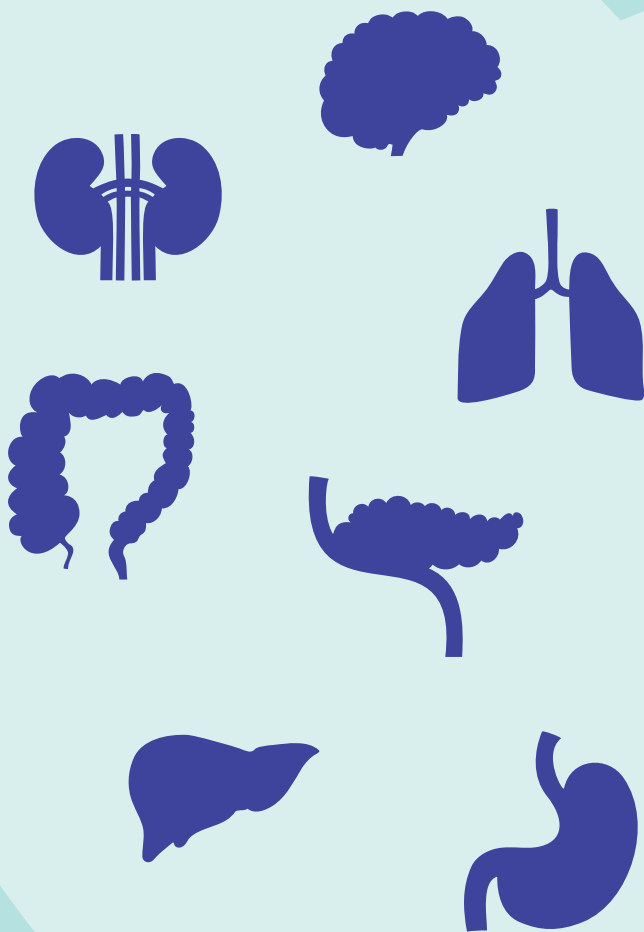




HEARTLIFE'S GUIDE TO

Connected Conditions

About HeartLife

It's about Life

Not Failure



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About HeartLife

If you are living with heart disease, you may also be managing diabetes, kidney disease, high blood pressure, high cholesterol, vascular disease or obesity. These conditions often connect and can affect each other.

HeartLife is a patient-led organization. We build tools that help people understand their health, track what matters, and feel more confident in appointments.



This guide does not replace medical advice. Always follow your care team's instructions.



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Getting Started

How To Use This Guide

This guide is designed for real life.

USE IT IN THREE WAYS

01 Learn the basics of Cardiovascular Kidney Metabolic Syndrome (CKM)

02 Read the conditions chapters that apply.

03 Track your numbers and symptoms so your care team can act fast.

Put a sticky note on the pages you want to bring to your next appointment!

HEARTLIFE TOOLS YOU CAN USE ALONGSIDE THIS GUIDE:

- ➔ **HeartLife Patient Passport** (organize meds, symptoms, numbers, and appointment notes)
- ➔ **HeartLife Academy** Connected Conditions course (learn step by step)
- ➔ **HeartLife Facebook Support Group** (peer support for patients and caregivers)

Bring this to your appointment

"I'm using this guide and my Passport. Can we confirm my targets and follow-up plan today?"

WHAT TO DO NEXT

Pick 3 items to track for 2 weeks. Add more only when it feels manageable.

Safety first

Some symptoms need urgent care.
If it feels serious or suddenly different,
get help.



CALL 911 RIGHT AWAY IF YOU HAVE

- New or severe **chest pressure**
- Severe **trouble breathing** at rest
- **Fainting or collapse**
- **Stroke signs** (face droop, arm weakness, speech trouble)
- Sudden severe **confusion or severe weakness**



CALL YOUR CLINIC WITHIN 24 TO 48 HOURS

- Weight jump above your plan threshold
- New swelling or worse swelling
- Breathlessness that is worse than your normal
- Repeated very high or very low BP
- Repeated very high or very low glucose, or frequent lows
- You cannot keep fluids down
- New confusion or severe dizziness



MONITOR AND BRING TO NEXT VISIT

- Mild symptoms that are stable
- Gradual changes over weeks
- Medication questions, refills, or mild side effects





What Connected Conditions Means

Connected conditions are health problems that often happen together and can make each other worse. Symptoms overlap and care can feel spread out across clinics.

COMMON CONNECTED CONDITIONS INCLUDE

- Heart failure
- Diabetes and prediabetes
- Chronic kidney disease
- High blood pressure
- Obesity and metabolic risk
- High cholesterol and Lp(a)
- Vascular outcomes like stroke/transient ischemic attack (TIA) and peripheral artery disease (PAD)
- Heart attack (MI)

IMPORTANT

Your clinician will set your targets using clinical guidelines and standards used in your country, based on your health history and priorities.

PLAIN WORDS

These conditions share the same body systems. That is why one connected plan works best.

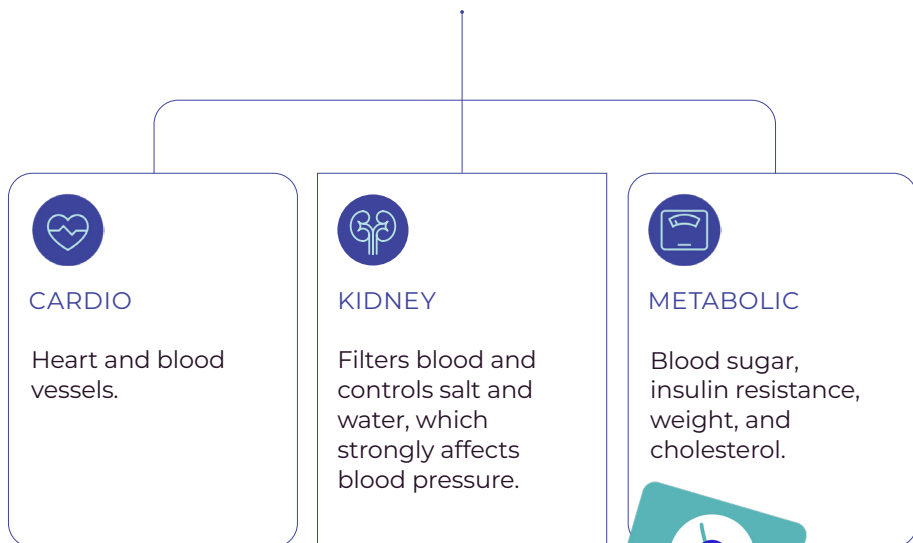


WHAT TO DO NEXT

Ask your care team: “Which connected condition is driving my symptoms and risk most right now?”

