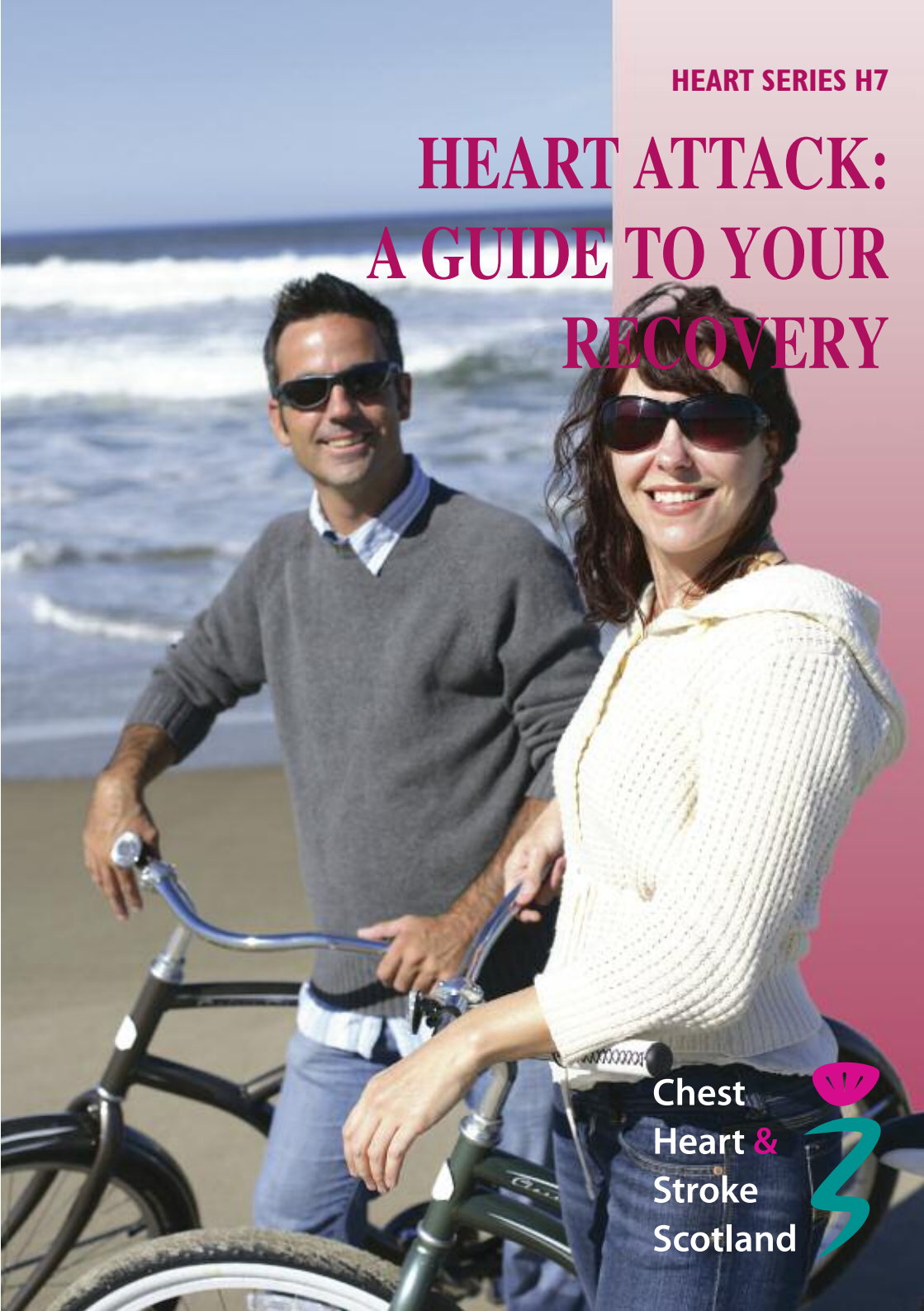


HEART SERIES H7

# HEART ATTACK: A GUIDE TO YOUR RECOVERY



Chest  
Heart &  
Stroke  
Scotland



# Chest Heart & Stroke Scotland



**Chest Heart &  
Stroke Scotland, is  
an independent  
medical charity  
which aims to  
improve the quality  
of life for people in  
Scotland affected by  
chest, heart and  
stroke illnesses,  
through medical  
research, advice and  
information and  
support in the  
community.**

## **FUNDRAISING**

CHSS is an independent Scottish medical charity. We receive no Government funding and rely entirely on the Scottish public to raise the £7 million a year we need to help people with chest, heart and stroke illness throughout Scotland.

## **RESEARCH**

We are one of Scotland's largest charitable funders of medical research, with a programme worth over £600,000 a year. We fund research projects throughout Scotland into all aspects of the prevention, diagnosis, treatment and social impact of chest, heart and stroke illness.

## **PERSONAL SUPPORT GRANTS**

We provide small grants to people in financial difficulty, because of chest, heart or stroke illness, for items ranging from disability equipment and household goods to respite care and holidays.

## **VOLUNTEER SERVICES**

We give support to people whose communication skills are impaired after a stroke and those living with heart failure. The Volunteer Stroke Service (VSS) provides weekly group meetings and home visits for patients. The Heart Failure Support Service (HFSS) provides volunteer befrienders to reduce social isolation.

## **CHSS NURSES**

Our nurses provide independent practical advice and support to those who have chest, heart and stroke illnesses, their families, carers and health professionals. There are dedicated nursing services in Fife, Forth Valley, Grampian, Highland, Lanarkshire, Lothian and Dumfries and Galloway. There is also a Scotland wide nurse led Advice Line (0845) 077 6000. Calls are charged at a local call rate (out of hours answerphone). We have a wide range of booklets, factsheets and videos on chest, heart and stroke illnesses.

## **COMMUNITY SUPPORT NETWORK**

CHSS provides support to affiliated chest, heart and stroke clubs through the Community Support Network. The clubs are independent and are run by local volunteers. The groups provide a range of activities and offer people support, stimulation and companionship in a friendly and relaxed environment. Please ask for more information.

**FOR FURTHER INFORMATION ABOUT ANY OF  
THE SERVICES ABOVE PLEASE CONTACT HEAD  
OFFICE BY PHONING 0131 225 6963 OR VISIT  
THE CHSS WEBSITE: [www.chss.org.uk](http://www.chss.org.uk)**

<b>WHAT HAPPENED?</b>	<b>3</b>
Introduction	3
How the heart works	5
What is a heart attack?	8
What does a heart attack feel like?	9
What is coronary heart disease?	10
What causes coronary heart disease?	11
Assessment and diagnosis	12
<b>PHYSICAL RECOVERY</b>	<b>13</b>
Emergency treatment	13
What type of heart attack have you had?	14
Discharge home	17
Complications after a heart attack	19
Intermediate recovery	21
Home exercises and walking	24
Six week checklist	28
Cardiac rehabilitation	29
<b>EMOTIONAL RECOVERY</b>	<b>31</b>
How you may feel	31
Coping with anxiety	33
Coping with depression and feeling down	37
Coping with stress	41
<b>MOVING ON</b>	<b>44</b>
Keeping active	45
Working	48
Your sex life	50
Driving	53
Flying	55
Family and friends	57

# HEART ATTACK: A GUIDE TO YOUR RECOVERY

<b>REFERENCE SECTION:</b>	<b>59</b>
<b>Tests &amp; treatments</b>	<b>59</b>
• Blood tests	60
• Electrocardiogram (ECG)	61
• Heart Scans	62
• Percutaneous Coronary Intervention	65
• Thrombolysis	66
<b>Heart drugs commonly used after a heart attack</b>	<b>67</b>
<b>Useful addresses and websites</b>	<b>72</b>
<b>Stretching and pacing exercises and recording sheets</b>	<b>77</b>

## INTRODUCTION

Having a heart attack can be a frightening experience for you, your family and your close friends. It is likely that you will have lots of questions about what is happening to you as well as what you can and cannot do.

Having a heart attack is, in fact, quite common. How each person deals with it and what your individual recovery will be like varies a great deal.

Many people experience some difficulty concentrating and retaining information in the early stages after a heart attack, so don't worry if you can't take everything in straight away.

You will find more detailed information about certain topics in the reference section at the end of this booklet, where it is easy to look up.

Further explanation of terms used in heart disease can be found in the CHSS 'Glossary'.

Firstly, it's important to know the truth; there is a lot of wrong information out there based on rumours (misconceptions) rather than facts. Knowing the facts about what has happened will help you to feel less anxious and to relax. Stick to the facts and don't listen to people who don't really know.



## WHAT HAPPENED?

**Know the truth – misconceptions are not helpful**

Most people now survive heart attacks and make a good recovery.	The most likely time for you to have another heart attack has already passed.
Your heart is one of the toughest muscles in your body – it is already healing itself.	Your heart hasn't worn out – a heart attack is usually caused by a blockage in one small section of an artery.
Shocks and surprises do not cause heart attacks.	Stress does not cause a heart attack. A blockage of a blood vessel does.
It is normal for you to feel tired and a bit weak, this will pass.	Feeling moody and emotional is quite normal and helped by getting the correct information to put fears at rest.
The heart needs exercise to get stronger, not rest. A gradual build up is necessary after a heart attack.	Getting out of breath and having a faster pulse during exercise is normal.
Hard work is not dangerous but overworking might be.	Physically hard work, exercise or excitement will not cause another heart attack.
Most twinges of pain are due to muscular tension, that you are more aware of since your heart attack.	You must not be treated like an invalid.
Excitement that is enjoyable is safe and necessary for good health.	Before a heart attack you almost always get a warning pain. Now you know what to do if that happens.
It is never too late to reduce your risk of another heart attack. Many of the causes of heart attack are actually under your control – you might be surprised how easy they are to prevent.	After recovery many people say they actually feel better and happier than they did before their heart attack.

## HOW THE HEART WORKS

The heart is the pump at the centre of the body's circulation system.

This system ensures that fresh blood, containing oxygen and nutrients, is delivered throughout the whole body, and carbon dioxide and waste products are taken away.

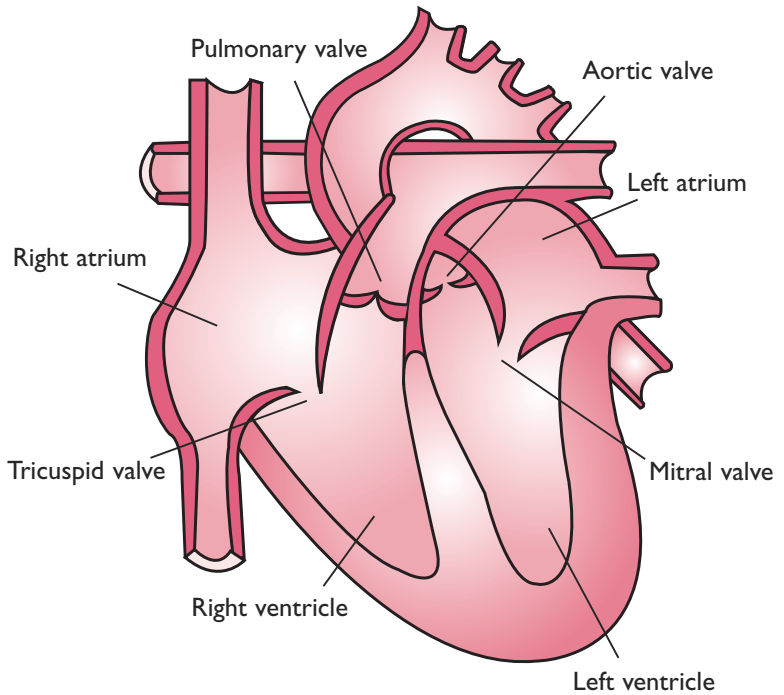
Blood is pumped around the body through a network of blood vessels:

- Arteries transport oxygen rich blood from the heart to all parts of the body. The arteries get smaller as they get further away from the heart.
- Capillaries are the smallest of blood vessels. They connect the smallest arteries to the smallest veins. This is where oxygen, carbon dioxide, nutrients and waste products are exchanged.
- Veins carry blood, lacking in oxygen, back towards the heart. The veins get bigger as they get nearer the heart.

