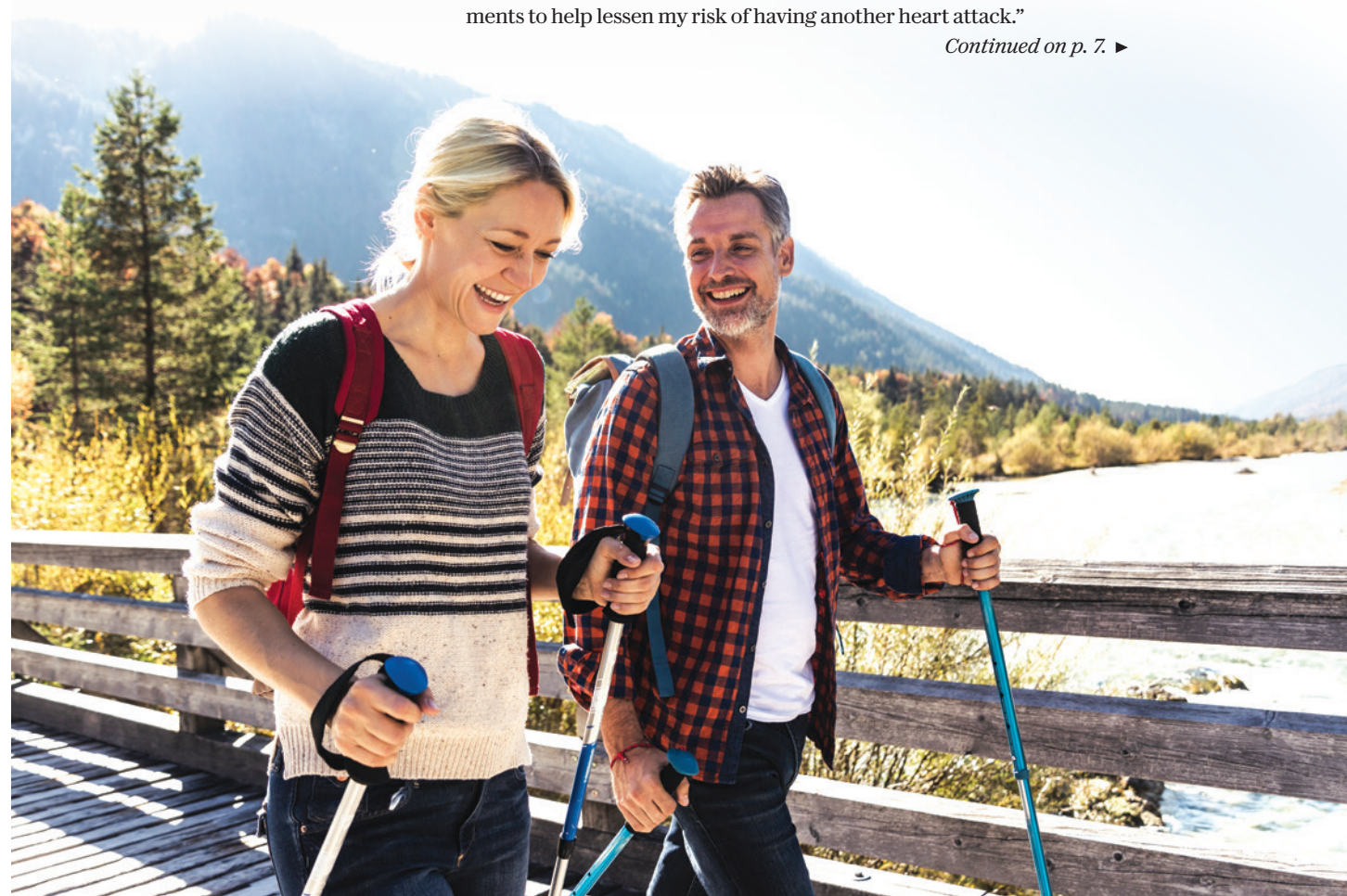


Charlotte G. is taking it one day at a time. After suffering from an unexpected heart attack, she took that as a wakeup call to gain back control of her health. “Surviving that episode changed my perspective. I knew I was given a second chance and I wasn’t going to waste it,” she says.

While at the hospital, she learned the likely causes of her heart attack: type 2 diabetes and high blood pressure. “I was diagnosed with type 2 diabetes a couple of years ago, but I didn’t realize it could lead to a heart attack,” she admits. With reality firmly set in, Charlotte vowed to lead a healthier lifestyle going forward. Her first step? Connecting with a care team that includes a cardiologist, an endocrinologist and a dietitian.

“Managing my blood sugar levels and staying on top of my blood pressure levels can be overwhelming sometimes. Thankfully, I have my cardiologist and endocrinologist who work together—they prescribed me treatments to help lessen my risk of having another heart attack.”

