

CORONARY HEART DISEASE(CHD)

Understand the Disease. Reduce the Risk. Protect Your Heart.

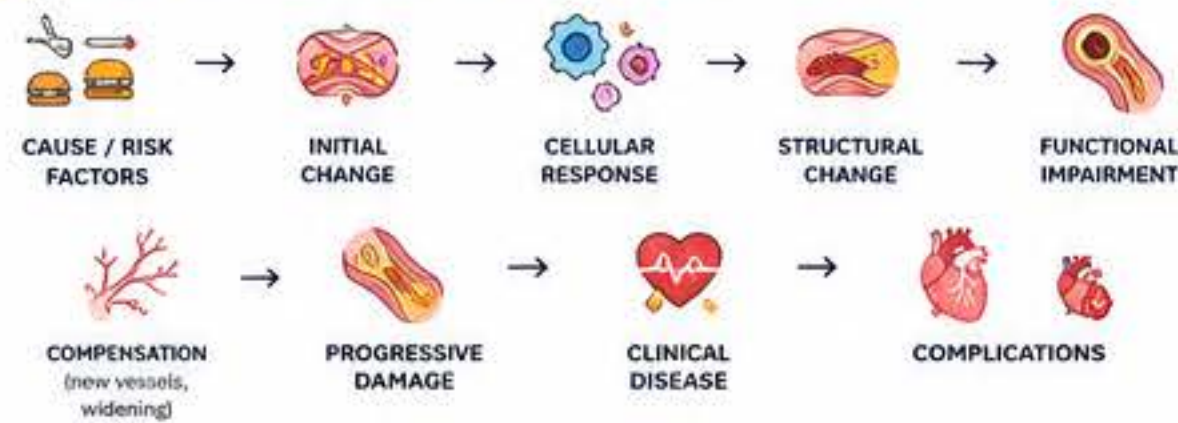
1 THE BIG PICTURE

Coronary Heart Disease happens when the blood vessels that supply your heart muscle (coronary arteries) become narrowed or blocked by plaque. This reduces blood flow and oxygen to the heart. Over time, it can cause chest pain, heart attack, heart failure, or dangerous rhythms.

CHRONIC PROGRESSIVE SILENT



4 PATHOPHYSIOLOGY – WHAT GOES WRONG?



Plaque (fat, cholesterol, calcium, and inflammatory cells) builds up in artery walls. It narrows the passage, reduces blood flow, and can rupture, causing a clot.

6 WHY CAN SOMEONE FEEL FINE?



6 MAJOR COMPLICATIONS

COMPLICATION	WHAT HAPPENS	WHY DANGEROUS	PREVENTION FOCUS
HEART ATTACK (Myocardial Infarction)	Complete blockage stops blood flow	Heart muscle can die within minutes	Prevent plaque rupture, clots, and blockages
HEART FAILURE	Heart muscle weakens; can't pump well	Leads to fatigue, fluid buildup, hospitalization	Control BP, protect heart muscle, prevent damage
DANGEROUS ARRHYTHMIAS	Electrical system becomes abnormal	Can cause fainting, stroke, or sudden death	Protect heart, control risk factors, medications
STROKE	Clots or poor blood flow to brain	Brain damage, disability, death	Control risk factors, prevent clots
KIDNEY DAMAGE	Reduced blood flow to kidneys	Kidney failure risk increases	Control BP, blood sugar, prevent further damage

11 LIFESTYLE – WHAT YOU CAN CONTROL



14 RED FLAGS – WHEN YOU GET HELP

CALL YOUR DOCTOR SOON	SEEK URGENT / EMERGENCY CARE
- New or worsening chest discomfort - More shortness of breath - Swelling in legs or feet - Dizziness or unusual fatigue - Rapid or irregular heartbeat	- Chest pain or pressure at rest >5 minutes - Pain spreads to arm, jaw, back, or neck - Severe shortness of breath - Fainting or near-fainting - Cold sweat, nausea, vomiting

