



Harvard Heart Letter

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Open your heart to mindful eating

Strategies that cultivate self-awareness and compassion may help you lose weight and keep it off.

Of all the recommendations for preventing heart disease, maintaining a healthy weight tops the list. Excess weight can raise your blood pressure, blood sugar, and cholesterol values, all of which harm the heart. But with about one in three Americans now overweight or obese, weight loss clearly remains a stubbornly elusive goal for many people.

One strategy that's gained traction in recent years is to focus less on what you eat and more on how and why you eat. How? By practicing mindfulness, which teaches you to focus on the present moment, while peacefully acknowledging and accepting your feelings and thoughts and the sensations in your body. Granted, that may sound a bit touchy-feely. But a review of a dozen studies, published in the March 2018 *Current Obesity Reports*, concluded that there is strong support for including mindful eating practices in weight management programs.

Why mindfulness matters

One of the main benefits of mindfulness approaches for weight loss is to help people recognize emotional eating, says mindfulness expert Dr. Ronald D. Siegel, assistant professor of psychology at Harvard Medical School. "Very few of us eat solely based on hunger cues. We also eat to soothe anxiety, sadness, or irritation," he says. That's a recipe for mindless eating: you're operating on automatic pilot, without paying attention to

how you really feel, emotionally or physically.

Mindfulness practices help you notice these common patterns, which are similar to what happens with many types of addiction, says Dr. Siegel. Most human behaviors are based on conditioned patterns of seeking pleasure and avoiding pain. Those behaviors we refer to as addictions have good short-term consequences (the pleasure of eating a piece of chocolate cake) but bad long-term consequences (becoming overweight).



Notice your cravings

People with addictive behaviors are prone to what addiction expert G. Alan Marlatt called the abstinence violation effect. For example, you might have a plan to eat healthfully, but then you see a chocolate cake. "You break down and eat a piece, but then feel so horrible about your lack of self-control that you feel a desperate need to self-soothe—and end up eating the rest of the cake," says Dr. Siegel.

Once you become aware of these patterns, the next step is finding a way to cope with cravings. Simply avoiding tempting foods is difficult, because tasty treats are widely available nearly everywhere you go. Mindfulness can help you notice the craving and recognize that you can deal with the discomfort, which may be accentuated by unhappy emotions. By turning your attention to those feelings and practicing self-awareness, you can see that the

continued on p. 7 ►►

INSIDE

- Ask the Doctor 2
- Exercising after heart surgery
- Benefits of home blood pressure checks 3
- Advice for octogenarians . . . 4
- Heat and your heart 5
- A new afib concern 6
- Vegetable of the month: Peppers. 7
- Research briefs 8
- Body shape and weight loss
- Undertreatment of abnormally high cholesterol
- Fitness and genetic risk of heart disease

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FIVE THINGS TO DO THIS MONTH

- 1 Learn about the benefits of cardiac rehab.** In addition to personalized exercise coaching, you'll also get nutrition and cooking advice. (page 2)
- 2 Be careful when exercising outdoors during summer's heat.** High temperatures and humidity can stress the heart. (page 5)
- 3 If you have atrial fibrillation, find out if you should be taking an anti-clotting drug.** Many people who might benefit are not. (page 6)
- 4 Practice mindful eating.** These tips may help you eat less and lose weight. (page 7)
- 5 Perk up your palate with peppers.** The hot varieties contain compounds that may be good for the heart. (page 7)



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ASK THE DOCTOR

by DEEPAK L. BHATT, M.D., M.P.H., *Editor in Chief*

Exercising after heart surgery

Q I recently had bypass surgery and am starting to feel back to normal. I want to start exercising again, but my internist says I should be careful not to get my heart rate too high. What are reasonable guidelines for how hard I should exercise?


A Your best bet for a getting a personalized answer to this question is to attend cardiac rehabilitation. Cardiac rehab is a medically supervised, customized exercise and lifestyle education program that helps people recover after a heart attack or heart surgery. It can also be useful for people with heart failure or peripheral artery disease (blockages in the leg arteries) and after other heart surgeries (such as a valve replacement) and angioplasty and stent procedures. Most cardiac rehab programs include hourlong sessions two to three times a week for 12 weeks. Medicare covers cardiac rehab, as do most health insurance plans.

