

Chest  
Heart &  
Stroke  
Scotland



# HEART ATTACK: A GUIDE TO YOUR RECOVERY



H7

**NO LIFE  
HALF LIVED**



**NO LIFE HALF LIVED**

The information contained in this booklet is based on guidelines and practice and is correct at time of printing. The content has undergone peer, patient and expert review.

# **HEART ATTACK: A guide to your recovery**

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## ABOUT THIS BOOKLET

### **Who is this booklet for?**

This booklet is for people who have had a heart attack. You may also find it useful if you are a friend, relative or carer of someone who has had a heart attack.

### **What is this booklet about?**

The booklet will help you to understand what a heart attack is, how it is treated and what to expect after you have left hospital and returned home. It discusses some of the issues around getting back to everyday life and coming to terms with having had a heart attack. The booklet also addresses some of the emotional difficulties people can face after a heart attack. It offers practical advice to help prevent another heart attack and continue to do the things that you enjoy. It also provides information on further help and support available to you.

Much of the information included in the booklet also applies to people who have coronary heart disease or have had heart surgery, such as a heart bypass.

## How to use the booklet

The booklet is divided into different sections. These are outlined in the contents list. You do not have to read all of the sections at once. Some sections may be useful to you now, other sections you may want to come back to and read at another time.

## Further information

If you would like more information, Chest Heart & Stroke Scotland have a range of easy-to-read 'essential guides' on a number of different topics discussed in the booklet. This includes guides on Type 2 diabetes, alcohol, mental wellbeing, physical activity, stopping smoking and healthy eating. To see the full list of guides and other resources and to order, view or download them, go to:

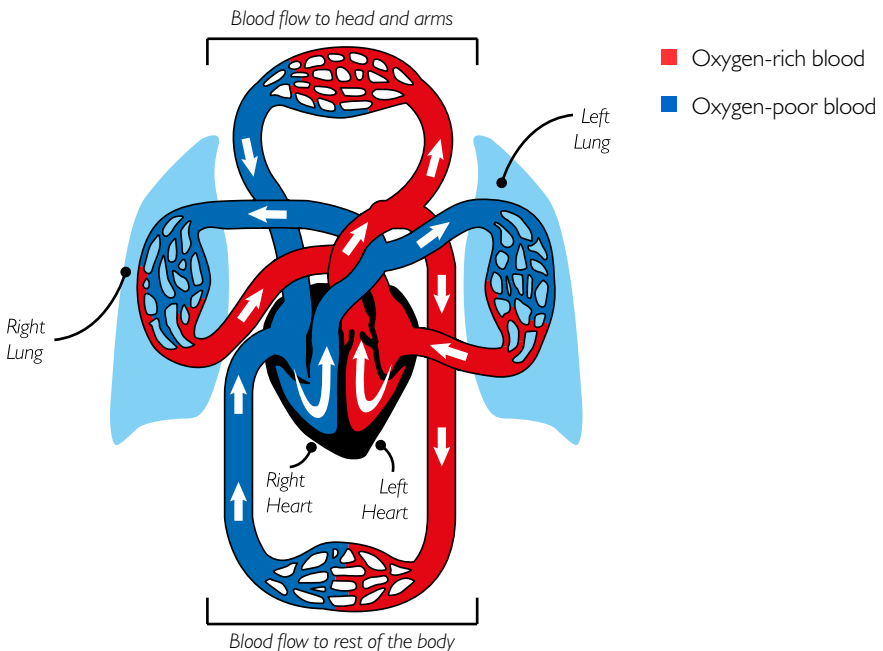
**[www.chss.org.uk/publications](http://www.chss.org.uk/publications)** or call the Advice Line nurses for more information on 0808 801 0899.

# YOU'VE HAD A HEART ATTACK

## How does your heart work?

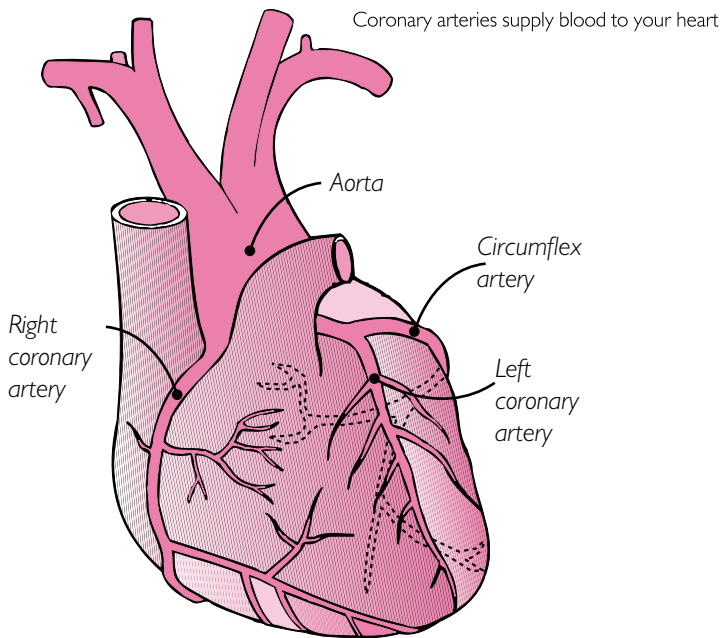
Your heart is a muscular pump that pushes blood around your body through your blood vessels. The blood provides your body with the oxygen and nutrients it needs.

Your heart has an electrical system, which sends electrical signals telling the heart when to pump (or beat). This pumping action pushes blood from the right side of your heart out to the lungs where it collects oxygen. The blood then returns to the left side of the heart and is pushed out to be carried around the rest of your body by the blood vessels. Valves between the chambers of your heart keep the blood flowing in the right direction.





To work properly, your heart (just like any other muscle in your body) needs a good blood supply. The heart is supplied with blood from the coronary arteries. The main coronary arteries branch off from the aorta (the large artery that takes blood from the heart to the body). The main arteries then divide into smaller branches that take blood to all parts of the heart muscle.



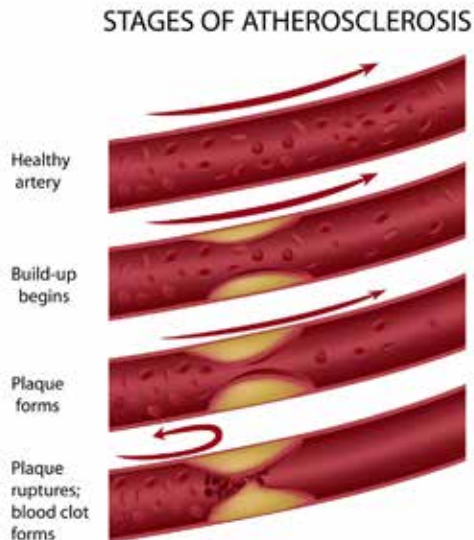
## What is a heart attack?

A heart attack (also known as a myocardial infarction) happens when one of the coronary arteries becomes blocked and the blood supply to part of your heart is interrupted. If the blood supply is not restored quickly, the heart muscle can become damaged.