Continued on p. 7. ▶



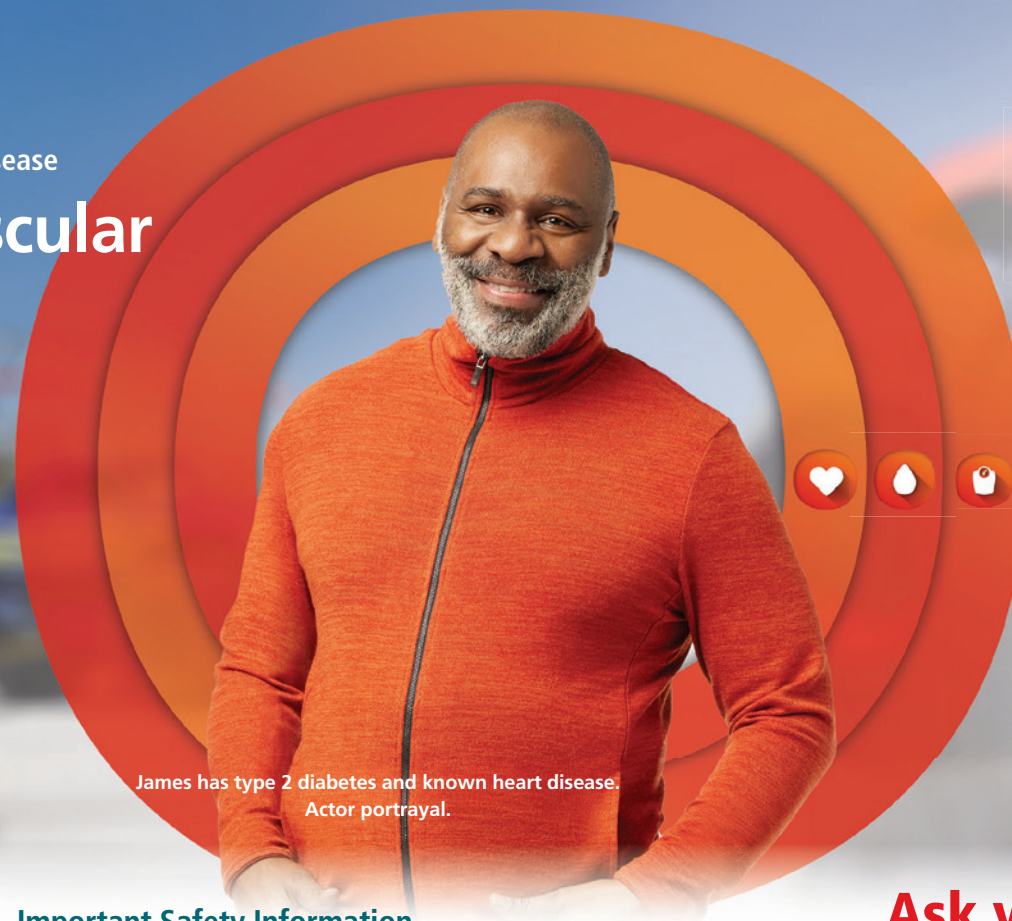
For adults with type 2 diabetes and known heart disease

Lower your cardiovascular risk with Ozempic®



Ozempic® can help lower cardiovascular (CV) risk

People with type 2 diabetes and known heart disease are at a greater risk of major CV events such as stroke, heart attack, or death. Ozempic® is proven to lower this risk.



James has type 2 diabetes and known heart disease.
Actor portrayal.



Ozempic® provides powerful A1C reduction.^a

In 2 different studies, a majority of adults reached an **A1C of less than 7%** and maintained it.^b

^aIn 2 different studies, adults lowered A1C, on average, by:

- Ozempic®: 1.4% (0.5 mg) and 1.6% (1 mg) vs placebo: 0.1%
- Ozempic®: 1.9% (1 mg) and 2.1% (2 mg), taking 1 or 2 diabetes pills from a starting average A1C of 8.0% and 8.9%, respectively.

^bIn the same 2 studies, the majority of people reached an A1C under 7%:

- Ozempic®: 73% (0.5 mg) and 70% (1 mg) vs placebo: 28%
- Ozempic®: 56% (1 mg) and 64% (2 mg)



Ozempic® may help you lose some weight.

Adults lost up to 14 pounds.^c

Ozempic® is not for weight loss.

^cIn the same 2 studies looking at A1C, adults lost on average:

- Ozempic®: 8 lb (0.5 mg) and 10 lb (1 mg) vs placebo: 3 lb
- Ozempic®: 12 lb (1 mg) and 14 lb (2 mg)

from an average starting weight of 202 lb and 219 lb, respectively.

Ask your health care provider about lowering your CV risk with Ozempic®

Look up your cost and a savings offer at myOzempicCost.com

What is Ozempic®?

Ozempic® (semaglutide) injection 0.5 mg, 1 mg, or 2 mg is an injectable prescription medicine used:

- along with diet and exercise to improve blood sugar in adults with type 2 diabetes.
- to reduce the risk of major cardiovascular events such as heart attack, stroke, or death in adults with type 2 diabetes with known heart disease.

It is not known if Ozempic® can be used in people who have had pancreatitis.

Ozempic® is not for use in people with type 1 diabetes.

It is not known if Ozempic® is safe and effective for use in children under 18 years of age.

Important Safety Information

Do not share your Ozempic® pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

What is the most important information I should know about Ozempic®?

Ozempic® may cause serious side effects, including:

- **Possible thyroid tumors, including cancer.** Tell your health care provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rodents, Ozempic® and medicines that work like Ozempic® caused thyroid tumors, including thyroid cancer. It is not known if Ozempic® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.
- Do not use Ozempic® if you or any of your family have ever had MTC, or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

Important Safety Information

Do not use Ozempic® if:

- you or any of your family have ever had MTC or if you have MEN 2.
- you are allergic to semaglutide or any of the ingredients in Ozempic®. See symptoms of serious allergic reaction in "What are the possible side effects of Ozempic®?"

Before using Ozempic®, tell your health care provider if you have any other medical conditions, including if you:

- have or have had problems with your pancreas or kidneys.
- have a history of diabetic retinopathy.
- are pregnant or breastfeeding or plan to become pregnant or breastfeed. It is not known if Ozempic® will harm your unborn baby or passes into your breast milk. You should stop using Ozempic® 2 months before you plan to become pregnant.

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, herbal supplements, and other medicines to treat diabetes, including insulin or sulfonylureas.

What are the possible side effects of Ozempic®?

