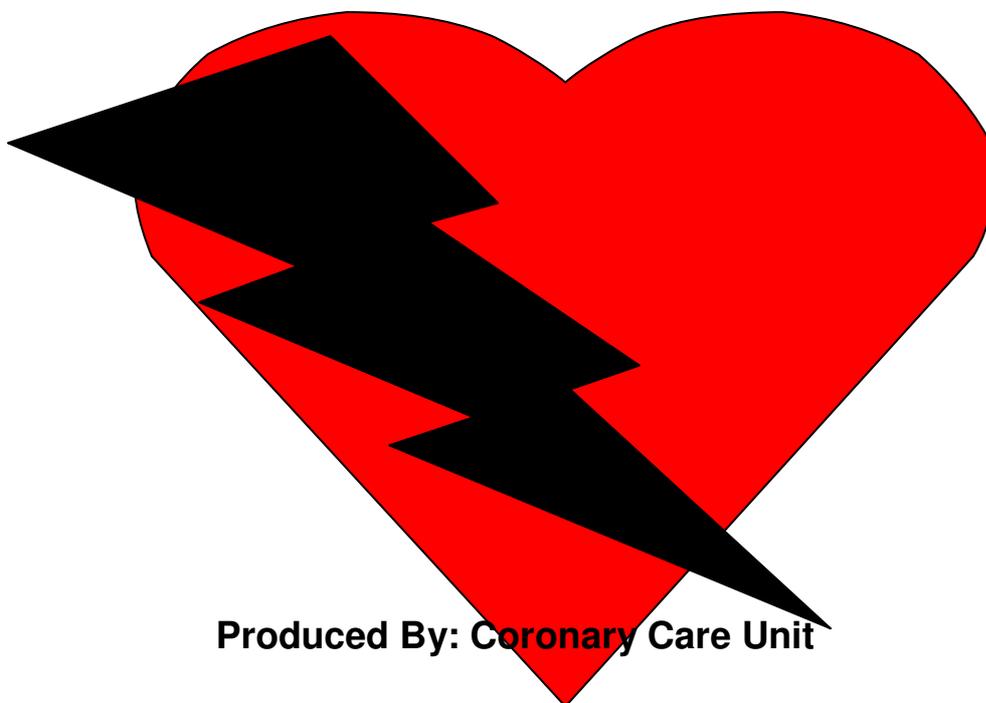


Patient Information Booklet
And Hand Held Record

After your heart attack



Produced By: **Coronary Care Unit**

01983 534448

Patient Name:

Named Nurse:

Consultant:

Cardiac Rehabilitation Nurse:

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If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

Introduction

This booklet has been produced with guidance from the British Heart Foundation to give you valuable information and advice following your heart attack. We hope that you will find it useful during your recovery period.

It also contains areas to enter specific information regarding your personal circumstances for later reference and to inform any other health professional you may have contact with (for example, if you are away from home and need help).

If you have any questions, or queries that are not answered by the information contained in the booklet, please ask your named nurse, or any member of the nursing team.

Contents	Page no
About me	4
My personal details	4
My medications and appointments	5
What is a heart attack?	6
Symptoms associated with a heart attack	7
Treatment of heart attack	8
Investigations associated with a heart attack	9
Further investigations	10
Will I have another heart attack?	10
General advice	11
The early weeks	11
General points to remember	13
Mediterranean (omega 3) diet	14
What is a portion?	14
Cardiac rehabilitation.	15
The Heart Care Club	17
Returning to normal life	18
Driving	18
Returning to work	18
Sexual activity	19
Air travel	20
Risk factors	21
Reducing risk factors	21
My personal risk factors	21
Individual risk factors	22
Meditation and breathing exercises	29
My risk factor tracking record	30
Emergency reminders	31
Managing chest pain	31
Emergency life support	32
Partners Support Group	33
Patient Advice and Liaison Service (PALS)	34

Personal Details

Name

(first) (last)

Address

Postcode

Telephone Home:- Mobile:-

Date of Birth: Occupation:

Next of Kin

Name: Relationship:

Contact details:

GP Details

Dr: Practice:

Telephone:

Hospital details

Consultant: Hospital number:

Admission: Discharge:

Diagnosis

Heart attack Date:

Acute Coronary Syndrome (ACS) Date:

Treatment

Thrombolysis given (clot buster) Date: Type:

CABG (bypass) Date:

Stenting Date:

Major complications:

Other relevant past medical history:

Medication Details			
Medication	Name	Dose	Frequency
Aspirin/Warfarin			
Clopidogrel			
Beta blocker			
ACE Inhibitor			
Cholesterol lowering			
Other:			

Follow up appointments	
Type	Date
Exercise tolerance test (stress test)	
Echo	
Angiogram Stenting	
Consultant	
Cardiac rehabilitation – 1 st appointment	

What is a heart attack?

The heart muscle receives its blood supply from arteries which run over the outside surface of the heart; these are called the Coronary Arteries.

Over time, these arteries can become furred up by deposits of fatty materials called 'atheroma'. This makes the arteries narrower and more easily blocked. A '**heart attack**' happens when a blood clot (thrombus) develops within the coronary artery, usually at an area already narrowed by atheroma. This stops the heart muscle getting the oxygen it needs and leads to damage of the heart muscle.

Chest pain is a sign that this damage is occurring. The severity of a heart attack is dependent on which of the coronary arteries is affected, where the blockage occurs and how much of the heart muscle is damaged.

Some patients suffer a heart attack without experiencing any chest pain at all, when this happens it is known as a 'silent' heart attack. This is more common in certain groups of patients such as the elderly and diabetics.

The medical term for a heart attack is a **Myocardial Infarction**, which you may hear referred to by the abbreviation '**MI**'. Other abbreviations used sometimes specify particular types of MI such as 'ST elevated MI' (STEMI) or 'non-ST elevated MI' (NSTEMI) and relate to different elements on the ECG reading.

Acute Coronary Syndrome (ACS) is the terminology used which covers a range of diagnosis from unstable angina to a small heart attack. The blood test we monitor for cardiac damage is called 'troponin'; this is a very sensitive test and allows us to diagnose low levels of damage we would not previously have picked up.