## Why does the artery become blocked?

The arteries become blocked as the result of a disease process that has usually been going on for some time – **coronary heart disease or CHD** (sometimes also called coronary artery disease or ischaemic heart disease).

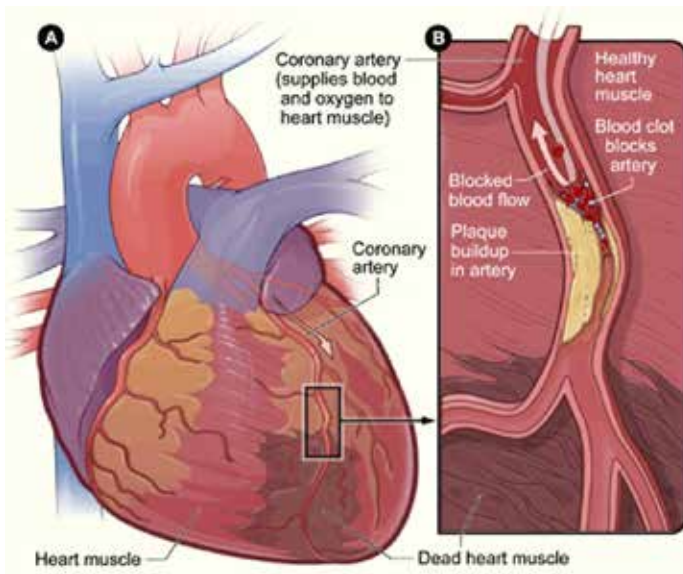
Coronary heart disease is a condition in which there is a build up of a fatty substance in the coronary arteries. This fatty substance is called **plaque** or **atheroma**. As the plaque grows, the artery narrows and blood flow is reduced. This process is known as **atherosclerosis**.



Sometimes the narrowed section becomes damaged or inflamed and the plaque can tear or break. If this happens, your blood cells rush to try to repair the damage by forming a blood clot. Usually this heals the damage, but sometimes the blood clot grows too large and it blocks the artery.

As a result of this blockage, less blood (and therefore oxygen) reaches the heart muscle, and the part of the heart muscle affected becomes damaged.

The size and location of the blood clot will determine which part of the heart muscle is affected.



So, as you can see, in most cases a heart attack is caused by coronary heart disease (a disease of the blood vessels), not because there is a problem with your heart, or because your heart is 'worn out'.

Whilst coronary heart disease is the most common cause of a heart attack, other disease processes can cause the supply of blood to the heart to be reduced or blocked.

Examples of these more unusual causes include:

- **Coronary artery spasm:** a severe spasm (tightening) of a coronary artery cuts off blood flow to the heart.
- **Spontaneous coronary artery dissection (SCAD):** a tear or a bruise develops in one of the coronary arteries resulting in a blockage that prevents normal blood flow. It is the leading cause of heart attacks for women under 50.

Many of the treatments and advice contained in this booklet will still be relevant in these situations, but for more specific information and advice contact the CHSS Advice Line nurses.

## **What causes atherosclerosis and coronary heart disease?**

Everybody is at some risk of developing the small fatty plaques described earlier. However, there are some factors have been shown to increase your risk of developing atherosclerosis.

These are called **cardiovascular risk factors**.

Some of these risk factors cannot be changed.

These include:

- A strong family history of CHD or stroke that occurred:
  - In your father or brother aged below 55 or
  - In your mother or sister aged below 65
- Your age (risk increases with age)
- Your sex (men are more at risk than women)
- Your ethnic group: certain ethnic groups, such as British Asians, have a higher risk of heart disease and stroke

There are some medical risk factors that, with the help of healthcare professionals, can be identified and managed to reduce your risk of coronary heart disease. These include:

- High blood pressure
- High levels of cholesterol in your blood
- Diabetes

Other risk factors are to do with lifestyle. With the right help and support, you can make changes to reduce your risk of coronary heart disease. Modifiable risk factors include:

- Smoking
- Being physically inactive
- Being overweight
- Poor diet
- Drinking more alcohol than the recommended amount
- Stress

Write below any of these risk factors that apply to you:



In a later section of this booklet, you will find out more about these risk factors and what you can do to reduce your risk of having another heart attack.

## What are the symptoms of a heart attack?

Symptoms will differ from person to person. Common symptoms of a heart attack include:

- Chest pain or tightness that doesn't go away
- Pain in your neck, jaw or back and down your left arm or down both arms
- Sweating
- Feeling sick or faint (light-headed)
- Feeling short of breath

Can you remember what symptoms you had?

- .....
- .....
- .....

Would you recognise these symptoms if you had them again?

## How do the healthcare professionals know if I've had a heart attack?

You should be given an **electrocardiogram** (ECG) as soon as possible to find out whether you are having a heart attack. This may be done initially by the ambulance crew.

An ECG is a painless test that records the rhythm and electrical activity of your heart. Sticky patches called electrodes will be placed on your body and connected to a recording machine.

Particular electrical patterns are associated with a heart attack. However, it is possible to have a normal ECG even if you have had a heart attack.

When you arrive at the hospital the doctor or nurse will take blood for tests.

The main blood test that can help the doctors know if you have had a heart attack is to measure the amount of troponin in your blood. Troponin is a protein found in your heart muscle. When your heart muscle is damaged, for example during a heart attack, troponin leaks into your blood. The level of troponin in your blood is increased if you have had a heart attack.

## **Acute coronary syndrome**

**Acute coronary syndrome** (ACS) covers a range of conditions, including heart attack and unstable angina, caused by a sudden reduction in blood flow to part of your heart muscle. The type of ACS is determined by the location of the reduced blood flow, the amount of time that blood flow is reduced for and the amount of damage to the heart muscle.

There are two different types of heart attack, based on what is seen on your ECG. These are called:

- ST-elevation myocardial infarction (**STEMI**) — the artery supplying an area of the heart muscle is completely blocked and the whole thickness of the heart muscle is affected.

- Non-ST-elevation myocardial infarction (**NSTEMI**) — the artery is only partly blocked, so only part of the heart muscle supplied by the affected artery is affected.

In unstable angina the artery is also only partly blocked, but to a lesser extent than NSTEMI. The heart muscle is not damaged and there will be no increase in troponin levels.

The type of heart attack you have (STEMI or NSTEMI) will affect what treatment you get.

### **How is a heart attack treated in hospital?**

Early treatment of a heart attack is important to get the blood flowing to the affected part of the heart again and limit the amount of damage to your heart muscle.

The main aim of emergency treatment is to restore blood flow through the blocked artery and to your heart muscle as quickly as possible. The quicker the blood flow is restored, the less heart muscle will be damaged.

The treatment you receive will depend on:

- What type of heart attack you have had (a STEMI or an NSTEMI)
- How stable your condition is
- How far it is to the hospital and what facilities are available



There are two treatments that can be used to restore blood flow through the blocked artery:

**Primary (or emergency) angioplasty.** This is the preferred treatment for most people who have had a STEMI, but only if it can be given soon after your symptoms start. Not every hospital has the facilities to carry out primary angioplasty, so the ambulance may take you to a hospital outside your area. See page 50 for more detail.