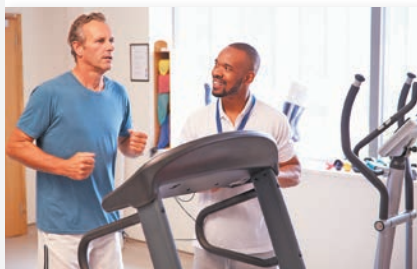
Cardiac rehab is worthwhile even if you were exercising regularly before your bypass surgery. It's even more important for people who've never exercised much at all, since it can inspire and jump-start a physical activity routine.

In addition to monitored exercise, many cardiac rehab programs offer personalized nutrition counseling, potentially including a family member who helps prepare your meals. Some cardiac rehab programs even offer training in techniques for relaxation and stress reduction.

At first, you will have a thorough exam and assessment for future heart problems, followed by testing to determine a safe exercise plan for your particular situation. The exercise typically includes walking on a treadmill or riding a stationary bicycle, along with light stretching and weight training. The staff will monitor your blood pressure and heart rate and determine your target heart rate. This number gives you a general idea of how hard you should exercise to reap cardiovascular benefits. Once you have successfully completed the program, you should be able to gradually work up to your previous fitness level (or even higher, if appropriate).

Sometimes, people need to keep their heart rate under a preset target to lessen the likelihood that an abnormal heart rhythm (arrhythmia) will occur during exercise. This may occur after a heart attack or heart surgery, especially in people who develop heart muscle abnormalities or those who have severe heart valve problems, heart failure, or poorly controlled heart rhythm disorders such as atrial fibrillation.

If your doctor has not recommended cardiac rehab, seek out a program in your area and ask the program to contact your doctor for the referral. Check the online directory of cardiac rehab programs maintained by the American Association of Cardiovascular and Pulmonary Rehabilitation (www.aacvpr.org). 



Supervised exercise is one of the key benefits of cardiac rehabilitation.



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Because of the volume of correspondence we receive, we can't answer every question, nor can we provide personal medical advice.

The benefits of do-it-yourself blood pressure monitoring

Sharing readings from a home monitor with your physician may help you reach your blood pressure goal more quickly.

For treating certain health problems, finding the best drug or combination of drugs at the correct dose often requires some trial and error. High blood pressure is a good example. Because this common problem raises heart attack and stroke risk, the sooner you can get your blood pressure down to a healthy range (130/80 millimeters of mercury [mm Hg] or lower), the better. New research suggests that people could speed things up a bit by taking a more active role in the process (see “Tracking your blood pressure at home: Does it help?”).

“The study showed that a period of home blood pressure monitoring—one week per month—was sufficient to guide people to better blood pressure control,” says Dr. Paul Conlin, professor of medicine at Harvard Medical School and chief, Medical Service, at the VA Boston Healthcare System.

Target practice

Thanks to the availability of automated, relatively inexpensive blood pressure monitors, people can easily measure their blood pressure at home. More sophisticated devices can send readings wirelessly to a smartphone or another device, so you can then share the results with your physician. The information may help your doctors tweak your drugs and doses more readily than if you wait until your next office visit to see if your current medication regimen is working.

That’s why home monitoring might be especially helpful for people newly diagnosed with high blood pressure or those still struggling to reach their targets, says Dr. Conlin. However, he suspects that people who don’t do home monitoring will likely reach their blood pressure goal eventually—it just might

take an additional six to 12 months to reach your target.

Possible drawbacks

Checking your blood pressure at home might help you feel more engaged and therefore motivated to improve your health. But that’s not true for everyone. Some people are reluctant to self-monitor because they’re worried their blood pressure will be too high. However, that anxiety often dissipates over time as you get more comfortable with the process, says Dr. Conlin.

Other potential downsides to home monitoring are “treatment fatigue” and data overload. Treatment fatigue refers to the constant reminder (triggered by daily monitoring) that you have a chronic illness, which can wear on people. And if you send your doctor too much data, he or she may not have time to sift through it all. But the new findings addressed these concerns, at



Data from home blood pressure monitoring may help your doctor optimize your drug regimen.

least in part: the monitoring was done just one week per month.

DIY medication adjustments?