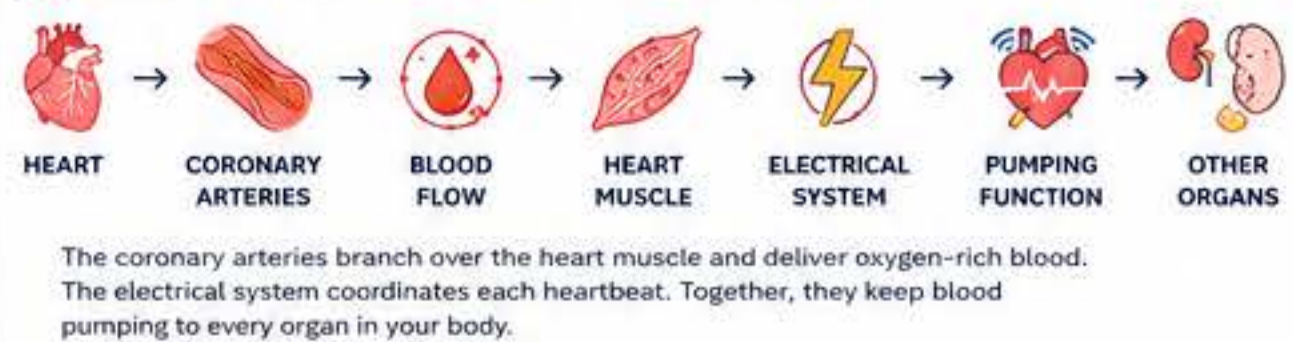
17 THE 10 MOST IMPORTANT THINGS TO REMEMBER

- CHD develops slowly and can be silent for years.
- Plaque narrowing and clots can block blood flow suddenly.
- Risk factors drive the disease, not just cholesterol alone.
- Medicines reduce future risk even when you feel fine.
- Lifestyle changes can slow or reverse risk.
- Adherence protects your heart every day.
- Monitor numbers and symptoms to stay on track.
- Complications are common—but often preventable.
- Early and consistent action gives the best results.
- Partner with your healthcare team for the best outcome.

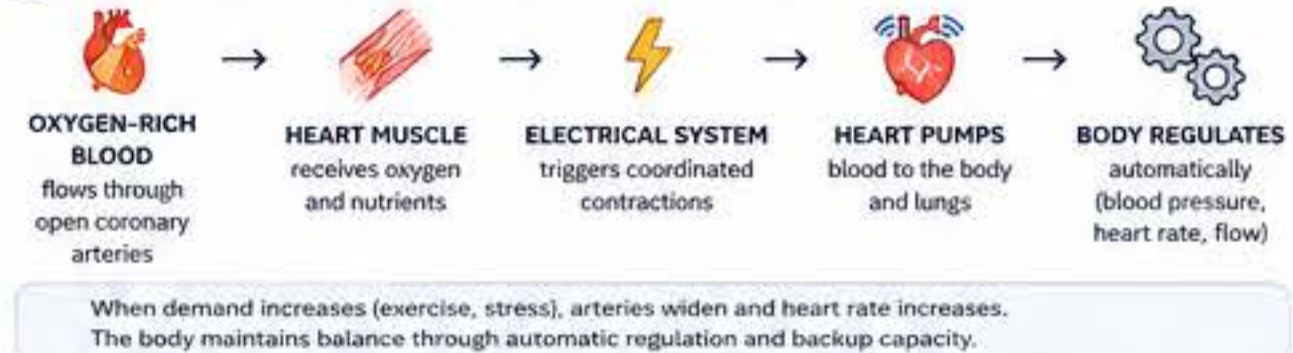
18 COMMON MISCONCEPTIONS

- MYTH:** I feel fine, so I must be okay. **REALITY:** Damage can be happening silently.
- MYTH:** Only older people get heart disease. **REALITY:** Risk starts early, age increases it.
- MYTH:** If my tests are normal, I can stop meds. **REALITY:** Meds work even when tests look good.
- MYTH:** Statins are only for high cholesterol. **REALITY:** They stabilize plaque and reduce risk.
- MYTH:** Chest pain is the only sign. **REALITY:** Symptoms can be vague—or absent.
- MYTH:** I can fix it with supplements alone. **REALITY:** No supplement replaces proven care.
- MYTH:** One perfect day makes up for the rest. **REALITY:** Consistency over time is what counts.