**Thrombolysis.** If it is not possible for you to receive primary angioplasty within 2 hours of your diagnosis, you should receive a clot-busting medicine (unless this is not suitable for you because of other health conditions). This is known as thrombolysis, and it helps to dissolve any blood clots that may be blocking your arteries. If you have thrombolysis, you may still need angioplasty at a later date to unblock the narrowed artery. See page 50 for more detail.

### **What other treatments might I receive?**

Within the first 12 hours of your heart attack, you may also be given some or all of the following treatments:

**Aspirin:** You should be given a dose of aspirin as soon as a heart attack is suspected. Aspirin is an ‘antiplatelet’ medicine, which helps to stop the blood clotting.

**An additional antiplatelet medicine (clopidogrel, prasugrel or ticagrelor):** If you have had a heart attack you may also be given a second antiplatelet medicine.

**Injection of an anticoagulant:** Depending on whether you have had angioplasty and when you were admitted to hospital, you may be given injections of heparin (an anticoagulant) for a few days to help prevent further blood clots forming.

**A beta-blocker (atenolol, bisoprolol, metoprolol, propranolol):** If you have had a heart attack you should be offered a beta-blocker (unless this is not suitable for you). Beta-blockers help protect the heart muscle and prevent abnormal heart rhythms from developing.

**Pain relief:** You may be given a strong painkiller, such as morphine.

**Insulin:** Some people have a raised blood sugar level during a heart attack, even if they do not have diabetes. If this happens, you might need to be treated with an injection of insulin to control your blood sugar levels.

Find out more about your medicines on page 51 of this booklet.

## **Where should I be treated?**

The first 24-48 hours after a heart attack is when your condition will be most unstable. During this time, your heart rhythm should be monitored to check whether there are any problems with the way your heart is beating. You should be cared for in an area that specialises in treating heart conditions. This might be in a coronary care unit (CCU) or on a medical admission unit. You should be cared for by healthcare professionals who have specialised in treating people with heart conditions.

Other conditions that can develop as a result of a heart attack include:

**Heart failure:** A heart attack may damage so much heart muscle that the remaining muscle can't adequately pump blood around your body. This is known as heart failure. Heart failure after a heart attack may be temporary, or it can be a long-term condition, depending on the damage to your heart.

**Arrhythmias:** Damaged heart muscle can disrupt the heart's electrical signals. This can result in abnormal heart rhythms (arrhythmias).

**Heart valve disease:** Heart valves may be damaged during a heart attack, putting an extra strain on your heart.

## **How long will I have to stay in hospital?**

Depending on the severity of your heart attack, the treatment you have received and your home situation, you will usually be in hospital for 3 to 5 days.

## What information should I receive when I leave hospital?

Before you leave the hospital, you should receive:

- Information about **cardiac rehabilitation** (cardiac rehab), and an idea of when you should expect to be contacted by your cardiac rehab team.
- A **discharge letter** to give to your GP with details of your diagnosis, treatment and the medicines you will need to take.
- Details of any **follow-up appointments** with the cardiac team and, if appropriate, a telephone helpline card.
- Advice about **practical issues** such as how much physical activity you should be doing, resuming sexual activity, driving and returning to work.
- A supply of **medicines**. The doctor or nurse should make sure that you understand when to take each of these.
- Instructions about what to do if you have any more **chest pain**.
- Details of where you can get more **information and support**.

## What follow-up should I receive?

### Cardiac rehabilitation

You should hear from your cardiac rehab team shortly after you leave the hospital. If you haven't heard anything after 2-3 weeks, check with your GP or practice nurse.

Your cardiac rehab team will be in regular contact with you for the initial stages after you leave hospital. As well as supporting you through this rehabilitation period, they will be able to answer any questions or concerns that you might have.

### Specialist / hospital cardiac team

When you leave hospital you should also receive a follow-up appointment with a member of the hospital cardiac team. This will usually be a few months after your cardiac event.

### GP / practice nurse

Because you have had a heart attack and are on regular medicines your GP or practice nurse will want to review you regularly. Each practice will have its own systems for follow up. They will check any risk factors you might have (such as blood pressure) and may need to take blood tests to monitor the medicines that you are taking.

This is a great opportunity to discuss any concerns you may have. But don't save any concerns up – if you have any worries, make an appointment to see your GP, contact your cardiac rehab team or call the CHSS Advice Line nurses.

## GOING HOME AFTER A HEART ATTACK

You will probably be glad to get back home after being in hospital. However, you may also feel anxious about leaving the 'safe' environment of the hospital and the support you got there. If you can, try to have someone with you at home for the first few days or weeks, depending on how you feel.

### The first few days and weeks at home

When you first get home, try to take things easy and just do the same amount of moving around as you did in hospital. For the first week or so:

DO	DON'T
✓ Get up and dressed each day	✗ Drive a car
✓ Walk around the house	✗ Do any gardening
✓ Walk up and down the stairs a few times a day	✗ Play sport
✓ Carry out light activities such as making a drink or a snack	✗ Do housework such as hoovering or making beds
✓ Take a gentle stroll around the garden	✗ Lift, push or drag heavy objects
✓ Have a few visitors	✗ Stand for long periods of time
✓ Get plenty of rest	✗ Do any activity that makes you out of breath

You will probably find that you get tired quickly in the first few weeks. This is normal and will usually pass as you get better.

About 10 days after a heart attack most people will be ready to start doing some gentle physical activity. The key is to start slowly and gradually build up the amount you can do. How quickly you are able to do this will depend on the condition of your heart and on how active you were before your heart attack.

Walking is a great way to start getting physically active after a heart attack. You can go at your own pace, you don't need any special equipment, you can walk on your own or with others, and best of all it is free!

- On your first day out walking, just walk between 50-100 metres.
- If this feels okay then the next day you can go a little further. Gradually you will be able to do a little more and be more energetic.
- Gradually increase the distance you walk, and then start to increase your speed
- Don't push yourself too hard – you should be able to hold a conversation whilst you are walking without being out of breath.
- If possible walk where there are other people around, or near a bus route, in case you get tired.
- If you have chest pain or become too breathless to talk whilst you are walking, then stop. Rest for a few minutes and then start again if you feel better, but go more slowly.

The following table shows a suggested walking programme to increase the amount you walk week-by-week, based on distance and time. However, everyone will be different and progress at different rates. Be aware of how you feel, and only work to the suggested times if you feel comfortable. The weeks refer to the date you begin (usually about 10 days after your heart attack) to show how you are progressing.

<b>Week 1*</b>	200m	In approx 5 mins
<b>Week 2</b>	400 – 500m	In approx 10 mins
<b>Week 3</b>	500 – 750m	In approx 15 mins
<b>Week 4</b>	750 – 1250m	In approx 20 mins
<b>Week 5</b>	1250 – 1750m	In approx 25 – 30 mins
<b>Week 6</b>	1750 – 3000m	In approx 30 – 40 mins

\* Week 1 starts about 10 days after your heart attack

Some people find it helpful to keep a daily diary of their home exercises and daily activities. This will allow you and your doctor or nurse to see your progress. It can also help to rebuild your confidence.