Symptoms associated with a heart attack

- **Chest Pain**

In most cases, when the heart muscle is starved of oxygen due to a blood clot blocking a coronary artery, it causes chest pain. The pain of a heart attack is usually most severe in the centre of the chest, but it may radiate to the arms and/or neck and jaw and feel like a tight band or pressure. There may also be associated symptoms such as breathlessness, sweating, nausea and vomiting. The pain seldom lasts more than a few hours, but it can leave you feeling unwell and tired for a day or so.

It is not unusual in the first few days following a heart attack to notice odd twinges of chest pain, but these are seldom a major problem and once the early stages of illness are over you are likely to be free of symptoms.

Some patients may experience chest pain known as '**Angina**'. This is a pain similar to that of a heart attack, but less severe. Angina usually occurs during exercise or on exertion, such as climbing hills or stairs, and should rapidly resolve with rest. Symptoms of angina can be brought on by anger or excitement and may be worsened by cold or windy weather. Angina usually responds well to medical treatment. If you would like more information on angina and its management, please ask your named nurse.

Although there are other common causes of chest pain, such as indigestion or musculo-skeletal pain, it is important to rule out cardiac or 'heart' pain first.

- **Palpitations**

Palpitations are changes to your heart rhythm that you may feel. It is not unusual for patients to have some changes in their heart rate or rhythm following a heart attack and you will be monitored closely in the early days. Any irregularities can be speedily identified and treated with corrective drugs/procedures as appropriate. With each day that passes, the chance of complications and the need for constant monitoring reduces.

- **Breathlessness**

A small proportion of patients find that they become breathless on exertion following their heart attack and may notice some swelling of their ankles. This problem responds well to certain medications and should be discussed with your nurse or doctor if it happens to you.

- **Other symptoms**

Tiredness, depression, fear and anxiety are common symptoms. Many patients feel anxious, frightened and vulnerable after a heart attack, especially in the early stages of rehabilitation after leaving hospital. Do not be surprised if you feel tearful, this is a normal reaction. You may experience a wide range of feelings and it is important not to bottle them up and create more stress. It may help to discuss these feelings with family, friends, a nurse or your doctor.

Treatment of a heart attack

Patients are often surprised to be given a simple Aspirin as part of their treatment when suffering a heart attack. Although Aspirin is commonly used for pain control, another of its effects is to prevent components in the blood sticking together and causing blood clots. It is for this 'anti-clot' action that it is given after a heart attack. You may be given another drug called 'Clopidogrel', which also works to affect the clotting process and has been shown to work well with Aspirin.

If you still have ongoing chest pain when you are admitted, you may be given any of the following treatments, perhaps more than one.

- injection of Morphine
- Glyceryl trinitrate (GTN) spray, tablets or infusion
- oxygen via a face mask
- clot busting drugs

Any treatment applicable to your circumstances will always be explained when it is given.

Thrombolytic agents (also known as 'clot busters') may be appropriate treatment for some patients. Whether you receive one of these treatments will depend on a number of factors which your doctor or named nurse will discuss with you; these drugs are not appropriate for all patients. If you are given any of the various clot busting drugs, you may also be issued with a card to carry with you about the treatment you have received.

The nursing staff or the pharmacist will explain any other medications that you may be prescribed and information sheets will be provided as necessary. Please ask for further explanation if you feel you don't understand properly.

Rescue Percutaneous Intervention (PCI), alternative to thrombolysis treatment, patients are now being transferred directly to the mainland by helicopter for rescue PCI. Here by special x-ray called angiogram, a procedure called angioplasty and stenting can be undertaken to open up the blocked artery, which is restricting the blood flow (see further investigations).

Investigations associated with a heart attack

- **Verbal history**

The doctor will ask you a number of questions regarding your current and previous medical problems, medications, family and social history to enable an accurate diagnosis to be formed.

- **Physical examination**

The doctor will listen to your heart & lungs, and examine you to get a full picture of your general health.

- **12 Lead Electrocardiograph (E.C.G)**

This shows the electrical activity in the heart, indicates heart rhythm and rate, and can identify the area of heart muscle damaged by the heart attack.

- **Chest x-ray**

This is a routine procedure to check the size of the heart and view the lungs.

- **Blood tests**

These are performed to monitor the levels of certain chemicals (known as enzymes) that are released into the blood stream following a heart attack. By looking for a rise in the normal levels forming a particular pattern, the diagnosis of a heart attack can be confirmed.

- **Cardiac monitoring**

As most complications occur within 24 - 48 hours of a heart attack, monitoring your heart rate and rhythm is most important during this early period. Small pads on your chest will send information to the cardiac monitor so that any disturbances can be identified and treated.

Further investigations

After your heart attack, you may well have various other investigations to help the doctors plan future management of your cardiac condition.

- **Exercise Tolerance Test and Out Patient Appointments**

An appointment may also be arranged for you to have an Exercise Tolerance Test (also known as a 'Stress' Test). This will show how well your heart copes with exercise (muscular stress). The test may be performed whilst you are in hospital.

During this test, you will be connected to an ECG machine and blood pressure cuff and then asked to walk on a moving treadmill. Staff will be monitoring and observing how your body copes with these demands. It is important that you report any symptoms or sensations (i.e. chest pain, shortness of breath, palpitations, dizziness etc) straight away. The test usually takes about 30 minutes, but may stop sooner if you find it difficult.

It is advisable to wear comfortable loose fitting clothing and sensible shoes for the test. After the test, the doctor will discuss the results of this test with you.

- **Angiogram/Angioplasty and stenting**

These are specialised procedures carried out at (usually) either Portsmouth or Southampton. An angiogram is an imaging investigation using an injection of a special dye to show up any narrowing of the coronary arteries and angioplasty is treatment to widen any narrowing so that the blood supply is improved. This can be done by 'stenting' which is when a small tube is put in place to keep the artery open.

Will I have another heart attack?

The first 48 hours are commonly the most critical period after a heart attack. Once the first few days are past, the chances of a second heart attack are less likely and with the passage of time the risks become less and less. After a few years you have no greater risk than a man or woman of your age who has not previously had a heart attack.