Ozempic® may cause serious side effects, including:

- **inflammation of your pancreas (pancreatitis).** Stop using Ozempic® and call your health care provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.
- **changes in vision.** Tell your health care provider if you have changes in vision during treatment with Ozempic®.
- **low blood sugar (hypoglycemia).** Your risk for getting low blood sugar may be higher if you use Ozempic® with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin.

Important Safety Information

What are the possible side effects of Ozempic®? (cont'd)

- **Signs and symptoms of low blood sugar may include:** dizziness or lightheadedness, blurred vision, anxiety, irritability or mood changes, sweating, slurred speech, hunger, confusion or drowsiness, shakiness, weakness, headache, fast heartbeat, and feeling jittery.
- **kidney problems (kidney failure).** In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration.
- **serious allergic reactions.** Stop using Ozempic® and get medical help right away if you have any symptoms of a serious allergic reaction, including swelling of your face, lips, tongue, or throat; problems breathing or swallowing; severe rash or itching; fainting or feeling dizzy; or very rapid heartbeat.
- **gallbladder problems.** Gallbladder problems have happened in some people who take Ozempic®. Tell your health care provider right away if you get symptoms which may include: pain in your upper stomach (abdomen), fever, yellowing of the skin or eyes (jaundice), or clay-colored stools.

The most common side effects of Ozempic® may include nausea, vomiting, diarrhea, stomach (abdominal) pain, and constipation.

Non-insulin • Once-weekly



Pen shown delivers doses of 0.25 mg or 0.5 mg.



Scan the QR code or visit OzempicSavings.com to learn how to save on your Ozempic® prescription.

Savings card offer applies to eligible commercially insured patients with coverage for Ozempic®. Maximum savings of \$150 for a 1-month prescription, \$300 for a 2-month prescription, and \$450 for a 3-month prescription. Month is defined as 28 days. Offer is good for up to 24 months. Eligibility and other restrictions apply.

ONCE-WEEKLY
OZEMPIC®
semaglutide injection 0.5mg, 1mg, 2mg

Please see Brief Summary of Important Safety Information on the adjacent pages.



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<p>Brief Summary of information about OZEMPIC® (semaglutide) injection</p> <p>Rx Only This information is not comprehensive.</p> <ul style="list-style-type: none"> • Talk to your healthcare provider or pharmacist • Visit www.novo-pi.com/ozempic.pdf to obtain the FDA-approved product labeling • Call 1-888-693-6742
<p>Do not share your OZEMPIC® pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.</p>
<p>What is the most important information I should know about OZEMPIC®? OZEMPIC® may cause serious side effects, including:</p> <ul style="list-style-type: none"> • Possible thyroid tumors, including cancer. Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rodents, OZEMPIC® and medicines that work like OZEMPIC® caused thyroid tumors, including thyroid cancer. It is not known if OZEMPIC® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. • Do not use OZEMPIC® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
<p>What is OZEMPIC®?</p> <p>OZEMPIC® is an injectable prescription medicine used:</p> <ul style="list-style-type: none"> • along with diet and exercise to improve blood sugar (glucose) in adults with type 2 diabetes mellitus. • to reduce the risk of major cardiovascular events such as heart attack, stroke or death in adults with type 2 diabetes mellitus with known heart disease. <p>It is not known if OZEMPIC® can be used in people who have had pancreatitis. OZEMPIC® is not for use in people with type 1 diabetes. It is not known if OZEMPIC® is safe and effective for use in children under 18 years of age.</p>
<p>Do not use OZEMPIC® if:</p> <ul style="list-style-type: none"> • you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). • you have had a serious allergic reaction to semaglutide or any of the ingredients in OZEMPIC®. Symptoms of a serious allergic reaction include: <ul style="list-style-type: none"> ◦ swelling of your face, lips, tongue or throat ◦ problems breathing or swallowing ◦ severe rash or itching ◦ fainting or feeling dizzy ◦ very rapid heartbeat
<p>Before using OZEMPIC®, tell your healthcare provider if you have any other medical conditions, including if you:</p> <ul style="list-style-type: none"> • have or have had problems with your pancreas or kidneys. • have a history of diabetic retinopathy. • are pregnant or plan to become pregnant. It is not known if OZEMPIC® will harm your unborn baby. You should stop using OZEMPIC® 2 months before you plan to become pregnant. Talk to your healthcare provider about the best way to control your blood sugar if you plan to become pregnant or while you are pregnant. • are breastfeeding or plan to breastfeed. It is not known if OZEMPIC® passes into your breast milk. You should talk with your healthcare provider about the best way to feed your baby while using OZEMPIC®. <p>Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. OZEMPIC® may affect the way some medicines work and some medicines may affect the way OZEMPIC® works.</p> <p>Before using OZEMPIC®, talk to your healthcare provider about low blood sugar and how to manage it. Tell your healthcare provider if you are taking other medicines to treat diabetes, including insulin or sulfonylureas. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.</p>

How should I use OZEMPIC®?

- OZEMPIC® is injected under the skin (subcutaneously) of your stomach (abdomen), thigh, or upper arm. **Do not** inject OZEMPIC® into a muscle (intramuscularly) or vein (intravenously).
- **Do not** mix insulin and OZEMPIC® together in the same injection.
- Change (rotate) your injection site with each injection. **Do not** use the same site for each injection.
- Talk to your healthcare provider about how to prevent, recognize and manage low blood sugar (hypoglycemia), high blood sugar (hyperglycemia), and problems you have because of your diabetes.
- **Do not share your OZEMPIC® pen with other people, even if the needle has been changed.** You may give other people a serious infection, or get a serious infection from them.
- If you take too much OZEMPIC®, call your healthcare provider or go to the nearest hospital emergency room right away.

