

Life after a heart attack

Looking ahead



Cardiology Department

To be completed by registered nurse

Following my (diagnosis)

I have been advised of the following:

- 1. I may return to work for either **light duties/normal duties (circle as appropriate)** after weeks. **Please note this is a guideline only. You may need to see your GP if you do not feel well enough to return to work. If your job is quite physical you may need to delay this for a few more weeks.**
- 2. If I hold a normal driving licence I may resume driving following my heart attack. (Date is from diagnosis). Refer to page 13 if you hold a special licence.
- 3. I have been referred to the cardiac rehab nurse (Name) and know how to contact her for non-emergency advice. (page 26) I have information for the cardiac rehabilitation programme at the Royal Surrey County Hospital. I will be sent appointment dates regarding this when discharged. You will be invited to attend a cardiac group talk, you can attend this as soon as you feel well enough. You will not be expected to exercise for 6-8 weeks after your heart attack.
- 4. On discharge from the hospital my cholesterol levels **were**

TOTAL..... mmol/l

LDL..... mmol/l

HDL..... mmol/l

My blood pressure was /.....

Triglyceride..... mmol/l

Signed (Registered nurse)

My personal goals I would like to achieve:

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Introduction

The aim of this booklet is to give you some information and advice following your heart attack.

This booklet is very detailed. We recommend that you just read the section that applies or is most useful at the time.

You may initially wish to focus on the following:

- What is a heart attack? – page 6
- Recovery at Royal Surrey County Hospital – page 7
- Recovery when you go home – page 9
- Cardiac Rehab – page 12

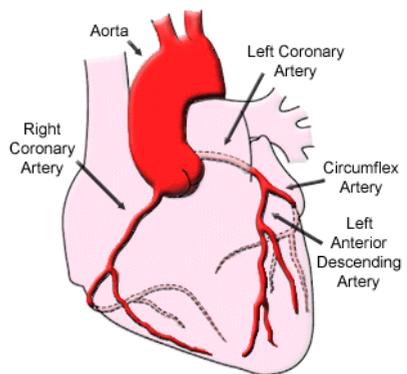
Also available on Coronary Care Unit (CCU) and Merrow Ward are British Heart foundation booklets. These booklets will cover specific topics related to cardiovascular disease.

If after reading this booklet you require further clarity on any points, please ask a member of the medical team for some advice.

Your heart

Like all other muscles, your heart needs a good blood supply. The coronary arteries supply the heart muscle with blood. These run over the surface of the heart muscle.

If your heart has to beat faster and harder, it will require more blood to be delivered to the heart muscle via the coronary arteries. An increased heart rate can be caused by exercise, anger, excitement, sexual intercourse, anaemia, cold weather and routine daily activities.



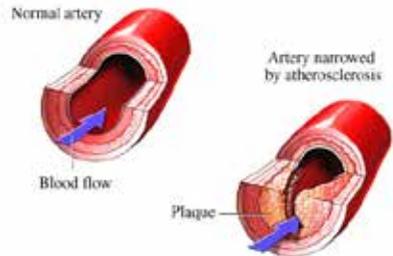
Coronary arteries

There are three main coronary arteries, each dividing into smaller arteries. There are two main ones to the left. The muscle is bigger on the left side. This is because this side of the heart has to work harder and requires more blood in order for it to function properly.

What is Atherosclerosis?

Atherosclerosis is the gradual build up of “fatty, waxy” lumps or plaques (atheroma) that form on the inside of the coronary arteries. This causes narrowing of the coronary arteries.

If the heart muscle has a reduced blood supply due to narrowed coronary arteries, this causes a reduction in the blood supply and therefore less oxygen in these arteries. As a result of this reduced level of oxygen, a pain in the chest or shortness of breath may be experienced. This is called angina.



If the blood supply is completely blocked by atheroma or a blood clot it will cause a heart attack.

What is Angina?

Angina may be described as a pain or ache to the chest. This pain sometimes radiates to the jaw, neck and arms too. The pain can be relieved when you rest as this causes your heart rate to reduce. By resting you do not require so much blood to be delivered to the heart muscle in order to cope with the increased demand put upon it.