The good news is that you can do a lot to reduce the risk of having another heart attack by modifying your lifestyle and reducing your risk factors for heart disease. (see pages 21 - 30)

General advice

The time taken to recover from a heart attack depends on many factors and will not be the same for everyone. However, there are some general guidelines that are useful to remember.

The early weeks

Week 1, at home.

During your first week at home, it is advisable to continue with a similar routine as you had just before leaving hospital. After a couple of days, start taking short walks around the house – about 5 minutes is long enough to start with. Do this 5 or 6 times a day, depending upon how you are feeling. You may find it better to stay on one floor for a few days but you may climb the stairs slowly providing this does not cause chest pain or shortness of breath. Beware of going down stairs and not being able to get back up! Listen to your body. If you feel tired, have chest pain or shortness of breath – **stop** and try again later.

During your first weeks at home....

- **Don't** drive the car
- **Don't** try gardening
- **Don't** try playing sports
- **Don't** try doing the housework – making beds or vacuuming the carpets
- **Don't** try to lift, push or drag heavy objects

Week 2, fully mobile at home and around the garden

By the end of the first week at home you can be out in the garden when the weather is fine and during the second week you can begin taking short walks around where you live. This should be for about 5-10 minutes once a day, preferably on the flat but not within an hour of eating a meal. Start by walking with someone else to increase your confidence but they should walk at **your** pace and you should rest whenever you need to.

Remember

- If you have been prescribed GTN medication, **take it with you**
- The return journey is just as far as getting there

You may travel as a car passenger occasionally but not every day.

Week 3, progressing

Gradually increase the duration and distance of your walks until, by the end of the week, you can manage a walk of a whole mile. This doesn't have to be in one attempt and can be in shorter stages with rests in between. You can also start adding in **light** housework such as making tea, preparing meals, dusting or washing the dishes. You can also start a little **light** gardening such as planting, weeding or **light** carrying.

Listen to your body. If you feel completely exhausted then your body is telling you that you have done too much!

Week 4, more exercise

Continue your walking programme, increasing your speed and your distance. If you have no problems, it may be a good idea to add in another exercise such as swimming. Your rehabilitation exercise sessions, at the Riverside Centre in Newport, will be due to start about now and you should take advantage of being individually assessed at these sessions before you return to any other sporting activity. Assessment will determine your physical capabilities to ensure that you have confidence in your return to more strenuous activity.

General points to remember

- It is common to feel tired during the convalescent period. Plan rest periods and listen to your body if you feel unexpectedly tired, even if this means that it is socially inconvenient. You may need to reschedule at short notice but this is quite normal and part of recovery. A sleep in the afternoon can be good for you during the first weeks at home.
- Sleeping can be a problem for some people. Worry about sleeping without monitoring or professional attendance can prevent some people from getting the proper rest they need. There is no evidence that another heart attack is likely, but for some people, it can be a real fear. If this concerns you (or your family) please discuss the problem with your GP as they can offer ways to help.
- Taking gentle exercise is good for you but there are some sensible precautions to take as well. Go out when the weather is mild. If it is very cold or windy then take your exercise indoors. When you do go out, make sure that you take your GTN medication with you if it has been prescribed.

If you become breathless or experience chest pain – **stop**, sit down and rest, taking your GTN as instructed. **Do not panic**. Once your symptoms have resolved, walk home slowly and then consult your GP.

- Set yourself small, achievable goals to mark your progress. Aiming too high in one step may make you despondent if you fail and won't show how much you have improved.

Most of all, use common sense and listen to what your body is telling you. You will gradually but progressively return to where you were before your heart attack and may even become fitter and healthier!

Mediterranean diet (Omega 3)

Recommended foods

- 'Oily' fish
Salmon, tuna, trout, herring, mackerel or fish oil supplement
- Vegetable oils
Rapeseed oil, olive oil, avocado
- Vegetables
Any vegetable high in colour, beans, peas, lentils, soya protein, walnuts, cashews, hazelnuts
- Breads
Whole wheat bread, whole wheat pitta bread, oatcakes, dark rye crispbread, bagels
- Dairy
Natural bio yoghurt, semi-skimmed or skimmed milk, low fat fromage frais, cottage cheese, half fat Greek yoghurt
- Beverages
6-8 glasses of water daily, red wine in moderation (1 small glass)

Eat fish 2 – 3 times a week

Eat 5 portions of fruit and vegetables daily

Try grilling the vegetables along with the meat

Reduce the amount of salt you use

Snack on fresh fruit

How much is a portion?

These quantities apply to adults.

Apple, orange or banana	1 medium sized fruit
Melon, pineapple etc (large fruits)	1 large slice
Kiwi, satsuma etc (small fruits)	2 fruits
Raspberries, strawberries, grapes	1 handful
Fresh fruit salad	2 – 3 tablespoons
Stewed or canned fruit	2 – 3 tablespoons
Dried fruit	½ - 1 tablespoon
All vegetables (raw, cooked or canned)	3 tablespoons
Salad	1 dessert bowlful
Fruit juice	1 small glass

Potatoes are not classed as vegetables within the '5 a day', they are classed as starchy food along with rice and bread.

Cardiac rehabilitation

There are four phases of cardiac rehabilitation

- Phase 1 - Time in hospital
- Phase 2 - The early days at home
- Phase 3 - Four weeks after the event
- Phase 4 – Long term maintenance of changed behaviour

Phase 1 of Cardiac Rehabilitation – Time in hospital

This is as it says, the time spent in hospital during which your heart attack is diagnosed, treated and you are assessed for forward management of your condition. This will include assessment of your lifestyle and risk factors, effective medication, the involvement of your partner or carer and local cardiac rehabilitation information.

The usual length of stay in the main Coronary Care Unit (CCU) is from 24 to 48 hours after your heart attack. You would then be moved to the 'step-down' facility in the same unit, to allow recovery and mobilisation to take place. There are separate leaflets about the ward routines and exercises during your stay, which you should already have received. Your named nurse or the cardiac rehabilitation nurse will have discussed how the general advice in these leaflets applies in your circumstances. Please ask for further information if you need to.

