A Guide to Understanding Heart Disease

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This guide will help you learn more about various heart conditions, risk factors that play a role in the development of heart disease and commonly used medications used to manage heart health.

The guide is divided into three parts:

SECTION 1:
UNDERSTANDING YOUR CONDITION

This section will focus on how the heart works, how heart disease can develop, and different types of heart conditions.

SECTION 2:
KNOW YOUR RISK FACTORS

You will learn what your risk factors are, which ones you can change, and how you can monitor them.

SECTION 3:
MEDICATION MANAGEMENT

This section outlines some of the medications used to manage heart disease, and the importance of taking medications as prescribed.

If you have any questions or concerns about your condition, risk factors or medications, speak to a member of your healthcare team.

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SECTION 1:

UNDERSTANDING YOUR CONDITION

How your heart works

Your heart is an amazing muscular organ that pumps blood throughout your body. With every heartbeat, your heart pumps blood rich in oxygen and nutrients that helps all the cells and organs of your body. Some of this blood flows back to your heart, through coronary arteries, to supply the heart muscle with oxygen and nutrients.

How does my heart pump?

- **Chambers of the heart:**
  The heart can be divided into the right side and left side. Each side has a top chamber and bottom chamber. The top chambers are called atria (singular: atrium), and the bottom chambers are called ventricles.

  This results in 4 chambers: (1) Right atrium; (2) Right Ventricle; (3) Left Atrium; (4) Left Ventricle

  These four chambers fill with blood when the heart relaxes, and they pump blood when the heart contracts (beats).

- **Valves of the heart:**
  The heart also has four valves: (1) Tricuspid valve (between right atrium and right ventricle); (2) Pulmonary Valve (between right ventricle and pulmonary artery; (3) Mitral valve (between left atrium and left ventricle); (4) Aortic valve (between left ventricle and aorta.

  When valves open, they let blood travel forward, and when valves close, they prevent blood flowing backwards . The atria pump blood to the ventricles, and the ventricles pump blood into arteries.

What makes my heart pump?

Your heartbeat is controlled by electrical signals. These electrical signals ensure your heart beats in a coordinated way and guide how fast or slow your heart beats. An electrocardiogram (EKG or ECG) measures the electrical activity of your heart.

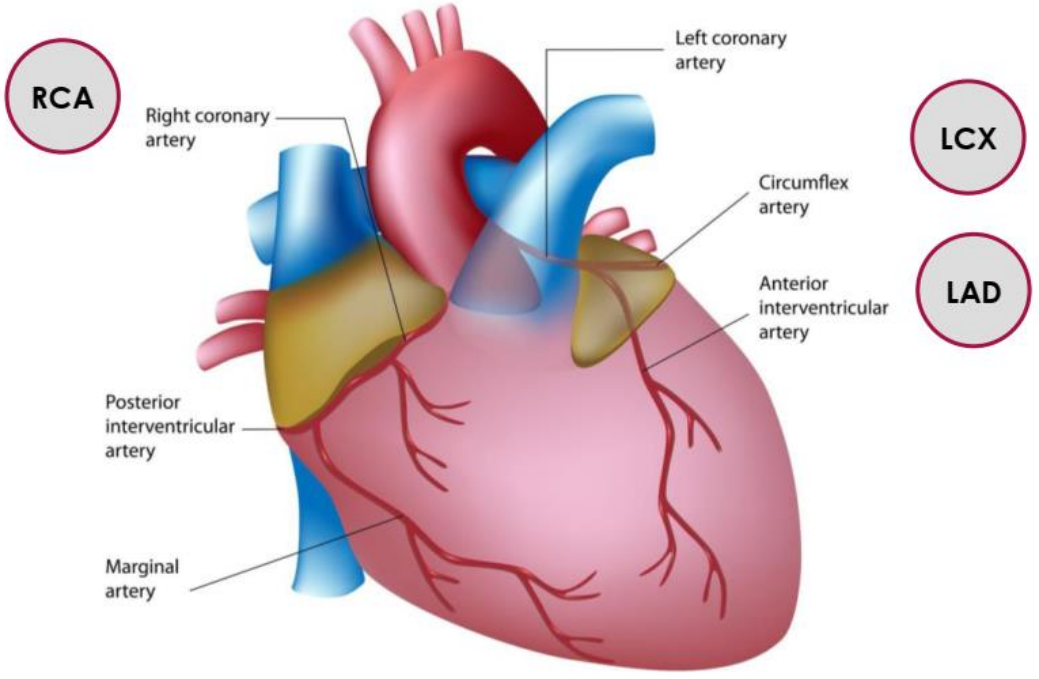
The chambers on top (atria) beat first, followed by the ventricles on the bottom shortly after that, in a coordinated fashion.