If your pattern of angina changes or you experience pain at rest you must inform your GP or a member of the medical team. This may mean that your coronary arteries are becoming narrower due to increased levels of atheroma.

You may also need to use a special spray or tablet under your tongue called glyceryl trinitrate (GTN). This will cause the coronary arteries to relax and widen to improve the coronary artery blood supply.

How to use GTN if you think you have chest pain

- Tell somebody you are feeling unwell.
- If you get discomfort or pain which you think is angina, STOP, SIT down. Spray once or place one tablet under your tongue.

Wait five minutes and repeat if you still have pain.

Wait another five minutes, if after this you have had no relief seek immediate medical attention and call 999.

- If you are not allergic chew 300mg of Aspirin (equivalent to 4 x 75mg tablets).



What is a heart attack?

A heart attack occurs when the coronary artery is significantly blocked by atheroma or the atheroma plaque “cracks”. Your body responds to this by forming a blood clot over the injured area as it tries to “repair” the damage. This causes a restriction to the coronary artery blood flow and will cause you to experience chest pain. Like angina, the pain can radiate to jaw, neck, and shoulders. However, **if this pain is not relieved with rest or GTN, you must seek immediate medical help by calling 999.**

If a large coronary artery is blocked, a larger area of the heart muscle may be affected. When the heart muscle has been injured due to a heart attack it secretes an enzyme into the blood stream called troponin. This blood result will help determine if you have had a heart attack.

Heart attacks can happen to people who have angina, but can also happen unexpectedly to people without any warning. Sometimes people do not experience any pain or the pain is very mild. It can be very similar to an indigestion type pain or wind.

Recovery at Royal Surrey County Hospital

Ensure you inform a member of the medical team if you feel unwell, experience chest pain (discomfort) or shortness of breath.

The following is a guideline to recovery if you are pain free and the medical staff are happy with your progress.

Below is a generalised guide for your recovery. You may be required to stay attached to a monitor or on bed rest for slightly longer if medical staff feel your recovery will benefit from this. This will be discussed with you to avoid any confusion.

Admission day – Bed rest only. You will be attached to a monitor which will show your heart rate and rhythm. If you need to use the toilet you will only be able to transfer onto a commode at the bed side only.

Day 2 – You will be allowed to sit in your chair for short periods. You will still be attached to the monitor to check your heart rate and rhythm. Your blood results will confirm your diagnosis. The medical staff will inform you of this.

Day 3 – You will be able to sit out in the chair for longer periods and walk around your bed area too. You may be wheeled out to use the toilet. If the medical staff are happy with your progress the heart monitor will be removed.

Day 4 – If you have been symptom free, you will be free to walk around the ward. You may shower if you wish.

Day 5 – You may take longer walks up and down the corridor and freely mobilise around your ward area. You may practise walking up and down 1 flight of stairs.

Discharge from hospital is normally between day five to day seven.

Some investigations that maybe performed whilst you are in hospital

Electrocardiogram (ECG): This test will show the electrical activity and heart rhythm of the heart. It can show any abnormal heart rhythms, angina and whether you have had a heart attack.

Echocardiogram (ECHO): This is an ultrasound picture which shows the internal heart structure. An echo will show the walls of the heart and the valves to ensure that they are working correctly.

Exercise tests (ETT): For a recorded period of time you are required to walk on a treadmill at different speeds and inclines. This test will show any abnormalities in the ECG “waveform” when your heart is exerted which could be indicative of angina.

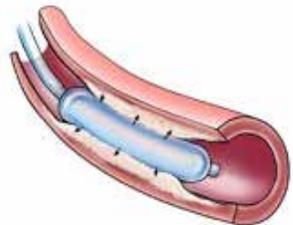
To do this test we attach leads to your chest and a blood pressure cuff to your arm.

Angiogram: A dye is injected into the coronary arteries and special pictures are taken from different angles to show the blood flow through the coronary arteries. This allows the Doctors to detect the narrowed arteries. This test is performed at The Royal Surrey.