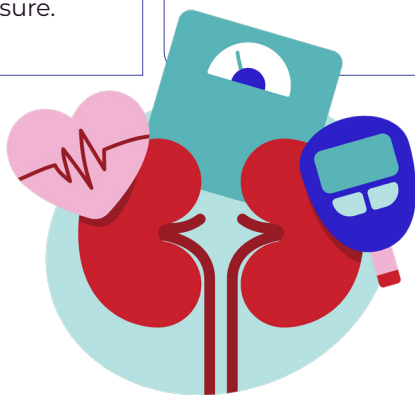
What CKM Means

CKM is short for three connected systems:



QUICK TAKE

CKM is one system with shared risks and shared solutions. Tracking helps you catch changes early.



WHAT TO DO NEXT

Ask your care team: “Which part of the CKM cycle is most off for me right now, and what is step one?”

How CKM Connects

WHAT HAPPENS IN THE BODY

CKM is connected because the same systems affect the heart, kidneys, and metabolism at the same time.



BLOOD PRESSURE CONNECTS EVERYTHING

Higher blood pressure increases strain on the heart, damages blood vessels, and can harm kidney filters over time.

OBESITY AND METABOLIC HEALTH

Obesity and metabolic health can affect blood pressure, blood sugar, cholesterol, sleep, inflammation, and strain on the heart and kidneys. This is not about blame. Weight is shaped by biology, medications, stress, sleep, food access, activity, and environment. Small, realistic steps can improve CKM health over time.

KIDNEYS CONTROL FLUID AND PRESSURE

If kidneys hold more salt and water, blood pressure can rise and fluid can build up. That can worsen swelling and breathlessness.



Understanding Connected Conditions

DAILY FACTORS THAT SHAPE CKM HEALTH

Nutrition, physical activity, sleep, stress, tobacco use, and social connection can all affect heart, kidney, blood vessel, and metabolic health. These are not about blame. They are part of the care plan and should be supported with practical tools, referrals, and follow-up.



DIABETES CAN AFFECT YOUR BLOOD VESSELS AND KIDNEYS

When blood sugar stays high over time, it can damage blood vessels and the small filters in the kidneys. This can lead to higher blood pressure and a greater risk of heart and kidney problems.

HEART FAILURE CAN SPEED UP THE CYCLE

If the heart pumps less effectively or is stiff, kidneys may receive less steady blood flow. The body may respond by holding salt and water, which can worsen symptoms.

CHOLESTEROL AFFECTS ARTERY HEALTH

Low-Density Lipoprotein (LDL) often called "bad cholesterol" can build up in artery walls. When combined with diabetes, kidney disease, and high Blood Pressure (BP), risk increases.

Ask your doctor

Can we
**review my
CKM targets**
in one visit, not in
three separate plans?



Your CKM Targets

SET WITH GUIDELINES USED IN YOUR COUNTRY

Targets depend on your diagnosis, age, kidney stage, symptoms, and overall risk. Your clinician will use guideline-based targets used in your country.



ASK YOUR CARE TEAM TO WRITE DOWN

- Blood pressure target
- A1C target, if you have diabetes or prediabetes
- Cholesterol targets, including LDL cholesterol, non-HDL cholesterol, triglycerides, and Lp(a), if measured
- Kidney targets, including estimated glomerular filtration rate (eGFR), a blood test that estimates how well your kidneys filter waste, and urine albumin-to-creatinine ratio (UACR), a urine test that checks for signs of kidney damage
- Weight or metabolic health goals, if appropriate
- Symptom goals, such as breathlessness, swelling, and activity tolerance



QUICK TAKE

**You do not need
to memorize
guidelines.
You need your
personal targets
written down.**

Track Your Health

Use this page as your main tracker. Each chapter shows which numbers matter most. Talk to your healthcare team about your results and targets.

Heart & Circulation



BLOOD PRESSURE

My normal blood pressure is between

____ / ____ and

____ / ____ mmHg

If your blood pressure is consistently higher

than _____ mmHg* or lower than

_____ mmHg*, or you have a headache, or feel dizzy or faint, discuss this with your doctor or nurse.



HEART RATE

My normal heart rate is between

_____ and

_____ beats/min

If your heart rate is consistently higher than

____ beats/min* or lower than

_____ beats/min*, or you have a headache, or feel dizzy or faint, discuss this with your doctor or nurse.



WEIGHT

My normal weight is between

_____ and

_____ lbs

If your waist circumference or weight increases more than

____ lbs* in a day or

____ lbs* in a week then contact our doctor.

B-TYPE NATRIURETIC PEPTIDE (BNP)

N-TERMINAL PRO B-TYPE NATRIURETIC PEPTIDE (NT-PROBNP)

(if used in your care)

BNP : _____ pg/mL or ng/L

NT-proBNP: _____ pg/mL or ng/L

Note: pg/mL and ng/L are numerically the same

Understanding Connected Conditions

Kidney

EGFR

My normal range is between _____ and _____ mL/min

SERUM CREATININE

My normal range is between _____ and _____ μ mol/L

URINE ALBUMIN-TO-CREATININE RATIO (UACR)