Coronary Arteries

The heart needs a constant supply of blood in order to work well. The heart receives blood and oxygen supply from coronary arteries. These arteries branch off the aorta and lie on the outside of the heart muscle. Each artery brings blood to a different area of the heart to ensure the entire heart receives oxygen and nutrients.

The main coronary arteries are the:

1. Left Main Coronary Artery which divides into:
   - Left Anterior Descending Artery (LAD)
   - Left Circumflex (LCx)
2. Right Coronary Artery (RCA



HOW HEART DISEASE DEVELOPS

Heart disease can come in many different types and forms. The most common type of heart disease is coronary artery disease (CAD). Other forms of heart conditions include arrhythmia, congenital heart disease, congestive heart failure, heart valve disease, and cardiomyopathy. Cardiac rehabilitation is beneficial to all individuals with any form of heart disease.

Coronary Artery Disease (CAD)

CAD develops when there is a build-up of fat (cholesterol) and other substances (calcium, scar tissue) in the walls of coronary arteries. This can happen in one or multiple arteries.

The build-up is often called "plaque" and is referred to as atherosclerosis. This plaque build-up can narrow and stiffen the artery, which can reduce the amount of blood that flows to your heart. When your heart does not get the blood and oxygen it needs, it can lead to angina and/or a heart attack

Angina

Often a temporary chest discomfort that occurs when there is not enough blood supply to the heart's muscle to meet its needs.

Angina is usually related to how hard your heart must work. When your heart works harder than usual, it needs more blood supply. When a coronary artery is narrowed or stiffened by plaque, the artery is unable to meet this increased need for blood supply.

Angina is a warning the heart is at an increased risk of heart attack. This chest discomfort usually goes away if you rest, and/or by taking nitroglycerin spray. It is important to pace yourself with activity, so you are comfortable and pain free!

What does angina feel like?

It is important to know your own angina symptom(s). These can vary from person to person but will often be the same from one time to the next. Symptoms include:

- Varying degree of discomfort – mild all the way to severe
- Pressure, tightness, heaviness, pain, squeezing, burning aching or numbness
- Discomfort may be felt in the chest, neck jaw, shoulders, between shoulder blades, arms or hands (left, right, both)
- Other symptoms include indigestion, breathlessness, weakness, nausea, sweating

What can bring on angina:

- Physical exertion (exercising, lifting heavy objects, climbing stairs, having sex, mowing the lawn)
- Emotional stress
- Cold and windy weather OR hot and humid weather
- Heavy meals
- High altitude

When to call the doctor:

Report <u>any change</u> in your angina pattern to your doctor, including changes in:

- How often you get angina
- How easily you get angina
- How much nitroglycerin is required to relieve the angina
- How severe the angina is

STEPS FOR TAKING NITROGLYCERIN:

Stop what you are doing. Sit or lie down and rest for 5 minutes.

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If chest pain remains, take 1 nitroglycerin tablet or spray under your tongue.

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Wait 5 minutes. If any chest pain or discomfort remains, take a second nitroglycerin tablet or spray under your tongue.

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Wait 5 minutes. If chest pain/discomfort remains, call 911 and take a third nitroglycerin tablet or spray under your tongue.

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If chest pain/discomfort remains after 911 has been called, continue taking 1 nitroglycerin table/spray every 5 minutes.

Discontinue taking the nitroglycerin if your chest pain goes away or you are feeling unwell from it (e.g., severe dizziness)

IMPORTANT GUIDELINES FOR THOSE TAKNG ERECTILE DYSFUNCTION MEDICATIONS

Nitroglycerin needs to be used with extreme caution when taking medications such as Viagra, Levitra and Cialis as it may cause a large drop in blood pressure.