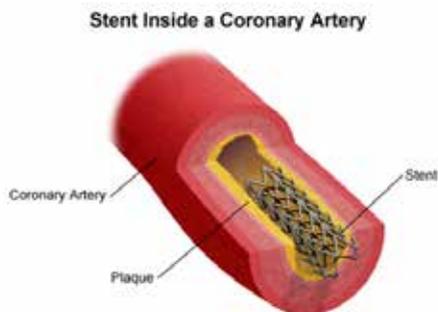
The treatment that you require will be decided after this test. You may not need any further medical intervention if the coronary arteries are not significantly blocked.

If your arteries are blocked with atheroma, an angioplasty (balloon) and stent may be inserted or Coronary artery bypass Surgery (CABG) may be an alternative option. This depends upon the severity of the atheroma, where it is and how many deposits are causing symptoms.

Angioplasty and Stents: This procedure is performed at The Royal Brompton, St Georges and Frimley Park Hospital. We do not perform this procedure at The Royal Surrey; however, your consultant from The Royal Surrey may perform this procedure at these hospitals.



The procedure is the same as having an angiogram, except on the end of the catheter is a balloon and stent. When they reach the affected area the balloon is carefully inflated by the Doctor. This causes the stent to expand and push open the narrowed coronary artery. The stent becomes embedded in the artery wall and cannot be removed once inserted.



Recovery at home

A major part to your recovery is to gradually regain control, independence and confidence.

Having a heart attack is a frightening experience and usually comes as an enormous shock to most people. Heart attacks often happen without warning and the feeling of being out of control of your life, can sometimes be overwhelming.

It is common to feel anger and uncertainty in the first few weeks. Leaving hospital can also be a daunting thought for you, your family and friends. This can lead to your mood feeling a little low. If you do feel like this, discuss these with your cardiologist, ward staff or a member of the cardiac rehab team.

A few days after you have been discharged home, the Cardiac Rehabilitation Nurse will try to contact you to ensure you have settled back at home smoothly and are not experiencing any difficulties. However, this is not always possible. If you have not received a call and wish to speak to the cardiac rehab nurse please contact her directly (details on page 26).

Family and friends will want to visit you when you return home. Remember this can be tiring. Do not feel as if you have to be the host and entertain your visitors. Limit the number of visitors and ensure they do not outstay their welcome!

Family and friends may feel the need to be “overprotective”. Try to be tolerant of each other and respect each others feelings. Emotions may be a little fragile as you have both experienced a big shock. Support each other in coming to terms with the reality.

It is very normal to feel very tired initially. Ensure you are getting enough sleep and rest. The tiredness will decrease and the need for a rest in the day will not be required as you convalesce.

Your heart can take at least six weeks to recover from a heart attack. Therefore a slow and steady recovery is essential. Your initial stay in hospital provides the essential rest your heart first requires. For a recovery plan at home see below.

You should not start any vigorous exercise or activity for at least 6 weeks after the date of your heart attack. We advise that you attend the cardiac rehabilitation programme to be advised on how much to do physically. Most people have returned to normal levels of activity by three months.

When you are gently exercising or carrying out general activities you should not experience any pain or be excessively short of breath. You should still be able to talk easily without gasping for breath.

Recovery plan at home

Pace yourself – You may have to slow the pace of your recovery, if you feel you are doing too much, too soon.

Week one

Stay at home. You can bath or shower and dress in your day clothes. If you have had an angiogram, ensure the site in your groin is healing. Observe for signs of infection or a tender lump.

Walk around the house. Use the stairs slowly just a couple of times only in a day. If you feel like doing simple household chores that is fine (e.g. washing up, laying the table, making a hot drink) **Do not** make beds, Hoover, carry heavy objects at this stage or start all those DIY jobs you have been putting off!

Have a rest or sleep after lunch. You may be surprised at how lethargic you may feel in the early stages.

Try to spend most of the day in non-active pursuits such as reading, listening to music or watching television, for example.

Week Two

You can start going for short walks. Begin with a short distance to a neighbour's house or your garden. Initially, avoid walking on a cold, windy day and keep to a flat level with no inclines.

You may start to increase your distance daily if you have not experienced any chest discomfort or you are not too tired. You should return from your walk feeling comfortably tired, but not exhausted.

