

STROKE SERIES SS3

REDUCING THE RISK OF STROKE

Chest
Heart &
Stroke
Scotland





Chest Heart & Stroke Scotland is determined to deliver stronger, longer lives to people in Scotland affected by chest and heart illness and by stroke, through medical research, information provision, advice and support in the community and through evidence-based policy and influence.

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

If you have any comments about this booklet please email: publications@chss.org.uk or tel: 0131 225 6963.

REDUCING THE RISK OF STROKE

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INTRODUCTION

The aim of this booklet is to look at how you can reduce your risk of having a stroke.

This information is helpful to everyone: if you have no history of stroke illness (primary prevention), if you have had a TIA or minor stroke, or if you have had a previous stroke (secondary prevention).

To address some of your risk you will need the help of doctors and nurses to identify any medical risk factors (such as high blood pressure, high cholesterol and diabetes) and make sure they are controlled on an ongoing basis.

There is also a lot you can do to help yourself, such as taking prescribed medicines and altering your lifestyle to address things that are known to increase the risk of stroke.

Many of the risk factors for stroke are the same as for heart disease. These are known as cardiovascular disease risk factors. Cardiovascular screening is offered at doctors' surgeries and clinics to identify and address any specific cardiovascular risk factors found in 'well' individuals. This means that treatment and / or lifestyle changes can begin as soon as possible and hopefully prevent cardiovascular problems from happening later on.

Someone who has had a stroke is at higher risk of having another one than someone who has never had a stroke. Individual risk depends on factors that

are specific to you, the type of stroke you had, your age and general health.

This booklet looks at all of these issues and gives you practical advice and information to help you to reduce your risk of stroke.



PRIMARY PREVENTION

KNOW, CONTROL AND MONITOR BLOOD PRESSURE

If your blood pressure is consistently higher than it should be it is called high blood pressure (or hypertension). High blood pressure is not a disease in itself. However, it can lead to an increased risk of developing some serious conditions such as heart disease and strokes.

Over the years high blood pressure slowly damages the blood vessels by making them narrower and more rigid. This means that the heart has to work harder to push the blood through the vessels and the overall blood pressure rises. This in turn makes it easier for clots to get caught and for fatty debris (atheroma) to block the blood vessels. This is what happens in heart attacks and strokes.

Monitoring blood pressure

High blood pressure very rarely has any symptoms. Therefore, the only way to know what your blood pressure is, is to have it measured.

High blood pressure is more common as you get older so having it checked regularly is very important.

It is recommended that you have your blood pressure checked at least every 5 years from the age of 40.

Measuring blood pressure

Blood pressure is measured in millimetres of mercury (mmHg) and is recorded as two readings: systolic pressure (higher reading) and diastolic pressure (lower reading).



Systolic records the pressure of blood within your blood vessels as your heart contracts. Diastolic records the pressure when your heart fills up again.

These readings are recorded for example as 120/70mmHg.

What is normal / target range?

Most doctors agree that ideal blood pressure is about 120/80mmHg.

Less than 140/90mmHg is considered to be within the normal / target range.

If you have diabetes, the lower target of 130/80mmHg is used.

Drug treatment

The aim of drug treatment is to try and get high blood pressure as close to the target range as possible.

There are several groups of drugs used to treat high blood pressure, each of which works slightly differently. If you notice any troublesome side effects then discuss these with your doctor as there may be a different medicine that you can use instead.

Lifestyle changes

Changes to lifestyle can significantly reduce high blood pressure. These are generally the same as those for reducing your risk of stroke and are looked at in more detail in a later section of this booklet.

You can help to reduce your blood pressure by:

- Losing weight
- Reducing your salt intake
- Limiting the amount of alcohol you drink
- Taking regular exercise and being more active
- Increasing the amount of fruit and vegetables you eat

See the CHSS booklet *Living with high blood pressure* for more information.



KNOW, CONTROL AND MONITOR CHOLESTEROL

Cholesterol is a fatty substance (lipid), which is essential to healthy life.

Cholesterol is manufactured in the liver but it is also present in saturated fats found in meat and dairy products and many processed foods.

Although some foods contain cholesterol (for example, eggs, liver and shellfish) it is the saturated fat content (not cholesterol content) that will have more of an effect on your blood cholesterol.

Some people produce more cholesterol than they need. This problem often runs in families and drugs may be needed to lower it.

When the cholesterol level in your blood is high it contributes to the fatty build up in the lining of your blood vessels, called atheroma, which contributes to the risk of heart disease and strokes.

Total cholesterol level

Initially your doctor / nurse will take a blood sample to test for the total cholesterol level.

This level will be looked at alongside your other risk factors.

It is recommended that your total cholesterol level is below 5.0mmol/l.