What are the possible side effects of OZEMPIC®? OZEMPIC® may cause serious side effects, including:

- See “What is the most important information I should know about OZEMPIC®?”
- **inflammation of your pancreas (pancreatitis).** Stop using OZEMPIC® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.
- **changes in vision.** Tell your healthcare provider if you have changes in vision during treatment with OZEMPIC®.
- **low blood sugar (hypoglycemia).** Your risk for getting low blood sugar may be higher if you use OZEMPIC® with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin. **Signs and symptoms of low blood sugar may include:**
 - dizziness or light-headedness
 - sweating
 - confusion or drowsiness
 - headache
 - blurred vision
 - slurred speech
 - shakiness
 - fast heartbeat
 - anxiety, irritability, or mood changes
 - hunger
 - weakness
 - feeling jittery
- **kidney problems (kidney failure).** In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration.
- **serious allergic reactions.** Stop using OZEMPIC® and get medical help right away, if you have any symptoms of a serious allergic reaction including:
 - swelling of your face, lips, tongue or throat
 - problems breathing or swallowing
 - fainting or feeling dizzy
 - severe rash or itching
 - very rapid heartbeat
- **gallbladder problems.** Gallbladder problems have happened in some people who take OZEMPIC®. Tell your healthcare provider right away if you get symptoms of gallbladder problems which may include:
 - pain in your upper stomach (abdomen)
 - fever
 - yellowing of skin or eyes (jaundice)
 - clay-colored stools

The most common side effects of OZEMPIC® may include nausea, vomiting, diarrhea, stomach (abdominal) pain, and constipation. Talk to your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of OZEMPIC®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

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 US220ZM00278 April 2022



Then, Charlotte revamped her lifestyle: she started going on walks around her neighborhood and hikes on the weekends with her husband. She also changed her eating plan with the help of her dietitian.

“I’m down 50 lbs. and I have never felt better! I’m grateful for my team and I can’t wait to see what the future holds.”

Is heart disease sneaking up on you?

As Charlotte’s story shows, heart disease can progress slowly and silently. That means if you’re not staying on top of your risk factors, it can sometimes announce itself with what is called a “major adverse cardiovascular event”—things like heart attack, stroke,

blood clots, the sudden need for bypass surgery due to clogged arteries (i.e., coronary artery disease) or a heart failure diagnosis. Its sly nature is one of the reasons heart disease continues to be the number one cause of death for men and women in the U.S., across all ethnic and racial groups, according to the Centers for Disease Control (CDC).

Luckily, you can take steps to reduce your risk of heart disease—and studies show it’s never too late to make a change.

Know your risk

While there’s nothing you can do about so-called nonmodifiable risk factors for heart disease—those are things like your age (postmenopausal for women and over 45 for

men), your personal health history and your family history of heart disease (say, you or a close relative have it)—there’s a lot you can do about *modifiable* risk factors. Work with your healthcare provider to find out where you stand on...

- **Cholesterol levels:** The goal is to achieve low levels of LDL “bad” cholesterol (and triglycerides, another type of fat in the bloodstream) and high levels of HDL “good” cholesterol.
- **Blood pressure:** Over time, untreated high blood pressure can cause your arteries to become less elastic, disrupting the flow of blood and oxygen to the heart and setting the stage for coronary artery disease.

Continued on next page ►



Good news!

SOME TYPE 2 DIABETES MEDS PROTECT YOUR HEART, TOO

Medications known as GLP-1 agonists and SGLT2 inhibitors have been FDA approved to manage your blood sugar and lower your risk of heart disease.

If you have type 2 diabetes, ask your healthcare provider if you're a candidate for these heart-protective treatments.

- **Diabetes:** Simply having diabetes means you're 2 to 4 times more likely to have a heart attack or stroke. That's because excess blood sugar damages arteries, causing them to stiffen and narrow, promoting the buildup of artery-clogging plaque.

Look at your lifestyle Is there room to...

- **Be more active?** The benefits of moving more every day (think walking, dancing, gardening, yoga, weight training, cycling) include better cholesterol levels, improved blood pressure, healthier blood sugar levels, sounder sleep and better mood.
- **Eat healthier?** Can you ditch some processed foods and snacks (that's most stuff

that comes in a bag or box)? Order, pick up or eat out less, and prep and cook more? Cut back on red meats and add more fish and beans? Switch from full fat to lower fat dairy products? Enjoy more complex carbs, like whole grain bread or brown rice; and healthier fats, like olive and canola oil?

- **Drop excess pounds?** For most people, losing just 5% to 10% of their current body weight (that's 5-10 lbs. if you weigh 200) can significantly improve their cholesterol, blood pressure and blood sugar levels.
- **And if you smoke, know this:** Smoking is the cause for 1 out of every 4 deaths from heart disease and increases your risk for diabetes complications, according

to the CDC. Get help today by visiting Smokefree.gov.

Understand your treatment options

When lifestyle measures aren't enough to bring heart risk factors into line, medications can help. Today, there are many effective treatments, from simple low-dose aspirin to the options listed below. Discuss the following with your healthcare provider.

- **For high cholesterol:** statins, ezetimibe, bempedoic acid, PCSK9 inhibitors
- **For high triglycerides:** prescription omega-3 fatty acids, such as icosapent ethyl
- **For high blood pressure:** diuretics (water pills), beta blockers, calcium channel blockers, angiotensin-converting enzyme (ACE) inhibi-

tors, angiotensin II receptor blockers (ARBs)

- **For diabetes:** insulin (necessary for people with type 1 diabetes and for some people with type 2), oral medications (such as metformin, SGLT2 inhibitors, DPP-4 inhibitors and GLP-1 agonists), non-insulin injectables (such as GLP-1 agonists.)

