

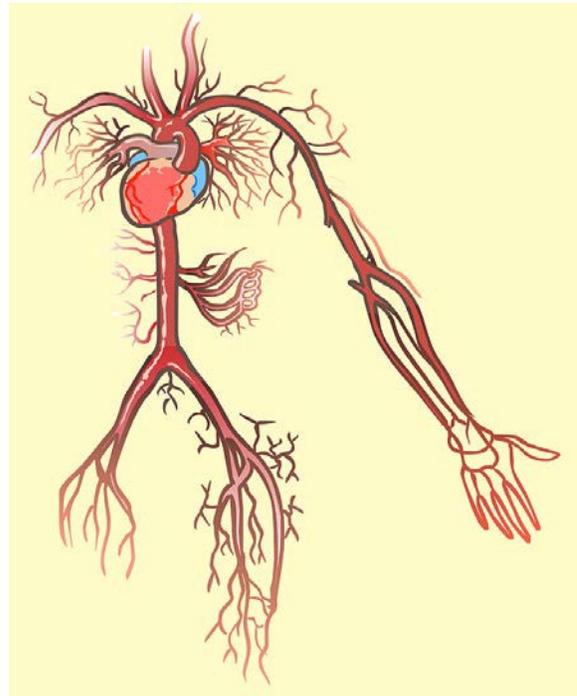


Cardiovascular Disease

Modifiable health behaviors are directly linked to cardiovascular disease. The American Heart Association (AHA), reports each year greater than 44 billion, including \$33 billion in medical cost and \$9 billion in lost productivity due to heart disease, cancer, stroke and diabetes, is attributable to poor nutrition.

Atherosclerosis is the most common cause of cardiovascular disease (CVD), and it is often caused by modifiable risk factors such as sedentary lifestyle, poor diet, obesity and cigarette smoking.

Modifiable risk factors can be controlled through behavior changes leading to improved health outcomes and quality of life. To this end, primary prevention strategies which focus on comprehensive lifestyle strategies such as; regular aerobic exercise, healthy diet, weight control, education about stress management and tobacco cessation are integral to the prevention of cardiovascular disease. Raising awareness and increasing knowledge about the risk factors for CVD is paramount to resilience building and mission readiness.



According to the US prevention Service Task Force (USPSTF)2010, there are several factors associated with a higher risk of cardiovascular disease these include; older age, male gender, high blood pressure (hypertension), smoking, abnormal lipids, diabetes, obesity and a sedentary life. Of the aforementioned risk factors, age and gender are considered non-modifiable risk factors meaning they cannot be changed.

Non pharmacological therapies such as reduced sodium intake, stress management, increased aerobic activity and weight reduction can help to decrease blood pressure and thereby contribute to reduced cardiovascular risk.

Additionally, there is a strong association between high levels of triglycerides and cardiovascular disease (American Heart Association, 2011). Excess calories are stored in the body in the form of triglycerides and released by the body for energy. Eating more calories than the body burns for energy can increase the triglyceride levels in the body. Increased triglyceride levels in the blood may contribute to atherosclerosis- hardening of the arteries.



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The American Heart Association (AHA) states an optimal triglyceride level of <math><100\text{mg/dL}</math> would improve heart health. Therapeutic lifestyle changes to reduce elevated triglyceride levels include: weight loss, reduction of caloric intake by decreasing sugar and fructose, decreasing cholesterol in the diet by avoiding foods high in saturated fats and trans-fat- such as those found in fried foods, increasing unsaturated fats and omega3 products and limiting alcohol intake.

Regular physical activity also plays an important role in increasing the good cholesterol – high density lipoprotein (HDL) and reducing the bad cholesterol – low density lipoprotein (LDL).

NMCPHC's Health promotion activities serve to build the resilience of our service members and community by supporting behavior change through awareness and education, thereby empowering individuals to improve their health through sustained health promoting behaviors.

Resource:

<http://circ.ahajournals.org/content/122/4/406.full.pdf>

http://care.diabetesjournals.org/content/27/suppl_1/s74

<http://circ.ahajournals.org/content/123/20/2292.full.pdf>

<http://www.ahrq.gov/clinic/pocketgd1011/pocketgd1011.pdf>