The heart is a muscular pump made up of four chambers. These are the right and left atria and the right and left ventricles.

To ensure an adequate blood supply to the whole body the four chambers have to pump regularly and in sequence.

There are two phases to the heart's pumping cycle: systole and diastole. Systole is when the heart contracts (squeezes), pushing blood out of the chambers. Diastole is the period between contractions when the muscle of the heart (myocardium) relaxes and the chambers fill with blood.



A series of four heart valves keep the blood moving in the right direction.

The pumping action of the four chambers is coordinated by electrical signals telling the heart when to contract and relax.

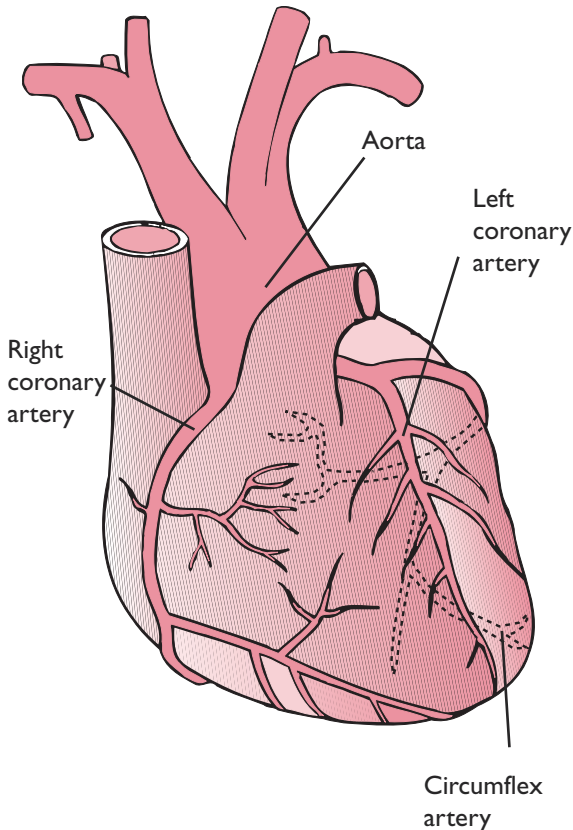
The heart also requires its own blood supply to keep it working efficiently.

It gets this blood supply from the main coronary arteries, which lead straight off the main blood vessel leaving the heart; the aorta. These coronary arteries branch out through the heart muscle ensuring the whole heart is supplied.

One heartbeat is a single cycle in which your heart's chambers contract and relax to pump blood. At rest the normal heart beats approximately 60 - 80 times per minute.

Approximately 100,000 times a day! This increases naturally when you exercise.

*See the CHSS booklet 'Understanding heart disease' for more information.*



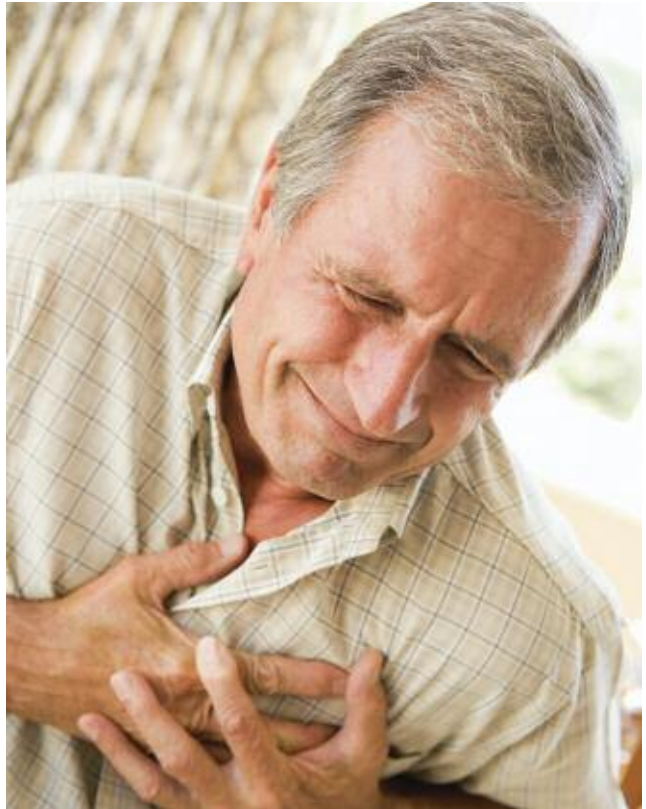
*Figure 2. Diagram of coronary arteries*

## WHAT IS A HEART ATTACK?

A heart attack (also known as myocardial infarction or MI) happens when the blood supply to part of the heart becomes completely blocked, either by the formation of a blood clot or by a loose piece of atheroma in one of the coronary arteries.

This can result in damage to the part of the heart muscle which that particular coronary artery was supplying.

Sometimes, when chest pain occurs suddenly it is unclear if it is due to unstable angina or a heart attack. Until tests confirm the diagnosis doctors sometimes call this Acute Coronary Syndrome (ACS).



## WHAT DOES A HEART ATTACK FEEL LIKE?

The most common sign of a heart attack is pain. This type of pain often starts in the middle of your chest and may travel to your neck, jaw, ears, arms and wrists. Sometimes, it travels between the shoulder blades, back, or to the tummy area.

During a heart attack pain in the chest can be very severe or it can start off as a dull pain or ache. It's sometimes described as a heaviness, burning, tightness, constriction or squeezing sensation or as a heavy weight or pressure. For some people chest pain can feel similar to indigestion or heartburn.

Other symptoms which may indicate that you are having a heart attack include:

- feeling / being sick
- becoming sweaty and clammy
- looking very grey and pale
- feeling generally unwell and scared
- restlessness / anxiety
- breathlessness
- coughing
- heart beating very quickly
- feeling dizzy

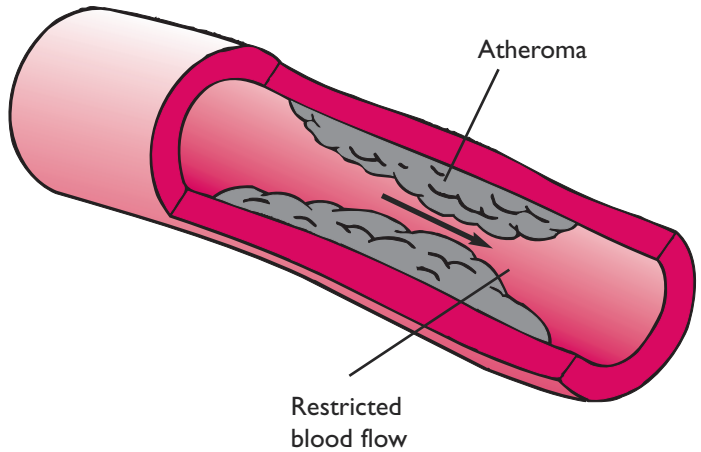
Some people do not have any pain during a heart attack: this is called a 'silent heart attack'.

This is more common in people with long-standing diabetes.

Always call 999 if you have suspect that you (or someone else) might be having a heart attack.

## WHAT IS CORONARY HEART DISEASE?

If the coronary arteries are narrowed or blocked then the blood supply to the heart will be impaired. This is the most common form of heart disease, known as coronary heart disease (also known as CHD, coronary artery disease, or ischaemic heart disease).



In coronary heart disease a fatty substance, called atheroma, builds up in the lining of one (or more) of the coronary arteries. This narrows the artery and causes a restricted blood flow. This process, known as atherosclerosis, can lead to angina and / or heart attacks.

## WHAT CAUSES CORONARY HEART DISEASE?

There are certain things that increase the risk of developing coronary heart disease. These are called risk factors and include:

- high blood pressure
- high cholesterol level
- diabetes
- smoking
- not getting enough exercise
- being overweight
- drinking too much alcohol
- unhealthy diet
- family history of high blood pressure or heart disease



These risk factors have all been proven to contribute to coronary heart disease. The more risks you have, the greater your risk of developing coronary heart disease; the risks don't just add, they multiply.

*See the CHSS booklet 'Reducing the risk of heart disease' for more information.*

## ASSESSMENT AND DIAGNOSIS

A heart attack is an emergency situation and requires immediate medical help. Assessment of your situation will begin as soon as medical help arrives and will include:

- assessing how you look and feel
- finding out, if possible, about any heart conditions you already have
- asking anyone who is with you what happened
- performing initial tests which will help to find out what is happening to you
- providing treatment to minimise the amount of heart damage, relieve pain and prevent shock worsening

### Initial tests

As soon as ambulance, or medical staff arrive they will begin tests to find out what is happening to you. These will include:

- ECG (electrocardiogram): to show the amount of damage to your heart muscle and where the damage is.
- Assessment of blood pressure and oxygen levels.
- Blood tests: taken for troponin levels.

### Troponin blood test

Troponin is a protein which is released into your blood stream when your heart muscle is damaged.

A troponin level is a quick and accurate measure which will tell the team that you have had a heart attack. Troponin level may be repeated during your hospital stay.

## EMERGENCY TREATMENT

There are two immediate aims to the initial treatment for a heart attack:

- To restore blood flow and minimise the amount of heart muscle damage.
- To relieve pain and shock.

### **Treatment to restore blood flow and minimise the amount of heart muscle damage**

Early treatment can help to minimise the amount, and extent, of damage to your heart muscle. This usually involves:

**Antiplatelet therapy:** an initial dose of 300mg aspirin either in the ambulance or as soon as you get to hospital. This is to start the process of getting rid of the clot that is blocking a coronary artery as quickly as possible. You may receive further antiplatelet therapy depending on the results of your initial tests.

**Reperfusion therapy:** reperfusion means restoring the blood flow to an organ or tissue. After a heart attack, an immediate goal is to quickly open blocked arteries and reperfuse your heart muscle.

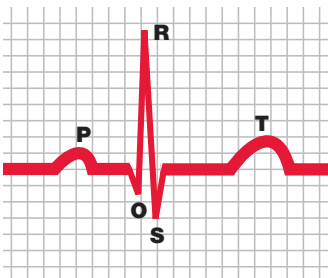
## PHYSICAL RECOVERY

## WHICH TYPE OF HEART ATTACK HAVE YOU HAD?

Your ECG will show which of the two main types of MI (heart attack) you have had.

This will be either:

- Non ST elevation myocardial infarction (NSTEMI)
- ST elevation myocardial infarction (STEMI)



ST elevation is an abnormal change in the pattern of your ECG which indicates severity of interruption in the blood flow to your heart.