Make a plan

Keep reading this guide to learn more about heart disease and how other folks are rising to the challenge. Then talk with your care provider about your personal situation. Today's medication options allow your care team to customize a treatment plan specifically for you, so there's every reason to believe you can enjoy a healthy, active future. ●

Where do you stand?

TOTAL CHOLESTEROL	
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline high
240 mg/dL and above	High
LDL CHOLESTEROL	
Less than 100 mg/dL	Optimal
100-129 mg/dL	Near optimal/above optimal
130-159 mg/dL	Borderline high
160-189 mg/dL	High
190 mg/dL and above	Very high
HDL CHOLESTEROL	
Less than 40 mg/dL	Major heart disease risk factor
60 mg/dL and above	Gives some protection against heart disease
TRIGLYCERIDES	
Less than 150 mg/dL	Normal
150-199 mg/dL	Borderline high
200-499 mg/dL	High
500 mg/dL and above	Very high
BLOOD PRESSURE	
Less than 120/80	Normal
120-129/less than 80	Elevated; at risk for high blood pressure
130-139/80-89	High (stage 1)
140-179/90-119	Very high (stage 2)
180/120 or higher	Dangerously high; see your care provider
BLOOD SUGAR	
Target blood sugar levels for people without diabetes	
Before meals	72-99 mg/dl
2 hours after a meal	less than 140 mg/dl
Target blood sugar levels for people with diabetes	
Before meals	80-130 mg/dl
2 hours after a meal	less than 180 mg/dl
A1C levels	
Below 5.7%	Normal
5.7%-6.4%	Prediabetes
6.5% or more	Diabetes

Note: If you have diabetes, ask your healthcare provider about your personal target blood sugar and heart health goals.



The pros on your side

No need to go it alone! Turn to your healthcare team to help bring your risk factors into line and head off major cardiac events.

Primary care provider

Specializes in internal or family medicine; may diagnose and treat your heart disease risk factors.

Cardiologist

Specializes in heart and blood vessel disease, and today often helps treat people with diabetes.

Endocrinologist

Specializes in disease related to hormones and organs of the endocrine system, such as diabetes.

Nurse practitioner/Physician assistant

Healthcare professional who can monitor your heart disease, prescribe medication and provide ongoing care.

Diabetes care and education specialist

A specially trained healthcare professional, such as a nurse, dietitian or pharmacist, who can counsel and educate people with diabetes how to self-manage their condition.

Pharmacist

A healthcare professional who can answer questions about your medicine, help you find affordable medicine options and send refill reminders so you stay on course.

Registered dietitian

A healthcare professional who specializes in helping you adjust your eating patterns to improve your health.

Evaluate your heart health

Fill out this worksheet and review it with your healthcare provider to find out if you are at risk—and if you're doing all you can to protect yourself from heart attack, stroke and other types of heart events.

Know your numbers

Cholesterol levels

Total: _____
 LDL: _____
 HDL: _____

Triglycerides: _____

Blood pressure: _____

Blood sugar

Fasting blood sugar: _____
 A1C: _____

Discuss your risk factors

1. Age: _____

2. Gender: _____

3. Have you had any of the following events or procedures? (Check all that apply.)

- Heart attack
- Stroke
- Angina (chest pain)
- Heart or blood vessel surgery
- Other

4. Do you smoke?

- Yes No

5. Do you have any of the following?

(Check all that apply.)

- High cholesterol
- High blood pressure
- Diabetes
- Overweight or obesity
- Sleep apnea or other sleeping disorder
- Family history of heart disease

Have diabetes? Make sure your treatment is all it could be!

People with diabetes are 2 to 4 times more likely to have a heart attack or stroke, so if you have diabetes, make sure your blood sugar management plan is really working.

1. My most recent A1C is: _____

2. My goal A1C is: _____

3. My average blood sugar readings are:

- _____ When I first wake up
- _____ Before meals
- _____ Two hours after meals
- _____ At bedtime
- _____ Other (please specify: _____)

4. Check the box next to the statements that you agree with:

- I'm worried my blood sugar levels are too high/too low.
- I'm having problems taking/using/affording my medicine.
- I'm concerned my medicine is impacting my weight.
- I'm concerned about side effects.
- I'm concerned my medicine isn't helping lower my risk for heart disease.
- I'm concerned I'm not doing enough to manage my diabetes.



COVER STORY

“I’m on a total-health journey—and I’m never giving up!”

It wasn't until Jacqueline Alikhaani turned 58 that doctors diagnosed her with heart disease and type 2 diabetes. Today, the 63-year-old is dedicating her life to educating and supporting others with these conditions. —BY NANCY MORGAN



“EDUCATION AND EMPOWERMENT ARE WHAT SAVED SADEGH’S AND MY LIFE,” SAYS JACQUELINE WITH SADEGH AND GRANDSON BIZHAN.

J

Jacqueline's story starts at the heart—that is, the love story she and her husband, Sadegh, share. After meeting as classmates at the University of Southern California in 1979, she never expected that decades later, she'd wind up saving his life—and that that act would save hers, as well.

“Back around 2008, Sadegh was having a lot of concerning health problems, including chest pain. The doctors chalked it up to ‘just indigestion.’” But on one bad night, a voice in her head insisted, “Get him up now and take him to the emergency department.” Once they got there, Sadegh had a major heart attack—an attack doctors said would surely have killed him had Jacqueline not gotten him to the ER when she did.

“I knew I had to remain determined!”

From that experience, Jacqueline learned an essential lesson—to always listen to that voice in her head when it came to health. That meant it was time to stop ignoring her own symptoms.

“I'd had nagging issues for years,” she recalls. “If I exercised, I'd get winded, even if it wasn't intense cardio. I thought it was normal, but learning about heart health due to my husband's condition made me wonder if there was something more going on.”