My normal range is between _____ and _____ mg/mmol

Metabolic and diabetes

HEMOGLOBIN A1C, GLYCATED HEMOGLOBIN (HBA1C)

My normal range is between _____ and _____ %

DAILY BLOOD GLUCOSE (if used in your care)

My normal range is between _____ and _____ mmol/L or mg/dL

Cholesterol and genetics

LP(A)

Lp(a): My result is _____

Unit: nmol/L or mg/dL

Date tested: _____

What this means for my risk: _____

HIGH-DENSITY LIPOPROTEIN (HDL) IS "GOOD" CHOLESTEROL

My normal range is between _____ and _____ mmol/L

Non-HDL: _____ mmol/L

Triglycerides: _____ mmol/L

LDL

My normal range is between _____ and _____ mmol/L

Understanding Connected Conditions

Monitoring My Health

Use this for 7 days before appointments. Bring it or show a photo.

DATE	BP	HR	WEIGHT	BREATHLESS 0-10	GLUCOSE (if used)

ADDITIONAL NOTES:

Ask your doctor

What changes
should make me
**call the
clinic right
away?**



CKM Care Team



FAMILY DOCTOR OR NURSE PRACTITIONER

- Coordinator
- Lab schedule
- Referrals



CARDIOLOGIST

- Heart symptoms
- Rhythm
- Imaging
- HF therapies



PHARMACIST

- Medication management
- Titration
- Access, and side effect planning



NEPHROLOGIST

- Kidney disease staging
- Kidney-safe plan
- Kidney labs
- Referrals



DIETITIAN

- Food plan that fits heart
- Kidney, and blood sugar together



DIABETES EDUCATOR OR ENDOCRINOLOGIST

- A1C plan
- Glucose patterns
- Therapies

QUICK TAKE

**You are the
link between
clinics. Your
tracker helps
the team act
faster.**

The HeartLife Patient Passport is a great tool to track your health.



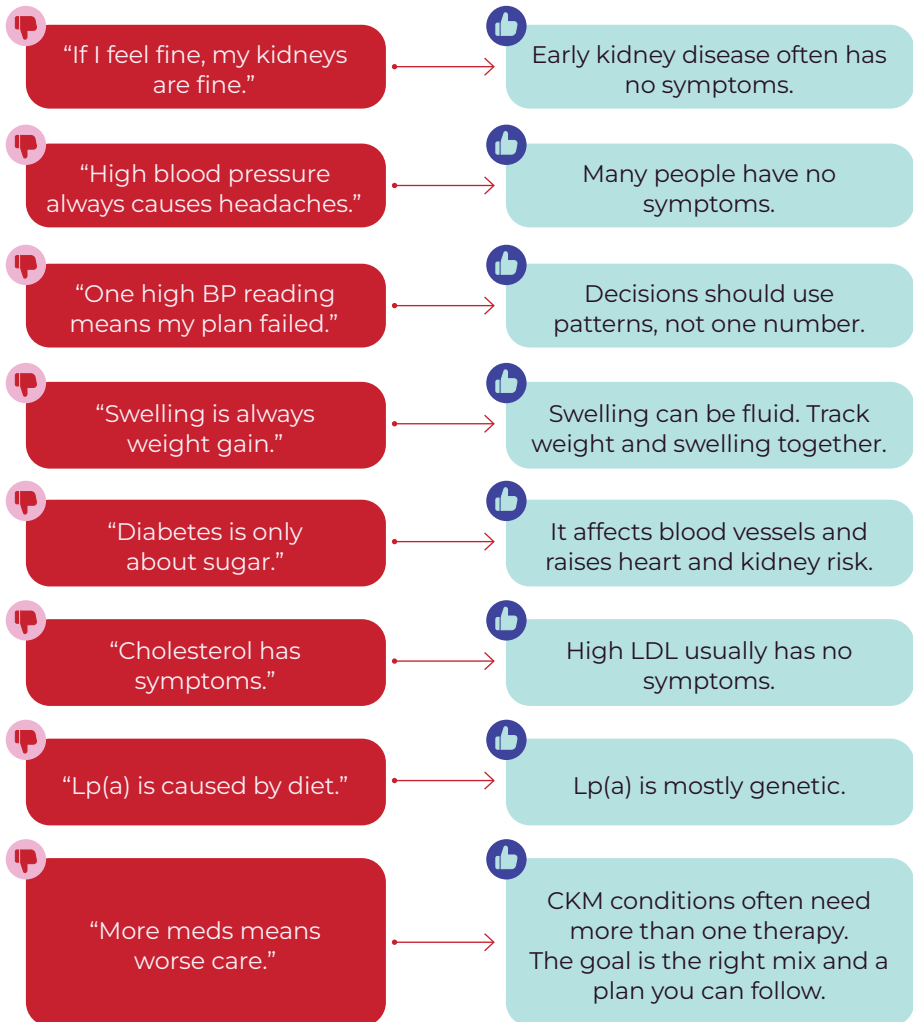
→ heartlife.com/resources

Myths & Facts

Circle two myths and ask how they change your targets and follow-up.

MYTH

FACT



Medication Roadmap

Many CKM medications are used together because each targets a different part of the same connected system. The goal is not more pills. It is the right mix, with a clear plan and fewer surprises.

WHAT “DOUBLE-DUTY” MEANS

A therapy that helps more than one system, such as:

- Diabetes therapy that also protects heart and kidneys
- BP therapy that protects kidney filters and reduces heart strain
- Therapy that reduces fluid, improves symptoms, and supports pressure control

HOW TO REDUCE PILL BURDEN SAFELY

- Ask if a therapy can protect more than one organ for you
- Ask if any therapy overlaps, could replace another and you could remove one
- Ask for a clear side effect plan
- Review medications after hospital visits or big symptom changes

Work with your pharmacist to review brand and generic names, medication changes, substitutions, coverage issues, interactions, side effects, and ways to simplify your routine.