## **Common questions asked after a heart attack**

You may have a number of unanswered questions when you first get home. In this section we will try to answer some of those questions.

### **“Will it happen again?”**

Many people worry that they will have another heart attack. Having one heart attack does increase the risk of having another, but you can dramatically reduce this risk by following a healthy lifestyle and taking the right medicines.

As you recover from your heart attack, it is a good time to think about your lifestyle and about the things you can change to reduce the risk of having another one. It is never too late to reduce your risk of another heart attack and there is plenty of support available to help you make any necessary changes. Many people go on to live life better than before their heart attack because they make healthier choices.

### **“Will too much activity bring on another heart attack?”**

It is natural to be afraid of doing too much in case it brings on another heart attack but being active will help your heart to become stronger and improve your recovery. Remember to start slowly and gradually build up the amount of physical activity you do. It's OK to be a little bit short of breath, but not so breathless that you can't talk. See the suggested walking programme on page 22 for an idea of how much physical activity you should be aiming to do.

## **“What should I do if I get chest pain?”**

Because you have coronary heart disease, you may get chest discomfort from time to time. This could be angina, which you can manage at home with a GTN spray (if you have one) or it could just be part of the normal healing process. However, it could also be a symptom of another heart attack. Try not to worry about every twinge in your chest, but if you get chest pain or discomfort that does not go away when you rest, then use your GTN tablets or spray as instructed by your doctor.

The following is an example of how to use your GTN:

- Stop what you are doing, sit down and try to relax
- Use your GTN spray (1-2 puffs under your tongue)
- If the pain goes away within 5 minutes, continue what you were doing at a slower pace
- If the pain does not go away within 5 minutes, use another dose of GTN spray
- If the pain continues after a further 5 minutes (that is 10 minutes since the onset of your pain), phone 999 for an ambulance

If your pain is unbearable, gets worse or you develop other symptoms (such as breathlessness, sweating, palpitations or nausea) do not wait for 10 minutes – phone 999 for an ambulance straight away.

## “When will I feel fully recovered?”

There is no ‘normal’ time for recovery from a heart attack. Some people feel fully recovered within weeks, while for others recovery can take several months. Week by week you will be getting stronger. Try not to worry if you have any setbacks. Just think about the progress you have been making and don’t rush your recovery.

Use the space below to note down any more questions you have, and discuss them with your GP or cardiac rehab team next time you see them.



## GETTING BACK TO A NORMAL LIFE

*“After suffering a cardiac [heart] event, the first response often is that it will completely change your life and it might, but it could be for the better as it can make you realise that you need to look after yourself better.”*

### Cardiac rehabilitation

Cardiac rehabilitation (or cardiac rehab) is about getting the help and support you need to help you get yourself back to as full a life as possible after an event such as a heart attack, heart surgery or other cardiac procedure. It's about supporting you to live with your heart condition, to stay as healthy as possible, and to reduce the chance of you having another heart event.

When you leave the hospital after your heart attack, you will usually be referred to the local cardiac rehab team.

The cardiac rehab team may include a wide range of healthcare professionals, such as cardiac rehab nurses and physiotherapists.

You should be invited to a cardiac rehab assessment shortly after you leave the hospital. This will allow you to discuss what matters to you in terms of your recovery and how the cardiac rehab team can support you with this.

If you have not been invited for an assessment within 2-3 weeks of leaving hospital, check with your GP, practice nurse or hospital doctor.

Your assessment will be with a member of the cardiac rehab team. They will discuss a number of issues with you, including:

- What you understand about what happened and how you have been feeling since your heart event
- Any other health conditions you have
- Risk factors such as what your diet is like and whether you smoke
- The medication that you are taking and if you are having any problems with your medicines.

They may take some measurements too, including your weight, height and waist measurement and your blood pressure.

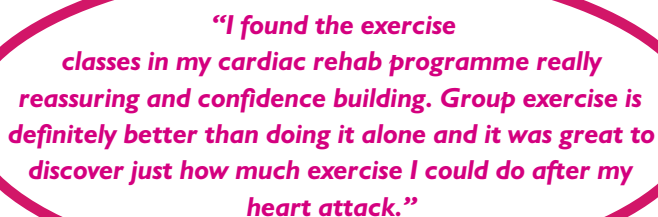
Using this information, the cardiac rehab team will work with you to develop an individual care plan based on your needs.

This will often include referral to a cardiac rehab programme. Cardiac rehab programmes can vary throughout Scotland but they will usually cover the following:

- **Exercise.** This will mostly be 'aerobic' exercises to improve your muscles, heart and circulation and to help you gain confidence. Aerobic exercises are exercises such as walking and cycling that increase your heart rate and get you breathing faster.

- **Education.** This may cover areas such as how the heart works, risk factors for CHD, treatments for heart conditions, healthy lifestyles, practical issues such as driving or returning to work, and what to do if you feel unwell.
- **Relaxation.** You may be taught relaxation techniques and how to manage stress.
- **Emotional support.** During your cardiac rehab your emotional and mental health will be assessed regularly to make sure that you are getting the support you need. If you and the cardiac rehab team think it is appropriate you may be referred for psychological support to help with stress management, anxiety or depression.

Programmes usually run for about 6 weeks. Sessions take place once or twice a week and last between one and a half and two hours each time. These programmes are usually run in the hospital or at a community or leisure centre.



*“I found the exercise classes in my cardiac rehab programme really reassuring and confidence building. Group exercise is definitely better than doing it alone and it was great to discover just how much exercise I could do after my heart attack.”*

If you agree, the cardiac rehab team will also involve your family and other people looking after you. This can help them to understand better what has happened, and to support you in your recovery.

The information and support you get from the programme will help you and your family understand your condition, make healthy lifestyle choices and reduce the risk of another heart attack in the future.

Research has shown that cardiac rehab can reduce your risk of having to go back into hospital with a further cardiac event.

People who follow a cardiac rehab programme usually get fitter and recover more quickly.

You may not always be able to attend, or a programme may not be appropriate for you. Your cardiac rehab team will still be there to support you on your road to recovery.

## **Returning to everyday life**

### **Going back to work**

You should usually expect to be able to return to work 4-6 weeks after your heart attack. Exactly when and how you return to work will depend on what your job is and how well you are recovering. A member of your cardiac rehab team or your GP can support you to decide when to go back to work and plan this with you. For some people, a gradual return to work may be better. If you need to, discuss with your employer about starting on reduced hours or part-time and gradually increase your hours. Or you might need to look at doing something that is less physical or less stressful.

## Driving

If you drive a car or motorbike, you don't have to tell the Driver and Vehicle Licensing Agency (DVLA) if you have had a heart attack, but the DVLA recommends that you stop driving for at least 4 weeks after a heart attack. Your GP or a member of your cardiac rehab team can guide you about when you can start driving again.