Which type of MI you have had will decide whether emergency reperfusion therapy is the right treatment for you.

A NSTEMI is where there is a partial blockage in one of your coronary arteries but some blood is still able to flow to the heart muscle. NSTEMI is usually treated with the use of antiplatelet drugs as mentioned on the previous page.

A STEMI means that there is a complete blockage in one of your coronary arteries and therefore emergency reperfusion treatment will be given. Early reperfusion minimises the extent of heart muscle damage and preserves the pumping function of your heart.

### **Emergency reperfusion**

Emergency Reperfusion to restore blood flow in a STEMI can be achieved by either:

- percutaneous coronary intervention (PCI)
- thrombolysis

Evaluation of your individual situation by ambulance and / or medical staff will determine which is the best option for you.

*More information about PCI and Thrombolysis is found in the 'Tests and treatments' section towards the end of this booklet.*

### **Treatment to relieve pain and shock**

This can include:

- Injections of strong pain relieving drugs such as morphine. This also helps to relax your breathing and ease anxiety.
- Oxygen therapy: to help with your breathing and help your body to get enough oxygen.
- Drugs to stop sickness and nausea (anti-emetics).

### **The first few days**

The severity of your heart attack and your recovery from it depends on the extent of the damage to your heart muscle. This is indicated by your ECG and Troponin blood tests.

It is important that during the first 24 – 48 hours you are carefully observed and have enough rest, especially after a STEMI.

This period is often spent in a Coronary Care Unit (CCU), a specialised intensive care unit for heart patients, or in an acute medical ward where your heart function can be monitored closely. This is to help prevent any further damage to your heart and if possible to reverse the damage that has already occurred.

Your blood sugar level will also be closely monitored as, after a heart attack, some people need treatment to reduce a high blood sugar level.

Depending on the extent of the damage, your heart may not be able to pump efficiently. There also could be damage to the control of the electrical activity of your heart during the first couple of days. Usually these problems settle quite quickly and go back to working normally.

It is normal to tire easily, so initially any visiting should only be by immediate family and be brief. Meals are intentionally light as your digestive system increases demand on your heart after a heavy meal. Eating smaller meals reduces the work of your heart. Small amounts more often should meet all your needs.

For most people, after a couple of days, your heart settles down and the risk of another heart attack lessens and intensive monitoring can be discontinued. From the CCU you may be transferred to a ward, where you will have time to recover from the shock of having a heart attack, get some rest and take stock of what has happened to you. Here you will have any other tests the doctor might feel necessary.

Any underlying problems such as high blood pressure, high blood sugar levels / diabetes or high cholesterol can also be assessed and treatment started if necessary. Information about other drugs used to treat heart disease can be found in the 'Heart drugs' section later in this booklet.

The team will also identify any lifestyle risk factors that apply to you and provide you with information.

## DISCHARGE HOME

How long you stay in hospital for will depend upon your individual circumstances as well as what treatment you receive.

You may find that you don't really remember a lot of what the doctors and nurses told you, especially during the first few days. Don't be afraid to ask questions of staff and talk to your family about what has been happening.

If you live alone it is advisable to arrange to stay with friends or family for a few days as you may still feel a bit shaky and weak. This is partly because you may have been inactive for a while and partly from the shock.

You may have one or all of the following tests before discharge:

- an angiogram
- an exercise tolerance test (exercise ECG)
- a heart scan (echo)

*More information is found in the 'Tests and treatments' section towards the end of this booklet.*

### Drugs for your heart

Most people with heart disease have to take several different drugs every day.

The most common drugs to take after a heart attack are: aspirin, beta blockers, ACE inhibitors and statins. Although coming to terms with taking drugs every day can sometimes be difficult to deal with, try to remember that your doctor is aiming to keep you as well as possible and will try to find the best drugs for you with the fewest side effects.

- Always take your drugs as prescribed by your doctor.
- Report any side effects but do not stop taking any drugs suddenly or without your doctor's advice.
- Discuss all over the counter remedies with your pharmacist to make sure they won't interact with any prescribed drugs you are taking.

*More detailed information about different drugs for your heart is found in the 'Heart drugs'*



## COMPLICATIONS AFTER A HEART ATTACK

Sometimes there are complications following a heart attack. Many problems resolve themselves quite quickly however sometimes problems linger and can often be helped by the use of heart drugs.

The most common problems after a heart attack are:

- problems with the heart's natural electrical rhythm
- chest pain / angina
- heart failure

### **Pacemakers**

The heart's natural electrical rhythm is sometimes damaged by a heart attack. This is called an arrhythmia. A pacemaker is a special electrode that is inserted to allow the heart to beat regularly when its own natural pacemaker has been affected. Sometimes it is necessary to insert a temporary pacemaker for a few days until this arrhythmia settles down.

Occasionally this has to become permanent and a tiny pacemaker is inserted under the skin.

*See the CHSS booklet 'Living with a pacemaker' for more information.*

If the heart develops a rhythm that could be life-threatening, an Implantable Cardioverter Defibrillator (ICD) may be suggested. This is similar to a pacemaker but delivers different treatments.

*See the CHSS booklet 'Living with an ICD' for more information.*

### **Angina**

Sometimes damage to blood vessels (coronary heart disease) can lead to angina. Angina is chest pain that is caused by insufficient blood supply to the heart muscle.

Angina can occur before or after a heart attack, as there may be one or more of the coronary arteries narrowed. Your doctor may suggest an angiogram if you experience chest pain after your MI.

*See the CHSS booklet 'Living with angina' for more information.*

### **Heart failure**

For some people when there has been severe damage to a large area of heart muscle, the heart muscle has become weakened and is unable to pump blood around the body as efficiently as before.

When this happens it is referred to as heart failure. Symptoms such as fluid retention, tiredness and breathlessness can result.

*See the CHSS booklet 'Living with heart failure' for more information.*

## INTERMEDIATE RECOVERY

Your heart has great capacity to heal: within a couple of weeks a scar will form in the damaged area. Usually your heart recovers and is able to pump just as well as before.

The sooner you can get up and about the sooner you will feel better. You must not push yourself too hard at the beginning but you must not allow yourself to become afraid of activity.

It is natural to have fears about the future and to worry, but try to concentrate on the positive things such as having come through the worst and focus on getting stronger every day.

Try to keep yourself busy with light hobbies such as reading, watching TV, using the PC and listening to the radio. Keep in touch with people by telephone, text or email, and have friends to visit when you feel up to it. The company may help to lift your spirits and stop you dwelling on what has happened.

### **Changes to your lifestyle**

It is wrong to think that having a heart attack means it is already too late and that the damage is done.

Equally, recovering from a heart attack and whatever treatment you may have had does not mean that you are ‘cured’ of coronary heart disease. The best way to prevent another heart attack is to understand what caused the first one and take steps to reduce your risk of having another heart attack.

It is much better to think about this as a new start and another chance – a chance to take

responsibility for the things you can change, and to work together with doctors and nurses to control the things you can't.

There are certain things that increase the risk of developing heart disease. These are called risk factors.

Risk factors do not cause a heart attack but they can contribute to a heart attack happening.

By reducing your risk factors you can reduce your overall risk of heart disease.

Some risk factors are to do with things you cannot alter e.g. family history, age, ethnic origin.

However, many risk factors are to do with the way you lead your life and habits that you have created.

Remember that, with a bit of effort, you can change your lifestyle and habits can be broken.

Firstly you need to identify, honestly, any of the things in your life that you can do something about to improve your health. Go through the summary table on the next page and see how these things contribute.

**Its never too late to change**

The important thing to remember is that it is never too late to reduce your risk of another heart attack and there is support available to help you make any necessary changes.

*See the CHSS booklet 'Reducing the risk of heart disease' for more information.*

<b>Do you smoke?</b>	Smoking increases your risk of heart disease and multiplies other risk factors you may have. By far the most important thing you can do for your heart is to stop smoking.
<b>Do you know your blood pressure?</b>	Uncontrolled high blood pressure increases your risk of heart disease. High blood pressure very rarely has any symptoms. The only way to know what your blood pressure is, is to have it measured.
<b>Do you know your cholesterol level?</b>	High cholesterol levels contributes to the fatty build up in the lining of the blood vessels, called atheroma, which increases the risk of heart disease.
<b>Do you eat a healthy varied diet?</b>	A diet that is rich in high fibre, low fat foods, with saturated fats replaced with unsaturated oils and contains five portions of fruit and vegetables a day can help to reduce your risk of heart disease.
<b>Do you take enough exercise?</b>	It is recommended that you aim to be moderately physically active for at least 30 minutes per day. Keeping active helps to lower high blood pressure and cholesterol levels.
<b>Are you overweight?</b>	Being overweight increases the work the heart has to do, causes high blood pressure, and can lead to high cholesterol levels.
<b>Do you drink too much alcohol?</b>	Drinking heavily increases your blood pressure and affects your cholesterol level.
<b>Do you control your stress levels?</b>	Stress can become a trigger for unhelpful behaviours such as smoking, drinking too much alcohol, eating poorly and not getting enough physical activity. All of these behaviours can increase your risk of heart disease.
<b>Do you use recreational drugs such as cocaine?</b>	During the first hour after cocaine use, the risk of a heart attack increases by nearly x 24 The risk of heart disease amongst cocaine users is compounded by other risk factors including smoking and drinking excess alcohol; the combination of all three can be a lethal cocktail. Prolonged cocaine use can cause heart failure and also lead to heart attack by more ‘traditional’ means; repetitive coronary artery spasm and episodes of hypertension caused by cocaine use can cause damage to the blood vessels and lead to atherosclerosis.

## HOME EXERCISES AND WALKING

### **Start slowly**

Before you leave hospital the cardiac rehabilitation nurse, or the physiotherapist, will give you advice on when you can resume different types of exercise or activity.

Approximately 10 days after a heart attack most people will be ready to start gentle physical activity again. The key is to start slowly, do something every day and gradually build up your level of activity. This is called paced activity.

The reason this is important is that it is just as important not to overdo things as it is not to underdo things. By pacing your activity you can keep close track of what you are able to do comfortably and gradually increase your activity accordingly. By recording your progress you can give reassurance to yourself and others how you are progressing. This will also help to rebuild your confidence in your ability.

Doing simple home exercises is a good idea to begin with and allows you to be in complete control.

See ‘Stretching and pacing exercises’ section at the end of this booklet for suggestions of simple stretching and home exercises. This gives you some idea of what you can do until your formal cardiac rehabilitation comes in to play 4 – 6 weeks after your heart attack.

Walking is also easy to fit in and can be built up gradually. Use how you feel to gauge how well you are coping and move things on when you can manage your set tasks easily.



How to get the most out of your activities:

- Avoid activity within 2 hours of a bath or a heavy meal.
- Don't do physical activity if you are tired at the end of the day. Wait until the morning or choose the time of day you feel at your most refreshed and relaxed.
- Take your time.

### **Keep a daily diary**

It can be very helpful to keep a daily diary of your home exercises and daily activities. This will allow you and your doctor / nurse to see your progress. It also prevents you from being tempted to do too much, too soon, and overdoing it.

Get into the habit of making a note of what you have done that day. It may also surprise you to realise how well you are progressing. There are some recording sheets you can use at the end of this booklet. You may want to make some more copies for yourself.