Jacqueline began to seek—and insist upon—information from her healthcare providers. “I told them about my symptoms,” she recalls. “And they said I was just imagining things because of what I'd gone through with my husband. But I refused to leave. I, again, insisted something more was wrong, and I wanted tests and a diagnosis.”

Jacqueline's insistence paid off—turns out she has a congenital heart defect, one typically diagnosed during an autopsy because it's so rarely caught in time.

“I would never have found out if I hadn't stood my ground and insisted on being tak-

en seriously. This moment is what really confirmed for me two things: that I had to make our health our top priority, and I should never doubt my own instincts.”

“Education is power. That's our mission now.”

While she and Sadegh worked on revamping their lifestyle to be more heart-healthy—e.g., getting more exercise and eating a low-fat, whole food-based diet—Jacqueline felt like they were taking control. So she was a bit shocked when she was diagnosed with coronary artery disease and type 2 diabetes in 2018.

“Of course, the truth is these conditions often go hand-in-hand,” she adds. “But we still don't have enough research, especially in African Americans, like me. This community is particularly hard hit by these conditions—heart disease is the number one killer of women and people of color—but there's still so much to learn.”



“You don't have to be perfect. No one is. But there is real courage in starting over.”

One thing she *did* know? “Now I really had to make my healthcare my top priority!”

To help with that, Jacqueline and her husband decided to focus on educating themselves, particularly by doing research online. In doing so, she discovered there was a newer class of medications called GLP-1 agonists, which would not only help manage her blood sugar levels but also help lower her risk of heart attack and stroke.

“I was on metformin and insulin at the time, but this other medication looked like it was a much better fit. I requested the new med at my doctor's office and they eventually prescribed it—it's worked amazing for me. I may even be able to stop taking insulin soon!”

“Now we're focused on the future!”

These days, Jacqueline and Sadegh are trying to increase their involvement in the patient education community, including joining outreach programs like those offered by WomenHeart (womenheart.org). Jacqueline has also served as a consumer representative with several FDA Advisory Panels for heart health and is involved in an American Heart Association initiative called Know Diabetes by Heart, which helps to increase education and research about the connection between diabetes and heart disease.

“It's all about increasing awareness for patients, doctors and nurses,” she points out. “When healthcare providers know better how these conditions impact each other, they'll be better able to treat both. But perhaps more important, more knowledge means more empowered patients, too—and empowerment is what saved Sadegh's and my life!” ●

Photos by Dana Fineman

JACQUELINE'S TOP EMPOWERMENT TIPS

Here, she shares the strategies that have helped her over the years—ask your care team if they could help you, too.

Reach out to others.

When you're going through health issues, it's easy to believe that you're the only one. Jacqueline strongly recommends reaching out to organizations like WomenHeart and the American Heart Association. “You'll learn a lot, and you'll find people who know exactly what you're going through—because they're going through it themselves.”

Learn your family history.

Knowing that heart disease and diabetes ran in her family, Jacqueline took the opportunity to do an educational presentation for her relatives at a family reunion in Las Vegas.

Partner with your healthcare providers.

Your care providers know about heart disease and diabetes, but you are the expert on you. “You have to tell them what you're experiencing,” Jacqueline advises. “And if your care providers aren't listening to you? Move on.”

Embrace starting over.

“The trick with these conditions is that managing them day-to-day isn't always the same, so what you did yesterday that resulted in good numbers might not work tomorrow. But don't let that discourage you—one of my doctors recently said to me, ‘Let's start over.’ And it was a flash of lightning. You don't have to be perfect. No one is. But there is real courage in starting over. Every time I get something right, I give myself credit for that ‘checkmate,’ and that keeps me moving forward. Sometimes I fall down, but I just get up and try again.”



Food dilemma I have high cholesterol and have been on a statin and low-fat eating plan for over a year. Now I found out I have type 2 diabetes. Does that mean I have to cut out sugar, too? This seems like too much to handle! What can I even eat now?

Q

A

Expert answers to your questions about heart health and diabetes

A: At first eating plans can seem restrictive, but the good news is, you're likely already on the right track, as a heart-healthy eating plan is typically also good for managing diabetes. In general, when planning an eating plan to help either condition, you want to focus on lean proteins, healthy oils and whole grains, and limit highly processed foods and foods with added sugars. One great example of this is the Mediterranean eating plan, which features lots of fish, lean chicken, olive oil and fresh fruits and vegetables. That doesn't mean you can't have the occasional treat, just aim for healthy snacks with less added sugar on most days.

FAMILY CONCERNS

Q: I read the number one health risk for people with

diabetes is heart disease. I have family members with diabetes, and I'm worried for them. What can they do to lower their risk?

A: It is indeed true that heart disease is the number one killer in patients with type 2 diabetes, but luckily, we have never been better equipped to fight back against it. In addition to tried-and-true recommendations, like having people with diabetes eat heart-healthy foods, maintain healthy blood sugar levels and get regular activity, we also have medications that have been proven to reduce heart disease.

Tell your healthcare team about your concerns and remember that sometimes it takes trial and error to find a treatment plan that works, but you just have to stick with it and be open and honest with your team.

I DON'T WANT TO EXERCISE!

Q: My doctor said a cardio and strength-training regimen could help my high blood pressure and diabetes. But I'm not a gym person and have trouble committing to a workout routine. Is it really that important?