If you have a specialist licence (such as large goods vehicles or passenger-carrying vehicles) you must tell the DVLA if you have had a heart attack. You will need to stop driving for at least 6 weeks and will have to pass a basic health and fitness test before you can start driving again.

Whatever type of driving licence you have, it is important to tell your insurance company that you have a heart condition and let them know what type of treatment you have had. If you don't, your insurance might not be valid.

## Insurance

Finding adequate insurance after a heart attack can be difficult. However, there are insurance companies available who specialise in providing insurance for people with long-term conditions.

You may have to look around for an insurance company that will cover you. You can also contact the Money Advice Service, an independent service set up by the government to provide free, impartial advice on financial matters, including insurance. Their contact details can be found at the end of this booklet.



## Resuming sexual activity

Whether you are recovering from a heart attack or heart surgery, you can usually resume sexual activity as soon as you feel well enough. For most people this will be after 4-6 weeks. Some people are, understandably, nervous about resuming sexual activity, thinking that it might cause another cardiac event. However, there is no evidence that this is the case. If you are able to walk 300 yards or climb 2 flights of stairs without getting breathless or feeling chest pain then it is safe to resume sexual activity. If you have any concerns at all, speak to your GP or a member of your cardiac rehab team.

Men and women can have a loss of sex drive or sexual dysfunction after a heart attack. Some men may find that they are unable to get or maintain an erection. This can be because of emotional stress associated with having a heart attack or it can be a side effect of some medications. If you are having difficulties, do not stop taking your medication, but speak to your pharmacist or your GP as he or she may be able to recommend a change of medication.

## Holidays and flying

There is no reason why you shouldn't travel after a heart attack, once you feel fit enough.

If you are thinking of going a long way or for a long time, speak to your GP and insurance company before organising anything.

If you are thinking of flying, check with the airline whether you need to tell them about your heart condition. Guidelines on flying will vary between airlines – most airlines will allow you to travel 10 days after a heart attack. Give yourself plenty of time to get to the airport before your flight to avoid rushing and additional stress.

Remember:

- Check that your travel insurance covers your holiday.
- Take enough medication with you to last for the whole time you will be away.
- Get advice if you are going to miss any hospital appointments whilst you are away.

## Coming to terms with having a heart attack

After an event such as a heart attack, it is quite normal to experience a range of emotions. Some people feel shocked by the experience or worried that it will happen again, whilst others feel relieved to have survived and use the experience as a 'wake-up call' to re-focus on what matters to them.

Identifying and understanding your reactions is the first step in coming to terms with what has happened. Below is a list of some of the feelings that people experience after a heart attack – do any of these that apply to you?

“Since my heart attack I have felt.....”

- Worried or anxious
- Afraid
- Low
- Angry
- Sad
- Empty
- Guilty
- Alone
- Like a different person
- Irritable
- Lacking in confidence
- Helpless
- .....
- .....
- .....

All of these reactions are quite normal – a heart attack can be a very stressful event. Just like your physical recovery, recovering from the emotional impact of a heart attack can take time.

Some things that you can do to help you cope with your feelings include:

- Talking about what has happened and how you feel. This can help you to make sense of the way you are feeling, and realise that your reactions are very normal.
- Finding ways to relax. Maybe try some relaxation and breathing techniques, join a yoga or Tai Chi class, do some gentle gardening, read a book – whatever helps you to relax.
- Joining a support group to find out how other people have coped after a heart event.

Feeling low for some of the time is a natural reaction as you start to accept, and adapt to, what has happened. You will probably find that you have good days and bad days – this is quite normal.

However, if you are feeling low for most of the time or you don't feel able to cope, speak to your GP or cardiac rehab team about getting help.

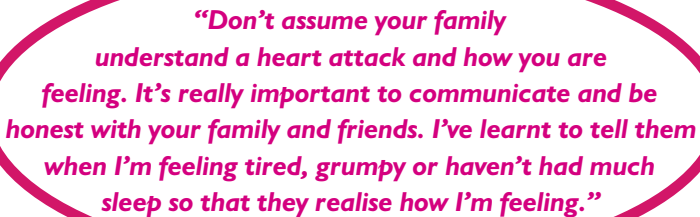
Up to 1 in every 4 people who have a heart event experience some degree of anxiety and depression – you are not alone!

## What can close family members do to help?

Remember that those close to you may also be feeling emotions such as fear, sadness, guilt or anger.

- It can be difficult for loved ones to find a balance between wrapping you up in cotton wool and encouraging you to do too much.
- You might find it annoying when people keep asking “how are you” or “are you ok”.
- You might feel hurt if they don’t ask how you are!
- You may be irritated by people trying to do too much for you.
- Many people don’t look ill after a heart attack. In this case, people might not realise the extent of what you have been through.

It is important to keep the channels of communication open – talk about what has happened and how you feel. Tell people how you would like them to behave towards you, and discuss ways that they can help you; for example reminding you to take your tablets or encouraging you to make healthy changes.



***“Don’t assume your family understand a heart attack and how you are feeling. It’s really important to communicate and be honest with your family and friends. I’ve learnt to tell them when I’m feeling tired, grumpy or haven’t had much sleep so that they realise how I’m feeling.”***

One of the hardest things after a heart attack can be talking to young children or grand children about what has happened, and helping them adjust.

One of the main things that is likely to change when you are recovering from a heart attack or have a heart condition is that you may not be able to be as active with your children as you are both used to. Try to find ways of spending quiet time with them instead; for example, reading with them. Use all the help that you have available to you: use a pushchair instead of carrying young children or ask someone else to pick them up and pass them to you if you find lifting difficult.

It can also be difficult for older children to come to terms with the changes. While they might be able to understand what has happened, it can still be difficult for them if you can't keep up with their level of activity.

- Get help from other people – ask them to come and take over when you need a break. It's important not to exhaust yourself, even if you feel up to it.
- Working out ways to help involve them in your health (like reminding you to take your medication or helping you with the shopping) can help you all adjust together.

## PREVENTING ANOTHER HEART ATTACK

As you read earlier, there are certain risk factors that make coronary heart disease more likely. There are some risk factors that can't be changed, such as your age and whether other people in your family have heart disease. However, there are a lot of other things you can do that will significantly reduce your risk of having another heart attack. These include:

- ✓ Stopping smoking
- ✓ Keeping active
- ✓ Eating a healthy, balanced diet
- ✓ Maintaining a healthy weight and body shape
- ✓ Limiting the amount of alcohol you drink
- ✓ Controlling your cholesterol and blood pressure levels
- ✓ If you have diabetes, making sure your blood sugar levels are controlled
- ✓ Learning ways to manage stress
- ✓ Taking any medication as prescribed

## Stop smoking

If you are a smoker, quitting smoking is one of the most important things you can do to reduce your risk of having another heart attack.

Smoking increases the risk of blood clots forming, which can increase the likelihood of stents or arteries blocking. Smoking also reduces the amount of oxygen to your heart, meaning that your heart has to work harder and receives less oxygen.

You are 4 times more likely to stop smoking if you have specialist support.