What about making do-it-yourself drug adjustments, which people with diabetes have done for decades based on home blood sugar testing? We’re not quite ready for that step yet, says Dr. Conlin. But it’s worth discussing with your physician, he says. For example, if you notice your home blood pressure readings are on the low side and you occasionally feel lightheaded (a symptom of low blood pressure), you might ask about lowering your diuretic dose. “My response would be yes. But be sure to call me in a month to see how things are working,” says Dr. Conlin. ♥

Tracking your blood pressure at home: Does it help?

British researchers wanted to know whether adding home blood pressure monitoring could improve on standard care for people with high blood pressure. Here’s a summary of their findings, which were published in the March 10 issue of *The Lancet*.

- ▶ **Who:** Just over 1,000 adults (average age 67) with poorly controlled blood pressure. Their blood pressure readings averaged about 153/86 mm Hg when the study began.
- ▶ **How:** Researchers randomly assigned each participant to one of three groups: standard care (the control group), self-monitoring, or telemonitoring.
- ▶ **When:** Those in the control group had their blood pressure measured at their doctors’ offices. Those in other two groups also measured their blood pressure at home (twice in the morning and twice at night) for one week every month over the course of one year. The self-monitors mailed their readings to their doctors. The telemonitoring patients texted their results, and got reminders if they didn’t transmit their readings as well as alerts to contact their doctors if their readings were very high or very low.
- ▶ **Key findings:** By the end of the year, people in the control group had lowered their average systolic (top number) blood pressure to 140 mm Hg. But those in the self-monitoring group and the telemonitoring group had lowered theirs to 137 and 136, respectively.

Avoiding heart problems in your 80s

Advancing age may warrant changes to preventive therapies for heart disease. But one size does not fit all.

Currently, the average life expectancy in the United States is about 79 years. But among people who survive to age 80 and beyond, health status can vary quite a bit. Some stay hale and hearty for years, while others gradually become weak and frail.

These differences are one reason there aren't any set guidelines for preventing heart disease in octogenarians. But there's a larger underlying issue—one that also explains why heart attack risk calculators (such as www.health.harvard.edu/heartrisk) don't allow you to enter an age above 79.

"Many clinical trials simply don't include older people," says Dr. Suzanne Salamon, associate chief for clinical geriatrics at Harvard-affiliated Beth Israel Deaconess Medical Center. Many older studies of cardiovascular drugs excluded people ages 75 and older, and very few included those ages 80 and older. Why? Older people tend to have other chronic health conditions (such as diabetes, arthritis, or osteoporosis) and already take medications that could confound the findings, Dr. Salamon explains. And in the past, there weren't enough older people to include in studies. Now, the 85-plus age group is the fastest-growing segment of the population, she adds.

Changes afoot

Yet age is one of the strongest predictors of heart disease: the older you are, the greater your risk. About 40% of people hospitalized for heart attacks and related problems are ages 75 or older. More elderly people may be included in future trials, however, thanks to a new National Institutes of Health (NIH) policy. Starting in January 2019, researchers applying for NIH funding must explain how they intend to include people of all ages

People ages 85 and older are the fastest-growing segment of the population.



in their clinical trials and provide justifications for any excluded groups of people.

Factoring in frailty

The dearth of evidence-based information for preventing heart problems in the "older old" means doctors may not always agree on the best approach to help 80-somethings avoid heart attacks and strokes. But Dr. Salamon and other geriatric specialists believe that frailty should definitely be taken into account.

Frailty—a syndrome marked by slowness, weakness, fatigue, and often weight loss—clearly becomes more prevalent in later life (see "Defining frailty"). But old age alone doesn't define frailty; some people (including Dr. Salamon's mother) can still walk a mile on a treadmill at age 95.

Frailty may be most relevant when treating high blood pressure, which affects more than three-quarters of people over age 75. A major blood pressure study that did include older adults published findings from a subgroup of participants whose average age was 80. Researchers found that lowering systolic blood pressure (the first number in a

reading) to 120 millimeters of mercury (mm Hg) or less reduced heart-related events and deaths compared with a systolic blood pressure goal of 140 mm Hg.

But reaching that lower goal often requires taking at least three different medications. And in people deemed to be frail, that intensive treatment comes with a higher risk of worrisome side effects, such as low blood pressure (which raises the risk of falling) and kidney injuries, Dr. Salamon points out. People who are more frail, especially those in their 80s, may do better with systolic blood pressure readings closer to 140 mm Hg or above, she says.