You can become more involved with household chores (e.g. making a bed, cooking a meal, dusting).

Week Three

The daily walks may now be increased in length, but not pace. Start at about half a mile a day and increase gradually to one or two miles a day.

Again increase your household duties and some light gardening (weeding). Do not lift anything heavier than 10lb.

You can walk up and down stairs freely now.

Make sure you are not getting over tired and take everything at a moderate pace.

Week Four

Your daily walk can be increased and speeded up. You may start to Hoover or cut the grass. Be sensible and only perform these tasks for short periods.

You may start to drive this week if you hold a normal licence.

Sport or vigorous exercise should not be started until at least week six or after you have seen the cardiac rehabilitation team.

Avoid swimming initially. This activity is difficult to assess how hard you are exerting yourself as the water cools you down. If you are very keen to swim, please discuss with a member of the cardiac rehabilitation team.

Cardiac Rehabilitation at the Royal Surrey County Hospital

The aim of cardiac rehabilitation at Royal Surrey County Hospital is to assist your recovery following your heart attack, angina attack or heart surgery. It is to support you and your family emotionally and to give you confidence to become active again.

Research is proving that attending a cardiac rehabilitation programme will help your recovery and reduce the chances of a heart problem re-occurring.

Generally, you will not be able to start exercising until four to six weeks after your heart attack or heart surgery. You will receive a letter inviting you to attend a group talk and an individual assessment. You can attend the talk and assessment as soon as you feel well enough.

The exercise programme runs for eight weeks. Home exercises are demonstrated to you on your first visit, so you are able to keep active at home. An individual exercise programme is calculated for you depending on current fitness, age, medication and ability.

Most of the patients that attend have never been to a gym before, so do not feel intimidated. We will show you how to use all the gym equipment suitable for you.

The course is run by a team of Specialist Cardiac Physiotherapists and a Cardiac Rehabilitation Nurse.

Monday or Wednesday at 08:45 - 10:15. Or Monday 1:30 - 3:00 in Godalming.

Will I need to take medicines forever?

You will be started on several tablets after your heart attack. These drugs must not be stopped unless advised otherwise by your doctor.

The pharmacist will discuss your tablets with you and you will be discharged with 10–14 days supply of your tablets. Please see your GP to arrange a repeat prescription.

For further information regarding your drugs please read the British Heart foundation booklet “Medicines” (Drug & Food interactions see page 31).

You must be cautious about taking anti-inflammatory medications (such as Nurofen) please discuss this with your GP before taking them.

When can I drive again and who do I need to inform that I have had a heart attack?

The Drivers Vehicle Licensing Agency (DVLA) advises that you should not drive for four weeks after a heart attack. You do not need to inform the DVLA if you have had a heart attack, but it is advisable to inform your insurance company.

You **must** inform the DVLA and cease driving if the following apply:

1. You have a HGV or PSV licence.
2. You experience angina whilst driving.
3. You are experiencing dizzy spells.
4. You have had a permanent pace maker fitted.

For more information contact the DVLA on **0870 240 0009** or at **www.dvla.gov.uk**

Is it alright to have sex?

Sex is something you may feel anxious about resuming after a heart attack. It is fine to return to a sexual relationship if you wish to; however, it may be advisable to wait about three to four weeks after your heart attack.

The exertion involved in normal sexual intercourse has been equated to climbing two flights of stairs briskly. If you have no symptoms (chest discomfort or shortness of breath) doing this, it is safe to have sex again.

Do not expect too much initially and do not worry if you have disappointments. Relax, talk to your partner about how you are feeling and try again another time. If you have persistent problems resuming your sex life, please speak to your Doctor or a member of the cardiac rehab team.

Erection problems are common for some men. This may have been a problem for sometime, even before your heart attack. Occasionally, medication can have an effect on erections. Please discuss this with your Doctor, as alterations can be made to your medication to help solve this problem.