INNOVATIONS YOU MAY HEAR ABOUT

- More therapies designed to protect heart and kidneys together
- Newer approaches for lowering LDL and Lp(a), including gene-targeted therapies in development
- Emerging metabolic therapies targeting appetite and insulin resistance pathways
- Better monitoring tools that personalize care over time
- Newer non-steroidal MRAs, also called nMRAs, may be used in selected people with chronic kidney disease, type 2 diabetes, or certain heart failure populations

Ask Your Doctor

Which therapies protect more than one organ for me, and how can we simplify my routine?

Ask your doctor

**Who is
leading my
treatment**

**and how will targets
and results be shared
across clinics?**



Heart Failure

WHAT IT IS AND WHY IT CONNECTS

Heart failure (HF) means the heart cannot keep up with the body's needs. Some people have a weaker pump. Others have a stiff heart that does not fill well.

WHY IT CONNECTS TO CKM

- Heart function affects kidney blood flow
- Kidneys control fluid and pressure, which affects HF symptoms
- Diabetes, Kidney Disease, and BP increase HF risk
- Fluid buildup and water retention can affect symptoms, kidney function, and medication choices

NUMBERS TO KNOW

- Ejection Fraction (EF) (if measured)
- Blood Pressure (BP)
- Heart Rate (HR)
- Weight trend
- Kidney labs (UACR)
- BNP or NT-proBNP (if used)
- eGFR

COMMON SYMPTOMS

- Breathlessness
- Swelling
- Fatigue
- Fast weight changes
- Sleeping with more pillows under your head
- Reduced exercise tolerance

WHAT TO TRACK

(Use Page 16 to 17)

Focus on:

- Weight
- Breathlessness 0-10
- Swelling rating
- BP and HR
- Notes about missed doses, illness, salt-heavy meals

[Ask Your Doctor](#)

**Here are my 7-day trends.
What change should we
make first?**

Condition Guides

Mini Plan

- Know your symptom and weight thresholds
- Take therapies as prescribed
- Track weight, swelling, and breathlessness together
- Ask for a written “what to do if worse” plan

Therapies you may hear about

Your clinician will choose based on the type of HF (HFrEF vs HFpEF), kidney function, blood pressure, and guideline-based care in your country.

- SGLT2 Inhibitors
- ARNI, ACE Inhibitors and ARBs
- Beta-blockers
- Mineralocorticoid receptor antagonist therapy (MRA) and non-steroidal MRA
- Diuretic therapy for symptom relief from fluid overload
- Other therapies based on rhythm, iron deficiency, and cause of HF

Heart failure is not a single disease. It is a pattern of symptoms that happens when the heart is too weak to pump well, or too stiff to fill properly. That is why your plan often includes more than one therapy and why tracking helps your team adjust faster.

QUICK RECAP:

- ➔ Know your weight and symptom thresholds.
- ➔ Track trends for 7 days before appointments.
- ➔ Ask for a written plan for what to do if symptoms worsen.

Diabetes & Prediabetes

Diabetes means blood sugar stays high over time.
Prediabetes means higher than normal but not yet diabetes.



WHY IT CONNECTS TO CKM

Diabetes increases risk of HF, kidney disease progression, and vascular disease.



NUMBERS TO KNOW

- A1C
- Glucose patterns if used
- Kidney labs (eGFR and UACR)
- Cholesterol

Diabetes and prediabetes affect how your body uses sugar for energy. Over time, high blood sugar can damage blood vessels and raise the risk of heart and kidney problems, even when you feel okay. The goal is steady control, not perfection. Tracking patterns and reviewing them with your team can help prevent complications and guide treatment choices.



COMMON SYMPTOMS

- Thirst
- Frequent urination
- Blurred vision
- Fatigue
- Sometimes no clear symptoms.



WHAT TO TRACK

(Use Page 18)

Focus on:

- Glucose and HbA1C
- BP
- Weight
- Symptoms of highs and lows
- Notes on meals, activity, and sleep

Safety

Would a continuous glucose monitor, insulin pump, or connected glucose meter help me manage my diabetes more safely?

Condition Guides

Mini Plan

- Protein and fibre most meals
- Reduce sugary drinks
- Build steady routines for movement and sleep
- Protect kidneys with regular urine and blood tests
- Ask for a yearly retina exam

Therapies you may hear about

Your care team will choose therapies based on your diabetes type, blood sugar patterns, kidney function, heart health, safety, access, and guidelines used in your country.

- SGLT2 inhibitor therapy
- GLP-1 receptor agonist therapy
- Insulin therapy in some situations
- Other glucose-lowering therapies based on targets, safety, and tolerance
- Combination therapies to simplify routines

QUICK RECAP:

- Know your A1C target and your usual blood sugar range.
- Track patterns (highs, lows, and what triggers them).
- Ask how your diabetes plan protects your heart and kidneys.

Chronic Kidney Disease

Chronic Kidney Disease (CKD) means reduced kidney filtering over time. Early CKD can be silent.



WHY IT CONNECTS TO CKM

CKD raises heart risk and can change medication choices. BP and diabetes are major drivers.



COMMON SYMPTOMS

Often none early. Later: swelling, fatigue, nausea, urination changes.



NUMBERS TO KNOW

- eGFR
- Creatinine
- UACR
- Potassium if monitored.



WHAT TO TRACK

(Use Page 16 to 17)

Focus on:

- BP
- Stage of Kidney Disease
- Weight
- Swelling
- Urine changes
- Sick days

Chronic kidney disease means your kidneys are not filtering waste and fluid as well as they should, or there is damage showing in your urine tests. Kidney health is tightly connected to heart health because fluid, blood pressure, and medications affect both systems. Kidney disease can worsen quietly, without obvious symptoms early on. Knowing your key kidney numbers and tracking changes helps your team protect kidney function and reduce strain on your heart.