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- Do not take nitroglycerin within 24 hours of taking Viagra or Levitra
- Do not take nitroglycerin within 48 hours of taking Cialis
- If you have chest pain or angina and it is not safe to take nitroglycerin based on the above guidelines, call 911.

➲ **Tip:** Print off this sheet for quick reference.

Heart Attack (Myocardial Infarction; MI)

A heart attack occurs when blood flow to one or more coronary arteries is *severely* decreased or stopped completely. This usually occurs when a piece of plaque ruptures. The body tries to close this rupture by forming a blood clot over it. This blood clot can completely block blood flow to the heart.

The length of time the blood flow is blocked will determine how much the heart muscle is damaged. Early treatment helps to restore blood flow and save heart muscle. It is important to get medical treatment as soon as you feel symptoms ➔ **do not hesitate!**

Symptoms of a heart attack range from mild, like indigestion or a toothache, to severe or crushing pain. Common symptoms include:

- Chest discomfort or pain
- Sudden sweating with cold, clammy skin
- Nausea and/or vomiting
- Shortness of breath
- Weakness, dizzy, fainting, extreme tiredness

If symptoms don't go away after two sprays of nitroglycerin, it must be treated as a heart attack.

➲Dial 911

OTHER TYPES OF HEART CONDITION

The heart conditions described briefly below are only a few of the many heart conditions that exist. If you have any questions about these or any other heart condition, talk to a member of your healthcare team.

Arrhythmia

An arrhythmia is an abnormal heart rhythm, such as atrial fibrillation or sick sinus syndrome. An arrhythmia can cause your heart to beat too slow (bradycardia) or too fast (tachycardia), or irregularly.

If your heart has an abnormal rhythm, it may not pump effectively. The various types of arrhythmias can range from no symptoms to serious and life-threatening symptoms.

Congenital Heart Disease

A congenital heart defect occurs when the heart or the blood vessels in and around the heart do not develop normally during pregnancy. Congenital heart disease is the most common birth defect.

There are various types of heart defects and though the cause is not known in many cases, some causes may include viral infections, drug abuse and Down Syndrome.

Medical advances for both the treatment and correction of heart defects have helped to improve the survival rate and quality of life of individuals with congenital heart disease.

Congestive Heart Failure

Congestive heart failure (CHF) occurs when the heart is not strong enough to pump the amount of blood required to meet the body's needs. This can cause a backup of fluid in the lungs and to other parts of the body. There are a variety of treatments to improve heart function and reduce symptoms once CHF develops.

Heart Valve Disease

Valvular heart disease happens when one or more valves cannot open properly to let blood flow through (stenosis) or cannot close tight enough to prevent blood from flowing backwards (regurgitation). Heart valve disease can affect any of the valves in different ways, including a combination of stenosis and regurgitation.

Cardiomyopathy

Dilated, hypertrophic, restrictive or ischemic cardiomyopathy are diseases that cause the heart muscle to enlarge, thicken, become stiff, and weaken overtime. As a result, the heart has a hard time pumping blood and maintaining a normal heart rhythm, which can lead to heart failure or an arrhythmia.

Often, the cause of the cardiomyopathy is not known. Depending on the type of cardiomyopathy and its symptoms, treatment will vary.

Spontaneous Coronary Artery Dissection (SCAD)

A heart attack can occur when there is a natural tear (dissection) in the inner wall of a coronary artery. A small pouch or pocket of blood can form in the tear blocking blood flow in the artery. SCAD is usually not associated with plaque build up (atherosclerosis) or trauma to the artery.

Postural Orthostatic Tachycardia Syndrome (POTS)

Characterized by severe increase in heart rate and symptoms (e.g. lightheadedness, palpitations, blurred vision etc.) that occurs in the standing position. It typically affects women more than man.

A heart healthy lifestyle will help manage all types of heart disease while at the same time preventing the development of and the progression of coronary artery disease.

SECTION 2:

KNOW YOUR RISK FACTORS

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Risk factors fall under two categories:

❶ Non-modifiable risk factors ➲ these are things we have no control over

- Age – getting older is associated with increased risk of developing heart disease
- Sex – men are more likely to develop heart disease at an earlier age. After menopause, a women's risk of developing heart disease is equal to men.
- Family history - If you have a family member that developed heart disease, especially at a young age (i.e., males <55 and females <65 years of age), you have a genetic tendency to develop heart disease.