## Walking

Once you have got used to doing some simple exercises you can begin going for short walks – usually around the 10th day after your heart attack. You must take it slowly and plan carefully.

On your first day out, a walk of 50 – 100 yards / metres is enough. 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.

Everyone progresses at different rates and everyone has good and bad days. It all depends on you how much you feel you can do: pace yourself to the rate of your body's recovery.

On a good day don't be tempted to do more than you had planned. On a bad day try not to be put off. Just try and think why you might be more tired that day and don't worry about it.

Walk where there are other people around, or near a bus route, in case you get tired.

If you over do it one day you will be too tired to do anything the next day so remember to pace yourself. Short walks daily are better for you than intense bursts of effort.

What activity you are able / encouraged to do depends on your circumstances, your medical history, age and previous activity levels.

The following table shows a suggested programme based on time and distance, but you must also take into account how you feel.

You should only work to the suggested times if you feel comfortable, can talk easily without

being short of breath and have no chest pain throughout. The weeks refer to the date you begin, to show you how to progress.

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

\* (About 10 days after a heart attack)

### What to avoid at this stage

All gentle exercise and activity will be good for you eventually, but there are a few particular actions, which are still risky for you to try, because they put a sudden and unusual strain on your heart.

- 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



## SIX WEEK CHECKLIST

When you first had your heart attack you probably thought you would never get better. After approximately 6 weeks you will be well on the way to recovery and, hopefully, you will have made positive changes to your lifestyle. To help you see how well you have done, tick this list to see how things have changed.

If there are boxes that you have not ticked, and you would like to, try to work out how you can achieve these goals.

<b>Stopped smoking</b>	
<b>Reduced smoking</b>	
<b>Taking drugs as prescribed</b>	
<b>Eating less saturated fat in diet</b>	
<b>Eating more fruit and vegetables</b>	
<b>Eating less salt</b>	
<b>Lost weight</b>	
<b>Walking regularly</b>	
<b>Doing regular exercises</b>	
<b>Planning regular exercise</b>	
<b>Been swimming</b>	
<b>Been cycling</b>	
<b>Doing regular relaxation exercises</b>	
<b>Practising techniques to reduce stress</b>	
<b>Planning enjoyment every day</b>	
<b>Socialising</b>	
<b>Going back to work</b>	
<b>New hobbies or interests</b>	

## CARDIAC REHABILITATION

**There are 4 recognised phases of recovery after a heart attack.**

These are:

- Phase I: inpatient stage. During this phase medical evaluation, reassurance and education, risk factor assessment, mobilisation and planning for discharge home are the main goals.
- Phase II: is the early post discharge period before the start of any formal exercise programme. This is a time when many people feel isolated and insecure. Support may be provided by home visits from the GP or nurse, telephone contact etc.
- Phase III: the period following discharge when it is appropriate for a formal cardiac rehabilitation programme to begin. This is usually from 4-6 weeks onwards after a heart attack.
- Phase IV: the moving on stage. During this stage people are encouraged to make, and maintain, adjustments towards a healthier more active lifestyle. Heart Support groups, local leisure services and exercise programmes are promoted. Contact CHSS Advice Line for details of our Affiliated Heart Groups across Scotland. These may be particularly helpful if you enjoyed the support of your peers during your rehabilitation.

### **Cardiac Rehabilitation Programme**

Many areas have a cardiac rehabilitation programme, run by cardiac rehabilitation nurses and physiotherapists, which will help you regain your fitness and confidence as well as providing you with information and advice.

This type of programme can be adapted for you, whatever your level of fitness. You are normally ready to start a rehabilitation programme approximately 6 weeks after your heart attack.

Comprehensive cardiac rehabilitation consists of:

- exercise training
- challenging and changing unhelpful behaviour patterns
- education
- emotional and psychological support

### **Heart Manual Programme**

Your local area may also use the Heart Manual Programme which begins from week one (after your heart attack) and is organised for you by a local facilitator (a health professional, often a nurse, who has had special training to help you follow the manual and will support you during your recovery).

Again this method includes information and advice about all aspects of recovery and also uses a paced return to activity.

If neither of these options are offered to you ask your doctor if there is something you could attend near you.

After the shock of your heart attack and the initial recovery period it is normal to feel a wide range of emotions about what has happened.

There may be lots of thoughts and questions going through your mind and you may wonder what the future is going to be like.

Just like the physical aspects of recovery, recovering from the emotional impact of a heart attack can take time.

## HOW YOU MAY FEEL

Some examples of how you might be affected include:

- Sudden tiredness, feeling tense or scared, unusual bouts of bad temper, butterflies in your tummy, breathlessness and a pounding heart. These are all symptoms of physical anxiety caused by stress.
- You may feel your role within the family has changed, especially during the early period of your recovery; this can make you feel vulnerable.
- The suddenness of the heart attack can sometimes make you afraid to do anything in case something else might happen.
- You may become scared of being alone with your children in case you become ill in front of them.
- You may find it hard to be dependent on other people, even for a short time, especially if you have been previously fit and healthy.

## EMOTIONAL RECOVERY



- Worries about returning to work, finances and your future health can build up and add to stress and anxiety.
- You may feel frustrated by the recovery time and ignore the advice altogether. This can lead you to overdo things, trying to prove you are invincible or back to normal.
- You may even pretend nothing has happened.
- If you keep these feelings, fears and worries to yourself then you may appear moody, irritable or to be behaving oddly. This can leave family members, and close friends, confused and they won't know how help you. Learning to communicate with those close to you will help and is an important part of making a good recovery and moving on from what has happened.

You may find that your partner worries more or experiences more of these concerns than you. Make sure you keep talking about how you both feel and encourage your partner to ask questions and look at all of the information you have been given on your heart attack.

Be open and honest about what has happened to you. Use the time you have during your recovery to learn relaxation techniques and make this a part of your new daily routine.

## COPING WITH ANXIETY

### **Anxiety and panic attacks**

Some people become very anxious after a heart attack. Anxiety or panic attacks are usually brought on by a tiny thought that goes through your mind, sometimes without you even really recognising it.

A fearful or negative thought triggers a rush of adrenaline that causes real physical symptoms as it increases the heart rate by as much as walking up a hill does. As you become aware of these unpleasant symptoms you start to feel that there is something wrong and the symptoms worsen.

By now the heart is beating fast, you may be sweating and breathless and even feeling some chest pain.

This is what it may feel like to have a panic attack.

### **Recognising anxiety**

Anxiety can effect people in many different ways: physically, emotionally and behaviourally. It's possible to mistake symptoms of anxiety for illness.

Recognising your symptoms will help you to control them and understand what is actually happening.

Possible physical symptoms include:

- headaches
- muscle tension or pain
- stomach problems
- sweating

- feeling dizzy
- bowel and / or bladder problems
- breathlessness and / or palpitations
- dry mouth
- tingling in body
- sexual problems

Possible emotional problems include:

- feeling irritable
- feeling anxious or tense
- feeling low
- feeling of apathy
- feeling low in self esteem

Possible effects on behaviour include:

- temper outbursts
- over drinking and / or smoking
- changes in eating habits
- withdrawing from usual activities
- being unreasonable
- being forgetful and / or clumsy
- rushing around

### **Controlling your anxiety**

Learning how to cope with these feelings will give you the power to control the very unpleasant symptoms involved and help you to deal with what is actually happening.

The following are some techniques that you can learn that will, with practice, help you to deal with any situation that makes you feel anxious.

- Learn how to talk yourself out of panic by concentrating on how you actually feel and not how you imagine you are going to feel.
- Replace negative thoughts with positive images of you doing things without any problem.
- Try and remember that most things are not as bad as you think they are going to be.
- Learn to check your breathing so that you don't breathe too fast (hyperventilate) and practice breathing control. Counting one thousand, two thousand, three thousand helps.
- Learn and practice a relaxation technique.



### **Breathing control**

This is a very simple way of learning how to breathe normally and restore normal breathing when you are anxious.

It involves gentle breathing using the lower part of your chest and stomach, with the upper chest and shoulders relaxed.

- Settle yourself in a relaxed position.
- Make sure that your back is supported.
- Rest your hands on your lower rib cage / stomach.

- Keep your shoulders and upper chest relaxed.
- Feel the gentle rising and falling under your hands as you breathe in and out.
- Find a rhythm that is comfortable for you (counting your breaths might help).
- Concentrate on the lower part of your chest moving rather than the upper part.
- Do not try to take deep breaths, concentrate on breathing slowly.
- Try not to gulp air, swallowing a couple of times helps.

The more you practise this the easier it becomes. To begin with try practising when you feel calm. You will then be able to use these techniques when you are feeling anxious or panicky.

### **Ask for help**

All of this is quite hard to take in at once. Some people find it easier to learn these techniques with the help of a professional e.g. a psychologist or counsellor. Ask your doctor to refer you if you think this would help.

Relaxation tapes are available in bookshops and supermarkets. Some community centres run relaxation classes. Your local library, or health centre, should have information about local classes.

## **COPING WITH DEPRESSION AND FEELING DOWN**

Mood swings and feeling depressed are common after a heart attack. It is quite understandable that a major life event has an emotional impact on you.

Feeling down for some of the time is a natural reaction as you learn to accept, and adapt to, what has happened. However, if you are feeling low for most of the time you could be depressed.

Some people feel there is a stigma attached to being depressed or are afraid of what other people will think of them. Sometimes people do not realise they are depressed especially when they have been feeling the same for a long time.

Depression can be successfully treated, so it is important to recognise if you are depressed and to let someone know how you are feeling.

### **Symptoms of depression**

Depression affects your mood and how you feel about life – you may feel as if there is no point in anything.

It can make you feel as if you don't want to get up in the morning or as if you don't want to go out or see family or friends. Often depression creeps up over a period of time.

Common symptoms of depression include:

- persistent sadness, crying spells
- loss of interest in life
- mood swings: feeling short tempered / irritable or easily upset



- tiredness and loss of energy
- loss of confidence and self esteem
- difficulty concentrating
- not being able to enjoy things that are usually pleasurable or interesting
- feelings of guilt or worthlessness
- changes in appetite / weight gain or loss
- feelings of helplessness and hopelessness
- sleeping problems - difficulties in getting off to sleep or waking up much earlier than usual
- lack of energy, motivation
- being less aware of others and more inward looking
- physical aches and pains
- loss of sex drive and or sexual problems
- avoiding other people sometimes even your close friends
- thinking about suicide and death

Most experts agree that if you have experienced 4 or more of these symptoms for most of the day, nearly every day, for over 2 weeks then you should seek help.

If you are depressed it is difficult for you to make a full recovery and you will become less active and so less able to do things. You have to have a certain amount of incentive to tackle changing lifestyle issues and organising your life to keep you occupied.

Speak to your doctor in the first instance. It may be hard, at first, to talk about how you are feeling but remember doctors are used to talking about emotions and are skilled at recognising and treating depression.

### **Treatment for depression**

Your GP may suggest that you try antidepressant drugs or and / or may arrange for you to have counselling or see a psychologist.

### **Antidepressant drugs**

Antidepressant drugs balance the chemicals in the brain responsible for these feelings. There are different types used depending on your symptoms and medical history.

Antidepressants are not the same as tranquilisers and they are not addictive. However, their use has to be monitored and they should not be stopped suddenly. If your doctor suggests antidepressants make sure you arrange a further appointment to see how things are.