Depending upon your individual condition, you may remain in hospital for between 2 and 5 days, or perhaps a little longer if thought necessary. You may also be transferred to Southampton General Hospital or Queen Alexandra's Hospital at Portsmouth for a further investigation called an 'angiogram' that is not available here. (see 'further investigations' page 10)

When you are ready to go home, you will be given at least a one week supply of any medication you have been prescribed. A member of staff (nursing or pharmacy) will discuss these medications with you and make sure that you fully understand their use before you leave.

Once you are home, you will be contacted by phone with an appointment for the Cardiac rehabilitation clinic in the cardiology outpatient department (starting phase 2).

Phase 2 of Cardiac Rehabilitation – The early days at home

This includes further assessment in the cardiac rehabilitation clinic for individualised exercise and involvement with your local heart support group. There will be ongoing review of your physical, psychological and social needs with further, ongoing involvement and offers of resuscitation training for relevant family members.

Phase 3 of Cardiac rehabilitation – Four weeks after the event

This covers all continuation of all the points above but adds structured exercise sessions and education on personalised risk factors. Access to all advice, trained support and heart support mentors is maintained.

During the 8 week programme at the Riverside Centre, you will be seen by a physiotherapist and fitness instructors and guided through an individual programme aimed at restoring and maintaining a suitable level of fitness for you. You will have the opportunity to attend talks covering such topics as

- stress management
- pharmacy/medication
- healthy lifestyle
- physical activity

It is also a chance to relax and talk with people who have had similar experiences.

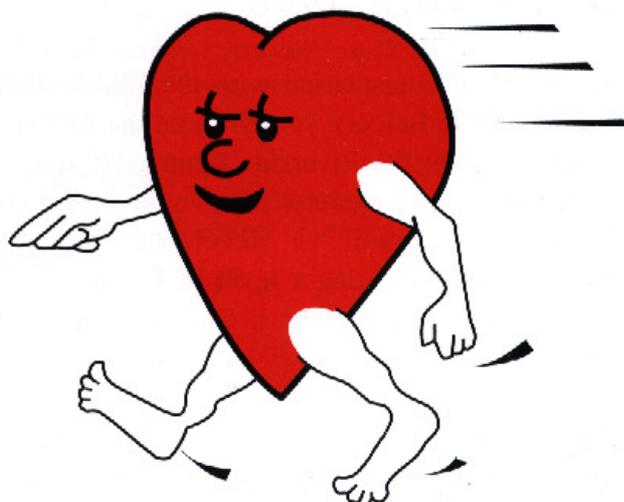
Phase 4 of Cardiac Rehabilitation – Long term maintenance of changed behaviour.

This is maintenance of any life style changes to reduce future risk and long-term follow up by your own doctor (GP). Referral to specialists in cardiac, behavioural or psychological services is available, if needed. Involvement with the Heart Care Club is recommended.

The Isle of Wight Heart Care Club

The Heart Care Club is part of the Isle of Wight Cardiac Rehabilitation Service, which has won awards in recognition of the excellent service it provides to our Island residents.

This club is valuable support for anyone with a heart condition or who has undergone heart surgery that wants to improve their quality of life by participating in the rehabilitation programme. There may be a branch local to you.



The club also arranges various social events throughout the year, including organised walks and trips for you to enjoy. You are welcome to attend the Heart Care club regular event programme.

Your initial contact with the club will be through the rehabilitation programme from stage 2 onwards. There is also a website: www.wighthartcareclub.co.uk

Riverside Centre

The Quay, Newport *Thursday 2.00 - 3.00 pm*
4 weeks with a 'Look After Your Heart' (LAYH) Tutor/RSA qualified fitness instructor.

Followed by: *3.15 - 4.30 pm*
12 weeks with Keep Fit Association (KFA) qualified teachers.

After reassessment you may wish to continue at one of the following 'moving on' groups.

The Heights Leisure Centre

The Broadway, Sandown *Tuesday 1.30 – 2.30 pm or 2.30 – 3.30 pm*

West Wight Sports Centre *Wednesday 9.00 – 10.00 or 10.00 – 11.00 am*
Moa Place, Freshwater

The Fitness Factory *Monday 10.20 – 11.20 or 11.40 – 12.40 pm*
Portland Street, Newport *Wednesday 1.30 - 2.30 pm*
Thursday 10.20 11.20 or 12.45 – 1.45 pm
Friday 7.00 – 8.00 pm

The Methodist Church

Garfield Road, Ryde *Monday 2:30 – 3:30pm*

Returning to normal life

Driving

It is rare for coronary patients to be advised to give up driving but you should discuss this with your consultant or GP and get their agreement before you start driving again. If your recovery is uncomplicated, you should be able to return to driving about 4 weeks after your heart attack.

If you have had angioplasty and stenting you may be able to drive after one week, providing there are no other complications¹

You must inform your insurance company before you drive again.

If there are no other disqualifying conditions, you do not need to inform the DVLA unless you are an occupational driver and hold a PSV or HGV license. If driving is part of your job, you will also need to get specific advice about requirements from your employer and the DVLA.

Driving can be stressful. When you do resume driving, remember to leave plenty of time for your journey and avoid motorways and heavy traffic when ever possible.

Returning to work

Most patients should be fit to return to work 6 weeks after leaving hospital. However, this will depend upon what type of work you do and your progress. It may be advisable to reduce your work commitments if you were previously accustomed to a long working week or heavy physical labour. Your consultant or GP will be able to advise you and you should not return to work until you have discussed the circumstances with them.

Many people find it beneficial to return to work gradually, working part-time initially if the employer will allow it. You may find yourself unexpectedly tired when you return and may need to take several short breaks throughout the day. Most employers are surprisingly adaptable and willing to help you back to a sustainable full return.

If you are self-employed, it is important that you resist the urge to return to work too early. A phased return can be difficult but will get you back to full capacity quicker than plunging back in.

If you experience financial difficulties, information and advice are available from your local DWP office (Department of Work & Pensions), the local Jobcentre and the Citizen's Advice Bureau.