The British Heart Foundation have produced a DVD called “lets talk about sex” which discusses sexual problems such as impotence. We have copies of these in the Cardiac rehabilitation department for you to borrow or if you go to www.bhf.org.uk/publications you can order your own copy direct on the internet. Alternatively, you can call them on **020 7554 000**. Please feel free to discuss any questions or queries with a member of the Cardiac rehab team.

Do not use **Viagra** unless you have discussed this with your doctor, as it can have interactions with some of your other tablets.

Avoid having sex after a heavy meal or a hot bath. Ensure your environment is warm.

When can I go back to work?

Patients are generally advised to have six to eight weeks off work. This is a very rough guide and you will be advised by the cardiac rehab nurse or your doctor when you should return to work.

If your job is manual or involves heavy lifting, you may be advised to stay off work for a slightly longer period.

Some employers may offer you a gradual return back to work pattern with reduced hours. This may also involve lighter duties than you normally perform. It is advisable to take advantage of this if it is offered, as you may feel tired returning back to work.

Sometimes patients re-evaluate their job and responsibilities after having a heart attack. Do you:

- Take on too many responsibilities?
- Work excessive hours?
- Regularly work extra hours?
- Ever say “No” to extra commitments?
- Ever delegate your work load to junior staff?

When can I go on holiday?

It is advisable to stay in familiar surrounding for the first few weeks. If you are considering a holiday remember they can be stressful and tiring. Avoid countries that are too hot or too cold.

It is generally not advisable to fly for about four weeks following a heart attack. Check with your doctor if you have any concerns about this. Also it may be a good idea to inform the airline of your heart attack. They may need you to complete a medical form.



Photo: Eric Dentison

If you have had a pacemaker fitted you need to tell the airport staff about it so that you can bypass the security systems which may alarm because of your pacemaker.

Ensure you have enough of your tablets for your holiday. It can also be useful if you carry your discharge letter with you so you are able to clearly tell Doctors your diagnosis and how you were treated. This also has a list of your tablets you were discharged home on.

Always ensure you have suitable travel insurance when abroad. They will need to be informed that you have had a heart attack, so you are properly covered.

The British heart foundations have a very comprehensive web site for travel insurance and travelling tips: **www.bhf.org.uk** search under travel insurance.

Advice for women

Women often see caring for the family as their responsibility. This often leads to them resuming activities such as housework, shopping and cooking too soon. Family members and friends need to help out as much as possible initially whilst you recuperate.

Women taking hormone replacement therapy (HRT) or the contraceptive pill should discuss if this should be continued after a heart attack as it can be contra-indicated.

Advice for partners

Seeing a loved one in hospital attached to a heart monitor in a critical care ward can be very upsetting. It can be hard to come to terms with the fact that they have had a heart attack.

Try not to “wrap them in cotton wool” as this can be very frustrating and may lead to friction between you. Let them do things at their own pace. If they are doing too much they will look tired and pale. Tactfully point this out if this is the case.

Try to talk openly to each other about how you are feeling. Be supportive to each other.

Advice for elderly people

If you are more mature in years, you may not be looking to achieve the same degree of physical activity as somebody who is younger. Generally an older person takes longer to “bounce back”; however there is no reason why you should not return to a good level of activity appropriate to your age and general health. If you have been inactive prior to your heart attack it may be appropriate and beneficial for you to undertake more exercise than you were previously used to. As with any patient who has had a heart attack, physical activity needs to be done step by step.

Smoking

Stopping smoking is the most important life change you can make but for many people it is one of the most difficult. Not only will it reduce your risk of heart disease. Smoking also plays a part in many other diseases such as cancer and stroke.



How does smoking affect your heart?

- It makes your blood more “sticky, which can lead to blood clots.
- Carbon monoxide from the cigarette will travel around in your blood in preference to oxygen.
- It will raise your blood pressure.
- It can cause “furring” up inside the coronary arteries.

But within

- 20 minutes of stopping smoking your blood pressure and heart rate return to normal.
- 8 hours your oxygen levels return to normal.
- 24 hours your body is free of carbon monoxide.
- 48 hours your body is nicotine free and as soon as two weeks your circulation improves.

At the Royal Surrey, Stop Smoking Advisors can advise on the stop smoking therapies that are available and ensure you have support for your quit attempt when you leave hospital.