Taking antidepressants does not have to be a long-term solution. Many people are helped through a difficult time in their lives because antidepressants allow them a temporary platform to stand on until they can come to terms with their situation. They are then able to cope better and move on when they have adjusted to issues affecting them.

**Additional support**

- Sometimes additional support may be needed such as some kind of talking therapy (e.g. counselling), as well as antidepressants.
- Most people won't need to see a psychiatrist unless their depression is very severe or they are suicidal.
- You may be referred to the community mental health team for support.

**Tips about coping with depression**

- Try to accept that you may have good and bad days: recovering from depression takes time.
- Getting outside if you can and having some fresh air can help.
- Eat as healthy and varied a diet as you can.
- Try to avoid alcohol, it will bring your mood down and can make sleeping patterns worse.
- Try not to worry if you don't sleep. Read, listen to the radio or TV. Your body is still resting by lying down.
- When you are low it can be difficult to make decisions – talk to those people you trust.
- Try not to bottle up your feelings – use the support around you.
- Relaxation, yoga, tai chi and reflexology are examples of additional ways to increase your feeling of well being and reduce stress.
- Remember that depression can be treated and these unpleasant feelings will lift. Above all don't allow yourself to feel guilty.

## COPING WITH STRESS

### **What is stress?**

Stress is an everyday term that is used when you feel overwhelmed with the pressures of everyday life, or if you are faced with a situation that makes you feel anxious.

Stress can be difficult to measure. It may build up quickly e.g. when you are in a traffic jam. Sometimes it is ongoing such as a having a difficult or demanding job.

Stress is not always a bad thing. It is an inevitable part of everyday life and you need a degree of stress in order to make you perform well. Stress is your body's natural way of preparing your body to deal with physical or emotional demands: good or bad.

Stress triggers the release of adrenaline into the bloodstream which increases the heart rate and oxygen levels to the heart and muscles. These physical reactions help the body cope when faced with a 'dangerous' situation, but can also cause the symptoms that make you feel anxious and stressed.

Stress has not been proven to cause heart disease. However, when it begins to affect your health e.g. tension pains in the neck or back, disturbed sleep or increased anxiety, stress can 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 further heart disease.

To make the necessary lifestyle changes that your recovery involves it is important to be well motivated and to learn to reduce, and control, the amount of stress in your life and to recognise if you are down or possibly depressed.

### **Recognising stress**



Some people who have lived with a high level of stress over a long period of time are not really aware of being stressed or their inability to relax. Tell tale signs of stress building up include:

- feeling frustrated and irritable
  - finding concentrating and decision making more difficult
  - feeling there are always things you must do or that you don't have enough time
- 
- not being able to sleep properly for things running through your mind
  - muscles in your shoulders and neck being tensed up or having a clenched fist, without realising it

Speak to your doctor if you think you might need some help.

### **What triggers your stress?**

Keeping a diary of when you feel most stressed or hassled can be a start to understanding how you cope with stress. This will tell you what kind of situation makes you feel a certain way. It is also helpful to try and think about how you reacted in certain situations:

- Did you feel yourself tense up?

- Did your emotions get the better of you?
- Did you do something to calm yourself down or make yourself feel better such as having a cigarette, an alcoholic drink or eating unhealthy food?

## **Reviewing your life and priorities**

- Recognising a pattern in the way we behave can help us to look for other ways of coping with stress that are less harmful.
- Once you recognise your stress ‘triggers’ you can consciously try to relax in these situations by stretching tense muscles, breathing slowly and putting things into perspective.
- At work, take jobs in order of importance and try to plan ahead.
- You may have to make difficult decisions about your future e.g. changing to a less stressful job.
- Use exercise to help you relax.
- Learning breathing exercises and relaxation techniques can help.
- Watch your alcohol intake. Having a drink to calm your nerves can be the beginning of heavier and problem drinking.



## MOVING ON

After the shock of your actual heart attack and the initial recovery you may wonder ‘what happens now’?

Now is the time to start rebuilding your life. It is the time to start enjoying everyday activities once more and get back to your day to day routines.

Hopefully you are starting to make positive changes to your lifestyle which will reduce the risk of another heart attack and / or further heart disease. Yet it is likely you may still have questions about what you can do and the impact that having a heart attack may have on your day to day life.

This section gives you information about certain key areas of your life. This will hopefully give you the confidence you need to enter this next stage of recovery.



## KEEPING ACTIVE

After a period of cardiac rehabilitation, or once you have built up exercise to a moderate intensity, you will find home exercises and walking are not enough.

You may be ready to move on to something more demanding. Continue to pace yourself and set yourself small targets to ensure you do not over tax yourself.

Many areas have community based cardiac exercise classes, to cater for Phase IV of recovery from a heart attack.

There are clubs and groups where exercise can be part of a weekly meeting and also provide a chance to share experiences and support each other. Contact CHSS Advice Line for details of our Affiliated Heart Groups across Scotland.

Always check with your doctor how much and what kind of exercise would be suitable for you, especially if you are being treated for any other medical condition.

Benefits of regular exercise:

- the more you do the more you are able to do
- strengthens your heart
- helps to control cholesterol
- helps to lower high blood pressure
- helps you to lose weight
- keeps you supple and more mobile
- strengthens muscles, joints and bones
- reduces tension, encourages relaxation and sleep

- reduces anxiety and depression
- gives a sense of well being and confidence

Remember there are other benefits to regular exercise apart from getting your heart back to full strength. Many people find that, after their heart attack, as they start to make healthy lifestyle changes a way of life, they are healthier than before.

### **What type of exercise?**

Choose an exercise that keeps you moving and makes you breathe in more air (dynamic and aerobic exercise). For example:

- walking
- swimming
- cycling
- dancing
- golf
- exercising to music

It is too early in the first couple of months to try competitive sport. The competitive nature might encourage you to push beyond your limit and you can lose control of what you know you can manage safely and comfortably.

### **Tips on exercising**

- Try to do some form of activity every day as part of your normal routine.
- Spend 5 - 10 minutes warming up gently, ready to exercise.
- Spend 5 - 10 minutes cooling down after exercise.
- Aim to gradually increase what you do in small stages.

- Remember it is not a competition – you are in control.
- Avoid rushing and holding your breath.
- If it hurts – stop.
- You should be able to hold a conversation at all times.

Aim to build up to 30 minutes of moderate intensity physical activity on most days of the week (plus warm up and cool down time). When you are able to do this comfortably you can increase to higher intensity for 20 minutes three times a week. After that you can do as much as you like as long as you are feeling well.



## **Staying motivated**

The best benefits are gained from long term regular exercise and you are less likely to drop out if you:

- Choose something that you will enjoy.
- Encourage a friend or family member to join you.
- If exercising outdoors, have an option of a bad weather choice so there is always an alternative.

**Try to do your activity near to home: this will make it seem less of a chore, prevent excuses for not going and cost you less for travelling.**

## WORKING

Unless your doctor advises against it there is no reason why you shouldn't be aiming to get back to work.

You can usually expect to do this within a few months but everyone's circumstances are different, so don't compare yourself with others.

The length of time off work will depend on what your job is. For example:

- Someone who sits at a desk all day may be able to return to work quicker than someone who has a very physical job.
- Someone working in a low pressure environment may be able to return to work quicker than someone with a very mentally demanding and stressful job.

### **How to cope with returning to work**

It is important that you are honest with your employer and close colleagues so that you do not put yourself under too much pressure.

Flexible working patterns can be useful to begin with.

- Build up both physical and mental activity gradually.
- Be honest and realistic about how you are getting on.
- You may feel unexpectedly tired by your work at first; avoid stressful situations and go to bed early.
- Where physical requirements are too much for you, it may be necessary to retrain or find alternative duties at your workplace. If your work has an occupational health department,

they can be a useful source of support and information.

- If you are advised not to continue in your previous employment there is help available for retraining or changing occupation. Ask for an appointment to discuss this at your local job centre or careers advice department.



### **Your partner working**

Your recovery is likely to be faster if your partner continues to work and have outside activities.

Try not to feel abandoned if your partner returns to work soon after you come out of hospital. This is a good way to get your confidence back and help you both return to normal life.

### **Coping with work related stress**

When your job is mentally demanding or stressful it is important to learn some stress management skills, including time management. A simple rule of thumb regarding time management is to split your day into thirds: one third sleep, one third work and one third social and leisure activities. You may find it useful to learn relaxation techniques and practice breathing control exercises. These can help minimise the effects that stress and anxiety have on your life.

## **YOUR SEX LIFE**

Any serious health problem brings to light the possibility of a loss of sex life. Having a heart attack is no different. For anyone who was previously sexually active this is an important issue.

### **Is it OK to have sex?**

Sex is a form of exercise, no more stressful to your heart than other normal activity. If you think of sex as a physical activity then making love raises your heart rate about as much as climbing two flights of stairs of approx 13 steps each. So if you can do that without any problems, there is no reason to think sex should not be OK.

For most people it should be possible to resume sexual activity 4 - 6 weeks after a heart attack. This applies to both sexes.

If you experience any symptoms during activity it is likely this will happen during lovemaking as well. Once these symptoms are dealt with you should also be able to resume lovemaking without any difficulty.

Remember it is realistic to maintain a healthy sex life after a heart attack.

If you or your partner have any questions or concerns regarding your sexual relationship try to talk to your doctor. If necessary he / she can refer you to a specialist for counselling.

Your doctor will be used to talking about personal matters even if you aren't, so try not to feel embarrassed.



### **Losing interest in sex**

Some people lose interest in making love after a heart attack. This can be for various reasons:

- Some people are scared that sex might cause damage to their heart or that they might die during sex. This risk is actually very low.
- Anxiety and depression are known to have an adverse effect on sexual desire. It's important to keep communicating, honestly, with each other as it is easy for a partner to feel rejected when sexual intimacy changes.
- People tend to be more aware of their heart after a heart attack and this can draw attention to the natural increase in heart rate during activity.

- Some drugs which are used to treat heart disease can cause impotence in men. Speak to your doctor or nurse if this is happening to you, as there are solutions available.

Do not use drugs you have obtained without a prescription such as Viagra® as this could be dangerous.

### **Change in relationships**

Coming to terms with a heart attack can take time and both partners will have different ways of coping. Some people feel that their role within their relationship changes, especially if one partner takes on the caring role.

Talking to your partner about how you feel and any worries you may have will make it easier for you both to deal with the situation before it becomes a problem.

Retaining closeness and intimacy within your relationship will help to overcome difficulties. Remember that you can express your feelings in many different ways, through talking but also with body language and physical contact such as kissing and cuddling. Taking the first step may be the biggest hurdle to overcoming your anxiety about resuming sexual contact.

## DRIVING

Sometimes there are complications after a heart attack such as angina and arrhythmias. You have to be stable and symptom free before driving can be resumed.

For safety reasons the DVLA (Driver and Vehicle Licensing Agency) has strict guidelines about who may and may not drive and your doctor should be involved in discussing these with you before you drive again.

If any of the drugs you are taking for your heart give you side effects which may affect your driving (e.g. drowsiness) then you are not allowed to drive.

If your work involves driving then you must inform your employer. The following guidelines do not take into account any special conditions your employer might apply in your contract.