Your cardiac rehab nurse can refer you to a smoking cessation service to help you stop, or you can contact Smokeline (Scotland's national stop-smoking helpline): telephone FREE on 0800 848484.



## Keep active

Physical activity is an important part of your recovery after a heart attack. Regular exercise will help to:

- Prevent further coronary heart disease
- Reduce stress
- Reduce your blood pressure
- Lower your cholesterol
- Help you to maintain a healthy weight

The best type of exercise for your heart is exercise that gets your heart and lungs working, such as walking, cycling, swimming or dancing. This is often referred to as exercise. This type of aerobic exercise will help to strengthen your heart, improve your circulation and lower your blood pressure.

You may be given an exercise plan as part of your cardiac rehab programme. This should increase your fitness and give you confidence. When the programme has finished, it is really important that you continue to exercise regularly.

- Your cardiac rehab team may be able to refer you to an exercise class.
- Some leisure centres or gyms run classes for people with heart conditions and have specially trained instructors who can help you.
- Some heart support groups include exercise sessions, or you may prefer to exercise on your own or with a friend.

Try to be active every day to stay healthy. Find something that suits you and that you can fit into your lifestyle.

Remember to start gradually and slowly build up the amount of activity you do. If you can, aim to build up to doing 150 minutes (2 and a half hours) of moderate-intensity activity over the course of a week. (Moderate-intensity activity means being slightly breathless but still able to hold a conversation.) This can be broken down in to manageable amounts of time to suit you. Just ten minutes at a time on a regular basis can provide physical and health benefits.

Also include muscle strengthening activity at least two days a week to keep your muscles, bones and joints strong. Ask your cardiac rehab team how to do this safely.

**Sit less and move more.** Try to reduce the amount of time you spend sitting; for example, by reducing time spent watching TV or using a computer. Or break up the time spent sitting down by standing up and walking every so often; perhaps you could stand up and walk around during the advert breaks on TV.

## **Is there any activity I shouldn't do?**

At this stage of your recovery, it is best to avoid strenuous activity such as:

- Lifting or pushing heavy weights such as a fully loaded wheelbarrow
- Straining with all your strength, as in pushing a car
- Exercising until you are too breathless to talk
- Making short, heavy, sharp efforts like digging or shovelling snow

Check with your GP or cardiac rehab team before you start playing any sport again.

## Eat a healthy balanced diet

Eating a healthy, balanced diet can protect your heart and help to reduce your risk of having another heart attack. Making changes to your diet, such as having less salt and choosing the right types of fat, can help to control high blood pressure and high cholesterol, which are risk factors for heart disease.

Try to:

- **Eat at least 5 portions of fruit and vegetables** each day.
- **Eat more beans and pulses** and less red or processed meat.
- **Fill up on fibre** — choose wholegrain or higher fibre foods.
- **Eat 2 portions of fish a week**, one of which should be an oily fish such as salmon or mackerel.
- **Reduce your fat intake**, especially saturated fats. Choose healthier oils, such as rapeseed, sunflower or olive oil.
- **Eat less sugar.**
- **Limit your salt intake.**
- **Keep well hydrated** — try to drink at least 6-8 glasses of non-alcoholic fluid a day (water, milk, sugar-free drinks, tea and coffee count). If you have a heart condition, you may need to limit your fluid intake; if you have been told to limit or restrict your fluids then continue to do so.

## **Maintain a healthy weight and body shape**

Being overweight increases the work the heart has to do, causes high blood pressure, and can lead to abnormal levels of fat in the blood. Losing weight and maintaining a healthy weight can help to lower cholesterol and reduce blood pressure.

Try to keep as close as you can to your ideal weight, this is best achieved by controlling your weight through a balance of eating healthily and keeping as active as you can.

Your shape can also affect your health risk. Fat around your middle (known as central adiposity) can increase your risk of heart disease or developing other long-term health problems. You can work out if you're at an increased risk simply by measuring your waist.

If necessary, your cardiac rehab team will be able to refer you to a weight-loss programme.

## Limit the amount of alcohol you drink

It is important to limit your alcohol intake because regularly drinking large amounts of alcohol can:

- Increase your blood pressure
- Increase your cholesterol levels
- Make you gain weight (alcohol is high in calories)

There is no safe level of alcohol to drink. However, if you do choose to drink alcohol you can keep your risk low by drinking within the recommended limits:

- Men and women should not regularly drink more than 14 units per week
- If you do choose to drink 14 units in a week, don't save it all up to drink in one session.
- Spread it over 3 days or more, and have at least 2 alcohol-free days each week.
- Avoid binge drinking (drinking large amounts over a short period of time). Binge drinking is particularly harmful and can increase your risk of a heart attack or stroke.



## Managing your cholesterol and blood pressure levels

If you have coronary heart disease you will probably be offered a medicine called a 'statin' even if you don't have a high cholesterol level. Statins (such as atorvastatin, simvastatin or pravastatin) will help to reduce the level of 'bad' cholesterol in your blood and reduce your risk of having another heart attack.

Some people experience side effects such as muscle pain or weakness when they are taking a statin. If you think you have any side effects from your medicines, speak with your pharmacist or GP. It may be possible to reduce the dose or try an alternative.

If you have high blood pressure, you may need to take medication to reduce it. Your GP or nurse should discuss your target blood pressure with you, and monitor your blood pressure regularly to help you get as close as possible to your target. Your individual target will depend on other risk factors that you might have.

## Managing diabetes

Having diabetes increases your risk of developing coronary heart disease. This is because:

- Uncontrolled blood glucose levels can cause damage to the blood vessels, allowing fatty deposits to build up and cause narrowing of the arteries.
- People who have Type 2 diabetes often have low HDL ('good') cholesterol levels and raised triglyceride (a type of fat) levels in their blood, both of which are risk factors for heart disease.
- People with Type 2 diabetes are also more likely to have high blood pressure.
- People with Type 2 diabetes tend to be overweight.

By controlling the levels of glucose in your blood, you can help to reduce this risk.



## Managing stress

Stress does not directly cause a heart attack, but if it is severe and goes on for a long time it can affect your health. If you are unable to deal with stress it can increase anxiety, disturb your sleep and become a trigger for unhelpful behaviours such as smoking, drinking too much alcohol, eating poorly and not getting enough physical activity. These behaviours can limit your recovery and increase your risk of another heart attack or further heart disease.

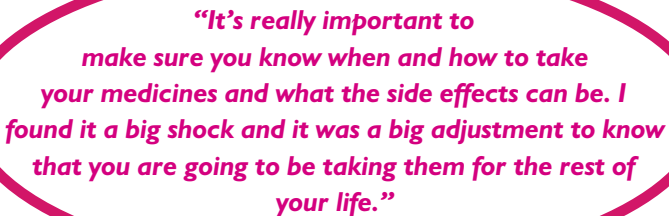
There are lots of ways to help you manage your stress or anxiety. For example, you may find it helpful to learn relaxation or meditation techniques, breathing control exercises or activities such as yoga. If you are concerned about coping with stress or anxiety, talk to your GP or a member of your cardiac rehab team. They will be able to help you decide how best to manage it.

