1. What is COVID-19?

COVID-19 is a disease caused by a virus called SARS-CoV-2. Most people with COVID-19 have mild symptoms, but some people can become severely ill. Although most people with COVID-19 get better within weeks of illness, some people experience post-COVID conditions. **Post-COVID conditions** are a wide range of new, returning, or ongoing health problems people can experience **more than four weeks** after first being infected with the virus that causes COVID-19. Older people and those who have certain underlying medical conditions are more likely to get severely ill from COVID-19. Vaccines against COVID-19 are safe and effective.

2. How does the Covid-19 virus spread?

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected.

COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

For more information about how COVID-19 spreads, visit the How COVID-19 Spreads page to learn how COVID-19 spreads and how to protect yourself.

3. What is community spread?

Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected. Each health department determines community spread differently based on local conditions. For information on community spread in your area, please visit your local health department's website.

4. How do I protect myself from Covid-19?

Visit the How to Protect Yourself & Others page to learn about how to protect yourself from respiratory illnesses, like COVID-19.

5. Should I use soap and water or hand sanitizer to protect against Covid-19?

Handwashing is one of the best ways to protect yourself and your family from getting sick. Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose,

coughing, or sneezing; going to the bathroom; and before eating or preparing food. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.

6. What should I do if get sick or someone in my house gets sick?

People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months or who are fully vaccinated

- People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine or get tested again as long as they do not develop new symptoms.
- People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.
- People who have been in close contact with someone who has COVID-19 are not required to quarantine if they have been fully vaccinated against the disease and show no symptoms.

For more information, see COVID-19: When to Quarantine and What to Do If You Are Sick.

7. What are the recommendations for someone who has symptoms of Covid-19?

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

- Stay at home (except to get medical care).
- Separate yourself from others.
- Monitor your symptoms.
- Wear a mask over your nose and mouth when around others.
- Cover your coughs and sneezes.
- Wash your hands often.
- Clean high-touch surfaces every day.
- Avoid sharing personal household items.

For more information, see What to Do If You Are Sick.

8. What is the risk of my child becoming sick with Covid-19?

Children can be infected with the virus that causes COVID-19 and can get sick with COVID-19. Most children with COVID-19 have mild symptoms or they may have no symptoms at all ("asymptomatic"). Fewer children have been sick with COVID-19 compared to adults. Babies younger than 1 and children with certain underlying medical conditions may be more likely to have serious

illness from COVID-19. Some children have developed a rare but serious disease that is linked to COVID-19 called multisystem inflammatory syndrome (MIS-C).

For more information about how people get sick with the virus that causes COVID-19, see How COVID-19 Spreads.

9. What is multisystem inflammatory syndrome in children (MIS-C)?

Multisystem inflammatory syndrome in children (MIS-C) is a serious condition associated with COVID-19 where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. For information, see MIS-C.

10. What are the symptoms and complications that Covid-19 can cause?

People with COVID-19 have reported a wide range of symptoms – from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. If you have fever, cough, or other symptoms, you might have COVID-19.

11. When should I seek emergency care if I have Covid-19?

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

12. Is at-home specimen collection or testing available?

Yes. At-home testing and collection allow you to collect a specimen at home and either send it to a testing facility or preform the test at home.

You and your healthcare provider might consider either an at-home collection kit or an at-home test if you have signs and symptoms of COVID-19 or if you can't get testing at a local healthcare facility.

For more information, see At-Home Testing.

13. Should I be tested for a current infection?

The following people should get tested for current COVID-19 infection:

- People who have symptoms of COVID-19. People who have had a known exposure to someone with suspected or confirmed COVID-19. People who have come into close contact with someone with COVID-19 should be tested to check for infection:
    - Fully vaccinated people should be tested 5–7 days after their last exposure.
    - People who are not fully vaccinated should get tested immediately when they find out they are a close contact. If their test result is negative, they should get tested again 5–7 days after their last exposure or immediately if symptoms develop.
- People not fully vaccinated with COVID-19 vaccine who are prioritized for expanded community screening for COVID-19.
- People not fully vaccinated with COVID-19 vaccine who have been asked or referred to get testing by their school, workplace, healthcare provider, state, tribal, localexternal icon, or territorial health department."

For more information on testing, see

- Testing for COVID-19
- Self-Testing
- Test for Current Infection
- Test for Past Infection

14. Can someone test negative and later test positive on a viral test for Covid-19?

Yes, it is possible. You may test negative if the sample was collected early in your infection and test positive later during this illness. You could also be exposed to COVID-19 after the test and get infected then. Even if you test negative, you still should take steps to protect yourself and others. See Testing for Current Infection for more information.

15. What is contact tracing?

Contact tracing has been used for decades by state and local health departments to slow or stop the spread of infectious diseases.