### **Group 1 Licence Holders: Motorcars and Motorcycles**

When you can start to drive again depends on what treatment you received immediately after your heart attack:

- If you were successfully treated by PCI then you can start to drive 1 week after your heart attack as long as your doctor says you are fit, no other urgent treatment is planned and there is no other disqualifying condition. If you are unsure at all about fitness to drive in this category you must speak to your doctor for clarification.
- If you were not successfully treated by PCI you are disqualified from driving for 4

weeks. After this time you may return to driving if your doctor says you are fit and there is no other disqualifying condition.

- The DVLA need not be notified in both of these cases.

### **Group 2 Licence Holders: Lorries and Buses**

In this case you are disqualified from driving for at least 6 weeks and the DVLA and your insurance company must be notified.

Re-licensing may be permitted after this time if the exercise tolerance test requirements can be met and there are no other disqualifying conditions.

### **Insurance**

It is important to notify the DVLA of any reason you may not be fit to drive. Your insurance will not cover you if you have to make a claim and have not notified the DVLA .

### **Tips about resuming driving**

- Start driving again in easy stages.
- Avoid heavy traffic and motorways until you know you can cope.
- Give yourself plenty of time for your journey.
- Do not drive for longer than 2 hours without a break.
- Try to keep calm and relaxed. If you find driving stressful, leave it for a while until you feel a bit better.

If you are in any doubt about your fitness to drive please consult your doctor.

## FLYING

You are allowed to fly 7 to 10 days after a heart attack as long as there are no complications and your doctor says you are fit to fly.

- If there were complications after your heart attack (such as angina and arrhythmias) then you will have to wait 4 to 6 weeks before you fly. Again your doctor must give you permission to fly.
- If you have any concerns about your health then you need to contact the airline's medical department before travelling. This will allow medical clearance and fitness to fly to be assessed before you travel and allow the airline staff to help you with early boarding and inflight care if required.



- Make sure you are not carrying heavy luggage and that you have any drugs you need in your hand luggage.

**To protect yourself when flying always:**

- Drink plenty of non-alcoholic fluids.
- Avoid alcohol.
- Get up regularly for short walks.
- Make sure you have plenty of legroom when you book, this may mean checking in early.
- Every half hour: bend and stretch your legs, wiggle your feet and press the balls of your feet down hard against the floor.

**Travel insurance**

You have to declare if you have had a heart attack or have coronary heart disease when buying travel insurance to ensure that you have the appropriate cover when abroad.

*See the CHSS factsheets 'Sympathetic insurance companies', 'Air travel' and 'Holidays' for more information.*

## YOUR FAMILY AND FRIENDS

### How the family is affected by a heart attack

Your family and close friends will be scared and worried by what has happened to you. This means they will want to protect and help you in any way they can.

Often people cope with their fears by becoming overprotective of their loved one. However, this can make you feel that you are an invalid; the opposite of how you should be feeling in order to make a good recovery back to fitness.

It can also be frustrating and irritating for you if people are running around after you. This can make you feel guilty about creating extra work.

Share the facts and talk openly about what happened. This reduces tension and allows fears and anxiety to be dealt with. It is important that everyone is aware that a gradual, paced return to normal activities has to happen over a period of time. It is not a case of sitting still until time passes.

It can be very helpful to sit down with your friends and family and explain what you can and cannot do and agree that you will ask for help if you need it.

On a positive note, it is much easier if all family members work together to make the necessary lifestyle changes to reduce the risks of heart disease. This increases the chances of creating long lasting, healthy changes to how you lead your lives.

Your family can also join in with your exercise programme and are usually welcome at CHSS



Affiliated Heart Groups. This can often help to motivate you to keep going with regular exercise.

It is also important to talk, listen and laugh with family and friends. You can resume a social life from home by inviting friends to visit. Visits to / from friends can incorporate some exercise and fresh air.

### **Guilt**

Family members often feel guilty about a loved one's heart attack and blame themselves for what happened. Teenagers often feel they are responsible.

If things were not going well between a couple prior to the heart attack the partner can often feel guilty. Relationship problems before the heart attack will still be there afterwards, and this can put added stress on the relationship.

Family members often ask themselves if they could have done something to prevent the heart attack. It is important to understand that although a heart attack happens suddenly, it is not caused suddenly. What causes it usually takes years to develop.

A heart attack can put pressure on relationships. If this happens try to communicate with each other and seek help if necessary. Above all, don't feel guilty.

### **Information for carers**

The 'Useful Addresses and Websites' section towards the end of this booklet has more detailed information which can help make day to day living easier. The CHSS Advice Line may be able to direct you further.

## TESTS AND TREATMENTS

If your doctor thinks that you may have a heart condition then you may need the following tests / investigations:

- blood tests
- chest x-ray
- electrocardiogram (ECG)
- urine tests
- monitoring your weight and blood pressure
- detailed family history and lifestyle evaluation to check for any cardiovascular risk factors
- eye examination: your eyes will be examined to look at the blood vessels at the back of the eye
- checking your pulses in your wrists, legs and feet

Depending on your situation, further tests or investigations may be necessary.

These can include:

- exercise tolerance test ECG: also known as a stress test or treadmill test
- echocardiogram: also known as an ‘echo’
- angiogram: also known as cardiac catheterisation
- magnetic resonance imaging scan (MRI)
- thallium scan: also called myocardial perfusion scintigraphy

## REFERENCE SECTION

## Blood tests

Routine blood tests include:



- Full blood count (FBC): this test measures the levels of red blood cells, white blood cells and platelets. It also measures the haemoglobin (oxygen carrying component of red blood cells).
- Urea and Electrolytes (U's & E's): urea levels help to monitor how the kidneys are working. Electrolytes (e.g. sodium, potassium) and minerals (e.g. calcium) help to stabilise the heart rhythm.
- Glucose: this test measures the level of sugar in the blood.
- Liver and thyroid function.

Other blood tests include:

- Troponin blood test: troponin is a protein which is released into the blood stream when the heart muscle is damaged. The troponin level provides a quick and accurate measure of any heart muscle damage. It is used to help diagnose a heart attack and may need to be taken on admission to hospital and / or 12 hours from the onset of symptoms.
- Cholesterol level and lipid profile.
- Checking for altered hormone levels: this can be a possible cause of high blood pressure.

### **Chest x-ray**

A chest x-ray is useful for showing the size and shape of the heart and detecting chest disorders. It can also show any fluid in the lungs, which may be caused by heart failure.

### **Urine tests**

You may need to give a urine sample. This will be tested for protein and blood which, if found, may indicate that your kidneys need to be examined more closely. Kidney damage / disease can be a cause of high blood pressure and high blood pressure can make any existing kidney disease worse.

### **Electrocardiogram (ECG)**

#### **ECG**

ECG stands for electrocardiogram, which gives a recording of the electrical activity of the heart in the form of a graph (see diagram for an example of an ECG recording).



Electrodes, attached to sticky patches, are positioned on your chest, wrists and ankles and a recording of the electrical signal between the electrodes is made.



ECGs are often referred to by the number of ‘leads’ e.g. 12 lead ECG. Each lead gives a view of the electrical activity of the heart from a particular angle across the body (i.e. between 2 electrodes).

The ECG reflects what is happening in different areas of the heart and helps to show up any abnormality in the electrical system.

An ECG is painless and the procedure usually takes about 5–10 minutes.

### **Exercise Tolerance Test**

Also known as a ‘stress test’ or ‘treadmill test’. This is a type of ECG which records the activity of the heart as you make it work harder i.e. by walking and talking on a treadmill.

You will be closely monitored by medical staff during this test. An exercise ECG records changes that the heart experiences due to an insufficient blood supply.

It can be used to diagnose angina and assess its severity. Not everyone will be able or fit enough to have this test.

### **Heart Scans**

#### **Echocardiogram**

Also referred to as an ‘echo’ this is an ultrasound scan of the heart. Firstly, a special jelly is applied to the chest. An operator then

lays a probe on the chest and moves it around, on the jelly, to get different views.

Sound waves bounce information about the structure of the heart back to a computer to make a picture of the heart. This tells the doctor about:

- the size of the heart
- how well the muscle is working
- how well the valves are working

## **Magnetic resonance imaging (MRI)**

This scan uses a magnetic field to produce detailed images of the heart and blood vessels. It is very helpful in getting information about the heart for those who cannot have an exercise ECG or if this test has been inconclusive.

An MRI usually involves lying down, on a couch, inside a large metal cylinder. The couch then moves backwards and forwards through the cylinder and images of the body are taken. You can listen to music during the scan and you will be able to hear the radiographer (the person who operates the machine) talk to you.



## **Thallium scan**

(Myocardial perfusion scintigraphy)

This scan shows how well blood is reaching the heart muscle through the coronary arteries.

A small amount of thallium (radioactive substance) is injected into a vein and a special

camera moves around the body. The camera picks up traces of thallium and produces pictures. As thallium will not travel well to areas where there is a poor blood supply the pictures can be used to see how well blood is reaching the heart.

The scan can compare how well the thallium is taken up by the heart muscle when it is made to work harder i.e. in the form of an exercise test or by an injection of a stimulant drug. It is a useful scan when exercise tests cannot be done or when specific information on the heart muscle is needed which a treadmill exercise test cannot provide. The levels of radiation used are not harmful.

### **Angiogram**

An angiogram is an x-ray examination of the heart (also called cardiac catheterisation) which is used to assess damage to the coronary arteries.

- A catheter (tube) is inserted, under local anaesthetic, into a main artery in the upper leg or lower arm and then passed gently into the aorta (the large artery which supplies the heart muscle with its own blood supply).
- A dye is then injected which fills the blood vessels of the heart (coronary arteries) and an x-ray picture is taken.
- This picture can then be studied to assess which arteries are blocked and how severe the blockages are.
- You cannot feel the catheter in the heart but some people experience a ‘hot flush’ when the dye is injected.

- Interventions to treat a blockage can sometimes be performed at the same time as an angiogram. This is called percutaneous coronary intervention (PCI).

## **Percutaneous Coronary Intervention (PCI)**

### **What is percutaneous coronary intervention?**

Percutaneous coronary intervention (PCI) is a procedure which treats blockages within the coronary arteries and improves blood flow to the heart.

PCI involves stretching any narrowed areas of the coronary arteries using a balloon which is attached to a thin catheter (tube). Like an angiogram, the catheter is inserted, under local anaesthetic, into a main artery in the upper leg or lower arm and then passed gently into the coronary arteries (the arteries which supply the heart muscle with its own blood supply).

- The balloon, at the tip of the catheter, is blown up at the narrowed area(s) of the artery; this forces the artery open and widens it.
- In the majority of cases a metal stent will also be placed in the artery. A stent is a cylinder of metal mesh which acts like a scaffold to keep the artery open and prevent the artery narrowing again. The artery heals around the stent making it a permanent part of the artery. You will not be aware that it is there.
- If you have a stent, you will need to take certain antiplatelet drugs to help reduce the risk of blood clots forming around the stent.

- Sometimes stents can be used which slowly release drugs, directly to the narrowed area, to help prevent the problem recurring. These are called drug-eluting stents and are used when the risk of re-narrowing is high.

## **Thrombolysis**

### **What is thrombolysis?**

Thrombolysis involves an infusion of ‘clot busting drugs’ which are given directly into your vein. These drugs (usually tissue plasminogen activator (tPA) or alteplase) dissolve the clot(s) within the coronary artery and improve blood flow to your heart.