Ask the nurses or doctors to refer you to an advisor.

Top tips to help you quit smoking

- **Get Help!** Using Nicotine Replacement or Champix can double your chances of quitting successfully but getting support from the Stop Smoking Service, Practice Nurse, GP or Pharmacist can quadruple your chances. So don't go it alone!
- After having heart problems it is important that you discuss with your doctor what therapy is best for you.
- Set a quit day and prepare for it! Get rid of all your cigarettes even your 'emergency supplies'.
- Get your family and friends to support you. Ask them not to give you cigarettes. Make your house smoke free.
- Start a 'Cash not Ash' jar to see the money mount up. Remember 20 cigarettes a day is £227 month and £2722 a year!
- Don't let yourself go hungry. Your body can confuse hunger with cigarette cravings.
- If you get cravings they won't last long-get up and do something different! Have a breath of fresh air or get absorbed in an activity.
- Stop thinking that cigarettes are a 'treat' or a 'stress reliever'. The nicotine keeps you hooked and when your nicotine levels are low it only adds to your stress levels.
- Remember alcohol can affect your willpower; try avoiding drinking too much alcohol initially.

If at first you don't succeed, don't think you have failed; think about what may have caused you to relapse and try again you just need a bit longer to beat it. Many people need more than one attempt to be successful.

For further information and support

- See NHS booklet – Stop Smoking, Start Living.
www.nhs.uk/smokefree
Telephone: 0800 169 0 169
- Surrey Stop Smoking Service
www.surreyquit.net
Telephone: 0845 602 3608
- Hampshire Stop Smoking Service
www.quit4life.nhs.uk
Telephone: 0845 602 4663

Exercise

The heart is a muscle that needs to be exercised. Just 30 minutes of moderate activity five times a week is all that is needed to keep the heart fit.

Benefits of exercise

- Improves the hearts pumping ability.
- Increases the good cholesterol (HDL)
- Helps to relieve stress and tension.
- Promotes the sense of well being.
- Improved posture.
- Better body shape and appearance.
- Greater stamina and improved energy.

It is important that you warm up by slowly increasing your resting heart rate before you do any exercise and cool down by exercising more slowly at the end. The aim is to return your heart rate back to your resting rate. This prevents any muscle injury and dizziness.

Exercise should start at a low level and steadily increase in speed and duration as you feel able.

Do not exercise

- For at least 2 hours after a meal.
- In cold weather if this exacerbates your angina.
- If you feel very tired or generally unwell.
- Feel excessively breathless.
- Feel dizzy.

Fitness rapidly deteriorates when you stop. It is not “stored”, so exercising adequately in your twenties does not mean that this will keep you fit in later years.

Avoid strenuous or competitive exercise such as squash and weightlifting.

Swimming also is to be avoided initially as it is difficult to assess how hard you are exerting yourself as the water will cool you down.

Blood pressure

Untreated blood pressure is another major risk factor in coronary heart disease. It is normal for your blood pressure to be elevated when you exercise or in moments of stress. It is not normal for it to remain elevated.

High blood pressure

- Can result from smoking.
- Puts a strain on the heart.
- Causes the blood vessels to become thicker, harder and less elastic.
- Can create small tears on the inside wall of the coronary artery.

If you have high blood pressure you must take the medication you have been prescribed and

- Reduce your weight if you are overweight.
- Give up smoking.
- Reduce your salt in take, avoid using LO-SALT as an alternative to salt as this interacts with blood pressure medication.
- Reduce alcohol intake.
- Try to reduce stress.
- Exercise regularly.

What is Cholesterol and how does this affect my heart?

Cholesterol is a fatty substance that is found in our blood. Our bodies produce their own supply of cholesterol. Cells in our body require cholesterol in order to function effectively. However, if we have too much cholesterol in the blood this will increase the risk of heart problems.

Cholesterol is transported around the blood by proteins. When cholesterol attaches its self to the protein it becomes a Lipoprotein. There are “two” main types:

- LDL (Low density lipoproteins) is the “bad” cholesterol which increases your risk of developing cardiovascular disease.
- HDL (High density lipoproteins) are the protective type of cholesterol, which help to lower you LDL.