Contact tracing slows the spread of COVID-19 by

- Letting people know they may have been exposed to COVID-19 and should monitor their health for signs and symptoms of COVID-19
- Helping people who may have been exposed to COVID-19 get tested
- Asking people to self-isolate if they have COVID-19 or self-quarantine if they are a close contact of someone with COVID-19

During contact tracing, the health department staff **will not** ask you for

- Money
- Social Security number
- Bank account information
- Salary information
- Credit card numbers

16. What will happen with my personal information during contact tracing?

Discussions with health department staff are confidential. This means that your personal and medical information will be kept private and only shared with those who may need to know, like your health care provider.

If you have been diagnosed with COVID-19, your name will not be shared with those you came in contact with. The health department will only notify people you were in close contact with that they might have been exposed to COVID-19. Each state and jurisdiction use their own method for collecting and protecting health information. To learn more, contact your state or local health department.

17. Who is considered a close contact of someone with Covid-19?

For COVID-19, a close contact is anyone who was within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period (for example*, three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread COVID-19 starting from 2 days before they have any symptoms (or, if they are asymptomatic, 2 days before their specimen that tested positive was collected), until they meet the criteria for discontinuing home isolation.

18. I have Covid-19. How do I tell the people I was around?

If you have COVID-19, tell your close contacts you have COVID-19 so that they can quarantine at home and get tested. By letting your close contacts know they may have been exposed to COVID-19, you are helping to protect them and others within your community.

You can call, text, or email your contacts. If you would like to stay anonymous, there is also an online tool that allows you to tell your contacts by sending out emails or text notifications anonymously (www.tellyourcontacts.orgexternal icon).

19. Does mask use help determine if someone is considered a close contact?

A person is still considered a close contact even if one or both people wore a mask when they were together.

20. If I am a close contact, will I be tested for Covid-19?

If you have been in close contact with someone who has COVID-19, you should be tested, even if you do not have symptoms of COVID-19. The health department may be able to provide resources for testing in your area.

For more information, see COVID-19 Contact Tracing.

Watch for or monitor your symptoms of COVID-19. If your symptoms worsen or become severe, you should seek medical care.

21. Can I get Covid-19 from my pets or other animals?

Based on the available information to date, the risk of animals spreading COVID-19 to people is considered to be low. See If You Have Pets for more information about pets and COVID-19.

22. Can animals carry the virus that cause Covid-19 on their skin or fur?

Although we know certain bacteria and fungi can be carried on fur and hair, there is no evidence that viruses, including the virus that causes COVID-19, can spread to people from the skin, fur, or hair of pets.

23. Can I use hand sanitizer on pets?

Do not wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners. If you have questions about appropriate products for bathing or cleaning your pet, talk to your veterinarian. If your pet gets hand sanitizer on their skin or fur, rinse or wipe down your pet with water immediately. If your pet ingests hand sanitizer (such as by chewing the bottle) or is showing signs of illness after use, contact your veterinarian or pet poison control immediately.

24. What should I do if my pets gets sick and I think it`s Covid-19?

Most pets that have gotten sick from the virus that causes COVID-19 were infected after close contact with a person with COVID-19. Talk to your veterinarian about any health concerns you have about your pets.

If your pet gets sick after contact with a person with COVID-19, call your veterinarian and let them know the pet was around a person with COVID-19. If you are sick with COVID-19, do not take your pet to the veterinary clinic yourself. Some veterinarians may offer telemedicine consultations or other plans for seeing sick pets. Your veterinarian can evaluate your pet and determine the next steps for your pet's treatment and care. Routine testing of animals for COVID-19 is not recommended at this time.

25. Can wild animals spread the virus that causes Covid-19 to people?

Currently, there is no evidence to suggest that wildlife might be a source of infection for people in the United States. The risk of getting COVID-19 from wild animals is low.

26. Can bats in India get the virus that causes Covid-19, and can they spread it back to people?

Other coronaviruses have been found in North American bats in the past, but there is currently no evidence that the virus that causes COVID-19 is present in bats in India. In general, coronaviruses do not cause illness or death in bats, but we don't yet know if this new coronavirus would make North American species of bats sick. Bats are an important part of natural ecosystems, and their populations are already declining in the United States. Bat populations could be further threatened by the disease itself or by harm inflicted on bats resulting from a misconception that bats are spreading COVID-19. However, there is no evidence that bats in the United States are a source of the virus that causes COVID-19 for people. Further studies are needed to understand if and how bats could be affected by COVID-19.

27. What is community mitigation?

Community mitigation is a set of actions that people and communities can take to slow the spread of infectious diseases like COVID-19. The goal of community mitigation in areas with local COVID-19 transmission is to slow its spread and to protect all individuals, especially those at increased risk for severe illness, while minimizing the negative impacts of these strategies. For more information, see Community Mitigation Framework.