[To Review with your HCP](#)

If I am vomiting, have diarrhea, fever, or cannot drink, which therapies should I pause, and when do I restart?

Condition Guides

Mini Plan

- Control BP and blood sugar
- Reduce salt and ultra-processed foods
- Keep labs on schedule
- Ask for a sick-day plan
- Review all meds for kidney safety

Therapies you may hear about

Chosen using guidelines in your country and your full CKM profile.

- ACE inhibitor therapy or ARB therapy
- SGLT2 inhibitor therapy (for many people with CKD, depending on eligibility)
- GLP-1 receptor agonist therapy
- Mineralocorticoid receptor antagonist therapy, including emerging nonsteroidal options in some settings
- Diuretic therapy when fluid or BP control requires it
- Therapies for anemia, bone-mineral balance, or acid-base issues in some people.

Transplant Readiness

Transplant Readiness: For some people with advanced kidney disease, transplant may become part of the care plan. Managing blood pressure, blood sugar, heart health, cholesterol, medications, and kidney labs can help support transplant readiness. This means keeping appointments, completing required tests, following your medication and nutrition plan, and working with your care team to stay as healthy and prepared as possible.

QUICK RECAP:

- Know your kidney numbers (eGFR and urine albumin)
- Track swelling, weight, and blood pressure trends.
- Ask which meds need lab monitoring and how often.

Weight & Metabolic Health

Weight and metabolic health are shaped by biology, hormones, stress, sleep, medications, and environment. This is not a character flaw. Small, realistic steps can improve blood pressure, blood sugar, and heart and kidney strain over time.

The goal is a realistic plan you can maintain, supported by the right tools and care team.



WHY IT CONNECTS TO CKM

It increases risk of diabetes and high BP and can worsen heart and kidney strain over time.



NUMBERS TO KNOW

- Body Mass Index (BMI) (if used in your care)
- Waist circumference
- Blood Pressure
- A1C (if prediabetes or diabetes)
- Fasting glucose (if measured)
- Triglycerides
- HDL cholesterol

The goal is not a perfect number. The goal is steady improvement in blood pressure, blood sugar, cholesterol, and symptoms.



COMMON SYMPTOMS

- Increasing waist size
- Low energy
- Shortness of breath with activity
- Joint pain
- Snoring or poor sleep
- Blood sugar swings

Many people feel “normal,” which is why tracking trends matters more than how you feel on one day.



WHAT TO TRACK

(Use Page 18)

Focus on:

- Weight trend
- BP
- Energy
- Sleep
- Glucose if used

Condition Guides



Mini Plan

- Protein and fibre most meals
- Reduce sugary drinks
- Move after meals when possible
- Sleep support
- Review meds that may affect weight
- Ask for a realistic plan that fits your life

Therapies you may hear about

Chosen based on country guidelines and your CKM profile.

- GLP-1 receptor agonist therapy and related metabolic therapies (in eligible groups)
- Metabolic therapies used for insulin resistance and glucose control in some people
- Structured programs and medical nutrition therapy
- Referral-based supports, depending on eligibility and access acid-base issues in some people

QUICK RECAP:

- Focus on small changes that improve blood pressure, blood sugar, and symptoms.
- Track one or two habits that drive your results (sleep, activity, meals).
- Ask what supports are available (nutrition, activity plan, medications, programs).

High Blood Pressure

High Blood Pressure (BP) means pressure in blood vessels is too high.



WHY IT CONNECTS TO CKM

It is one of the strongest drivers of heart strain, kidney damage, and stroke risk.



COMMON SYMPTOMS

Often none.



WHAT TO TRACK

(Use Page 18)

Focus on:

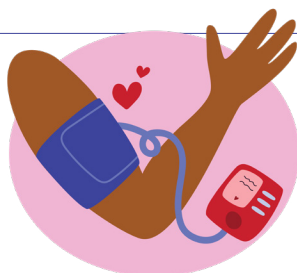
- Weight trend
- BP patterns
- Dizziness
- Headaches
- Weight
- Swelling.



NUMBERS TO KNOW

- Your home blood pressure target
- Your clinic blood pressure target
- Systolic (top number)
- Diastolic (bottom number)
- Heart rate
- Kidney labs (if BP is long-standing or hard to control)

High blood pressure puts extra strain on the heart, kidneys, and blood vessels over time. It often has no symptoms, which is why home readings matter more than how you feel in the moment. The goal is a steady, safe range that reduces long-term risk. Tracking blood pressure trends for a week before visits helps your team make better medication and lifestyle decisions.



How to Measure BP

Rest 5 minutes. Arm at heart level. Two Readings one minute apart.

Condition Guides

Mini Plan

- Use a home BP cuff correctly
- Bring a 7-day pattern to visits
- Reduce salt
- Move in short bursts
- Review alcohol, sleep, and stress factors

Therapies you may hear about

Chosen based on kidney function, diabetes, age, and country guidelines.

- ACE inhibitor therapy or ARB therapy
- Calcium channel blocker therapy
- Thiazide-type diuretic therapy
- Other diuretic therapy if fluid overload is part of the picture
- Beta-blocker therapy in specific situations
- Combination BP therapies (two classes in one tablet) for simplification
- MRAs and soon ASIs

QUICK RECAP:

- Know your home blood pressure target and what is “too high.”
- Track blood pressure at consistent times for 7 days.
- Ask what medication changes to make if your readings stay high.

Cholesterol and Lp(a)

LDL can build up in artery walls. Triglycerides often rise with metabolic strain. Lp(a) is a genetic risk marker that often runs in families.

WHY IT CONNECTS TO CKM

Risk stacks with diabetes, kidney disease, and high BP. Lp(a) can raise risk even when other numbers look good.