Defining frailty

Doctors use various tests and quizzes to determine if a person is frail. The simplest involves measuring walking speed. If a person takes more than five seconds to walk 13 feet, he or she is considered to be frail.

Statin and aspirin advice

As for cholesterol-lowering statins, anyone who's had a heart attack or a stroke should stay on a statin regardless of age. For healthy people 75 and older who haven't had a heart attack or who don't have diagnosed atherosclerosis,

there are some doctors who are reluctant to prescribe statins. "But most doctors still prescribe statins for older people with other risk factors, such as being overweight or having high blood pressure," says Dr. Salamon. Possible exceptions might include frail people who are on five or more other medications and are having difficulty taking multiple pills every day. Stopping the statin might make sense, but not without a doctor's approval.

Low-dose (81-mg) aspirin—another mainstay of heart disease prevention—is another drug that frail older people might consider stopping, unless they have had a heart attack or stroke or are at high risk for these conditions. For octogenarians who are not frail and aren't at risk of bleeding, taking a low-dose aspirin may be helpful, though clinical trials are ongoing to clarify the possible benefit. ♥

Guard your heart during the dog days of summer

Heat, humidity, and haze can be rough on your heart.

Summer's long, sunny days often entice people to spend more time exercising outdoors. While being more physically active is great for your heart, it's important to exercise caution when the temperature and humidity rise.

"You hear stories about football players collapsing when they do strenuous workouts in hot weather, probably because they're not drinking enough fluid," says Dr. Adolph M. Hutter, professor of medicine at Harvard Medical School. However, hot weather can affect non-athletes as well. "For the average person, just walking on a golf course when it's 100° with high humidity is stressful for the cardiovascular system," he says.

Too darn hot?

When you're in a hot environment, blood vessels near the surface of your skin relax to help radiate away excess heat. But when the air temperature approaches body temperature, this process no longer works. Sweating also helps cool your body: heat from your body turns liquid sweat into water vapor (by evaporation).



Be sure to drink plenty of water if you exercise outside during hot, humid weather.

This works well on dry days. But when humidity levels climb above 75% or so, the water vapor already in the air makes evaporation more difficult.

Both of these body-cooling processes can affect your heart, especially if you're exercising. In particular, sweating removes minerals from your bloodstream that are needed to maintain a healthy fluid balance, leading to low blood pressure. That's why people who have (or are at risk for) heart disease should be careful when playing tennis, cycling, or

doing other outdoor exercise during hot and humid weather, says Dr. Hutter, who founded the Cardiac Performance Program at Massachusetts General Hospital.

Hot weather hints

To stay safe on hot days, stay inside during the hottest part of the day—usually from noon to 3 p.m. Wear lightweight, light-colored clothing and a large, broad-brimmed hat when you're outdoors. Most importantly, drink plenty of fluid to stay hydrated. Plain water is fine, but if you sweat a great deal (a trait that varies from person to person), sports drinks may be a better choice. These beverages contain electrolytes—minerals such as potassium, sodium, and magnesium—that can replenish what you lose from sweating. If you take medications for high blood pressure, especially diuretics, ask your doctor if you should adjust your dose on days you plan to be outside in the heat.

Haze hazards

Summer's heat also speeds up the chemical reactions that create air pollution. Smog and haze result from a combination of dust, water vapor, and tiny airborne particles from industrial power plants, vehicle emissions, and wildfires (see "Smoke from wildfires may stoke heart attack risk"). Air pollution can trigger heart attacks, strokes, and irregular heart rhythms, especially in people prone to heart disease. For real-time information about air quality in your area, see www.airnow.gov, and heed the warnings about staying inside if the air quality is poor, especially if you have heart disease.

For people who want to exercise outdoors during periods of hot, humid, and hazy weather, some experts encourage exercising either early in the morning or late at night, when it is cooler. Dr. Hutter agrees, but offers this advice: "Exercise at the time that's most convenient and the place that's most comfortable for you." When the temperature soars, an air-conditioned fitness facility may be just the ticket. ♥

Smoke from wildfires may stoke heart attack risk

Where there's smoke, there's fire—and more people heading to emergency rooms with heart attacks, according to study in the April 11 *Journal of the American Heart Association*.

For the study, researchers reviewed more than a million emergency room visits in northern and central California in the summer of 2015, when intense wildfires raged across the state, burning more than 800,000 acres.