28. Are Covid-19 vaccines safe even though the vaccines were developed rapidly?

While COVID-19 vaccines were developed rapidly, all steps were taken to make sure they are safe and effective:

- **Approach to Development** – Scientists have been working for many years to develop vaccines against viruses like the one that causes COVID-19. This knowledge helped speed up the initial development of the current COVID-19 vaccines.
- **Clinical Trials** – All vaccines in the United States must go through three phases of clinical trials to make sure they are safe and effective. During the development of COVID-19 vaccines, phases overlapped to speed up the process, but all phases were completed.
- **Authorization or Approval** – Before vaccines are available to people, the U.S. Food and Drug Administration (FDA) assesses the findings from clinical trials. FDA determined that three COVID-19 vaccines met FDA's safety and effectiveness standards and granted those vaccines Emergency Use Authorizations (EUAs)external icon. This allowed the vaccines to be quickly distributed to control the pandemic. Before recommending COVID-19 vaccination for children, scientists conducted clinical trials. The FDA gave the Pfizer-BioNTech COVID-19 vaccine emergency authorization to use in children ages 5 years through 15 years old and full approval to use in people ages 16 years and older. Read more about the first COVID-19 vaccine to receive FDA approvalexternal icon.
- **Manufacturing and Distribution** – The U.S. government has invested substantial resources to manufacture and distribute COVID-19 vaccines. This allowed vaccine distribution to begin as soon as FDA authorized each vaccine.
- **Tracking Safety Using Vaccine Monitoring Systems –** COVID-19 vaccine safety monitoring has been the most intense and comprehensive in U.S. history. Hundreds of millions of people in the United States have received COVID-19 vaccines. Through several monitoring

systems, CDC and FDA continue to provide updated information on the safety of these vaccines.

29. What are the ingredients in covid-19 vaccines?

Vaccine ingredients vary by manufacturer. None of the vaccines contain eggs, gelatin, latex, or preservatives. All COVID-19 vaccines are **free from metals** such as iron, nickel, cobalt, lithium, and rare earth alloys. They are also free from manufactured products such as microelectronics, electrodes, carbon nanotubes, or nanowire semiconductors.

To learn more about the ingredients in authorized COVID-19 vaccines, see

- Pfizer-BioNTech COVID-19 Vaccine Overview and Safety
- Moderna COVID-19 Vaccine Overview and Safety
- Johnson & Johnson's Janssen COVID-19 Vaccine Overview and Safety
- Ingredients Included in COVID-19 Vaccines

30. Variants of Covid?

Omicron (B.1.1.529), identified in southern Africa in November 2021

Delta (B.1.617.2), which emerged in India in late 2020 and spread around the world

Gamma (P.1), which emerged in Brazil in late 2020

Beta (B.1.351), which emerged in South Africa in early 2020

Alpha (B.1.1.7), which merged in Britain in late 2020

Mu (B.1.621), which emerged in Colombia in early 2021

Lambda (C.37), which emerged in Peru in late 2020

Delmicron

VARIANTS OF INTEREST

31. How Often Should I Get a Dental Checkup?

Dental health varies from person to person; a general rule for adult patients is to **visit a dentist once or twice a year,** even if your mouth is in excellent condition. This way, you can get your teeth professionally cleaned regularly and maintain excellent oral health.

32. What Are the Best Ways to Practice Good Oral Hygiene at Home?

In addition to daily brushing and flossing, take your oral hygiene to the next level by following a few **steps to good dental health**. These include:

- Using products that contain fluoride.
- Limiting snacks that are high in sugar.
- Eating a balanced diet of fruits and vegetables.

- Avoiding tobacco in any form.

33. How Can I Improve the Whiteness of My Teeth?

A beautiful smile with clean, white teeth is a huge confidence booster. Most people experience some discoloration of teeth over the years, either from **surface stains or internal ones**. Treat stains caused by coffee, wine, tobacco, and pigmented foods with at-home whitening or have professional, in-office whitening done regularly. For internal discoloration, consider composite bonding or the application of veneers to the affected teeth, which provides a more permanent solution.

34. How Do I Prevent Tooth Decay, Gingivitis, and Other Problems?

The best way to ensure a healthy mouth is to follow a balanced diet and regularly visit the dentist while maintaining your oral care routine with twice-daily brushing and once-daily flossing. Protect yourself against problems that can advance quickly by discussing these questions with your dental professional.

35. Why Should I Have Dental X-Rays Taken?

Your dentist should take a full set of dental X-rays early into the doctor-patient relationship. X-rays help your doctor monitor any changes that could be happening in your teeth between appointments. Most adult patients have bitewing X-rays every year and a full mouth series every four to five years. But those with a higher risk for dental caries problems may need them every six to 18 months.