Thrombolysis treatment may be an emergency treatment option if PCI cannot be performed within the first 90 mins from the start of any heart attack symptoms.

Treatment with thrombolysis is most effective when it is given as soon as possible.

It may be given by paramedics in some areas, or shortly after arrival in hospital.

This treatment is not suitable for everyone as there is a risk of bleeding.

## HEART DRUGS COMMONLY USED AFTER HEART ATTACK

These have been listed in alphabetical order, in drug groups and given their generic (chemical) name.

Different manufacturers use different brand names for the same drug so you may find that the packaging and the name on the packet you get from your pharmacy sometimes varies. The ingredients will tell you the name of the drug which the packet contains.

*Information about other heart drugs can be found in the CHSS booklet 'Understanding heart disease'.*



Drug group names and examples	How they work / action	Possible common side effects
<p><b>ACE Inhibitors</b> (Angiotensin Converting Enzyme inhibitors)</p> <ul style="list-style-type: none"> <li>• captopril</li> <li>• enalapril</li> <li>• lisinopril</li> <li>• ramipril</li> <li>• fosinopril</li> <li>• perindopril</li> </ul>	<p>Reduce blood pressure and increase cardiac output (improve the efficiency of the heart).</p>	<p>Persistent cough, dizziness, kidney problems.</p>
<p><b>Antiplatelets:</b></p> <ul style="list-style-type: none"> <li>• aspirin</li> <li>• clopidogrel</li> </ul>	<p>Blood clotting occurs due to special cells, called platelets, sticking together. Antiplatelets make this harder to do.</p> <p>Reduces the risk of developing blood clots used to prevent heart attacks and strokes.</p>	<p>Can cause stomach irritation, headache and bruising.</p>
<p><b>ARBs (Angiotensin II receptor blockers)</b></p> <ul style="list-style-type: none"> <li>• candesartan</li> <li>• losartan</li> <li>• irbesartan</li> <li>• valsartan</li> </ul>	<p>Reduce blood pressure and increase cardiac output (improve the efficiency of the heart).</p>	<p>Can cause dizziness, kidney problems.</p>
<p><b>Betablockers</b></p> <ul style="list-style-type: none"> <li>• atenolol</li> <li>• bisoprolol</li> <li>• metoprolol</li> <li>• carvedilol</li> </ul>	<p>Reduce blood pressure, lower heart rate and ease workload of the heart.</p>	<p>Can cause fatigue, dizziness, cold fingers / toes, sleep disturbance / nightmares, male impotence.</p>

Additional information	How used
<p>ACE inhibitors are usually started with a small dose and increased gradually to prevent dizziness (due to blood pressure being lowered). Sometimes taking it at night can help if you have dizziness.</p>	<p>High blood pressure, coronary artery disease such as after a heart attack or unstable angina episode and in the treatment of heart failure or after a stroke.</p>
<p>Report black bowel motions to your doctor immediately, as this may indicate bleeding from gut. Do not take additional medicines containing aspirin.</p>	<p>As a preventative measure in coronary heart disease, valve surgery and early treatment of heart attack.</p>
	<p>High blood pressure and in addition, or as a substitute, to ACE inhibitors, when side effects present.</p>
<p>Discuss impotence with your nurse / doctor. Usually avoided in people with asthma and chest problems.</p>	<p>High blood pressure, after a heart attack, angina, heart failure and heart rhythm problems (arrhythmias).</p>

Drug group names and examples	How they work / action	Possible common side effects
<b>Calcium channel blockers</b> <ul style="list-style-type: none"> <li>• amlodipine</li> <li>• nifedipine</li> <li>• diltiazem</li> <li>• verapamil</li> </ul>	Relax blood vessels to reduce blood pressure and decrease workload of the heart; can also be used to reduce the heart rate.	Can cause flushing, headaches, dizziness, stuffy nose, nausea, palpitations, slow pulse and ankle swelling.
<b>Nitrates</b> <ul style="list-style-type: none"> <li>• GTN (glyceryl trinitrate) spray / tablets</li> <li>• isosorbide mononitrate</li> <li>• nitrate patches</li> </ul>	Relax blood vessels, lower blood pressure and reduce the workload of the heart.	Can cause headache, flushing, dizziness and nausea.
<b>Opiates</b> <ul style="list-style-type: none"> <li>• morphine</li> </ul>	Pain relief.	Can cause constipation and tiredness.
<b>Statins</b> <ul style="list-style-type: none"> <li>• pravastatin</li> <li>• simvastatin</li> <li>• atorvastatin</li> <li>• fluvastatin</li> <li>• rosuvastatin</li> </ul>	Lower LDL ('bad' cholesterol) and reduce the risk of coronary heart disease.	Can cause nausea, stomach upsets, headache, muscle pains and fatigue.

Additional information	How used
Avoid grapefruit juice with nifedipine and verapamil.	High blood pressure, angina and can be used in place of beta blockers.
Headache particularly on first taking; flushing eases as dose increases slowly; avoid taking Viagra®, or similar products. Safe alternatives are available if you discuss with your doctor.	Angina, heart failure, high blood pressure.
	To relieve pain and distress. Can also be used to improve shortness of breath in heart failure.
Avoid grapefruit juice when taking simvastatin.	Prevention of coronary events and as part of the treatment after coronary events.

## USEFUL ADDRESSES AND WEBSITES

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

65 North Castle Street  
Edinburgh EH2 3LT  
Tel: 0131 225 6963  
Fax: 0131 220 6313  
Advice Line: 0845 077 6000  
E-mail: [adviceline@chss.org.uk](mailto:adviceline@chss.org.uk)  
Website: [www.chss.org.uk](http://www.chss.org.uk)

*CHSS aims to improve the quality of life for people in Scotland affected by chest, heart and stroke illness, through medical research, advice and information, and support in the community.*

### **Blood Pressure Association**

60 Cranmer Terrace  
London SW17 0QS  
Blood Pressure Information line  
Call 0845 24 0989  
Line open 11am to 3pm Monday to Friday.  
Email information service through website.  
Website: [www.bpassoc.org.uk](http://www.bpassoc.org.uk)

*The Blood Pressure Association is the UK-wide charity dedicated to lowering the nation's blood pressure. Their aim is to prevent unnecessary death and disability from heart disease, heart attacks and stroke caused by high blood pressure.*

*Free on line membership and a full subscription membership available.*

**British Heart Foundation**

Ocean Point One  
94 Ocean Drive  
Edinburgh EH6 6JH  
Tel: 0131 555 5891  
Heart Information Line: 08450 70 80 70  
(Monday to Friday 9am-6pm)  
Website: [www.bhf.org.uk](http://www.bhf.org.uk)

*The British Heart Foundation provides free, confidential information, help and support on all heart health issues. They invest in pioneering research and support and care for heart patients.*

**Carers Scotland**

The Cottage  
21 Pearce Street  
Glasgow G51 3UT  
Tel: 0141 445 3070  
CarersLine: 0808 808 7777  
Wednesday and Thursday  
10am-12pm and 2pm-4pm  
Email: [info@carerscotland.org](mailto:info@carerscotland.org)  
Website: [www.carerscotland.org](http://www.carerscotland.org)

*Carers Scotland provides information and support on all matters relating to caring.*

### **Depression Alliance Scotland**

11 Alva St

Edinburgh EH2 4PH

Tel: 0845 123 23 20

(Mon - Fri: 11am - 1pm, 2 - 4pm)

Email: [info@dascot.org](mailto:info@dascot.org)

Website: [www.dascot.org](http://www.dascot.org)

*Depression Alliance Scotland is working towards a future where depression is recognised, understood and acknowledged to be a common and treatable medical condition, just like any other. They run a telephone information service and self-help groups as well as producing a number of publications about depression.*

### **Diabetes UK Scotland**

The Venlaw, 349 Bath Street

Glasgow G2 4AA

Telephone: 0141 245 6380

Fax: 0141 248 2107

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

Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

*Diabetes UK Scotland is dedicated to putting the interests of people with diabetes first, through the best in campaigning, research and care.*

### **Drinkline**

Helpline: 0800 917 8282 (9am -11pm Mon -Fri)

*Drinkline offers free, confidential advice and support, information and self-help materials.*

## **Driving**

Information about fitness to drive, contacting the DVLA and Medical standards can be found at [www.dvla.gov.uk](http://www.dvla.gov.uk) and [www.direct.gov.uk](http://www.direct.gov.uk)

## **Heart UK**

7 North Road

Maidenhead SL6 1PE

Tel: 0845 450 5988

Email: [ask@heartuk.org.uk](mailto:ask@heartuk.org.uk)

Website: [www.heartuk.org.uk](http://www.heartuk.org.uk)

*HEART UK is a national charity for patients and their families which combines the rich skills of research scientists and the caring and knowledgeable attention of doctors, nurses and dieticians, in order to support all those at risk of inherited high cholesterol and cardiovascular disease.*

## **NHS 24**

Tel: 08454 24 24 24

Textphone: 18001 08454 24 24 24

Website: [nhs24.com](http://nhs24.com)

*This phone service is designed to help you get the right help from the right people at the right time.*

*The service is available throughout Scotland and works in conjunction with General Practitioners, Accident and Emergency, Ambulance and Community Pharmacy services. The website provides comprehensive up-to-date health information and self care advice for people in Scotland.*

**No Panic**

93 Brands Farm Way  
Telford, Shropshire TF3 2JQ  
Helpline 0808 808 0545  
Website: [www.nopanic.org.uk](http://www.nopanic.org.uk)

*No Panic offers support to people with anxiety.*

**Relationships Scotland**

(Formerly known as Relate Scotland)  
18 York Place  
Edinburgh EH1 3EP  
Tel: 0845 119 2020  
Fax: 0845 119 6089  
Website: [www.relationships-scotland.org.uk](http://www.relationships-scotland.org.uk)

*Relationships Scotland offer confidential relationship counselling and sexual therapy for couples and individuals. These services are provided across Scotland.*

**Smokeline**

Tel: 0800 84 84 84

*Smokeline offers initial and ongoing telephone support and encouragement to callers wishing to stop smoking or who have recently stopped and want to stay stopped.*

*Smokeline also provides a free copy of their helpful guide to stopping smoking.*

## STRETCHING EXERCISES

These are also good to use as warming up exercises.

**Arm circling** – to maintain suppleness in your shoulders.

- Stand tall and relaxed with your arms at your sides.
- Slowly circle your right shoulder backwards.
- Repeat with your left shoulder and continue on alternate sides.
- Place your right hand on your right shoulder.
- Move your elbow forwards, up and back in a circle.
- Repeat with your left elbow and continue on alternate sides.
- Next, put your arms down by your sides.
- Keep your hips facing forwards and lift your right arm forward, up and back to form a large circle.
- Repeat on the left and continue on alternate sides.
- Any of these arm circles can be done with both arms together if you feel comfortable.

**Forward bending** – to stretch the muscles in your shoulders, trunk and legs.

- Stand tall and relaxed.
- Reach up towards the ceiling with your fingertips, stretching through your whole body.
- Then let yourself bend at the hips and the knees, and bring your hands back down towards the floor, as far as is comfortable.