NUMBERS TO KNOW

- LDL cholesterol (your personal target)
- Non-HDL cholesterol (if used)
- Triglycerides
- HDL cholesterol
- Lp(a) (measured at least once in most people)

Cholesterol builds up in blood vessels over time and increases the risk of heart attack and stroke. LDL cholesterol is a key target because lowering it reduces risk, even if you feel fine. Lp(a) is an inherited cholesterol-related risk factor that can raise risk further and usually only needs to be measured once. The goal is to reach your target safely and to have a clear plan if you cannot tolerate or respond to a medication

COMMON SYMPTOMS

High cholesterol usually has no symptoms. You can feel completely fine while risk builds silently. In advanced cases, some people may develop:

- Chest discomfort with activity
- Leg pain when walking (PAD)
- History of heart attack or stroke

Most people have no warning signs. That is why testing matters.

WHAT TO TRACK

(Use Page 16 to 17)

Focus on:

- LDL trend
- Therapy tolerance
- Your overall CKM targets

LP(A): where things are heading today, the main approach is aggressive management of overall risk and family screening when appropriate. Emerging Lp(a)-lowering therapies are in development, including gene-targeted approaches. Availability will vary.

Condition Guides

Mini Plan

- Know your LDL target
- Take therapies consistently if prescribed
- Focus on fibre and less ultra-processed food
- Treat the whole CKM cycle, not one number at a time

Therapies you may hear about

Chosen based on country guidelines, risk level, tolerance, and coverage.

- Statin therapy
- Cholesterol absorption inhibitor therapy
- PCSK9 pathway therapies in eligible groups
- Other LDL-lowering therapies used in selected cases
- Therapies for triglyceride lowering in selected cases
- Bempedoic acid

Family Screening Script

I have high cholesterol or high Lp(a). Which relatives should be tested, and what should they ask for?

QUICK RECAP:

- Know your LDL-C target and whether Lp(a) has been checked.
- Track medication tolerance and side effects, not just lab results.
- Ask what medication changes to make if your readings stay high.

Vascular Outcomes

WATCH, PREVENT, ASK

These can be downstream outcomes of CKM risk, including stroke, transient ischemic attack (TIA), heart attack or myocardial infarction (MI), and peripheral artery disease (PAD)

STROKE AND TIA

(transient ischemic attack)

FAST is a quick way to spot stroke signs: Face, Arms, Speech, Time to call 911.

- F** Face droop
- A** Arm weakness
- S** Speech trouble
- T** Time to call 911

PAD

(peripheral artery disease)

It is narrowed arteries that reduce blood flow, usually to the legs.

- Leg pain with walking that improves with rest
- Cold feet
- Slow-healing sores

LAB AND TEST SCHEDULE (WHAT TO ASK FOR AND HOW OFTEN)

Your clinician will decide timing. Ask for a written schedule that includes:

- Blood Pressure (BP) checks at home (how often)
- A1C timing if you have diabetes or prediabetes
- Kidney labs (eGFR, creatinine)
- Urine albumin (UACR)
- Cholesterol panel timing
- Potassium checks if on therapies that require it
- Heart tests if relevant (ECG, echo, BNP or NT-proBNP if used)

HEART ATTACK / MI

A heart attack, also called a myocardial infarction (MI), happens when blood flow to part of the heart is blocked.

- Chest pressure, pain, or discomfort
- Shortness of breath
- Pain or discomfort in the arm, back, neck, jaw, or stomach
- Nausea, sweating, or sudden weakness

Prevention focus ask for targets for bp, LDL, A1C, and kidney protection. These targets reduce vascular risk.

Condition Guides

ASK NEXT:

- Do I need a stroke prevention plan and targets?
- Do I need an ABI (ankle-brachial index) test for PAD if I have leg symptoms?

Problems in the blood vessels can lead to serious outcomes like stroke or reduced blood flow to the legs (PAD). Sometimes the body gives warning signs, like a TIA, and sometimes symptoms are subtle. The goal is prevention by controlling the drivers of vascular disease, including blood pressure, diabetes, cholesterol, smoking, and inflammation where relevant. Knowing the warning signs and having a plan for what to do can save time and protect your life.

TOBACCO AND VASCULAR RISK

Tobacco and nicotine can damage blood vessels, raise blood pressure, reduce oxygen delivery, and increase the risk of heart attack, stroke, peripheral artery disease (PAD), and kidney damage. If you smoke, vape, or use tobacco, quitting is one of the most important steps you can take to lower vascular risk. You do not have to do it alone. Ask your care team about counselling, nicotine replacement therapy, prescription options, quitlines, and follow-up support.

QUICK RECAP:

- ➔ Know the warning signs and when to call 911.
- ➔ Track blood pressure, cholesterol, diabetes control, and smoking status if relevant.
- ➔ Ask what prevention plan you're on and what your targets are.



Therapies That Often Help More Than One System

Many of the therapies used for one condition also support others. This means one treatment can often protect the heart, kidneys, blood vessels, and metabolism at the same time.

SGLT2 INHIBITOR THERAPY

can support diabetes control and protect heart and kidneys in many people.

MRA THERAPY can support heart outcomes and may help kidney and metabolic risk in selected groups, with monitoring

BP AND CHOLESTEROL

THERAPIES often become part of diabetes care because diabetes raises vascular risk.

NMRA stands for non-steroidal mineralocorticoid receptor antagonist. It works on the same hormone system as other MRAs, but it is a newer type of MRA.

ACE INHIBITOR OR ARB

THERAPY lowers BP and can protect kidney filters while supporting heart health in many people

DIURETIC THERAPY can reduce fluid symptoms and support BP control in some people

GLP-1 RECEPTOR AGONIST

THERAPY can support glucose and weight and may reduce Cardiovascular and Kidney risk in some people.

