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A Broken Heart - A Short Poem About Cardiovascular Disease Awareness

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A Broken Heart

Short Poem About Cardiovascular Disease Awareness

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Chronic Illness: Cardiovascular Disease

Authors: Mandair, A., Schultz, R., Slominski, J., Smith, C., Xu, N.

Learning Community: Red 42

Age Group: 35-65 middle aged adults

Curriculum Tie-In: Cardiovascular



A Broken Heart

For centuries, it's slain its share of souls,

A silent killer ever on patrol.

It takes no quarter, never stops for rest,

Without remorse, wreaks havoc on the West.

With every passing year it kills afresh,

More lives than cancer, stroke, or hemorrhage.

It strikes at nations laden fat with wealth,

Yet preys on those who've nothing but their health.

It kills through lipid plaques in vessel walls,

with poisoned springs of still cholesterol.

They hibernate and grow with age and stress.

And then they burst: thrombosis, sudden death.

It seems that every person drawing breath

Is capable of taking on this debt.

And yet we know there's things that make it worse

To keep at bay this creeping first-world curse:

Your age, your gender, family history,

These things you can't control, it's sad to see.

But for the things you can control, at least,

Take careful note, and do as you will please:

A diet high in saturated fats,

Add alcohol, and cigarettes to that,

Obesity, and lack of exercise,

You'll surely be afflicted, no surprise.

And then there's other things to mention too:

Like poverty, and underfunded schools,

And urban landscapes bare of decent food,

And stagnant wages, wretched through and through.

These social ills, our leaders are to blame,

Ignoring all this plight to play a game.

To truly wage a war against disease,

We need the cleansing fire of policy-

To set in motion futures more humane,

With naught to lose and everything to gain,

Environments that make it easier

To actually "choose" whatever's healthier.

And yet, despite the work that must be done,

Your health, your life, these things, they can be won

Through choice, awareness, knowing what to do,

You'll give yourself a fighting chance, it's true:

A diet low in sodium and fat,

To lessen any chance of heart attack.

With fruits and fiber, vegetables and grain,

And exercise to keep your body sane.

And if you need some help along the way,

Connect with local programs here to stay:

In churches, schools, and healthcare centers all,

To help you up whenever you should fall.



Poem Translation: Evidence-based Info

A Broken Heart: Translation

Cardiovascular Disease (CVD) refers to a family of diseases that involve damage to the heart and resulting health consequences. Most relevant to our discussion is Coronary Artery Disease due to Atherosclerosis. It is the number one killer of adults in the United States and accounts for approximately half of all deaths across the Western world. This disease involves hardening and loss of elasticity in the walls of the coronary arteries due to the buildup of atherosclerotic plaques in the tunica intima of the coronary artery walls. These plaques are primarily composed of cholesterol and cholesterol esters, and as they build up they can cause a variety of issues including: (1) Obstructing the lumen of the coronary arteries, resulting in stenosis and ischemia of regions of the heart, (2) Suddenly rupturing and causing a thrombosis and sudden occlusion of the coronary arteries. These factors will weaken the tunica media of the coronary artery walls, resulting in an increased risk for aneurysm and myocardial infarction.

Coronary artery disease is a multifactorial disorder with a variety of risk factors, both constitutional (non-modifiable) and modifiable. Constitutional risk factors include *genetics* (family history being the most important risk factor for atherosclerosis), *age* (onset and incidence of CVD-induced AMI usually occurring between the ages of 40 and 60 years old), and *gender* (males and postmenopausal women are at higher risks for CVD than premenopausal women). Modifiable risk factors include dietary intake of lipids and cholesterol (both LDL and HDL), exercise, cigarette smoking, and related chronic health conditions like Type 2 Diabetes Mellitus, obesity, and hypertension.

It is especially important to note that coronary artery disease incidence (as well as incidence of the other related chronic illnesses previously mentioned) is strongly correlated with low socioeconomic status (SES), including factors like low income or education, as well as living in resource poor, socioeconomically disadvantaged areas across the United States, primarily in urban, inner-city locations. Low-income, inner-city schools, for instance, are more likely to be poorly funded, which leads to fewer educational opportunities for students to learn proper dietary and nutrition guidelines or how to recognize risk factors and seek appropriate medical care on time. In addition, areas of low SES are more likely to be “food deserts” with fewer outlets for distribution of fresh food and produce, and greater availability of fast food and other unhealthy sources of nutrition.

Ultimately, treatment of coronary artery disease at a population level will primarily involve identifying and addressing the socioeconomic determinants of health behind CVD. It is policy-makers, public health officials and experts, and healthcare providers who bear most of the responsibility for changing the environment that makes CVD more prevalent. Changes can include greater investments in low SES communities to improve infrastructure, increase availability of fresh food outlets, and create educational programs both within school and local community centers (including religious centers) to spread awareness among patient populations as increasing exercise and reducing harmful behaviors like smoking and excessive alcohol intake.



This project is important because CVD is the leading cause of death in the US, and has many different dimensions (biological, behavioral, socioeconomic etc.). In many cases healthy behaviors can reduce the risk of CVD. Therefore, we recognized the importance of figuring out creative ways to counsel patients.



Sources

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