¹ DVLA September 2009

Sexual activity

If sex was an important part of your life before your heart attack, resuming your sexual activities is a desirable part of a normal, healthy recovery. There are many myths and misconceptions about the subject of sex after a heart attack. It is a fact that patients recovering may, and often do, suffer from a depressed libido and this can result in sexual disharmony with their partner. However, often it is the partner who is more concerned than the patient. They may feel over-protective or reluctant to make demands on their loved ones in case it causes chest pain or brings on another heart attack. Fear of resuming sex is often more harmful than the activity itself and it is important to discuss these concerns with each other.

Avoiding sex may lead to unnecessary frustration. Many couples find other ways of expressing love, such as touching, holding, cuddling and caressing, which allow them to experience the feelings of love and security without the physical demands of sex. However, although sex causes an increase in heart rate, blood pressure and respiration rate (like any other physical exercise) it doesn't use as much energy as used to be popularly believed. Studies have shown that making love causes no more increase in these rates than walking up 2 flights of stairs or taking a brisk 10 minute walk. Exercise is good for you!

Remember – good sex need not be an athletic feat.

In general, most people can resume full sexual activities as soon as they feel ready and able to do so. This may be 2 – 3 weeks after leaving hospital, depending on individual progress. It is most helpful if both you and your partner have a relaxed attitude to resuming sexual relations and neither of you should worry if early attempts are unsuccessful or seem difficult. Your normal routine will soon be established and the same forms of lovemaking you enjoyed before will bring you both pleasure again.

If chest pain, breathlessness or palpitations **do** occur during lovemaking, you should rest and seek advice for the future. Often, all that is necessary is to take your GTN tablets or spray in advance, just as you might before any other form of physical activity.

Impotence is rare after a heart attack and happens in about 1% of cases. It is usually psychological in origin but occasionally certain medications can have an effect. Discuss this with your doctor as changing to different medication is usually sufficient to reverse the problem.

Important warning

The drug '**Viagra**' should be used with caution for people with coronary heart disease and is **contra-indicated in patients receiving nitrates** (e.g. GTN spray) you should **not take this** without consulting your doctor first.

Air travel

You are advised not to fly in a commercial aircraft for 6 – 8 weeks following your discharge from hospital. You should discuss any trip with your consultant or GP.

When you do fly, plan your trip carefully. Some airlines have precise guidelines with regard to passengers with health conditions.

- **Do** take out comprehensive medical insurance in case of emergency
- **Do** contact the airline if you have any worries
- **Do** allow plenty of time without the need to rush
- **Do** take sufficient medication in your hand luggage to cover any delays
- **Do** exercise your legs on a long flight – flex your ankles up and down – take walks up the aisles
- **Do** drink plenty of fluids during the flight (but avoid alcohol)

- **Don't** stop taking any medication because of travelling (e.g. diuretics)
- **Don't** carry heavy luggage or bags

Enjoy your trip, use it to laze and relax.



Risk factors

A risk factor is an identified activity or aspect of your lifestyle which may increase your likelihood of developing heart disease.

The majority of risk factors can be reduced by making changes in diet and lifestyle but some, such as a family history of coronary heart disease, cannot be modified. If you do have any factors that cannot be modified, it becomes especially important to make any other changes that you can so that you reduce your overall health risk.

The following information is general and there is a lot more detailed information available. If you would like to know more or you would like to see some of the booklets and videos, please ask one of the nurses or speak with the Coronary Heart Disease nurse at your GP Practice. You can also ring us at the unit on 01983 534448.

Not all the information in this booklet may apply to you. You can record factors that affect you personally in the table below. There is also a risk factor tracking record on page 30 to help you manage your risks and reach a healthy target.

My personal risk factors		
Risk factor	Does this factor affect my personal risk?	What can I do about it?
Smoking	Yes/no	
Hypertension	Yes/no	
Diabetes	Yes/no	
Lack of exercise	Yes/no	
High alcohol intake	Yes/no	
High cholesterol levels	Yes/no	
Obesity	Yes/no	
Family history	Yes/no	
High stress levels	Yes/no	

Smoking

Smoking is one of the major causes of heart disease. People who smoke are almost twice as likely to have a heart attack as those who have never smoked. If you smoke and have a heart attack, **stopping smoking** is the **single most important** thing you can do to prevent it happening again!

- Smoking damages the lining of the arteries which gives fatty deposits an ideal surface to fix upon (causing narrowing)
- Carbon monoxide from cigarette smoke sits on the same receptor site in the blood and oxygen – but it gets there first and stays blocking the oxygen. The more carbon monoxide in your blood, the less room for needed oxygen.
- Nicotine increases the heart rate and raises blood pressure. This makes the heart need to work harder and use more oxygen to work with.
- Smoking makes the blood thicker and more likely to clot. Clots cause heart attacks!

There are many different ways to help people give up smoking. Individual support and help is available from the Smoking Cessation Services on 01983 814280 and 07919 598549.

Hypertension (high blood pressure)

High blood pressure makes it harder for the heart to work. The pumping action can become less effective, the heart can become distended and this will cause the heart muscle to tire. The British Heart Foundation recommend a target blood pressure for those who have had a heart attack or who have coronary heart disease of 130/80. This target is lower than that recommended for the general population.

You may well be prescribed medication for high blood pressure but there are also some things that you can do to help yourself:-

- Do more physical activity
- Keep to a healthy weight
- Cut down on alcohol
- Eat more fruit and vegetables
- Reduce the amount of salt in your diet

Diabetes

Diabetes (type I and type II) increases the risk of heart disease and heart attacks as high blood sugar levels affect the artery walls, encouraging fatty deposits to develop. Diabetics are more likely to have other increased risk factors such as high blood pressure and high cholesterol levels and are more likely to be overweight.

Lack of exercise

Exercise helps to lower cholesterol, lower blood pressure, relieves stress and maintains a healthy weight. The cardiac rehabilitation phase 3 is designed to assess your physical capabilities (for the Riverside Centre and Heart Care Club) and move you forward to a level of safe exercising that will benefit toward a 20-25% reduction in the risk of a further heart attack.