36. What Is Tooth Sensitivity and Why Do I Have It?

Patients with tooth sensitivity feel pain when they consume foods or drinks that are hot or cold, sweet, or acidic. Sensitivity happens when tooth enamel, which usually protects the tooth's pulp and dentin, is thinned from repeated exposure to acidity and extreme temperatures. Sensitivity can also occur as a result of:

- Receding gums
- Tooth grinding during sleep
- Chipped or fractured teeth
- Tooth whitening
- Orthodontics and fillings

Talk to your dental professional, and they will examine the affected teeth and recommend treatment to reduce your sensitivity.

37. When Should I Consider Dental Implants?

Dental implants are the ideal way to replace missing or weakened teeth. Implants are permanent and serve as an excellent alternative to dentures for anyone with an otherwise healthy mouth and jaw. Most adult patients are good candidates for **dental implants** because they can help prevent the remaining teeth from moving or loosening.

38. Should I Use Mouthwash Regularly?

It depends - there are different kinds of mouthwash. Cosmetic mouthwashes aim to freshen breath and to maintain a healthy teeth color, but they contain fluoride to help fight cavities as well. Therapeutic rinses work to help treat conditions such as gingivitis, tooth sensitivity, and inflammation. For more advanced conditions, prescription mouthwashes often contain **chlorhexidine gluconate** to kill bacteria that cause bleeding, inflammation, and plaque or biofilm formation.

39. At What Age Should My Child First See a Dentist?

Studies show children can develop their first cavities by two years old, so the **American Academy of Pediatric Dentistry** recommends booking the first visit once their first tooth appears – or, at the latest, their first birthday. This helps your dentist catch potential problems that can affect your child's overall health and well-being as more teeth grow in overtime.

40. When Do Baby Teeth Typically Fall Out?

Most children begin losing their baby teeth between the ages of six and eight. They typically fall out in roughly the same order in which they grew. Keep in mind that all patients are different. Children and adult oral conditions depend on how long they've gone without an appointment, how long a child's baby teeth last, and what kinds of things you are naturally more sensitive to.

Next time you're at the dentist, don't be afraid to ask any questions you might have; They are there to help! With these questions queued up, you'll never be in doubt about the state of your oral health.

41. Why are my gums bleeding?

Gums bleed when they are irritated and inflamed which is not considered normal. This is due to plaque (a soft film of bacteria) being left on the teeth which causes inflammation called gingivitis and if not addressed can develop into gum disease. Over time, if not cleaned off through daily brushing and interdental cleaning, the plaque can turn into a hard deposit called tartar or calculus which will require professional scaling by your dentist or hygienist to remove it.

It is important even if your gums bleed they are still brushed to keep the mouth clean otherwise the bacteria build up in the mouth will make gum inflammation worse. After a few days of thorough cleaning, your gums should stop bleeding. If this does not happen you will need to ask the advice of your dental team as you may need professional cleaning.

A good oral care regime should be able to prevent your gums from bleeding if done correctly. We would always suggest that you have regular examinations at your dentist. This can help diagnose and treat anything unusual in your mouth so you get the correct care and advice.

You may have to use a softer brush whilst the gums are inflamed until they become healthier. It is also important to clean in between teeth daily using interdental brushes or floss.

Smoking can cover up a gum problem as it restricts the blood flow to the mouth. If you have recently given up smoking this could allow the gums to get a better circulation and therefore start to bleed.

42. Does a rinse or mouthwash help?

Mouthwashes for cavity protection, sensitivity, and fresh breath may help when you use them with regular brushing and flossing -- but not instead of daily cleanings. Your dentist can recommend the best type for you.

Some people need twice-daily rinses for gum health or alcohol-free washes for dry mouth.

Kids under 6 shouldn't use mouthwash to avoid the chance of them swallowing it.

43. What are early signs of dental trouble?

Visit a dentist if you have any of these issues or see your child having trouble chewing or complaining of soreness:

- Mouth sores
- Jaw pain
- Redness
- Swollen face or gums
- Tooth sensitivity
- Broken teeth
- Dry mouth
- Bleeding gums
- Bad breath or a bad taste in your mouth

Getting checked out right away prevents more serious problems and infections.

44. What do sealants do?

Sealants protect against cavities that can form in the natural tiny holes and cracks on the outside of teeth. Kids from about 6 to 12 benefit from having sealants painted and hardened onto the chewing surfaces of their back teeth, or molars. Adults can get sealants as well to protect teeth that don't have fillings.

Dentists or dental assistants put sealants on in an office visit, and it's painless. They last around 2-4 years.

45. What's the best way to whiten my teeth?

Stores sell many whitening products, and you can get take-home gels and trays from your dentist, but neither is as strong as procedures done in a dental office

If you want to try an over-the-counter whitener, look for one with an ADA seal. Check with your dentist for advice before you buy, especially if you have dental work or dark stains. And don't keep using them, or you could damage your teeth.

46. How can I fix my teeth and smile?

Caps and crowns cover problem teeth by surrounding them in a material that looks like a real tooth. They use the root and inside of the tooth as a base to build on, then attach with special cement.