❷ **Modifiable risk factors** ➲ these are risk factors you can control through lifestyle changes

- High blood pressure (hypertension)
- High blood cholesterol
- Diabetes
- Being overweight
- Physical Inactivity
- Stress
- Smoking

Reducing risk factors we can control can have the biggest impact on our heart health. Continue reading to learn more about how modifiable risk factors play a role in developing heart disease.

HIGH BLOOD PRSSURE (HYPERTENSION)

Blood pressure refers to the amount of pressure exerted by the blood against the walls of the arteries.

The top number is your **systolic blood pressure** – the pressure at the moment your heart pumps blood into your arteries. The bottom number is your **diastolic blood pressure** – the pressure when your heart is relaxed.

	Systolic Blood Pressure	Diastolic Blood Pressure
Optimal blood pressure for most adults	120 mmHg	80 mmHg
High normal range for most adults	130 to139 mmHg	85 to 89 mmHg
Optimal target for people with diabetes or chronic kidney disease	Less than 130 mmHg	Less than 80 mmHg
Optimal target for people with heart disease	Less than 120mmHg	

Source: 2020 Hypertension Canada Guidelines.

More than half of people with high-normal blood pressure develop hypertension within four years. Know your blood pressure and check it regularly.

High blood pressure can weaken and injure the walls of your arteries causing scarring that promotes plaque build up. High blood pressure also makes your heart work harder, causing straining and eventually weakening of the heart muscle.

HIGH BLOOD CHOLESTEROL

Cholesterol is a type of fat in your blood. Your body makes cholesterol and you also get it from the food you eat. Your body needs cholesterol, but too much can increase your risk of developing CAD. There are two types of cholesterol:

① **Low-Density Lipoprotein (LDL Cholesterol)** is known as bad cholesterol. High levels of LDL promotes plaque build-up in arteries.

② **High-Density Lipoprotein (HDL Cholesterol)** is known as good cholesterol. This carries LDL away from the artery walls.

Total cholesterol (TC) is the total amount of cholesterol in your blood. This includes both LDL and HDL, and some triglycerides.

Triglycerides are a type of fat found in your blood. Extra calories you eat and don't burn off are turned into triglycerides and stored in fat cells. High triglycerides are linked to heart disease, and may be a result of other diseases, such as untreated diabetes.

Cholesterol becomes a health concern if your levels of TC and LDL are too high, and/or HDL levels are too low. The TC/HDL Ratio shows how much of your cholesterol is 'good' cholesterol. The lower this ratio the more 'good' cholesterol you have.

CHOLESTEROL TARGETS – WITH KNOWN CARDIOVASCULAR DISEASE (CACR 2009 Guidelines)	
Total Cholesterol (TC)	<4.0
Triglycerides (TRIG)	<2.0
High Density Lipoproteins (HDL)	>1.0
Low Density Lipoproteins (LDL)	<2.0
TC/HDL Ratio	<4.0
The lower the LDL and the higher the HDL the better	

DIABETES

Consistently high levels of glucose in the blood as a result of your body not making enough insulin, or if insulin is not working well. Insulin is a hormone that take glucose from your blood and brings it into cells.

Diabetes is the leading cause of cardiovascular disease. High glucose levels causes blood to become sticky and makes it more likely to clump together and cause blood clots. High levels of glucose also lead to plaque build up in arteries.

Type 1 Diabetes:

- Usually diagnosed before the age of 30, most often in childhood or teen years
- It occurs when the pancreas does not produce insulin
- The cause of Type 1 diabetes remains unknown

Type 2 Diabetes:

- Usually develops in adulthood
- It occurs when the pancreas does not produce enough insulin or when the body does not properly use the insulin that it makes

Pre-diabetes:

- Refers to blood glucose levels that are higher than normal, but not yet high enough to be diagnosed as Type 2 diabetes.
- Although not everyone with pre-diabetes will develop Type 2 diabetes, many people will.

Know your blood glucose levels and check them regularly. Even small improvements in blood glucose can reduce your risk.