BP CONTROL OVERALL is one of the best ways to protect both kidneys and the heart

LDL LOWERING reduces risk of heart attack and stroke and protects blood vessels

IMPROVING METABOLIC HEALTH often lowers BP and reduces strain on kidneys and the heart over time

KIDNEY PROTECTION reduces overall vascular risk

Ask your doctor

Can we write down

**what I need to test,
how often, and who
orders it?**



Appointment Prep

MY TOP 3 SYMPTOMS

01.

02.

03.

TOP 3 LIFE GOALS

01.

02.

03.

MY LATEST NUMBERS:

Blood PressuremmHg

LDLmmol/L

Weightkg or lb

eGFRmL/min/1.73 m²

A1C%

UACRmg/mmol

.....

.....

ADDITIONAL NOTES:

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.....

.....

.....

.....

.....

Questions That Move Care Forward

WHY THESE QUESTIONS MATTER

You do not need to memorize medical terms to get good care. The goal of these questions is to help you and your care team make decisions faster and with less guesswork. When you know your targets, your medications, and what to do if something changes, you are less likely to feel stuck or unsure between appointments.

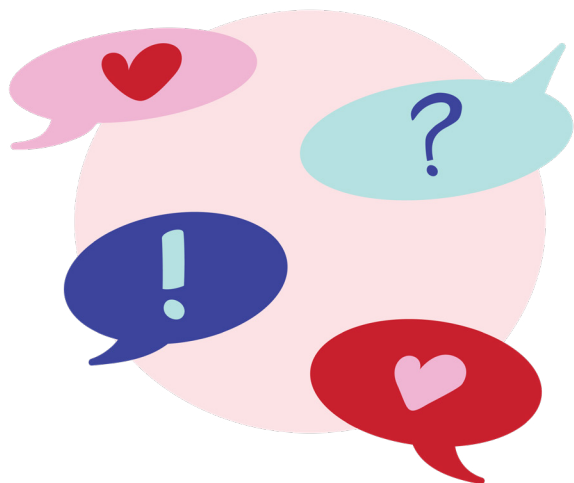
These questions also help prevent common problems in connected conditions, like mixed messages from different providers, unclear medication changes, and waiting too long to act on worsening symptoms. They are designed to help you leave each appointment with a clear plan, not just information

SCRIPTS (CLEAN AND DIRECT)

- Can you explain my results in plain language and write my targets down?
- Which part of my heart, kidney, and metabolic health needs the most attention right now?
- Which therapies protect more than one organ for me?
- What side effects should I watch for, and what is the plan if they happen?
- What is the next step if I do not improve in 4 to 12 weeks?
- Who is leading my plan and how will my care team coordinate?



Taking Action



ADDITIONAL QUESTIONS

Do I have CKM risk and what does that mean for me?

What are my diagnoses and my top risk right now?

Which symptoms mean call you today and which mean call 911?

What are my targets for BP, A1C, LDL, eGFR, and UACR?

What does each therapy do and what side effects should I watch for?

Which therapies protect both heart and kidneys, or kidneys and diabetes, in my situation?

Can my plan be simplified using therapies that do double duty or reduce pill burden?

How often do I need labs, and who orders them?

What is the plan if I do not meet targets by the next follow-up?

Who is leading my plan, and how will targets and results be shared across clinics?

MY HEART HEALTH

Action Plan

This page is your quick plan. Fill it in once, then update it when things change.

When you feel unwell, you do not need perfect words. You need a clear plan.

Keep a
photo
on your
phone!



CALL 911 RIGHT AWAY IF YOU HAVE

- New or severe **chest pressure**
- Severe **trouble breathing** at rest
- **Fainting or collapse**
- **Stroke signs** (face droop, arm weakness, speech trouble)
- Sudden severe **confusion or severe weakness**



WHILE YOU WAIT:

- sit down and **stay calm** if you can
- **unlock the door** if possible
- **tell the dispatcher what you feel** and when it started
- if you are alone, **call someone** to stay on the phone with you



Do not drive yourself if you think it could be a heart attack or stroke.



Taking Action

CALL MY CLINIC IF:

Weight up kg or lb in 2 days or in 7 days

BP above / mmHg for days

Repeated lows below or repeated highs above

New swelling, worse breathlessness, dehydration, or sick day issues

MY TARGET:

Blood Pressure mmHg LDL mmol/L

Weight kg or lb eGFR mL/min/1.73 m²

A1C % UACR mg/mmol

MY TARGET:

Blood Pressure mmHg LDL mmol/L

Weight kg or lb eGFR mL/min/1.73 m²

A1C % UACR mg/mmol

MY CONTACTS:

Clinic: Family Contact:

.....

Pharmacy: Emergency Contact:

.....



Understanding Connected Conditions

Track Your Health

Use this page as your main tracker. Every condition chapter will tell you which numbers matter most for you.

You can bring this to your visit! 

Heart and circulation



BLOOD PRESSURE

My normal blood pressure is between

____ / ____ and

____ / ____ mmHg

If your blood pressure is consistently higher

than _____ mmHg* or lower than

_____ mmHg*, or you have a headache, or feel dizzy or faint, discuss this with your doctor or nurse.



HEART RATE

My normal heart rate is between

_____ and

_____ beats/min

If your heart rate is consistently higher than

____ beats/min* or lower than

_____ beats/min*, or you have a headache, or feel dizzy or faint, discuss this with your doctor or nurse.



WEIGHT

My normal weight is between

_____ and

_____ lbs

If your weight increases more than

____ lbs* in a day or

____ lbs* in a week then contact our doctor.

B-TYPE NATRIURETIC PEPTIDE (BNP)

N-TERMINAL PRO B-TYPE NATRIURETIC PEPTIDE (NT-PROBNP)

(if used in your care)

BNP : _____ pg/mL or ng/L

NT-proBNP: _____ pg/mL or ng/L

Note: pg/mL and ng/L are numerically the same



Understanding Connected Conditions

Kidney

EGFR

My normal range is between _____ and _____ mL/min

SERUM CREATININE

My normal range is between _____ and _____ μ mol/L

URINE ALBUMIN-TO-CREATININE RATIO (UACR)