Veneers and bonding improve your smile by sticking a layer of smoother and whiter materials like porcelain or resin to the natural tooth.

Talk with your dentist about which fix is right for you.

47. Are sweets and ice really bad for my teeth?

Yes, sweets and foods with acid, like candy and soda, could stick to teeth and lead to cavities. Smoking and chewing tobacco can cause oral cancer and gum disease.

While teeth are strong enough to chew ice and tear open packages, this can break them and stress your jaws. Gritting or grinding down on teeth when you're stressed may crack them.

Biting your nails is another bad habit. It pulls your jaw out of position and changes how your teeth fit together.

48. How to contact covid-19, dental, tooth, heart, ear, nose, throat, ent, health services?

For calls related to claims status, please call Health Care Services Corporation at **1-800-225-0241**. For press inquiries please contact our Public Affairs Office at newsroom@ihs.gov or (301) 443-3593.

49. What Is Atherosclerosis?

Atherosclerosis is also called hardening of the arteries. When the lining inside an artery is damaged, fat and plaque build up. This causes the artery walls to thicken, and the blood vessel narrows or sometimes gets blocked.

Coronary artery disease is a form of atherosclerosis. It’s when the arteries that supply blood to the heart narrow, which can lower the supply of oxygen-rich blood to the heart, especially when your heart beats faster, like during exercise. Extra strain on the heart may result in chest pain (called angina) and other symptoms.

50. What's the Link Between Smoking and Heart Disease?

About 30% of deaths from heart disease in the U.S. are directly related to cigarette smoking. Smoking is a major cause of atherosclerosis.

Among other things, the nicotine in smoke causes:

- Less oxygen to the heart
- Higher blood pressure and heart rate
- More blood clotting
- Damage to cells that line coronary arteries and other blood vessels
-

51. What Are the Risk Factors for Coronary Artery Disease?

There are some risk factors that you can't do anything about. These include:

- Being male
- Being a woman who is past menopause
- Being older
- Having a family history of heart attack or coronary artery disease

Other risk factors can be controlled. These include:

- Smoking
- High cholesterol
- High blood pressure
- Lack of exercise
- Obesity
- Diabetes
- Unhealthy diet
- Stress

By improving your habits, you can cut your risk of heart attack or angina.

52. What Should I Do If I Have Risk Factors for Coronary Artery Disease?

You can do several things to cut your chances of heart disease. If your arteries are already clogged, you can slow the damage with a healthier diet, exercise, quitting smoking, and reducing stress. With lifestyle changes, you can stop or even reverse the narrowing of arteries. While this is important for those with risk factors for the disease, it is even more important if you have had a heart attack or procedure to restore blood flow to your heart or other areas of your body.

53. What Dietary Changes Can I Make to Reduce My Heart Disease Risk?

Eating right is a powerful way to reduce or even eliminate some heart disease risk factors. A heart-healthy diet can help cut total and LDL ("bad") cholesterol, lower blood pressure, lower blood sugar, and help you shed pounds.

Try these tips:

- Eat more vegetables, fruits, whole grains, and legumes.
- Cut trans fats from your diet. Swap saturated fats for unsaturated ones.
- Eat lean sources of protein, such as chicken, fish, and soy. Avoid red meat, as this tends to be high in fat and cholesterol.
- Eat complex carbohydrates such as whole-grain bread, rice, and pasta and limit simple carbohydrates such as regular soda, sugar, and sweets.
- Cut down on salt.
- Exercise regularly.

54. What Is Cholesterol?

Cholesterol is a soft, waxy material made in the liver. It's in foods such as egg yolks, milk fat, organ meats, and shellfish.

You can lower your high cholesterol levels by eating foods low in saturated fats, sugar, and calories.

55. How Common Is Heart Disease Among Women?

Heart disease is the leading cause of death in women over 40 years old, especially after menopause. Once a woman reaches the age of 50 (about the age of natural menopause), the risk for heart disease increases dramatically. In young women who have undergone early or surgical menopause, the risk for heart disease is also higher, especially when combined with other risk factors such as:

- Diabetes
- Smoking
- High blood pressure
- High blood cholesterol, especially high LDL or "bad" cholesterol
- Obesity
- Lack of exercise
- Family history of heart disease
- Problems during pregnancy, such as preeclampsia, high blood pressure, gestational diabetes, or elevated sugars
- Rheumatologic and inflammatory diseases

56. What are the warning signs of heart disease?

Heart disease can manifest as chest pain, tightness, or discomfort. Sometimes even shortness of breath can be a symptom of a heart attack. Any unusual restriction in your activity could be a warning sign of heart disease. Dizziness or a fast or irregular heartbeat are other possible symptoms.