Ideal levels

- HDL (good) levels need to be greater than 1mmol/l
- LDL (bad) levels need to be less than 2mmol/l

Triglycerides are another substance which will block your arteries. If you have a diet that is high in sugar and alcohol these levels may be raised. Levels may be elevated if you are diabetic. A diet of oily fish helps to reduce this. The ideal level is less than 1.7mmol/l.

If you have elevated cholesterol and triglyceride levels you need to ensure you take the medication you have been prescribed. This is normally a statin. Your GP will monitor this to ensure the levels are reducing. This involves having a fasting blood test. Eating a healthy diet can reduce this by 5–10% and taking regular exercise helps to produce more HDL (GOOD).

It is recommended that you have your cholesterol checked by your GP approximately SIX weeks after your heart attack. This is to ensure you are on the right type and dose of statin.

Why is being overweight a problem?

If you are overweight your risk of developing coronary artery disease is greatly increased. This also increases the risk of developing high blood pressure and type two diabetes, which are high risk factors, which can lead to coronary artery disease.

Diabetes

Glucose levels in the blood affect the walls of the coronary arteries making them more prone to develop atheroma.

People with Type 2 diabetes often have higher triglyceride levels and lower HDL.

People with diabetes are more likely to have high blood pressure.

Diabetes can affect the nerves from the heart, so that the symptoms of chest pain are not felt in the same way.

If you have diabetes you need to keep it controlled at all times. Your blood or urine needs to be tested regularly.

What should I be eating now?

A sensible diet plays a vital role in prevention and treatment of heart disease.



Aim to eat

- Less fat
- More fibre
- Five portions of fruit and vegetables a day
- Smaller portions of red meat
- More chicken and fish
- At least two to three large portions of oily fish per week
- Less sugar
- Less salt

The Cardiac Rehab Team can provide practical information and dietary advice to help you make appropriate lifestyle and food choices. This will include healthy eating and reducing the fat in your diet. There is a wealth of information available from the British Heart Foundation website www.bhf.org.uk/keeping_your_heart_healthy/healthy_eating.aspx and you will be able to pick up a number of their booklets when you attend the exercise sessions at the hospital.

Can I drink alcohol?

Alcoholic drinks contain calories which lead to weight gain. Aim to keep within your recommended daily/weekly unit total (women 14 units and men 21 units per week) and have at least two alcohol free days. Excessive alcohol can lead to high blood pressure, weight gain, raised triglyceride levels and other serious health problems.



Avoid binge drinking and keep to sensible limits.

1 unit =

1/2 pint ordinary strength beer/lager **or** cider

or a single measure of spirits

or a small glass of sherry **or** a single measure of vermouth **or** aperitif

or a small glass (125mls) of wine (9%).

If you are trying to lose weight, remember that alcohol is a source of calories because it has a high sugar content.

Can stress cause heart problems?

There is no scientific link between coronary heart disease and stress. Stress is unavoidable and affects everyone. However, high levels of stress over a prolonged period of time can be detrimental to physical and mental health. Stress causes the body to produce adrenaline, which raises heart rate and blood pressure. Adrenaline can also make the blood thicker which could cause blood clots.

Signs of stress include:

Mental

- Inability to concentrate
- Difficulty in making simple decisions
- Loss of self confidence
- Irritability or frequent anger
- Worry or anxiety
- Irrational fear or panic
- Depression

Behavioural signs

- Increase in smoking or drinking alcohol
- Forgetful
- Accident prone
- Reckless driving
- Repetitive mannerisms e.g. foot tapping
- Change in appetite
- Change in sleep pattern
- Unusual aggression

Tackling stress can be difficult, especially if these are relationship problem or financial problems. Try to relieve yourself of as many unnecessary pressures as possible.

Helpful hints:

- Be assertive not aggressive
- Be patient with others
- Relaxation exercises
- Take time out during your work day to relax- lunch breaks should not be skipped
- Share problems with your friends, partner or family
- Eat sensibly and regularly
- Take up hobbies
- Exercise
- Try massage, aromatherapy and meditation
- Never be afraid or too proud to ask for help!