Smoke exposure not only increased emergency room visits for breathing trouble but also for heart disease, irregular heart rhythms, heart failure, and stroke. The risk was highest on dense smoke days and among people ages 65 and older. Within a day of dense wildfire smoke, emergency room visits for heart attacks increased by 42% among older people.

Wildfires will likely become more intense and longer-lasting in North America in coming years, the authors caution. If wildfires occur near you (and you're not evacuating) stay indoors with the doors and windows closed and run air conditioning, if available, the Environmental Protection Agency advises. Those with heart or lung conditions should consider staying with friends or family who live far away from the smoke.

How atrial fibrillation may affect your brain

This heart rhythm disorder is linked to thinking and memory problems. But anti-clotting drugs may lower the risk.

Bouts of atrial fibrillation, or afib—a rapid, chaotic heartbeat—make some people feel lightheaded and dizzy, while others don’t notice any symptoms. But the most serious threat of this condition is the higher risk of stroke among people with afib compared with those without the disorder (see “Blood clot dangers, large and small”). Now, there’s a growing recognition that people with afib also face an increased risk of thinking and memory problems—even if they do not experience a stroke.

Known as cognitive impairment, these problems include trouble remembering, learning new things, concentrating, or making routine decisions. The presumed underlying cause? Tiny blood clots that cause “silent” (that is, unrecognized) strokes and gradually injure parts of the brain involved with cognition.

“Until recently, very little was known about the association between afib and cognitive impairment,” says Dr. Moussa

Mansour, director of the atrial fibrillation program at Harvard-affiliated Massachusetts General Hospital. But an expert consensus statement on arrhythmias and cognitive function, published March 23 in the *Journal of Arrhythmia*, outlines the evidence for the connection and offers advice for preventing the problem.

Minor but cumulative damage

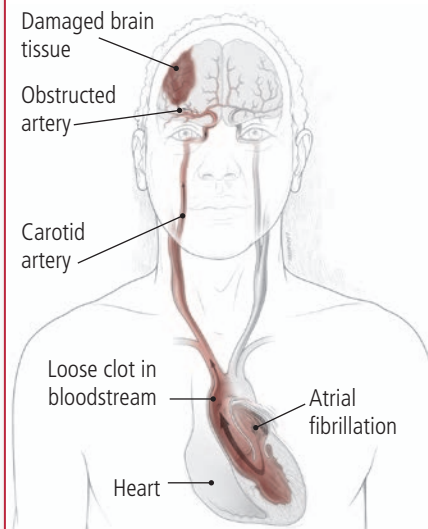
Silent strokes usually don’t cause noticeable symptoms because they are very small and often occur in the front of the brain rather than in areas that affect movement and speech, Dr. Mansour explains. “But in people with afib, these tiny strokes tend to recur over the years, and the damage is cumulative.” Brain imaging studies suggest that afib doubles the risk of silent strokes. These, in turn, are linked to a higher risk of cognitive decline.

Drugs that help prevent blood clots (also called anticoagulants or blood thinners) are a vital part of afib treatment. All anticoagulants increase the risk of potentially dangerous bleeding in the gastrointestinal tract or brain, which is why they aren’t appropriate unless a person’s stroke risk outweighs the risk of bleeding. To decide, doctors use a tool that considers other stroke risk factors, such as age, sex, and cardiovascular problems (see “A scoring system for people with afib”).

The benefits of clot prevention

For decades, warfarin (Coumadin) was the drug of choice for stroke prevention. But it requires frequent monitoring and possible dose adjustments, and it interacts with many foods and other drugs. Now, doctors are more likely to prescribe novel oral anticoagulants (NOACs),

Blood clot dangers, large and small



During atrial fibrillation, the upper chambers of the heart (atria) quiver rapidly instead of contracting forcefully. This causes blood to pool inside the left atrium, where it stagnates and may form clots. If a clot escapes the atrium, it can travel to (and block) a blood vessel in the brain. Large clots can cause a stroke, which may affect your ability to move, speak, or even swallow. The effects of tiny clots often go unnoticed. But over time, these so-called silent strokes may accumulate and cause thinking and memory problems.

which don’t have the same downsides. Compared with warfarin, NOACs are at least as effective for preventing strokes and are less likely to cause dangerous bleeding in the brain, says Dr. Mansour. However, an estimated 40% of people with atrial fibrillation who should be taking an anticoagulant drug are not, he says. According to the consensus statement, people with afib who qualify for anticoagulation therapy should consider taking a NOAC, which may also help prevent cognitive impairment by preventing strokes.