The British Heart Foundation recommendations are:-

- 30 minutes of moderate exercise at least 5 days a week.
- Moderate exercise will mean breathing harder and getting warmer
- Set realistic goals
- Avoid sitting for more than 20 minutes
- 'Warm up' first with a gradual slow down at the end
- Walking is ideal and easy to do
- Choose exercises that you enjoy, otherwise you will not maintain them
- Seek to be active. e.g. Park at the far end of the car park and walk
- Try using the stairs rather than the lift



Alcohol

Although small amounts of alcohol can offer protection (by reducing clotting) from heart disease if taken on a regular basis, excessive amounts can be harmful. High levels of alcohol can cause enlargement of the heart muscle and lead to abnormal heart rhythms, high blood pressure and weight gain.

The British Heart Foundation recommendations are:-

- Men: No more than 3 – 4 units of alcohol a day
- Women: No more than 2 – 3 units of alcohol a day

A single unit of alcohol is:-

- half a pint (300ml) of beer, bitter, lager or cider (3 - 5% by volume)
or
- a pub measure (25ml) of spirit such as gin, vodka or rum
or
- a small glass (100ml) of wine (10% by volume)

Cholesterol

Cholesterol is a fatty substance found in the blood. It comes from the food we eat and is made by the body. Cholesterol is carried around the body attached to certain proteins and together they are called 'lipoproteins'. There are 2 main types of lipoproteins:-

- LDL (low density lipoprotein) = harmful cholesterol
- HDL (high density lipoprotein) = protective cholesterol

Too much of the LDL can increase your risk of heart problems by building up deposits in your arteries. The main cause of high cholesterol levels is eating a diet high in saturated fat. There is also an inherited condition whereby some families do not get rid of cholesterol well and it builds up inside the arteries, but this is less common.

Manufactured foods and ready meals are often high in saturated fats. It is better to have home-made meals and cakes so that you can control what goes into them.

Obesity

Obesity is the name given to the condition in which excess body fat has accumulated to such an extent that health may be affected. Excessive body weight is associated with various diseases, particularly cardiovascular disease, diabetes, obstructive sleep apnoea, certain types of cancer and osteoarthritis. Obesity has been found to reduce life expectancy and is one of the leading preventable causes of death and serious health problems in the UK.

Being over or under weight is measured by the 'Body mass index' which uses height and weight to calculate a number (the BMI). A BMI over 25 indicates being overweight and a BMI over 30 indicates obesity with possible health implications.

The causes of obesity are multiple. A combination of excessive calorific intake and sedentary lifestyle, lack of physical activity and genetic susceptibility is thought to explain most cases of obesity. Despite the widespread availability of nutritional information in schools, in health centres, on the internet and on product packaging, it is evident that over-eating remains a substantial problem. A limited number of cases are thought to be solely due to genetic, medical or psychiatric reasons.

The primary treatment of obesity is by changing the diet to reduce calorie intake, include low fat and low carbohydrate foods and also increase physical exercise. In severe cases that do not respond to these efforts, anti-obesity drugs or surgery may be considered.

Family history

If there are blood relatives in your family that have also had heart problems (for example, parents or grandparents, brothers or sisters), there may be a genetic (inherited) component that increases your risk. Genetic factors can also affect whether you are susceptible to high blood pressure or high cholesterol levels. Your ethnic group is another genetic (inherited) factor that you cannot change as some groups, such as South East Asian, have a statistically higher risk of heart disease.

Being excessively overweight is more often a family lifestyle habit which is passed on than a genuine genetic factor.

Having a high risk family history is something you cannot change, so it is especially important that you make any other lifestyle changes to reduce your overall risk.

Stress

Stress is not always a bad thing. A certain amount of stress can be positive, providing a welcome challenge, motivation and incentive to reach peak performance. However, stress can become a problem when

- there is an overload of stressful events
- there is too much of the wrong sort of stress or pressure
- an individual reacts to a given event in such a way that it causes feelings of loss, harm, sorrow etc.

We are all very different individuals with different experiences and therefore do not all respond to stress in the same way. One person's stimulating challenge can be another's nightmare and even the same circumstances at a different time in one's life can cause a more harmful stress reaction. It is important to know yourself, increase your self-awareness and be able to identify events which are likely to cause undue stress and pressure.

Causes of stress

Common causes of stress are

- your job (e.g. workload, deadlines, responsibilities, decision making etc)
- conflicts in relationships (e.g. with colleagues, family or friends)
- home life (e.g. money worries, children or trying to balance work and home needs)
- internal stressors (e.g. how you feel about yourself, self image and expectations, negative attitudes to life).

There are also recognised 'stressful' life events such as moving home or getting married that, no matter how good or welcome the event, can add up to having an effect on health.

How your body reacts to stress

Your body reacts to stress by producing adrenaline – the 'fight or flight' hormone. This has the effect of

- increasing heart rate and raising blood pressure
- increasing the levels of fat that are released into the blood stream (for fuel)
- increasing blood sugar levels (for fuel)

In a dangerous situation these effects would help you to be able to fight better or to run away faster. In today's world, they are what helps people 'move up a gear' in emergencies or cope beyond their normal workload for a short period. Over the long term these changes can be harmful, especially if the extra resources of fat and sugar are not used up and are deposited in the arteries.

Signs of stress

Most people will notice at least some of the following signs when they are over-stressed, although there may also be other reasons for feeling this way.

- General irritability
- Pounding of the heart
- Impulsive behaviour
- Feeling low
- Having an urge to run and hide
- Not being able to concentrate
- Changing sleep patterns
- Inability to sleep
- Feeling tired
- Getting depressed
- Feeling anxious
- Headaches
- Back or neck pain
- Not eating properly
- Increased alcohol consumption
- Increased use of tobacco

Stress can have a significant impact on other risk factors such as blood pressure, high cholesterol levels, diabetes, smoking and alcohol consumption. Therefore, stress management is an important tool in managing your risks.

Stress management

- **Exercise**

Psychiatrists have reported that regular sport or exercise reduces stress, lessens depression, improves self image and reduces muscle tension and anxiety.