Can relaxation help me?

Relaxation lowers the heart rate, respiratory rate and blood pressure. A few minutes of relaxation can be as beneficial as a few hours sleep. If practised regularly, it becomes easier to relax and long term, this is beneficial to your health.

Our Occupational Therapists are happy to see patients for advice on stress management.

To access this service please ask your GP to make a referral to the Occupational Therapy department at the Royal Surrey County Hospital.

For further information please contact the following people/organisations

■ Sara Green/Jen Simpkins

Cardiac Rehabilitation Specialist Nurse

Telephone: 01483 571122 ext 6370

Bleep: 0774

Fax: 01483 408341

■ Janet Deavin/Abbie Masters/Jackie White

Cardiac Rehabilitation Physiotherapists

Telephone: 01483 464153

■ Sandy Mayer (Mon-Fri 07.00 – 15.00)

Physio receptionist

Direct line: 01483 464153 – Please contact this number if you are unable to attend any gym appointments.

■ Dr Zubin's secretary

Telephone: 01483 571122 ext 4942

■ Dr Chua's secretary

Telephone: 01483 571122 ext 4568

■ Dr Leatham's secretary

Telephone: 01483 571122 ext 4942

■ Dr Hickman's secretary

Telephone: 01483 571122 ext 6429

■ Medicine information line

Telephone: 01483 571122 ext 4201

■ Guildford support group

Remember you are not alone. Many other people in the area have experienced similar heart problems. They meet every second Tuesday of the month at 7.30pm at St John Ambulance centre in Stocton Close, Guildford. To attend this group, please contact

David Betts

Telephone: 01483 823487

or visit their website www.guildfordcardiac.co.uk

■ British Heart Foundation

Telephone: 020 7935 0185 or visit their website bhf.org.uk

Key reference sources

- Thow.M Graham.K and Lee.C 2013 The healthy heart book. Human Kinetics. Leeds
- British Heart Foundation 2011. Heart Attack. BHF. London
- British Heart Foundation 2010. Cardiac rehabilitation. BHF. London
- British heart Foundation 2011. Medicines for the heart. BHF. London

Websites

- www.bhf.org.uk
- www.heartsearch.org.uk
- www.medicines.org.uk
- www.patient.co.uk
- www.givingupsmoking.co.uk

Drug and food Interactions

This list highlights interactions between commonly used cardiac drugs and food and drink

ACE INHIBITORS (e.g. Captopril, Lisinopril, Perindopril Ramapril)	& “ LO-SALT ”	High potassium levels can occur with ACE inhibitors and this salt substitute. This can be potentially dangerous.
ANGIOTENSIN II RECEPTOR BLOCKERS (Candesartan, Valsartan, Losartan)	& “ LO-SALT ”	There is potential for high potassium levels to occur. This can be potentially dangerous.
AMIODARONE	& grapefruit or grapefruit products.	May increase drug levels and therefore increase levels of side effects.
CALCIUM CHANNEL BLOCKERS (e.g. Nifedipine, Nicardipine, Lercardipine, Felodipine and Verapamil.)	& grapefruit or grapefruit products.	May increase drug levels and therefore increase levels of side effects.
IVABRADINE	& grapefruit or grapefruit products.	May increase drug levels and therefore increase levels of side effects.
STATINS (e.g. Simvastatin and Atorvastatin.)	& grapefruit or grapefruit products.	May increase the absorption of the statins. If levels of the drug are too high, muscle damage can occur
WARFARIN	& cranberry juice or cranberry products.	May increase INR (Blood clotting levels)
WARFARIN	& alcohol.	Changes in alcohol consumption will affect INR levels (Blood clotting levels)
HERBAL & HOMEOPATHIC REMEDIES	(e.g., St John's Wort, Echinacea, Glucosamine)	Use these remedies only on medical advice. They can alter the absorption of prescribed medicines causing drug levels to be too high or too low.

Contact details

Sara Green/Jen Simpkins

Cardiac Rehabilitation Nurse

Telephone: 01483 571122 **ext** 6370

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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