Hemoglobin A1c reflects the average level of glucose in your blood over the last 3-months. Diabetics should aim to have this value <7.0%, whereas non-diabetics should target <6.0%

WEIGHT

Carrying extra body weight, especially around your waist, can increase your risk of health problems.

Body Mass Index (BMI)

BMI is used to classify weight and screen for health risks. It is calculated by dividing your weight in kilograms by your height in meters squared. A BMI above 'normal' is associated with higher risk of heart disease.

CANADIAN WEIGHT CLASSIFICATION BMI	
Underweight	Less than 18.5
Normal weight	18.5 to 24.9
Overweight	25 to 29.9
Obese	30 and over

Waist Circumference (WC)

A waist circumference greater than 102cm (40 inches) for men or 88cm (35 inches) for women is associated with an increased risk for heart disease.

You do not need to achieve a 'normal' BMI to see health benefits. Weight loss of 5-10% can improve your health and decrease risk for heart disease. More importantly, adopting healthy behaviours (e.g. exercise, diet, and managing stress) can improve your health regardless of weight loss

PHYSCIAL INACTIVITY

People who are not physically active are at a higher risk for health complications. Inactivity is not only a risk factor on its own, it can also increase the risks of the other modifiable risk factors that are referred to previously in this section.

Physical activity is anything that gets your body moving and burns calories, such as walking, golfing or gardening.

Plan to be active every day. Aim for 150 minutes of moderate physical activity each week or 10,000 steps each day.

STRESS

Stress is a normal reaction to the demands in life, but if your body is in a stressed state for a prolonged period or it becomes a part of your daily life, it can have a negative impact on your heart.

High stress levels, anxiety or depression can also cause you to make lifestyle choices such as avoiding exercise, overeating, eating unhealthy foods or smoking that increase risk for heart disease.

It is how you respond to stress that will determine its impact on your health and wellness. Learning to identify your stressors and effectively **manage stress** is important.

SMOKING

The more you smoke, the more likely you are to have a heart attack. Quitting smoking is one of the most important things you can do for your heart health. It is also one of the hardest; it takes a person an average of 7 to 9 attempts before quitting for good.

Smoking harms almost every organ in the body, including your heart and blood vessels. For most people trying to quit, the first 72 hours are the most difficult. But within a few days of quitting, your chances of a heart attack are significantly reduced.

TIME AFTER QUITTING	BENEFIT
48 hours	Your chances of having a heart attack start to go down and your sense of smell and taste begin to improve
3 days	Your lung capacity increases and breathing becomes easier
2 weeks – 3 months	Your blood circulation improves, and lung function increases 30%
6 months	Coughing, sinus congestion and fatigue improve
10 years	The risk of dying from lung cancer is cut in half
15 years	The risk of dying from a heart attack is equal to a person who never smoked

SECTION 3:

MEDICATION MANAGEMENT

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After a heart event, medications will be prescribed to minimize complications and to help prevent future heart events. Your medications are just as important as the treatments or procedures you may have had, and even if you have not had any procedures after your heart event, you will be prescribed medications.

Your doctor will determine what heart medications you will need and how long you will need to take them. The combination of medications used will be different for each patient based on their needs.

Heart medications can:

- Improve your cholesterol
- Control your blood pressure
- Lower the workload on your heart
- Prevent blood clots
- Help make your arteries healthy

The following pages briefly describe some of the common heart medications. You may not need all of them, and each person may be taking a different kind. Use your medication list to learn more about your medications and track any side effects you might be experiencing. If you are having any side effects be sure to tell your healthcare team

Anti-Platelet Agents

These medications help prevent dangerous blood clots from forming that can cause a heart attack or stroke.

How they work:

They help prevent tiny cells in the blood called platelets from sticking together and forming blood clots that could get stuck in narrowed arteries and/or on stents.

Common Side Effects:

- Bruising is very common
- Bleeding gums are common, especially when brushing teeth.
- Cuts and nicks will bleed for a longer period
- Upset stomach
- Mild to moderate shortness of breath (Ticagrelor/Brilinta) which resolves/ decreases with continued treatment. If no resolution may have to be switched to another anti-platelet medication.