57. Is heart disease an irreversible condition?

Heart disease is potentially reversible by attending to risk factors like cholesterol, blood pressure, and smoking. Several studies have shown, for example, that aggressive lowering of blood cholesterol with LDL levels below 100 can open up blocked coronary arteries at least partially. LDL cholesterol is the "bad" cholesterol component.

58. Is heart disease hereditary?

There is an increase in the risk of heart attack if a first-degree relative (parent or sibling) has had a heart attack or stroke. That is mainly seen when the relative has had a heart attack before the age of 45 if they are male, 55 if they are female. Obviously, you cannot change your family history, but a

positive history should suggest the need to improve all the other risk factors like stopping smoking and decreasing cholesterol.

If you have a family history of heart disease, it is wise to have your blood cholesterol checked after the age of 18 and regularly thereafter. The patient should also have their blood pressure checked annually as well as tests for diabetes. Perhaps more importantly, one should maintain a healthy lifestyle at any age. That includes no cigarettes, a heart-healthy diet, and regular exercise.

59. Does smoking increase your risk of heart disease?

Smoking is a major risk for several diseases including heart disease, stroke, and several cancers. Even low-tar cigarettes and light smoking can increase the risk of heart disease substantially. There are now several alternative approaches to helping people stop smoking. These include nicotine-replacement patches and gum as well as oral medication.

If you are able to stop smoking, your risk of a heart attack or stroke decreases within a few weeks. The risk goes down to that of a nonsmoker within about two years. In addition, a lot of patients comment that they feel healthier and have more energy after they've stopped smoking.

60. Is hypothyroidism a risk factor?

Hypothyroidism can increase blood cholesterol levels and that contributes to heart disease; however, if the hypothyroidism is being treated with a thyroid hormone, then the cholesterol returns to normal.

61. Are birth control pills a contributor to heart disease?

Birth control pills can cause a small increase in the risk of thrombosis and heart attack. That occurs mainly in people who have been on the pill for more than 10 years and who smoke cigarettes.

62. Does being overweight increase the risk of heart disease?

Being overweight can increase the risk of heart disease in several ways. There can be a ten-fold increase in risks of high blood pressure and diabetes. In addition, being overweight will decrease the HDL or "good" cholesterol, which is now recognized as a major risk factor. If you are overweight, it is important to diet and exercise in order to lose weight and reduce these risk factors.

Consider a diet that is balanced among all the main food groups, with fat content making up no more than 30 percent of calories and most of that fat being unsaturated. Avoid a diet that restricts carbohydrates or fruits and vegetables, because this may adversely affect vitamin intake and blood cholesterol.

Red meat contains a lot of saturated fat. If you eat red meat every day, it is likely that your cholesterol is about 10-20 percent higher than it should be. Alternatives to red meat include chicken, fish, and turkey, as well as nonmeat protein sources like nuts and beans.

It usually takes two to four weeks for a change in diet to start to influence cholesterol levels. However, the full effect of a change in diet may not be seen for up to three months.

63. Is salt bad for your heart?

Salt in the diet can cause an increase in blood pressure in some patients. For that reason doctors usually recommend that salt intake be restricted to moderate levels. It is particularly important to

watch salt intake if a patient has high blood pressure that is not controlled with usual therapy. Many foods, such as potato chips, peanuts, and ready-made meals, have very high salt content.

64. How important is diabetes as a risk factor?

The importance of diabetes is often underestimated. Studies have shown that if a patient has diabetes, their risk of a heart attack is increased five-fold above a patient who does not have diabetes. In addition, treating blood pressure and cholesterol in diabetic patients can dramatically reduce the risk of heart disease. For that reason it is very important that patients with diabetes have their blood pressure and cholesterol values checked frequently and are treated appropriately.

65. Can stress cause heart disease?

Stress can increase the risk of heart disease, although we still do not know how this happens. A sudden physical or emotional stress can certainly lead to an episode of angina or even a heart attack.

66. How is heart disease related to strokes?

Heart disease is commonly caused by atherosclerosis (hardening and blockage of the arteries), and this process can also cause strokes. Most strokes are due to a blood clot that forms either in the brain or travels from a narrowed artery in the neck. We know that treating risk factors for atherosclerosis can reduce both heart attacks and stroke. For example, cholesterol lowering can reduce the risk of a stroke by about 25 percent.

67. What happens if heart disease is left untreated?

If heart disease is not treated, it can cause severe angina, heart failure with shortness of breath on even mild activities. The risk of death is increased. Most physicians are now very familiar with treating heart disease, so it does not often go untreated.

68. Will taking an aspirin a day reduce the risk of heart disease?

Aspirin may be helpful for patients who have already had a heart attack, stroke, atherosclerosis in other blood vessels, or who have diabetes or well-controlled hypertension. Aspirin has been shown to reduce the risk of heart attack and stroke by about 25 percent when taken in a dose of 325 mg or less a day. However, even low doses of aspirin can cause a slight increase in the risk of bleeding into the brain. For that reason, it is usually not recommended for low-risk patients who have not yet had a heart attack or stroke.