People with afib should also focus on other healthy habits to lower their risk. These include exercising, losing weight if you’re overweight, and treating sleep apnea, high blood pressure, and high cholesterol. Many studies show an association between alcohol consumption and afib, so Dr. Mansour suggests limiting alcohol to occasional use if you have afib. ♥

A scoring system for people with afib

Add up your points to see if you should be taking an anticoagulant.

Age 64 to 74	+1
Age 75 or older	+2
Female	+1
High blood pressure	+1
Diabetes	+1
Heart attack or peripheral artery disease	+1
Stroke, transient ischemic attack (TIA), or a clot elsewhere in the body	+2
Heart failure	+1

TOTAL

0 = no treatment recommended
 1 = aspirin, warfarin, or a NOAC*
 2 and higher = warfarin or a NOAC*

*Novel oral anticoagulant. These include apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Savaysa), and rivaroxaban (Xarelto) and may be preferred over warfarin.

Mindful eating ... from p. 1

feelings come and go. “Urges and cravings comes in waves, and we can ride them out,” says Dr. Siegel.



Among the other promising strategies noted in the review were various types of mindfulness meditation, such as an eating-focused practice in which people

Self-acceptance and defusion

Another aspect of mindfulness training is self-acceptance. If you do give in to a craving, forgive yourself and move on. “None of us is perfect—you don’t have to torture yourself,” Dr. Siegel says. Four of the 12 studies in the recent review article focused on acceptance-based behavior training, which relies on mindfulness strategies to identify emotions rather than avoid them.

In one small study of people with heart disease, participants were encouraged to recognize that eating healthfully and exercising is really challenging and that pretending that it isn’t just makes it all the more distressing. Instead, they were taught a practice called defusion, in which you distance yourself from unhelpful thoughts, feelings, and beliefs. This helped them tolerate the distress of trying to make heart-healthy behavior changes. Participants gave high marks to the program and made positive changes in their diet and exercise habits.

were taught to acknowledge their hunger levels, emotions, thoughts, motivations, and eating environment with acceptance but without judgment. The practice was most effective when combined with self-compassion, which involved repeating phrases of good will and benevolence for oneself and others.

Getting started: Mindfulness training

If you’re trying to lose weight and struggling with mindless eating, you can get started with some simple tips (see “How to practice mindful eating”). The Center for Mindful Eating (www.thecenterformindfuleating.org) has more in-depth information, including free mindful eating meditations, newsletters, webinars, and teleconferences. You may be able to find in-person coaching as well, as growing numbers of nutritionists and programs—ranging from spiritual retreat centers to hospitals and medical centers—offer instruction in the technique. ♥

Vegetable of the month

Peppers



Peppers, which belong to the genus *Capsicum*, come in a variety of colors, shapes, sizes, and flavors. Bell peppers (available in green, yellow, orange, red, and even purple) make a nice addition to a salad or plate of crudités. Supermarkets carry bags of assorted mini bell peppers that are convenient both for snacking and using in recipes.

While sweet bell peppers are crunchy and mild, hot peppers—such as jalapeños, serranos, and habaneros—provide a tongue-tingling punch of heat. They contain varying amounts of the phytochemicals responsible for the spiciness in hot peppers.

Known as capsaicinoids, these compounds may offer several heart-related benefits. For example, people who eat spicy foods—especially chili peppers—tend to eat less salt and have lower blood pressure. Capsaicinoids may also improve cholesterol values and blood vessel function.

Nutritional info: One medium bell pepper contains only about 30 calories and is rich in vitamins C and A. Bell peppers also contain a range of antioxidants, which have been associated with a lower risk of cardiovascular disease.

Easy recipe: Slice sweet mini bell peppers in half lengthwise and remove the stem, seeds, and white membranes. Fill halves with hummus or goat cheese. Sprinkle with chili powder, if desired.

How to practice mindful eating

Eating while you’re busy doing other things—watching TV, scrolling through your email, or reading the newspaper—robs you of the chance to enjoy your food fully. You may not feel satisfied and simply keep eating, even if you’re not actually hungry.