Common Names:

- (ASA) Aspirin, Entrophen
- (Clopidogrel) Plavix
- (Ticagrelor) Brilinta

Anticoagulants

Often called blood thinners (though they do not really thin your blood), they decrease your blood's ability to clot.

How they work:	Blocks the blood clotting process and prevents blood clots from forming that could get stuck in narrowed arteries. They are stronger than anti-platelets.
Common Side Effects:	• Bruising is very common • Bleeding gums, especially when brushing teeth • Cuts and nicks will bleed for a longer period
Common Names:	• (Apixaban) Eliquis • (Dabigitran) Pradaxa • (Warfarin) Coumadin • (Rivaroxaban) Xarelto

Angiotensin Converting Enzyme (ACE) Inhibitor

ACE inhibitors help control blood pressure and helps to improve your heart function.

How they work:	It expands (vasodilates) blood vessels, making blood flow through more easily, and helps lower blood pressure. This reduces the workload on the heart and can reduce or prevent further damage to heart muscle after a heart attack.
Common Side Effects:	• Headache • Dry, harsh, tickling cough which starts anytime and doesn't seem to go away • Dizziness, light headedness, feeling faint (low blood pressure) • Kidney failure (rare, less than 1% occurrence)
Common Names:	• (Perindopril) Coversyl • (Ramipril) Altace • (Fosinopril) Monopril • (Lisinopril) Zestril/Prinivil • (Enalapril) Vasotec • (Quinapril) Accupril • (Trandolapril) Mavik

Angiotensin Receptor Blocker (ARB)

ARBs help lower your blood pressure by relaxing your blood vessels. It is also used for patients after a heart attack, or for those who have heart failure, or high blood pressure.
Often prescribed to people who don't tolerate ACE inhibitors because of their side effects

How they work:	It dilates (opens) blood vessels, making blood flow through more easily, lowers blood pressure, reduces the workload of the heart, and helps to reduce or prevent further damage to heart muscle after a heart attack
Common Side Effects:	• Dizziness, light-headedness, feeling faint • Fatigue • Diarrhea
Common Names:	• (Candesartan) Atacand • (Irbesartan) Avapro • (Losartan) Cozaar • (Valsartan) Diovan • (Telmisartan) Micardis • (Olmesartan) Olmetec

Beta Blocker

Beta blockers reduce the workload on your heart.

This medication is prescribed for angina, after a heart attack, high blood pressure, arrhythmias, to prevent future heart attacks, and for heart failure.

How they work:	Slows your heart rate, decreasing the strength of heart contraction, and lowering your blood pressure. It also helps regulate the heart rhythm.
Common Side Effects:	• Low heart rate and/or blood pressure • Drowsiness or fatigue • Cold hands and feet • Dry mouth, eyes and skin • Sleep disturbance (insomnia) • Light-headedness especially with standing quickly • Depression • Sexual dysfunction • Hypoglycemia (low blood sugar)
Common Names:	• (Carvedilol) Coreg • (Metoprolol) Lopressor/Betaloc • (Bisoprolol) Monocor • (Atenolol) Tenormin

Calcium Channel Blocker

Helps control high blood pressure, chest pain caused by coronary artery disease and irregular heart beats.

How they work:	Calcium channel blockers expand your blood vessels (vasodilate). This means they widen and relax blood vessels. This helps lower blood pressure, slows heart rate and increases blood flow. They also help control irregular heart beats.
Common Side Effects:	• Fatigue • Dizziness • Heart burn • Swelling in ankles and feet
Common Names:	• (Amlodipine) Norvasc • (Diltiazem) Cardizem • (Felodipine) Plendil • (Verapamil) Isopitin • (Nifedipine) Adalat

Diuretics

Diuretic's help treat high blood pressure and heart failure. They are also called "water pills."

How they work:	They help your kidneys produce more urine. The more you void (empty) your bladder the more excess salt and water you flush out of your body. This decreases how hard your heart must work.
Common Side Effects:	• Dehydration • Dry mouth • Muscle cramps • Weakness • Dizziness
Common Names:	• (Furosemide) Lasix • (Chlorthalidone) Thalitone • (Ethacynic acid) Edecrin • (Spironolactone) Aldactone • Hydrochlorathiazide

Cholesterol Lowering Medications – Statins

Lower cholesterol and other fats (lipids) in your body. Statins are prescribed to those with high blood cholesterol, especially LDL. Individuals with atherosclerosis are sometimes prescribed this even if their cholesterol is not high. It helps stabilize plaques after heart attack in some cases.