My normal range is between _____ and _____ mg/mmol

Metabolic and diabetes

HEMOGLOBIN A1C, GLYCATED HEMOGLOBIN (HBA1C)

My normal range is between _____ and _____ %

DAILY BLOOD GLUCOSE (if used in your care)

My normal range is between _____ and _____ mmol/L or mg/dL

Cholesterol and genetics

LP(A)

Lp(a): My result is _____

Unit: nmol/L or mg/dL

Date tested: _____

What this means for my risk:

HIGH-DENSITY LIPOPROTEIN (HDL) IS "GOOD" CHOLESTEROL

My normal range is between _____ and _____ mmol/L

Non-HDL: _____ mmol/L

Triglycerides: _____ mmol/L

LDL

My normal range is between _____ and _____ mmol/L



Understanding Connected Conditions

Monitoring My Health

Use this for 7 days before appointments. Bring it or show a photo.

DATE	BP	HR	WEIGHT	BREATHLESS 0-10	SWELLING (N/M/Mod/S)	GLUCOSE (if used)

ADDITIONAL NOTES:



Toolkits & References

Medication



Side Effect



Resources

Visit heartlife.com to download free tools and resources, join the community, or contact the foundation directly for personalized support. Many resources are available in multiple languages to serve Canada's diverse communities.



HEARTLIFE FOUNDATION SUPPORT

HEARTLIFE PATIENT PASSPORT

Helps you track your metrics for easy access to medical care in cases of emergency.

➔ heartlife.com/resources

HEARTLIFE FOUNDATION FACEBOOK GROUP

Community support for heart patients and caregivers.

➔ facebook.com/groups/heartlifefoundation/



HEARTLIFE ACADEMY

HeartLife Academy Connected Conditions course

➔ academy.heartlife.com



GLOBAL-FACING RESOURCES:

HEART AND KIDNEY CARE ALLIANCE

The Heart & Kidney Care Alliance is a collaborative panel of inspiring people from around the globe who are living with lifelong conditions.

➔ heartandkidneycare.com

Toolkits & References



CANADA-FACING RESOURCES:

DIABETES CANADA

dedicated to preventing diabetes and its complications through research, education, advocacy, and support groups.

→ diabetes.ca

KIDNEY FOUNDATION OF CANADA

work toward kidney health, quality of life, and a cure for kidney disease.

→ kidney.ca

HYPERTENSION CANADA

dedicated solely to the prevention and control of hypertension (high blood pressure) and its complications.

→ hypertension.ca

HEART AND STROKE FOUNDATION OF CANADA

working to prevent and reduce heart disease and stroke through research, health promotion and advocacy.

→ heartandstroke.ca



USA-FACING RESOURCES:

AMERICAN DIABETES ASSOCIATION

dedicated to fighting diabetes through research, advocacy, and education.

→ diabetes.org



EUROPEAN-FACING RESOURCES:

INTERNATIONAL DIABETES FEDERATION

a global federation improving the lives of people with diabetes worldwide.

→ idf.org

Glossary

A1C (HbA1c)

Blood test showing average blood sugar over about 3 months.

ACE inhibitor

Therapy that lowers BP and often protects kidneys and heart.

ARB

Similar to ACE inhibitor, often used for BP and kidney protection.

ABI test

Test comparing ankle and arm BP to screen for PAD.

Arrhythmia

Irregular heartbeat.

BNP or NT-proBNP

Blood test that can show heart strain.

Beta-blocker

Therapy that slows heart rate and lowers heart strain.

Blood pressure

Force of blood against artery walls.

Cardiomyopathy

Disease of the heart muscle.

Cholesterol panel

Blood test measuring LDL, HDL, and triglycerides.

Kidney disease

Chronic kidney disease, reduced filtering over time.

Creatinine

Blood test used to estimate kidney function.

Diuretic

Therapy that helps remove extra fluid.

eGFR

Kidney number showing filtering function.

Ejection fraction (EF)

Measure of how strongly the heart pumps.

GLP-1 receptor agonist

Therapy that supports blood sugar and can support weight in some people.

Glucose

Blood sugar level.

HDL

Cholesterol that helps remove excess cholesterol.

HFpEF

Heart failure where the heart is stiff and does not fill well.

HFrEF

Heart failure where pumping is reduced.

Toolkits & References

LDL

Cholesterol that can build up in arteries.

Lp(a)

Genetic cholesterol risk marker linked to higher heart and stroke risk.

MRA

A medicine that blocks a hormone system involved in salt, water, blood pressure, and strain on the heart and kidneys. Requires potassium and kidney function monitoring.

nMRA

Non-steroidal mineralocorticoid receptor antagonist. A newer type of MRA. It may be used in selected people with chronic kidney disease, type 2 diabetes, or certain heart failure populations. Requires potassium and kidney function monitoring.

PAD

Narrowed arteries reducing blood flow to legs or arms.

Potassium

Electrolyte monitored in kidney disease and with some therapies.

Prediabetes

Blood sugar higher than normal, not yet diabetes.

SGLT2 inhibitor

Therapy that lowers blood sugar and can protect heart and kidneys in many people.

Stroke

Loss of blood flow to the brain or bleeding in the brain.

TIA

Brief stroke-like warning event.

UACR

Urine test that can show protein leak and early kidney damage.

Closing From HeartLife

Living with connected conditions can feel overwhelming, especially when care is spread across clinics. You are not alone. A clear plan, written targets, and simple tracking can help you feel more in control and help your care team act faster.

HeartLife is here to support you with the Patient Passport, learning tools, and community support.

WHAT TO DO NEXT

Pick One Action Today



Fill in Page
16 to 18
(important
Numbers)



Share your
tracker and
targets at
your next
appointment



Circle 3
questions on
Page 42