- **Sleep**

Adequate sleep is vital to health. Lack of sleep leads to irritability, reduced physical energy, reduced mental energy and lack of interest. This leads to further stress and increasing sleep problems.

- **Relaxation tapes**

If you are finding it difficult to sleep, relaxation tapes may be helpful. Tapes are available with relaxation programmes to develop relaxation techniques or with soothing music to help relieve the symptoms of stress.

- **Counselling**

If you feel that coping with stress is a major problem for you, speak to your GP who may refer you to professional help such as counselling, a stress management course or a self help support group.

- **Massage, aromatherapy and hydrotherapy**

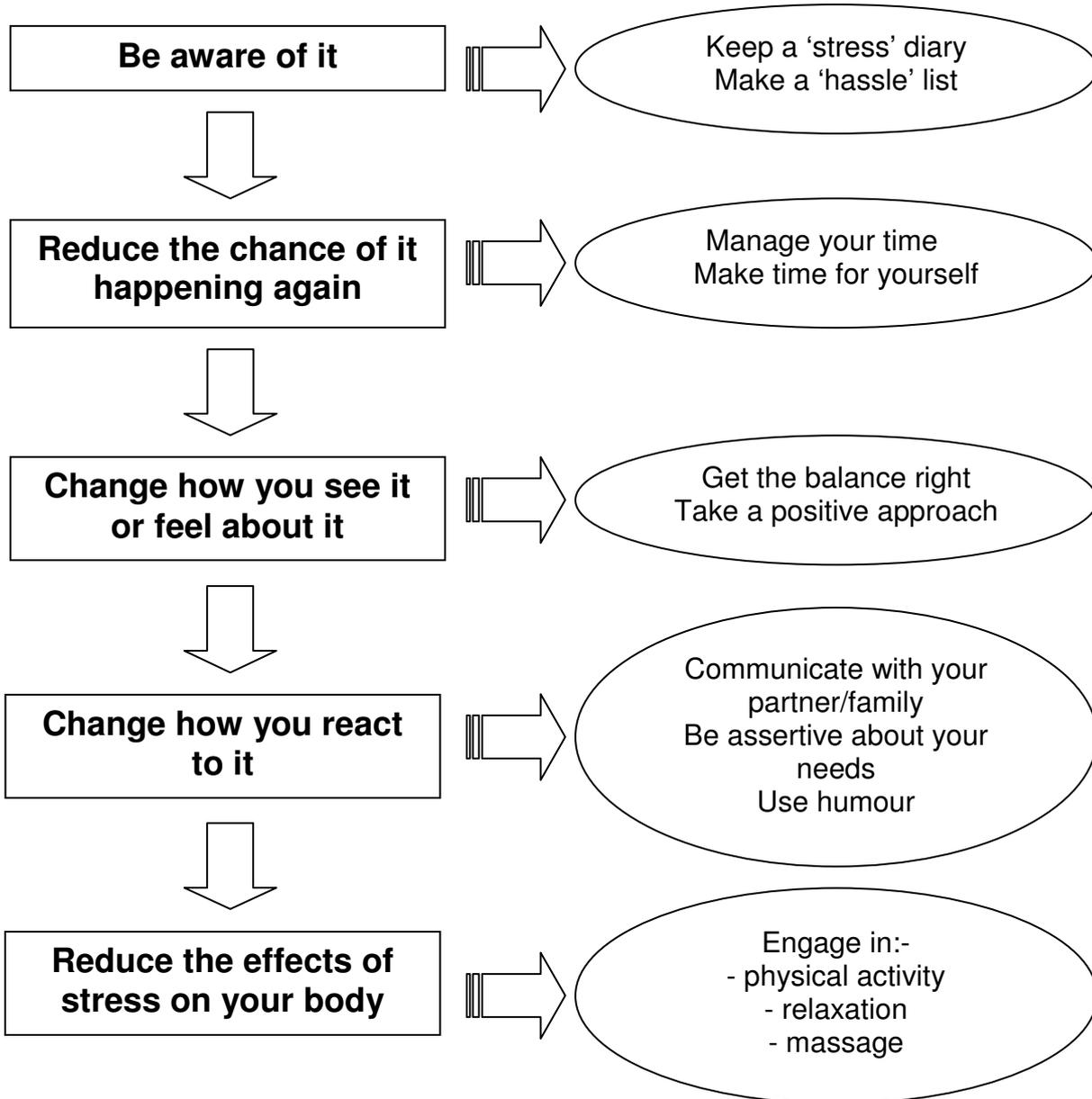
These 'alternative' therapies have been used for centuries to help relieve pain and reduce stress reactions. Details of therapists in your area can be found in the local telephone directory and your GP surgery may also have local information. It is important that you tell the therapist of any medical problems as this can affect what therapies are used.

The stress management chain

This chart demonstrates one example of a stress management strategy.

When you are feeling stressed...

What you might do about it...



British Heart Foundation

Relaxation and meditation exercises

Simple meditation

Meditation uses the power of the mind to control the body and can help relaxation.

1. Sit or lie comfortably with your eyes closed
2. Think about a place you have been or would like to go to that represents your ideal spot for physical and mental relaxation. This could be a garden, a tropical island, anywhere you can imagine being peaceful and relaxed.
3. Imagine that you are actually there. Imagine the colours, the feel of the sun, the sounds that you might hear and the scents you might smell. Feel your body being refreshed.
4. After a few minutes (between 5 – 20 minutes for most benefit), slowly open your eyes, stretch and return to the world refreshed.

Breathing exercise

This gentle breathing exercise is another way to control your body and reduce the effect of stress.

1. Sit quietly in a comfortable position or lie flat
2. Close your eyes and rest your hands on your abdomen
3. Breathe in deeply through your nose. As you breathe in, gently push your upper abdomen outward using your chest and stomach muscles, so that you feel your hands move. Hold for the count of 2
4. Exhale slowly through your mouth, allowing your abdomen to relax back to the starting position.
5. Count in your head whilst you are breathing, breathe in for 2, hold for 2 and then take longer breathing out. This will help create a feeling of calm.
6. Repeat the cycle for 10 – 20 minutes. Open your eyes and allow yourself to get up slowly.