How they work:	It limits how much cholesterol the liver produces, allows your liver to absorb the "bad" cholesterol out of your blood, and can help increase good cholesterol and decrease triglycerides in the blood.
Common Side Effects:	• Diarrhea or constipation, heartburn, gas, upset stomach, stomach cramps • Headache • Muscle cramps/aches with or without exercise • Liver function may be affected(regular blood tests will be done to monitor this)
Common Names:	• Rosuvastatin (Crestor) • Atorvastatin (Lipitor) • Simvastatin (Zocor) • Pravastatin (Pravachol)

Cholesterol Absorption Inhibitor

Decrease the absorption of cholesterol in the small intestine. They are used when cholesterol levels are not within target with statins. Common Names: Ezetimide (Ezetrol)

Nitrates

It is often used for chest pain or angina, heart failure, and after coronary artery bypass grafting

How they work:	It expands (vasodilate) blood vessels throughout the body, improves blood (oxygen) supply to the heart, and lowers blood pressure so that the heart doesn't have to work as hard. It also relaxes veins so less blood return to the hear, which reduces the workload on the heart.
Common Side Effects:	• Headache • Flushing • Skin irritation (from the patch)
Common Names:	• Nitroglycerine Spray, tablet or patch (Nitro) • Isosorbide Mononitrate (Imdur) • Isosorbide Dinitrate (Isordil)

HELPFUL TIPS FOR MANAGIING MEDICATIONS

Taking all your medications as prescribed is an important way for you to take control of your heart health. These medications can help protect you from future heart problems. You may take some of these medications for the rest of your life.

New medications take time to get used to and some might have side effects, but not taking your medications as prescribed can be harmful to you. If you are experiencing side effects, talk to your doctor first. Stopping your medications or not taking them how you are supposed to can be harmful.

1. Keep an updated list of your medications

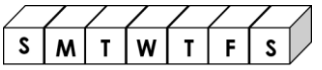
A list is a great way to help manage your medications and track **what** medication you are taking, **when** to take it, **how much** to take, and **how** to take it (e.g. with or without food). It is important to include ALL the medications you take, even over-the-counter ones or vitamins. Keep this list somewhere that is visible to help you to remember to take your medications.

If you need help making a list, talk to your healthcare team or pharmacist. You can download our medication log from to get started. Update this list as soon as you stop taking medication, or when a new medication is added or a dose (amount you take) is changed.

2. Take medications as prescribed

Now that you have an updated medication list, the next step is to create a system for taking your medications as prescribed. The table on the next page outlines some helpful way to manage your medications.

PURCHASE A PILLBOX



- When you are taking different medications at different times of the day, a pillbox that is divided into sections can be helpful to track what pill to take and when. Fill your pillbox on the same day every week.
- Some pharmacies offer custom pill packages that organize your medications for you. Talk to your pharmacist to find a solution that will work best for you.

SET REMINDERS

- Schedule the day and time you are supposed to take your medications into your calendar and set reminders on your phone.
- You can also set alarms to remind you when it is time to take your medication or use a medication tracking app to help remind you.

STORE MEDICATIONS WHERE YOU CAN SEE THEM

- Keep your medications in a visible place to remember to take them. Ensure they are out of reach of children.

PLAN AHEAD

For refills:

- Keep track of how long your medication will last by reading the prescription label. This can help you to plan your refills a week before the date it runs out. Your pharmacist can help you determine this date.
- If you run out before your refill is ready, call your pharmacist and they can give you a supply for a few days until your refill is ready.
- Many pharmacies offer medication reminder services as well – check with your pharmacist to learn more about services that might be helpful for you.

For travel:

- Take all your medications with you on your trip
- Ensure you have enough medications for your entire trip plus a few extra days just in case.
- Bring an up-to- date medication list and your doctor and pharmacist's phone numbers with you on your trip. If you are flying, pack these in your carry-on bag so you don't lose them if your baggage gets lost.