69. Can exercise really make your heart stronger?

Exercise has huge benefits. It reduces blood pressure and increases HDL, or good cholesterol. It improves the number of blood vessels in the heart and in the rest of the body. So exercise makes it less likely that you will have a heart attack and if you do have a heart attack, it's likely that it will be less severe. In addition, exercise is a very important component of any weight-loss program.

70. What does sudden cardiac arrest mean for the heart?

When the heart suddenly stops beating, it is referred to as a sudden cardiac arrest.
Sudden cardiac arrest stops the blood from flowing to vital organs, including the brain.

71. What is ENT?

ENT specialists are physicians, trained to provide medical and surgical treatment of diseases of the ears, nose and throat (ENT) and related problems affecting the head and neck.

Otolaryngologists, or more commonly referred to as ENT physicians, diagnose, treat, and manage specialty-specific disorders as well as many primary care problems in both children and adults.

72. What are the common Reasons To Visit An ENT?

The common Reasons To Visit An ENT:

- Earache
- Hearing loss/Deafness
- Ear discharge
- Tinnitus
- Giddiness/Vertigo
- Nasal blockage
- Allergies
- Nasal discharge
- Nasal bleeding
- Loss of smell
- Throat pain
- Common cold and cough
- Difficulty in breathing
- Difficulty in swallowing/ dysphagia
- Blood in sputum
- speech/voice disorders
- Head and neck trauma
- Lump/ or swelling in head an neck

73. What to expect from an ENT appointment?

The doctor will take a complete medical history. Depending on the reason for the visit, the ENT will perform a physical and visual examination. This may include looking in your ears, your nose and your throat.

Your neck, throat, cheekbones and other areas of your face and head may be palpitated. The ENT may use a special instrument called an otoscope to peer into your ears. A simple speculum may be used to see inside your nasal passages. The ENT examination may feel overwhelming because of the instruments used to peer, poke and

prod, but none of these procedures should cause you physical discomfort. If having your nose, ears or other body parts touched causes you anxiety, let the ENT know before the examination begins. The role of the ENT is to provide relief, not add to your discomfort.

Depending on the reason for your visit, various hearing tests may be performed. Scans or images may be ordered to get more information. Balance tests may be performed if you have had problems with your ears or dizziness.

74. What Do ENT Specialists Treat?

The Ears:

The unique domain of Otolaryngologists is the treatment of ear disorders. They are trained in both the medical and surgical treatment of hearing, ear infections, balance disorders, ear noise (tinnitus), nerve pain, and facial and cranial nerve disorders. Otolaryngologists also manage congenital (birth) disorders of the outer and inner ear.

The Nose:

Care of the nasal cavity and sinuses is one of the primary skills of Otolaryngologists. Management of the nasal area includes allergies and sense of smell. Breathing through, and the appearance of, the nose are also part of Otolaryngologists' expertise.

The Throat:

Communicating (speech and singing) and eating a meal all involve this vital area. Also specific to Otolaryngologists is expertise in managing diseases of the larynx (voice box) and the upper aero-digestive tract or oesophagus, including voice and swallowing disorders.

The Head and Neck:

This centre of the body includes the important nerves that control sight, smell, hearing, and the face. In the head and neck area, Otolaryngologists are trained to treat infectious diseases, both benign and malignant (cancerous) tumours, facial trauma, and deformities of the face.

75. What is an otolaryngologist?

An otolaryngologist is a doctor who specializes in the diagnosis and treatment of ear, nose and throat diseases as well as related structures of the head and neck. Otolaryngologists are also referred to as ENT doctors or physicians. For more information, visit www.entnet.org.

76. Why is my child seems to suffer from ear infections a lot?

Children under the age of three average one to two ear infections a year. These occur when fluid becomes trapped in the middle ear following a viral or bacterial infection. Younger children are most susceptible because their Eustachian tubes are short and still developing, making them prone to swelling and blockages.

77. What is the treatment for an ear infection?

The majority of ear infections will run their course in about a week. Pain can be managed with over-the-counter medications, eardrops, and warm compresses. If a bacterial infection is the cause, antibiotics are prescribed. Children who experience chronic ear infections may benefit from ear tubes.

78. What other conditions cause nasal obstruction?

In addition to sinusitis, nasal obstruction may be the result of a deviated septum, enlargement of the nasal turbinates, adenoid enlargement or nasal polyps. There are surgical solutions for these conditions when indicated.

79. I'm suffering from hoarseness. What causes this, and should I be concerned?

Hoarseness is the result of irritation of the larynx (voice box). The most common causes are upper respiratory infections, gastroesophageal reflux disease (GERD) and postnasal drip. If the condition persists longer than four to six weeks, see a doctor to rule out anything more serious, such as nodules, tumors or vocal cord paralysis.