A: Always, the first step is to increase general physical activity and decrease physical inactivity (like extended sitting). I recommend my patients buy an activity tracker, then I recommend an initial goal of 7,000 steps a day, if possible. This can be accomplished with simple walks around the block, parking a little farther away when running errands, and/or taking walking meetings. Only after a patient has established a solid foundation of physical activity habits do I recommend adding exercise. Cardio programs are great, as are strength training programs, but increasing daily steps is truly magic when it comes to heart health and diabetes management! ●

OUR EXPERT:

Michael Blaha, MD, Director of Clinical Research, Ciccarone Center for the Prevention of Cardiovascular Disease; Professor of Medicine; John Hopkins



TRUE INSPIRATION

“We’re taking back control of our health!”

For Andrew and Hyvelle, a type 2 diabetes diagnosis came with extra effort to focus on their heart health. Today, their lifestyles revamped, they're feeling their healthiest selves yet and ready to share the tips that helped them get there.

—BY WHITNEY HARRIS



“Look at the whole picture!”

ANDREW JONES
DENTON, TX

When 20-year-old Andrew Jones experienced shortness of breath and dramatic weight loss from his 250-pound frame, he thought it was lingering symptoms of COVID. But within six months, when he had lost almost 100 pounds and started experiencing extreme thirst, he made an appointment with his doctor. Results showed his fasting blood sugar level was 330 mg/dL (a fasting blood sugar level of 99 mg/dL or lower is normal, 100 to 125 mg/dL indicates prediabetes, and 126 mg/dL or higher indicates diabetes).

Andy was told he had type 2 diabetes and was put on medication to help him manage his blood sugar. The kicker? It was just three days before the anniversary of his dad passing away due to diabetes and a heart attack. “It felt like my death sentence,” Andy remembers. “I knew that heart disease ran in my family, and now I was headed down the same path as my dad.”

He immediately reached out to family friends who were physician associates for advice and started learning about food groups and the importance of being physically active most days of the week. Revamping both his diet and activity plan, Andrew successfully reduced his A1C (a measure of average blood sugar readings from the past three months)

from 12% to 6.2% (a normal A1C level is below 5.7%, a level of 5.7% to 6.4% indicates prediabetes, and a level of 6.5% or more indicates diabetes), his weight is stable at 190 pounds and his blood pressure and cholesterol numbers are in his goal range. Here’s how he’s doing it.

Make time for your mental health, too.

A month after his diabetes diagnosis, Andrew asked his therapist and primary care doctor for medication to help him manage his anxiety and depression. “After losing my dad in high school, starting college, the pandemic, being a full-time student and full-time worker running my own business, I knew it was too much. Stress impacts glucose and puts a strain on your heart, and I needed to prioritize my health. I’m so glad I did because the medication made a huge difference. You have to treat your body as one unit, not just treat parts of it.”

Consider a nutrition restart.

Andy’s first goal was learning about macronutrients (carbohydrate, fat and

protein) along with minimizing processed food intake. “That is a great first step for anyone new to diabetes, because it helps you build balanced meals. With that mastered, now I build meals that focus on eating whole foods like fruits and vegetables, lean protein and adding more fiber, which I take supplements for—all of these are important for your health as a whole, not just for diabetes and your heart.”

Find a passion.

In an effort to reach out to others living with diabetes and heart disease risk—as well as keep himself on track with his new healthier living plan—Andy started posting his meals on Instagram (@eatingwithandy). “That inspired me to enroll at the National Academy of Sports Medicine to become a Certified Nutrition Coach, in addition to getting my BFA in Photography (@goldnphotography)—you have to look at things as an opportunity. I could have felt down about my diagnosis, but instead I used it as motivation to change my life and direct my path for the future.”



“I used my diagnosis as motivation to change my life and direct my path for the future.”

Photos by Brandon Jones Photography



“Take the journey at your own pace”

HYVELLE FERGUSON-DAVIS
FORT LAUDERDALE, FL

Despite having experienced constant thirst and fatigue for months, Hyvelle Ferguson-Davis was still shocked when she found out her fasting blood sugar level was 400 mg/dL. The type 2 diagnosis came when she was 33 years old and pregnant with her son.

“I was also 350 pounds, but the seriousness of it didn’t really sink in,” the now 47-year-old remembers, adding that her mother also had diabetes and was always in and out of the hospital. “Health was not a priority in my family. We never talked about it.”

Then, after having a stroke, heart attack and quadruple bypass, Hyvelle—who at the time was taking more than 20 medications to manage her diabe-

Photos by CamillaRain Photography

tes and heart disease and relied on a walker—knew she needed to make big changes or her next hospital visit could wind up being her last.

“I wanted to live for my son and daughter,” she says. “Having that motivation drove me to make changes that honestly have revamped my whole life.” Here’s how Hyvelle got her diabetes, heart health and weight under control.

Let tech help you.

“I used my phone to record conversations with my cardiologist—when you’re starting out and everything is new, it can be tough to remember what your doctor advises. I didn’t even know the basics like what cholesterol or carbohydrates were, and this was a great help.” Hyvelle also consulted *KnowDiabetesbyHeart.org* for healthy recipe ideas. (If you’d like to record conversations with a member of your healthcare team, ask first.)

Prioritize yourself.

“I was doing everything for everyone else, and I wasn’t taking care of myself,” Hyvelle recalls. “School, work, family and friends—they’re all important, but you should love yourself and value who you are first.” For Hyvelle, that meant setting time aside for preparing healthy meals, going for short walks and drinking enough water. It also meant working with her care providers to streamline her medications, for example, switching to drugs that do double duty—e.g., manage her blood sugar and protect her heart health—and cutting others by improving her numbers through better nutrition and exercise.

Find community.

“Life is not meant to be lived alone,” Hyvelle insists. “I joined a Juice Plus+ community and found myself in a room of women who are all active and eating fruits and vegetables thinking, *This is the room I need to be in!* You don’t have

to do what everyone else is doing, but you can try and see what you can do. Now I’m immersed in these communities and I’m an ambassador for the American Heart Association.”