## STRETCHING AND PACING EXERCISES

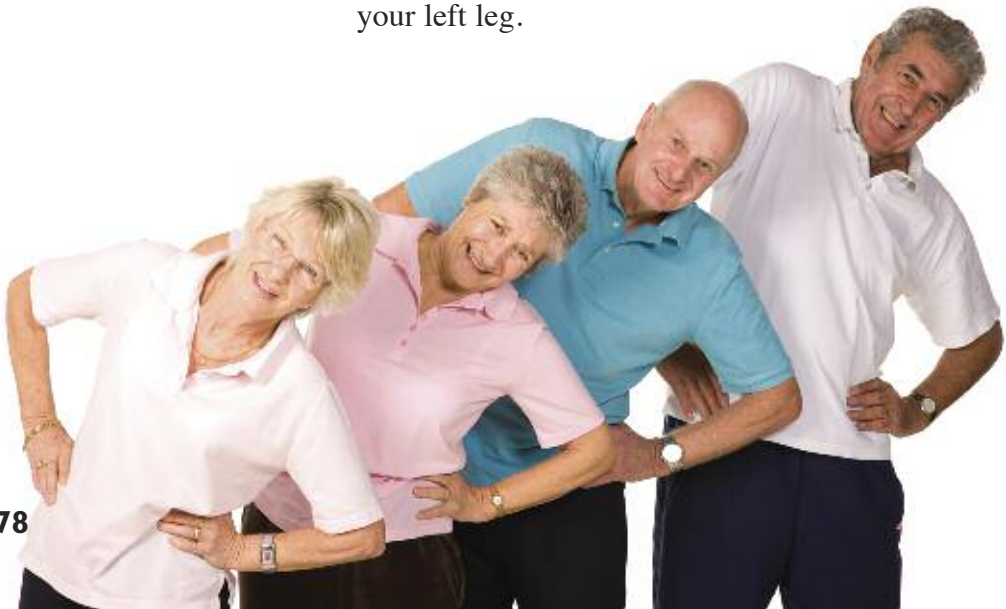
- Straighten up gently and repeat.

**Side bending** – to stretch the muscles in your sides and help keep your spine flexible.

- Stand tall and relaxed with your feet apart and hands at your sides.
- Alternate to the left and right.
- Slowly bend to one side, allowing your hands to slide down the sides of your legs, keeping your legs straight.
- Make sure you are bending to the side and not letting your shoulders drop forwards. Bend only as far as you can manage comfortably and gently return to the upright position.
- Stand tall between bends.
- Don't bounce into the movement.

**Leg swinging** – to keep your hips mobile and to stretch the thigh muscles.

- Stand tall and relaxed with your weight on your left leg.



- Rest your left hand on the back of a chair for support, if necessary.
- Now swing your right leg forwards and backwards in a relaxed pendulum action. Gradually swing your leg higher keeping your body fairly upright and letting your right knee bend.
- Only swing as far as you can manage comfortably.
- Repeat with your left leg.

**Calf stretching** – to stretch your calves and keep your ankles mobile.

- Stand an arms length away facing a wall.
- Place your hand on the wall for support and stretch your right leg out straight behind you with the ball of your foot on the floor, and your toes pointing towards the wall. Gently push your right heel towards the floor, allowing your left leg to bend as necessary.
- Repeat with the left leg.

**Ankle reaching** – to stretch your lower back and the backs of your thighs.

- Sit on the floor with your legs straight in front of you and your knees as near to the floor as is comfortable.
- Place your hands on top of your thighs.
- Slowly and smoothly slide your hands down your legs as far as you can comfortably reach.
- Return to the upright position and repeat.
- Do not bounce into the movement.

## PACING EXERCISES

Here are some examples of simple exercises you can do at home, gradually increasing how much you do. You can keep a note of your progress using the record sheets provided. This is called pacing your activity. You can pace yourself by repeats or by time:

### **Knee bends**

This involves standing next to a table, resting one hand on the surface to help your balance, and bending your knees slowly as far as is comfortable and then back up again.

- To start with do 5 bends.
- Mark how you found this:
- Hard – Easy – Too easy
- When you find this ‘too easy’ for two days running increase by 2 bends and so on.

### **High stepping**

- To start with lift each knee in turn as high as possible for a period of 30 seconds.
- Mark how you found this:
- Hard – Easy – Too easy
- When you are marking this ‘too easy’ for 2 days running, increase the time by 30 seconds and so on.
- When you get to 3 minutes you might want to try jogging on the spot for 30 seconds and start timing again increasing by 30 seconds when it becomes ‘too easy’.

**Daily exercise and activity record sheet**

Week beginning:

Number of weeks since your heart attack:

Stretching and warming up exercises. Tick what you do every day.

	Arm Circling	Forward Bending	Side Bending	Leg Swinging	Calf Stretching	Ankle Reaching
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

After warming up and stretching.

Put in the activity you have chosen to do and mark on the scale how you got on. See the example below.

Example	Activity	Hard	-----	Easy	-----	Too Easy
Day 1	5 knee bends			X		
Day 2	5 knee bends					X
Day 3	7 knee bends	X				

	Activity	Hard	-----	Easy	-----	Too Easy
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

**Daily exercise and activity record sheet**

Week beginning:

Number of weeks since your heart attack:

Stretching and warming up exercises. Tick what you do every day.

	Arm Circling	Forward Bending	Side Bending	Leg Swinging	Calf Stretching	Ankle Reaching
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

After warming up and stretching.

Put in the activity you have chosen to do and mark on the scale how you got on. See the example below.

Example	Activity	Hard	-----	Easy	-----	Too Easy
Day 1	5 knee bends			X		
Day 2	5 knee bends					X
Day 3	7 knee bends	X				

	Activity	Hard	-----	Easy	-----	Too Easy
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

**Daily exercise and activity record sheet**

Week beginning:

Number of weeks since your heart attack:

Stretching and warming up exercises. Tick what you do every day.

	Arm Circling	Forward Bending	Side Bending	Leg Swinging	Calf Stretching	Ankle Reaching
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

After warming up and stretching.

Put in the activity you have chosen to do and mark on the scale how you got on. See the example below.

Example	Activity	Hard	-----	Easy	-----	Too Easy
Day 1	5 knee bends			X		
Day 2	5 knee bends					X
Day 3	7 knee bends	X				

	Activity	Hard	-----	Easy	-----	Too Easy
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

**Daily exercise and activity record sheet**

Week beginning:

Number of weeks since your heart attack:

Stretching and warming up exercises. Tick what you do every day.

	Arm Circling	Forward Bending	Side Bending	Leg Swinging	Calf Stretching	Ankle Reaching
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

After warming up and stretching.

Put in the activity you have chosen to do and mark on the scale how you got on. See the example below.

Example	Activity	Hard	-----	Easy	-----	Too Easy
Day 1	5 knee bends			X		
Day 2	5 knee bends					X
Day 3	7 knee bends	X				

	Activity	Hard	-----	Easy	-----	Too Easy
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

**Daily activity and walking diary**

Keep a note every day of what you have done each day and how you felt.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Daily activity and walking diary**

Keep a note every day of what you have done each day and how you felt.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Daily activity and walking diary**

Keep a note every day of what you have done each day and how you felt.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Phone/Textphone the Chest,  
Heart & Stroke Advice Line for  
confidential, independent advice  
from one of our nurses.**



**The line is open  
Monday – Friday  
9.30 – 4.00**

**0845 077 6000**

**Charged at local call rate.**

**Out of hours answering machine.**

**Email: [adviceline@chss.org.uk](mailto:adviceline@chss.org.uk)**

**Fax: 0131 220 6313**

The information contained in this booklet is based on current guidelines and is correct at time of printing. The content is also put out to peer, patient and expert review. If you have any comments about this booklet please contact Lorna McTernan, Health Information Manager, at the address on the facing page.

# HEART PUBLICATIONS

Booklets		Factsheets - Free	
<b>H1</b>	Living with Angina	<b>F2</b>	Salt
<b>H2</b>	Reducing the Risk of Heart Disease	<b>F3</b>	Cholesterol
<b>H3</b>	Understanding Heart Disease	<b>F4</b>	Warfarin
<b>H4</b>	Living with High Blood Pressure	<b>F6</b>	Holidays
<b>H5</b>	Living with Heart Failure	<b>F7</b>	Insurance companies
<b>H6</b>	Living with a Pacemaker	<b>F8</b>	Suggested booklet
<b>H7</b>	Heart Attack: A Guide to your Recovery	<b>F13</b>	Air travel for people affected by chest, heart and stroke illness
<b>H8</b>	Understanding Heart Valve Problems	<b>F17</b>	Diabetes: links with heart disease and stroke
<b>H9</b>	Understanding Atrial Fibrillation	<b>F18</b>	Coping with tiredness
<b>H10</b>	Living with an ICD	<b>F19</b>	Managed Clinical Networks and You
<b>Videos and DVDs</b>		<b>F20</b>	Illustrated risk factors (ethnic target)
<b>H5V</b>	Living with Heart Failure Video: £5.00	<b>F21</b>	Illustrated risk factors (general target)
<b>H5D</b>	Living with Heart Failure DVD: £5.00	<b>F22</b>	How to make the most of a visit to your doctor
<b>H7V</b>	Heart Attack: A guide Video: £5.00	<b>F23</b>	Living with stress and anxiety
<b>H7D</b>	Heart Attack: A guide DVD: £5.00	<b>F24</b>	Healthy eating
		<b>F26</b>	Understanding help in the community
		<b>F28</b>	Glossary
		<b>F30</b>	Just move!

A full publication list is available from Head Office.

65 North Castle Street, Edinburgh EH2 3LT

Telephone: 0131 225 6963

## ORDER FORM

Please send me the following:

TITLE	No. of copies

Up to 100 booklets free

Up to 100 factsheets free

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_

## WHERE TO FIND US

### Head Office

Tel: 0131 225 6963

Fax: 0131 220 6313

65 North Castle Street

Edinburgh EH2 3LT

Open Mon – Fri

### Glasgow

Tel: 0141 633 1666

Fax: 0141 633 5113

103 Clarkston Road

Glasgow G44 3BL

Open Mon – Fri

### Inverness

Tel: 01463 713 433

Fax: 01463 713 699

5 Mealmarket Close

Inverness IV1 1HT

Open Mon – Fri

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

Chest, Heart & Stroke Scotland is an autonomous Scottish Charity. We receive no government funding and rely entirely on public subscription to fulfil our programme of activities.

We need £7 million a year to fulfil our commitment to improving lives for Scottish people. We need your help and your money to help others. You can help by volunteering your time as a fundraiser, VSS volunteer or support your local Regional office. You can send a donation, remember us in your Will, take out a Deed of Covenant or organise a fundraising event.

Designed by Creative Link, North Berwick

**If you would like to speak to one of our Advice Line nurses, in confidence, phone/minicom Chest, Heart & Stroke Scotland Advice Line**

**Monday – Friday**

**9.30am - 4.00pm**

**0845 077 6000**

**Fax us: 0131 220 6313**

**Email us: [advice@chss.org.uk](mailto:advice@chss.org.uk)**

**Text us: text chss followed by your message to 07766 40 41 42**

Chest, Heart & Stroke Scotland and CHSS are operating names of The Chest, Heart & Stroke Association Scotland, a registered Charity No. SCO18761

**June 2010**

**Chest  
Heart &  
Stroke  
Scotland**