## Take medication as prescribed

There are a number of medicines that you may need to take if you have had a heart attack. The purpose of these medicines is to:

- Protect your heart and reduce your chances of having another heart attack
- Reduce risk factors such as high cholesterol and high blood pressure
- Relieve angina
- Strengthen your heart and prevent heart failure
- Help your heart muscle recover

These medicines form an important part of your treatment. As such, it is important that you know what medicines you have been prescribed and how to take them, and you understand what they do and what side effects to look out for. You may be taking several different medicines following a heart attack. For many people this is quite a change; however, it is important that you take these medicines as you have been instructed and do not stop taking them suddenly. If you think you may have a side effect from any of your medicines, go and see your GP or speak to your cardiac rehab team.



***“It’s really important to make sure you know when and how to take your medicines and what the side effects can be. I found it a big shock and it was a big adjustment to know that you are going to be taking them for the rest of your life.”***

It can be helpful to keep an up-to-date list of the medicines you take, including when and how you need to take them.

For more information about the medicines that you may have been prescribed after your heart attack, see page 51 of this booklet.

## **Goal setting**

Setting goals, or having an idea of what you would like to achieve, will increase your chance of successfully achieving a healthier lifestyle. Talk to your cardiac rehab team about setting yourself achievable goals.

Tips for setting achievable goals:

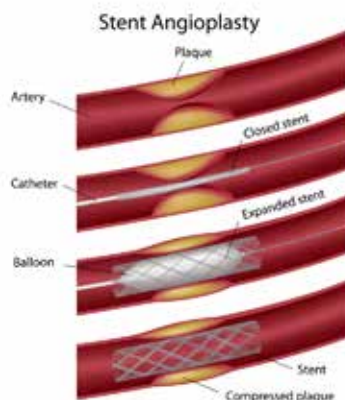
- Choose just one thing to change at a time.
- Be specific. Instead of saying 'I want to do more exercise' think about what you will do, when you will do it and how you might overcome any obstacles.
- Make goals realistic – you may need to break down larger goals into smaller steps.
- Tell friends and family about your goal so that they can support you
- Reflect on your progress and see how far you have come.
- Don't give up!

## FURTHER INFORMATION ON TREATMENT

This section includes further information on treatment and medication for heart attack.

### Primary angioplasty

In this procedure a tiny wire with a balloon at the end is put into a large artery in the groin or arm. It is then passed up into the blocked section of a coronary artery, using special X-ray guidance. The balloon is blown up inside the blocked part of the artery to open it wide again.



A stent may be left in the widened section of the artery to keep it open. A stent is like a wire mesh tube which gives support to the artery and helps to keep the artery widened.

### Thrombolysis

Thrombolysis (or clot-busting treatment) is a treatment that helps to dissolve any blood clots that may be blocking your arteries. The thrombolytic medicine is given through a vein in your arm. Side effects of thrombolytic medicines include nausea, sickness and bleeding. There is a low risk of stroke associated with thrombolysis.

## Medicines

**Antiplatelet medicines** help to prevent the blood from clotting, which reduces the risk of another heart attack.

**Aspirin** helps to prevent your blood clotting by reducing the 'stickiness' of the platelets. Platelets are small blood cells that clump together to form a blood clot. The dose that is recommended after a heart attack is smaller than the dose that you might take to relieve pain. You will need to continue taking low-dose aspirin for the rest of your life.

You may also be given a **second antiplatelet medicine** (for example, clopidogrel, prasugrel, ticagrelor). This combination of aspirin plus an additional antiplatelet is more effective than just having one type of antiplatelet medicine. Most people will be advised to take this additional antiplatelet therapy for at least 6 months. Your doctor will discuss with you how long you need to keep taking this treatment.

Antiplatelet medicines can cause stomach aches, nausea and vomiting. To help prevent these side effects, always take them with food. Sometimes, antiplatelet medicines can cause bleeding from the stomach. To help prevent this, your doctor may also prescribe a medicine to reduce the amount of acid your stomach produces.

**Beta-blockers** (for example, metoprolol, propranolol, timolol or atenolol) reduce the risk of another heart attack in people who have already had one. They work by slowing your heart rate and lowering your blood pressure, so the heart does not have to work so hard.

Beta-blockers are not usually recommended for people with asthma as they can make it worse. They can be used for people with some lung conditions and diseases, such as chronic obstructive pulmonary disease (COPD), but you might need to be monitored more closely than usual.

Other side effects include tiredness or fatigue, cold hands and feet, erectile dysfunction (impotence), dizziness, and disturbed sleep or even nightmares. These will usually improve over time. It is important that you do not stop your beta-blockers suddenly. If you do experience side effects, speak to your doctor, pharmacist or nurse as they may be able to reduce the dose or try another beta-blocker.

**Statins** (for example, simvastatin, atorvastatin) help to lower the amount of cholesterol in your blood. If you have had a heart attack, you should be offered statin even if you have a normal cholesterol level. Statins have been shown to reduce the risk of further heart events. You will need to continue taking the statin for the rest of your life.

Before you start taking a statin, you will need to have a blood test to check your liver function. If your liver is not working normally, you may need to take a lower dose.

Side effects of statins include tiredness, nausea and vomiting and headaches. Some people experience muscle pain or weakness when they are taking a statin. Occasionally this can be due to an inflammation of the muscles. If you have any unexpected muscle pain, tenderness or weakness, tell your doctor immediately.

## **Angiotensin-converting enzyme (ACE) inhibitors**

(for example, lisinopril, perindopril, ramipril) reduce the risk of death after a heart attack. They work by making the blood vessels relax and widen. This lowers your blood pressure and reduces the work that your heart has to do to pump blood around your body. You will need to keep taking an ACE inhibitor if you have had a heart attack.

You will need to have regular blood tests to check your kidney function and potassium levels. ACE inhibitors may increase the level of potassium in your blood, so you should avoid having salt substitutes because these contain potassium too. Your blood pressure will also be monitored.

Up to 15 in every 100 people who take an ACE inhibitor develop a cough. If you develop a cough and it becomes troublesome, speak to your doctor.

**Angiotensin receptor blockers** (for example, telmisartan, valsartan) work in a similar way to ACE inhibitors. However, they are less likely to cause the persistent dry cough that some people get when taking an ACE inhibitor. You may be given an angiotensin receptor blocker instead of an ACE inhibitor if you have had a heart attack that was caused by the left side of your heart not working properly or if you are unable to take an ACE inhibitor.

As with an ACE inhibitor, you will need to have regular blood tests if you are taking an angiotensin receptor blocker.


## HELP AND SUPPORT FROM CHSS

**For information on any of our services across Scotland, contact the Advice Line nurses on 0808 801 0899.**

CHSS offers a range of support for people living with heart disease and their families:

### **CHSS support groups**

Hearing how other people are coping after a heart attack or cardiac event can be a life-line for some people. CHSS has heart support groups all over Scotland. To find out if there is a heart support group in your area, call the Advice Line nurses on 0808 801 0899.