80. My snoring is keeping my partner awake. What can I do about this?

Snoring is common. Forty-five percent of Indian adults snore occasionally, and twenty-five percent are habitual snorers. Snoring occurs when the tissues in the throat vibrate. Lifestyle modifications such as losing weight, sleeping on your side instead of your back and avoiding alcohol before bedtime may help. Surgery may also be an option. Snoring is often associated with obstructive sleep apnea, a dangerous medical condition.

81. What is obstructive sleep apnea?

Obstructive sleep apnea (OSA) is a condition in which an individual's breathing stops periodically during sleep. These episodes can last ten seconds or longer and may occur hundreds of times each night, preventing restorative sleep and leading to daytime fatigue, irritability and memory or concentration problems. OSA increases the risk of heart attack, stroke, high blood pressure and diabetes. We work with other medical and dental specialists to offer many treatments including CPAP, oral appliances and a variety of cutting edge procedures.

82. What are the signs of hearing loss?

Symptoms of hearing loss include difficulty understanding what others are saying, asking people to repeat themselves, struggling to hear in crowded places with distracting background noise, perceiving that others are mumbling or not speaking clearly, listening to the television or radio at a higher volume than others and experiencing a ringing or buzzing in the ears. You may find yourself withdrawing from social situations in order to avoid conversation and also might experience depression.

83. Will wearing a hearing aid make me appear old or frail?

Today's hearing aids are small and discreet, and some models are nearly invisible to others. Besides, asking people to repeat themselves, responding inappropriately when others are talking and social withdrawal are more obvious indicators of hearing loss than wearing hearing aids!

84. What are Allergies?

Our immune system is designed to protect us from foreign substances that enter our body. Anyone who suffers from allergies will have an overactive immune system that is trying to push out allergens that could be considered harmless. The body with release histamine to push the allergens out. The exit points are the eyes, nose, and mouth. As a result, inflammation can occur as well as other symptoms.

85. What are Symptoms of Allergies?

- A runny nose
- Congestion
- Sneezing
- Itching in the throat, nose, and eyes
- Watery eyes

There can be more symptoms.

86. What are Sinuses?

Sinuses are hollow spaces in the skull that are interconnected. There are four cavities: one behind the cheekbones, one on the center of the forehead, one between the eyes, and one behind the nasal cavity. They link to the nasal passage. Their primary function is to humidify the air we breathe and improve our voices.

87. What is a Sinus Infection?

A sinus infection is when the mucus lining gets inflamed. The inflammation causes the channels to block.

88. What Does Mucus Do?

Mucus protects, defends, and barricades against particles. It softens the air we breathe and traps dust/bacteria/allergens, etc. from entering further into the body getting rid of anything that could make you sick.

89. What Causes a Sinus Infection?

A few different things can cause a sinus infection. The most common would be a virus such as the common cold, but allergies and irritants can cause a sinus infection as well. You can read more by visiting our blog “Common Issues That Affect Your Sinuses and What to do About Them.”

90. What are the Symptoms of a Sinus Infection?

- Congestion
- Thick drainage either through the nose or down the back of the throat
- Facial pressure around the eyes, cheeks, nose or forehead
- Reduced sense of smell/taste.
- Coughing
- A sore throat
- Fatigue

91. What is Ear Care?

Ear care involves maintenance and preventative steps to protect your ears from internal and auditory damage.

92. Why is Ear Care Important?

Our ears are a complex, yet delicate part of our body. Without proper care, we run the risk of incurring problems that could result in permanent damage.

93. What are the Most Common Ear Problems?

Ear care is designed to help prevent excessive earwax build-up, ear infections, tinnitus and hearing loss.

94. What is Ear Wax?

Earwax is produced to self-clean your ears. Excess build-up can cause hearing issues. If this happens, contact OAT for an evaluation.

95. How do I Clean My Ears?

A damp washcloth or tissue is sufficient for cleaning the outside of your ear. Avoid putting anything inside the canal or risk causing damage. Your ENT specialist should perform internal cleaning.

96. What are Ear Infections?

Ear infections are common for most children from six months to three years. Either a virus or bacteria cause them. Many children will contract an ear infection along with an illness, but illness doesn't need to be present.

97. Why are my ears continually ringing?

Ringing, humming, buzzing, or clicking is usually tinnitus. Tinnitus can present itself for a number of reasons, but one of the most common causes of tinnitus is prolonged exposure to loud noises.

100. How do I Know I Need Hearing Aids?

Hearing loss varies person to person, but the best way to determine whether or not you need hearing aids is to have a hearing test.

101. How do I Prevent Hearing Loss?

Proper ear care is the first preventative step. Keep a healthy diet and avoid using cotton swabs when possible. Have your ears regularly checked by your ENT, but most importantly, limit exposure to loud sounds.