HEALTH BASICS

Heart health

Heart health describes how well your heart and blood vessels function

WHAT IT IS
The condition and function of your heart and blood vessels

WHERE IT COMES UP
Checkups, blood pressure readings, cholesterol tests, and family history

WHY IT MATTERS
Shapes risks of heart attack, stroke, and heart failure

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care clinician or cardiovascular specialist

HOW IT IS CHECKED
Blood pressure, cholesterol, blood sugar, history, and examination

Overview

Heart health is a broad term for how well your heart and blood vessels are working. It also includes your likelihood of developing cardiovascular disease. "Cardiovascular" means related to the heart and blood vessels.

Heart health is not a diagnosis, and there is no single heart-health score or test. Clinicians build a picture from several pieces of information. These can include your blood pressure, cholesterol, blood sugar, medical history, family history, activity, sleep, and tobacco exposure.

Some influences can be changed, while others cannot. Age, family history, inherited conditions, and some health problems may affect risk. Food, physical activity, tobacco use, sleep, and treatment of conditions such as high blood pressure can also make a difference. Access to safe places to exercise, affordable food, health care, and stable housing may shape what choices are practical.

How it works

The heart is a muscle that pumps blood around your body. The right side sends blood to the lungs to collect oxygen. The left side sends oxygen-rich blood to the brain, muscles, organs,

and other tissues.

Arteries carry blood away from the heart. Veins return it. The heart has four valves that keep blood moving in the correct direction. Its electrical system controls the rate and rhythm of each heartbeat.

Several measurements help show how this system is doing. Blood pressure is the force of blood against artery walls. Cholesterol is a waxy substance carried in the blood. Some cholesterol-containing particles can contribute to fatty deposits called plaque inside arteries. Blood glucose, or blood sugar, matters because persistently high levels can damage blood vessels over time.

These measurements must be interpreted together. For example, a cholesterol result may have different importance depending on your age, blood pressure, smoking history, diabetes status, family history, and whether you already have cardiovascular disease.

Why it matters for your health

Healthy blood flow supplies oxygen and nutrients throughout the body. Changes in the heart, arteries, valves, or heart rhythm can interfere with that supply.

Cardiovascular risk often develops over years without obvious warning signs. Routine checks can identify high blood pressure, diabetes, or unhealthy cholesterol levels before they cause noticeable problems. Finding one risk factor does not mean that you have heart disease. It gives you and your clinician information for deciding whether follow-up, lifestyle changes, or treatment may be useful.

Heart health is also connected with brain, kidney, and mobility health. The same blood-vessel changes that contribute to heart attacks can contribute to stroke, kidney damage, or reduced blood flow to the legs.

What can go wrong

Heart health relates to several distinct conditions. They are not all caused by the same process.

Coronary artery disease develops when the arteries supplying the heart become narrowed or blocked, often because plaque has built up. A sudden blockage can cause a heart attack , which means part of the heart muscle is not receiving enough blood.

Stroke may occur when blood flow to part of the brain is blocked or, less commonly, when a blood vessel in the brain bursts.

Heart failure means the heart cannot pump or fill well enough to meet the body's needs. It does not mean that the heart has stopped.

Arrhythmias are abnormal heart rhythms. Some are harmless, while others affect blood flow or raise the risk of complications.

Heart valve disease affects one or more valves. A valve may become too narrow or may not close properly. Peripheral artery disease is reduced blood flow in arteries outside the heart, most often in the legs.

These conditions require individual assessment. A single blood pressure or cholesterol result cannot diagnose most of them.

Call emergency services for possible heart attack signs, such as new chest pressure, squeezing, or discomfort, especially with shortness of breath, sweating, nausea, faintness, or discomfort spreading to an arm, the back, neck, jaw, or stomach. Symptoms are not identical for everyone.

Sudden facial drooping, arm weakness, speech difficulty, loss of balance, or vision changes may signal a stroke and also need emergency help. If someone is unresponsive and not breathing normally, call emergency services, begin CPR if you can, and use an automated external defibrillator if one is available.

A high home blood pressure reading without emergency symptoms usually calls for routine or prompt clinical advice rather than an emergency response. Follow any action limits previously given by your clinician. Seek urgent help if a concerning reading occurs with chest pain, severe shortness of breath, fainting, new weakness, confusion, or trouble speaking.

What you can do

There is no single action that measures or protects every part of heart health. Practical steps include:

If you check blood pressure at home, use a validated upper-arm monitor with a correctly fitting cuff. Sit quietly first, keep your back and arm supported, place both feet on the floor, and avoid talking during the reading. Record the numbers, date, and time. A clinician may use home or 24-hour monitoring to confirm whether blood pressure remains high outside the clinic.

For general health, US physical activity guidance recommends that adults work toward at least 150 minutes of moderate-intensity aerobic activity each week, or 75 minutes of vigorous activity, plus muscle-strengthening activity on two days. Smaller amounts still have value. If illness, disability, pain, or long inactivity limits you, ask what type and pace are suitable.

A heart-supporting eating pattern emphasizes vegetables, fruits, whole grains, beans, nuts, fish, and other minimally processed foods. It limits sodium, added sugars, and foods high in saturated fat. You do not need a special "heart detox," supplement, or perfect diet.

Avoiding tobacco smoke is important. If you use tobacco, a clinician, pharmacist, or stop-smoking service can discuss counseling and approved treatments. Regular sleep also matters. Mention loud snoring, pauses in breathing during sleep, or persistent daytime sleepiness, because these may warrant assessment.

- Ask how often you need blood pressure, cholesterol, and diabetes screening based on your age and risk factors
- Keep a record of your results, medicines, family history, and questions
- Tell a clinician about tobacco or nicotine use, pregnancy-related high blood pressure, diabetes, kidney disease, or early cardiovascular disease in close relatives
- Ask what activity and food changes would be realistic for you
- Take prescribed medicines as directed and discuss problems before stopping them

Common questions

Can I tell whether my heart is healthy by how I feel?

Not reliably. Some cardiovascular conditions cause clear problems, but high blood pressure and unhealthy cholesterol levels often do not. Routine measurements provide information that symptoms cannot.

Is a smartwatch a heart-health test?

No. Wearable devices may track heart rate, activity, or a limited form of heart rhythm. They do not rule out heart disease, and alerts can be incorrect. Save repeated or concerning readings and discuss them with a clinician. Seek urgent care if an alert occurs with fainting, chest discomfort, or severe shortness of breath.

Do I need an electrocardiogram or heart scan?

Not everyone does. An electrocardiogram, or ECG, records the heart's electrical activity. Other tests examine heart structure, blood flow, or arteries. Whether testing is useful depends on symptoms, examination findings, medical history, and overall risk. Tests can also produce unclear or incidental results, so routine screening is not automatically helpful.

What number matters most?

No single number describes heart health. Blood pressure, cholesterol, blood sugar, age, family

history, tobacco exposure, and existing health conditions are considered together. Ask what your results mean for you and when they should be checked again.

Sources

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