*“It is so important to talk about any anxieties about your health. Peer and group support can be extremely valuable. It certainly helped me cope with getting back to normal life after my heart attack.”*



## **Advice Line**

For confidential, independent advice on all aspects of living with a heart condition call the CHSS Advice Line on 0808 801 0899 or email [advice@chss.org.uk](mailto:advice@chss.org.uk). Staffed by nurses, the Advice Line is open Monday to Friday 9.30am – 4.00pm. Whether you need someone to talk to, information about your treatment or you are looking for details of local services, the Advice Line nurses will help with any information you or your family needs. All calls are FREE from landlines and mobiles.

## **Health Information**

CHSS have a range of booklets and easy-to-read 'essential guides'. To see the full list of guides and other resources and to order, view or download them, go to: [www.chss.org.uk/publications](http://www.chss.org.uk/publications) or call the Advice Line nurses for more information on 0808 801 0899.

## USEFUL RESOURCES

### **Chest Heart & Stroke Scotland**

[www.chss.org.uk](http://www.chss.org.uk)

Tel: 0131 225 6963

Advice Line: 0808 801 0899 (Mon to Fri 9.30am-4pm)

E-mail: [adviceline@chss.org.uk](mailto:adviceline@chss.org.uk)

*Chest Heart & Stroke Scotland supports people in Scotland affected by chest, heart and stroke conditions. We do this by working to ensure there is help and support in every community for anyone who needs it.*

### **beatSCAD (Spontaneous Coronary Artery Dissection)**

[www.beatscad.org.uk](http://www.beatscad.org.uk)

*beatSCAD provides support to people diagnosed with Spontaneous Coronary Artery Dissection (SCAD) and their friends and family.*

### **Breathing Space**

[www.breathingspace.scot](http://www.breathingspace.scot)

Tel: 0800 83 85 87

Weekdays: Mon-Thurs, 6pm-2am

Weekend: Fri 6pm-Mon 6am

*Breathing Space is a free confidential phone and web-based service for anyone who is experiencing low mood or depression.*

## **Citizens Advice Scotland (CAS)**

To find your local CAS office, go to:

[www.cas.org.uk/bureaux](http://www.cas.org.uk/bureaux)

For online advice and information go to:

[www.citizensadvice.org.uk/scotland](http://www.citizensadvice.org.uk/scotland)

*Citizens Advice Scotland (CAS) is the Citizens Advice Bureaux in Scotland. CAS offers free, confidential and impartial advice on finances, benefits, employment, housing and many other issues.*

## **Diabetes UK (Scotland)**

[www.diabetes.org.uk/In\\_Your\\_Area/Scotland](http://www.diabetes.org.uk/In_Your_Area/Scotland)

Tel: 0141 245 6380

Email: [scotland@diabetes.org.uk](mailto:scotland@diabetes.org.uk)

*Diabetes UK Scotland works to raise awareness, improve care and provide help, support and information for people with diabetes and their families across Scotland.*

## **Drinkaware**

[www.drinkaware.co.uk](http://www.drinkaware.co.uk)

Tel: 020 7766 9900

Email: [contact@drinkaware.co.uk](mailto:contact@drinkaware.co.uk)

*For advice about alcohol and how to calculate how many units you are drinking.*

## **Driving**

[www.gov.uk/driving-medical-conditions](http://www.gov.uk/driving-medical-conditions)

*For information about driving with a medical condition or disability.*

## **NHS 24**

Tel: free on: 111

*This phone service is designed to help you get the right help from the right people at the right time and GP out-of-hours advice.*

## **NHS Inform**

[www.nhsinform.scot](http://www.nhsinform.scot)

*NHS inform is Scotland's national health information service.*

## **Money Advice Service**

[www.moneyadvice.service.org.uk](http://www.moneyadvice.service.org.uk) (web chat is also available)

Tel: 0800 138 777

Typetalk: 18001 0800 915 4622

(8am-6pm, Mon-Fri)

*An independent service set up by the government to provide free, impartial financial advice.*

## **Quit Your Way Scotland**

[www.canstopsmoking.com](http://www.canstopsmoking.com)

Tel: 0800 84 84 84 (8am-10pm, Mon-Sun)

*Quit Your Way Scotland offers initial and ongoing telephone support and encouragement to callers wishing to stop smoking or who have recently stopped and want to stay stopped. Quit Your Way Scotland can provide you with the location of your nearest free stop-smoking service, give you access to specialist counsellors and send you further information.*

# HAVE YOUR SAY...

**Chest Heart & Stroke Scotland welcomes your comments and feedback on this resource to help us to develop the best information for you and others with heart disease.**

**If you have any comments regarding this booklet or any of our other publications you can contact us through:**



[www.chss.org.uk](http://www.chss.org.uk)



[healthinformation@chss.org.uk](mailto:healthinformation@chss.org.uk)



Rosebery House, 9 Haymarket Terrace  
Edinburgh EH1 2 5EZ

## PERSONAL STORIES

We would also like to hear from you if you would like to tell us about your experience of living with heart disease, or of caring for someone with heart disease.

Chest  
Heart &  
Stroke  
Scotland



# Advice Line Nurses



For confidential help, support and advice,  
call our specialist nurses or visit

[www.chss.org.uk](http://www.chss.org.uk)

Chest Heart & Stroke Scotland (CHSS) is a wholly Scottish charity  
Scottish Charity Number SC018761

**Helplines**  
STANDARD

# OUR PUBLICATIONS

We hope this information has been useful to you.

Our publications are free to anyone in Scotland who needs them.

To view, download or order any of our resources, visit **[www.chss.org.uk/publications](http://www.chss.org.uk/publications)**

If you'd like more information about our publications, please contact our Health Information team:



[www.chss.org.uk](http://www.chss.org.uk)



[healthinformation@chss.org.uk](mailto:healthinformation@chss.org.uk)



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**Chest Heart & Stroke Scotland** is a Scottish charity. Our ambition is to make sure that there is no life half lived in Scotland.

After a diagnosis of a chest or heart condition or a stroke, many people experience fear and isolation and struggle with the impact on their lives. **Chest Heart & Stroke Scotland** won't stand for that. The care and support we deliver every day ensures everyone can live the life they want to.

We offer our resources free of charge to anyone in Scotland who needs them. To help us to continue to do this, and to help provide vital services to people in Scotland affected by chest, heart and stroke conditions, you can donate at:

[www.chss.org.uk/supportus/donations](http://www.chss.org.uk/supportus/donations)

## CONTACT US

**For confidential advice, support and information call the CHSS Advice Line nurses on:**

**Freephone 0808 801 0899 or email [adviceline@chss.org.uk](mailto:adviceline@chss.org.uk)**

### **Head Office**

Chest Heart & Stroke Scotland  
Rosebery House, 9 Haymarket Terrace, Edinburgh EH12 5EZ  
Tel: 0131 225 6963 | Open Mon – Fri

[www.chss.org.uk](http://www.chss.org.uk)

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