Here are some tips for eating more mindfully:

- ▶ Sit in a pleasant, calm environment with no distractions, with the exception of your meal companions.
- ▶ Ponder what it took to produce your meal, from the sun’s rays to the farmer to the grocer to the cook.
- ▶ Try eating with your nondominant hand; if you’re a righty, hold your fork in your left hand when lifting food to your mouth.
- ▶ Set a timer for 20 minutes and pace yourself so you spend at least that much time eating.
- ▶ Put your utensil down between bites.
- ▶ Take small bites and chew them well, noticing the different flavors and textures of each mouthful.
- ▶ Before you help yourself to seconds or dessert, pause and take time to consider whether you’re actually hungry.



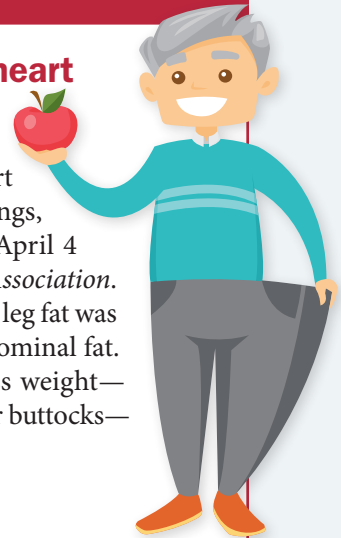
RESEARCH WE'RE WATCHING

Slimming the thighs—as well as the belly—is good for the heart

Whether you carry extra fat in your belly (an apple shape) or your thighs (a pear shape), slimming down can help your heart, according to a new study.

Previous research found that while belly fat was clearly linked to a higher risk of heart problems, in comparison, fat in the thighs and backside seemed to be associated with less heart disease risk. But an analysis of seven weight-loss studies including a total of 399 people (mostly women) challenges that latter claim.

Losing inches in the thighs, hips, and buttocks tended to lower other risk factors for heart disease, according to the findings, which were published in the April 4 *Journal of the American Heart Association*. For lowering cholesterol, losing leg fat was just as important as losing abdominal fat. The bottom line: Losing excess weight—whether from your belly or your buttocks—will benefit your heart.



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Inherited high cholesterol often goes untreated

About four in 1,000 adults in this country are born with a genetic condition marked by abnormally high cholesterol levels, known as familial hypercholesterolemia (FH). Their “bad” LDL cholesterol can be two to three times as high as the common target LDL value of 100 milligrams per deciliter (mg/dL) or lower for healthy people. But only about half of people with FH are getting proper treatment for the disease, according to a report in the May 22 issue of *Circulation*.

For the study, researchers analyzed health surveys done between 1999 and 2014 with nearly 42,500 adults in the United States. Although more

than 80% of people with FH or severely high cholesterol were aware of their condition, only half were taking cholesterol-lowering statins. And among those who were, only one-third were taking optimal doses of the drugs.

If untreated, a person with FH has at least 13 times the risk of a heart attack compared with someone without FH. Anyone with an LDL cholesterol level of 190 mg/dL or higher should be screened for FH and treated appropriately. More information is available from the FH Foundation (www.thefhfoundation.org), which aims to boost awareness and improve the diagnosis and treatment of FH.

Exercise may help outrun a family risk for heart disease

Staying physically fit helps lower your risk of heart disease—even if the condition runs in your family, a new study finds.

Researchers relied on data from nearly half a million middle-aged and older adults in the United Kingdom. Over the six-year study, people with high levels of grip strength, self-reported physical activity, and cardiorespiratory fitness (as measured by a stationary bike test) were less likely than others to have a heart attack or stroke. That was true even



among people with high genetic risk, based on whether they carried certain gene variants that have been linked to heart disease.

Among the one-third of people at the highest genetic risk, higher fitness levels were linked to a 49% lower risk for coronary artery disease compared with those who were the least fit. They were also 60% less likely to have atrial fibrillation, a heart rhythm disorder that raises the risk of stroke. The study was published April 9 in the journal *Circulation*. ♥

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What's coming up:

- ▶ Simple swaps to cut sodium from your diet
- ▶ Heart drugs: Are you taking them correctly?
- ▶ Loneliness linked to heart disease
- ▶ Radiation from cardiovascular testing