Management of chest pain

You may find that you suffer from chest pain or discomfort at some time. It may not happen to you but if it does, it can be frightening for everyone and it is important that you and the people around you know what to do. The pain or discomfort caused by an angina attack or a heart attack is not the same for everyone and has been described in many ways.

- Heaviness
- Constriction
- Choking
- Pressure
- Squeezing
- Burning
- Tightness
- Pressing
- Indigestion-like
- Aching
- Expanding

These sensations may also extend into the arms, neck, throat, jaw or back and will vary in both severity and duration.

If you develop these symptoms **at any time** you should...

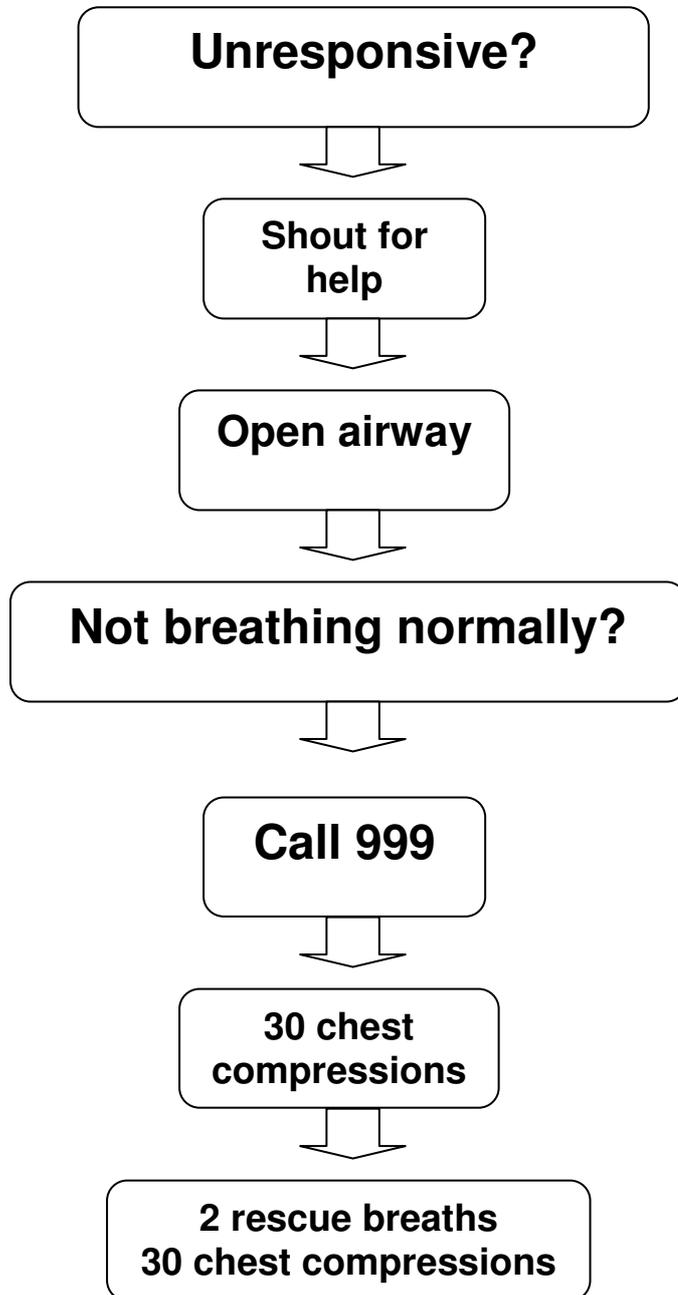
1. Sit down or find something safe to lean against
2. Use your GTN spray (1 or 2 sprays) or take a GTN tablet under your tongue.
3. Wait 5 minutes
4. If the pain has gone, rest for while before continuing with whatever you were doing previously
5. If the pain is still there or has gone and returns, repeat steps 2 – 3, up to 3 times
6. If the pain is still there **after 15 minutes and 3 lots of treatment** (spray or tablets) - **DIAL 999** - Ask for an ambulance and tell the control desk **'for a person who has chest pain unrelieved by GTN spray or tablets'**

Do not attempt to make your own way into hospital

Ambulances have emergency equipment and trained personnel on board for if your condition should worsen and require treatment on the journey.

Adult basic life support

Resuscitation Council (UK)



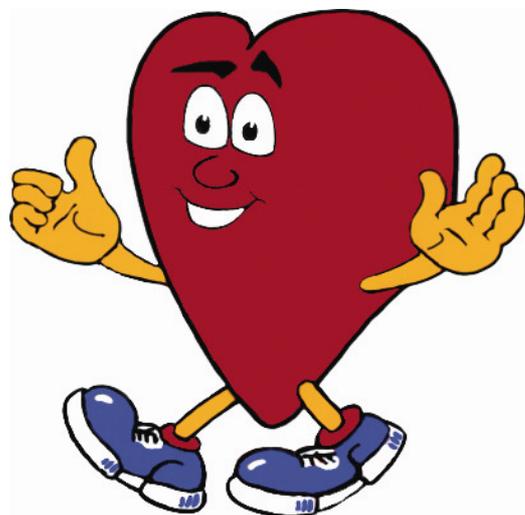
If you or your family would like tuition in this, please contact the Cardiac rehabilitation nurse or any of the nurses in Coronary Care on 534448 and it can be arranged.

Patient and Partners support group

Patients aren't the only ones affected by heart disease. Partners, family and friends of people experiencing heart problems often have questions and concerns of their own and may need support as well.

In connection with the Heart Care Club, there is a special support group set up to provide an opportunity for patients, partners, family and friends to come along and discuss any issues they may have. Information and advice is available from members of the Heart Care Club and the Cardiac Rehabilitation Nurse.

The support group meets at 2.30 p.m. on Tuesday and Fridays in the Coronary Care day room and all are welcome.



Telephone contact:

Isle of Wight Heart Care Mentors
Family and Patient Helpline
07531 779 337

Personal reminders - Please use this space for any notes or questions

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: <http://www.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquiries@cqc.org.uk

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

Ref: **CC/AHA/08**