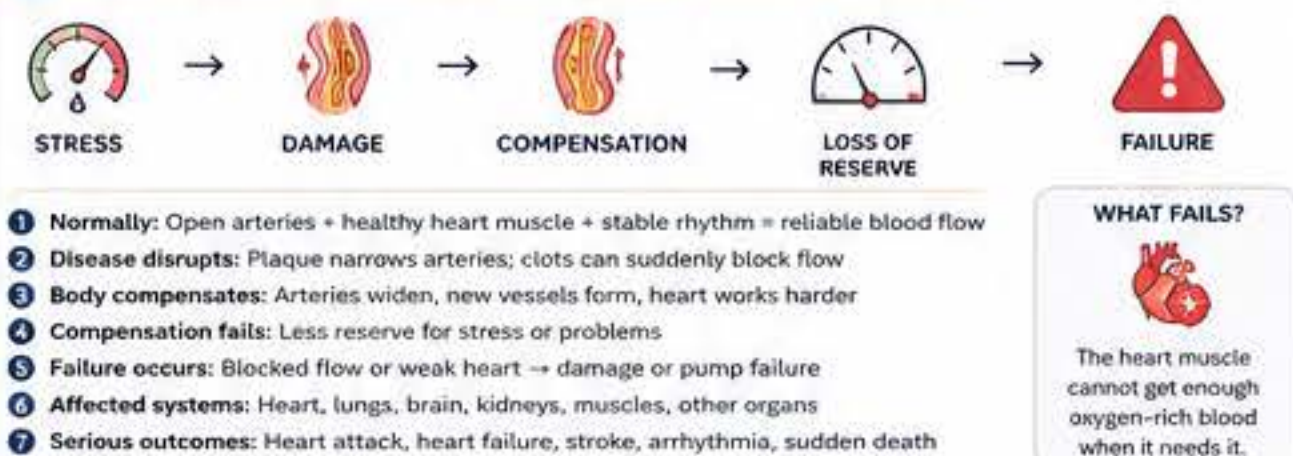
2 ANATOMY – WHAT PARTS ARE INVOLVED?



3 NORMAL PHYSIOLOGY – HOW IT SHOULD WORK



5 MECHANISM OF FAILURE – STRESS → DAMAGE → FAILURE



7 DISEASE PROGRESSION



9 MEDICATIONS – WHAT THEY DO

MEDICATION CLASS	TARGET	BIOLOGICAL EFFECT	WHAT IT PREVENTS
ANTIPLATELET (e.g., aspirin, clopidogrel)	Platelets (clot cells)	Reduce clotting stickiness	Heart attack, stroke
STATINS	Liver cholesterol production	Lower LDL, stabilize plaque, reduce inflammation	Heart attack, stroke, plaque progression
BETA BLOCKERS	Heart rate & stress signals	Slow heart rate, reduce workload and oxygen demand	Chest pain, heart attack, arrhythmias
ACE INHIBITORS / ARBS	Hormones that raise BP	Lower blood pressure, protect heart & kidneys	Heart failure, kidney disease
NITRATES	Blood vessels	Widen vessels, improve blood flow	Chest pain (angina)
OTHER MEDS (as prescribed)	Various	Address specific needs	Depends on condition

10 ADHERENCE – WHY IT MATTERS



12 WHAT THE DOCTOR IS TRYING TO ACCOMPLISH

- GOAL 1** Reduce the underlying disease process (plaque, inflammation)
- GOAL 2** Reduce physiological stress on the heart
- GOAL 3** Protect the heart and other organs
- GOAL 4** Prevent heart attack, stroke, heart failure, arrhythmias
- GOAL 5** Preserve heart function and quality of life
- GOAL 6** Extend healthy lifespan and independence

13 MONITORING – HOW WE KNOW IT'S WORKING



15 LONGEVITY – THE BIG PICTURE

- Long-term risk depends on many factors working together.
- Most risk factors are modifiable.
- Early treatment changes the trajectory.
- Consistent daily choices over years matter most.
- Small improvements in several areas add up to big benefits.

16 TWO PATHWAYS – YOUR CHOICE MATTERS



19 QUESTIONS TO ASK YOUR DOCTOR

- What is happening in my heart and arteries right now?
- What is causing or driving my condition?
- How severe is my disease and how is it likely to progress?
- What complications are we trying to prevent?
- What does each medication do and why is it important for me?
- How long will I likely need my treatment?
- What happens if I miss or stop my medications?
- Which numbers or tests should I monitor?
- What lifestyle changes will have the greatest impact for me?
- What symptoms should prompt urgent evaluation?