Aim for small victories.

“For me, not going to get fast food or not drinking a soda was a victory in the beginning,” Hyvelle recalls. “Even after my initial diabetes diagnosis, I’d buy ribs every Friday night and eat them on my way home. When I gave that up, I took that money and put it in an Acorns account [an online savings program; *acorns.com*] instead. Every time I look at that account I think, I’m winning because I was making better decisions. Now I have almost \$4,900 in there!”

Take your time.

“Slow down. It’s about the journey, it’s not a race,” Hyvelle says. “Appreciate the everyday moments. At one point, my goal was to take my walker and just go out to see the sunrise every morning. Now I’m transformed—take the journey at whatever pace works for you, and you’ll get there!”

Health Monitor

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Eat-out cheat sheet

Take the guesswork out of ordering with our restaurant cheat sheet that points you to the menu selections that taste great and do your heart good!






italian

AVOID				
Fried calamari	Pasta Alfredo	Spaghetti Bolognese	Veal/chicken Milanese	Sausage and peppers
TRY				
				
Baked zucchini chips	Whole-wheat orrechiette with broccoli	Pasta e fagioli soup	Veal or chicken Marsala	Chicken sausage and peppers

mexican

AVOID				
Queso	Sour cream	Rice	Beef chimichanga	Refried beans
TRY				
				
Ceviche, a fresh, citrusy seafood salad	Pico de gallo sauce (tomato, onion, cilantro)	Grilled peppers and onions	Chicken burrito (no cheese)	Black beans

chinese

AVOID				
Cold sesame noodles	Fried pork dumplings	Pork or beef chop suey	General Tso's chicken	Beef lo mein
TRY				
				
Wonton soup	Steamed veggie dumplings	Vegetable chop suey	Chicken and broccoli	Chicken chow mein



Take the Journey to Better Thyroid Health

The path to a healthier you takes you on a journey of personal care. And for people who have (or suspect) a thyroid condition, that journey can be complex, emotional and often confusing. If you've been searching for answers, your next step should be on the **AACE Journey for Patients with Thyroid Disease**. Presented in easy-to-understand terms, the AACE Journey for Patients with Thyroid Disease is derived from clinical guidelines of the American Association of Clinical Endocrinology (AACE), reviewed by AACE experts, and helps you to navigate your path through understanding your condition, treatment options, and wellness goals.

Features include:

- Common signs and symptoms of thyroid conditions
- Thyroid screening options
- Tests used to determine different thyroid conditions
- Planning and treatment options
- Care and continuity
- Support groups and more

Visit [AACE.com/patient-journey/thyroid](https://www.aace.com/patient-journey/thyroid) and start your journey to better thyroid health.



SCAN ME!



Get fit— using your cellphone

You probably already know experts—including the Centers for Disease Control and Prevention, American Heart Association and American Diabetes Association—recommend adults get at least 150 minutes of moderate-intensity aerobic activity a week. And that isn't just to help maintain a healthy weight—it also helps fend off heart disease, diabetes and even cancer. But that's easier said than done, and in truth less than 50% of adults achieve that goal. One recent game-changer? Fitness apps, which saw a huge growth in development and popularity during the pandemic, according to a 2022 study. Here we broke down some of the best options out there so you can cash in on the trend to get moving—and stay moving—no gym trip required. —BY LINDSAY BOSSLETT



If you love walking and hiking, try: Map My Walk by Under Armour.

The slower-paced version of its sister app, Map My Run, this program uses GPS to track your pace, distance, duration, calorie burn, elevation change and more each time you go for a walk, helping you set fitness goals and even suggesting new routes you can try for future jaunts. You can also pair the app with My Fitness Pal, which tracks your calorie intake and can guide you on a complementary eating plan to help you meet your nutrition goals.



Prefer to break more of a sweat? Go for: Fitify HIIT & Cardio Workout.

This app offers a range of aerobic workouts—no equipment necessary—that focus on increasing intensity and heart rate. You can select your preferred level of difficulty from high-intensity interval training to low-impact, joint-friendly sessions and beginner classes. The app coaches you vocally through each class and includes video demonstrations to help you maintain proper form.



If you're looking to get pumped: Download Fitbod.

Focused on strength-training, this app features more than 400 videos to guide you through different muscle-building exercises, with difficulty ranging from beginner all the way to Olympic-level. You can create a personalized plan based on past workouts to build muscle mass, and access instructions for both equipment-free, resistance-based exercises or ones using gym equipment.



Need accountability? Go for: Squaddy.

Squaddy allows you to create or join personalized groups—both private and public—from as few as two up to 1,000 people. You can invite friends, family, colleagues and others to share fitness goals, train together, encourage each other and even set up competitions.



If you're more wellness-focused, get: Grokker.

With a focus on mind, body and better sleep, this app features thousands of instructor-led videos on yoga, meditation, Pilates and more. You can take individual courses, or sign up for more than 80 different goal-oriented programs, including the 21-Day Yoga Challenge, the 14-Day Sugar Reset and Deep Sleep Release. The app also allows you to track your progress and sorts for beginner- up to expert-level courses. ●

Health Monitor Living



Scan this QR code for a free digital copy or home delivery

Questions to ask at today's exam

What is my risk of heart disease?



What are my target blood pressure and cholesterol levels?



Am I a candidate for diabetes medications that also help lower risk of heart disease?



Will any of my medications cause me to gain weight? What if I need help dropping some extra pounds?



Are there any lifestyle changes you can recommend to lower my risk for heart disease?



What should my target A1C level be? What are my target blood sugar levels?



Is my current treatment program as effective as it could be?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.