If you have, or are assessed to be at risk of, heart disease or stroke it may be recommended that your total cholesterol should be below 4.0mmol and LDL less than 2.0mmol.

Your doctor may decide that you need a further blood test, called a lipid profile. This will help to decide what treatment, if any, you may need. However, if you have a history of heart disease or stroke then your doctor may start treatment to lower your cholesterol level straight away.

What are the different fats?

A lipid profile gives a much more detailed breakdown of the different fats in your blood. The three main fats in your blood are:

- Low density lipoproteins or **LDL-cholesterol**. This is referred to as 'bad cholesterol'. It contributes to fatty tissue being laid down in the blood vessels. Ideally an LDL-cholesterol should be below 3mmol/l.
- High-density lipoproteins or **HDL-cholesterol**. This is referred to as 'good cholesterol'. It helps to carry away bad cholesterol. Ideally an HDL-cholesterol level should be above 1.0mmol/l for men and above 1.2mmol/l for women.
- Triglycerides. These are another fatty substance your body needs. Their main function is to store energy. Like cholesterol they are produced in your body and also found in saturated fats.

What treatment will I get?

If your cholesterol levels remain too high, your doctor may prescribe drugs called statins to lower the amount of cholesterol your body makes. What this level is depends on what other risk factors you may have. Usually these have to be taken for life, as the body reverts back to overproducing cholesterol when they are stopped. Your doctor will monitor long-term treatment with statins with blood tests and discuss possible side effects and any possible interactions (such as avoiding grapefruit juice when taking simvastatin).

High risk groups

If you are at higher risk of developing heart and stroke problems you will be recommended to take statin drug treatment to lower your cholesterol level **even if it is not high**. This is alongside other measures to reduce your risk.

See the CHSS factsheet *Cholesterol* for more information about cholesterol testing and treatment.

What can I do to help myself?

Making changes to your diet and increasing the amount of exercise that you do can help to reduce your cholesterol. Reducing your fat intake, especially saturated fat, can help reduce your LDL-cholesterol.

See the CHSS factsheet *Healthy eating* for more information about reducing your fat intake.

CONTROL AND MONITOR YOUR DIABETES

Diabetes is a condition that is caused by too much sugar, known as glucose, in your blood. If you have diabetes, your body is unable to break down glucose into energy and so it builds up in your blood.

Why is it important to control diabetes?

Having diabetes increases your risk of developing heart disease or stroke. By controlling the levels of glucose in your blood, you can reduce this risk.

Managing diabetes

Diabetes cannot be cured but there are treatments that help to keep your blood glucose levels as normal as possible. Treatments might include:

- Diet and exercise
- Medication
- Insulin

It is important to get your diabetes under the best possible control.

- Try to keep to the blood glucose targets agreed with your doctor.
- Take any medicines as prescribed.
- Attend the doctor and / or clinic regularly.

See the CHSS factsheet *Diabetes: the links with heart disease and stroke* for more information about managing your diabetes.

SECONDARY PREVENTION

If you have had a stroke or TIA, and the doctor has established that it was not caused by a bleed, it is likely that you will be given medication to try to stop blood clots forming in your blood vessels. This is a preventive measure, which has been proven to reduce the risk of further strokes.

ANTIPLATELET DRUGS

Blood clotting occurs due to special cells, called platelets, sticking together. Antiplatelet drugs make this harder to do. There are three main antiplatelet drugs used in reducing the risk of stroke: aspirin, dipyridamole and clopidogrel.

Aspirin

Aspirin is very effective in reducing the risk of stroke at low doses (75mg per day) and is also very safe. Aspirin does not suit everybody and some people may not be able to take it.

Dipyridamole

Dipyridamole works in a slightly different way to aspirin, but has the same effect.

It is most often used in combination with aspirin. It can also be used as an alternative if aspirin can not be tolerated. However, it is not suitable for everybody.

Combined effect

Studies have confirmed that the combination of taking both aspirin and dipyridamole together is the most effective treatment in reducing the risk of further TIA and stroke.

Clopidogrel

Clopidogrel can be used after a stroke as an alternative to aspirin and dipyridamole for people who cannot take aspirin.

ANTICOAGULANTS

Warfarin is an oral anticoagulant that interferes with blood clotting, making the formation of clots more difficult. It is particularly useful in preventing strokes in people with atrial fibrillation and heart valve replacements.

Warfarin may be considered if it is thought that a stroke has happened due to atrial fibrillation or a heart valve problem.

Because warfarin increases the risk of bleeding, it has to be taken with some caution and is not suitable for everybody.

If you are prescribed warfarin you will need regular blood tests and your treatment will be closely monitored.

See the CHSS factsheet *Warfarin* for more detailed information.

Direct oral anticoagulant drugs (DOACs)

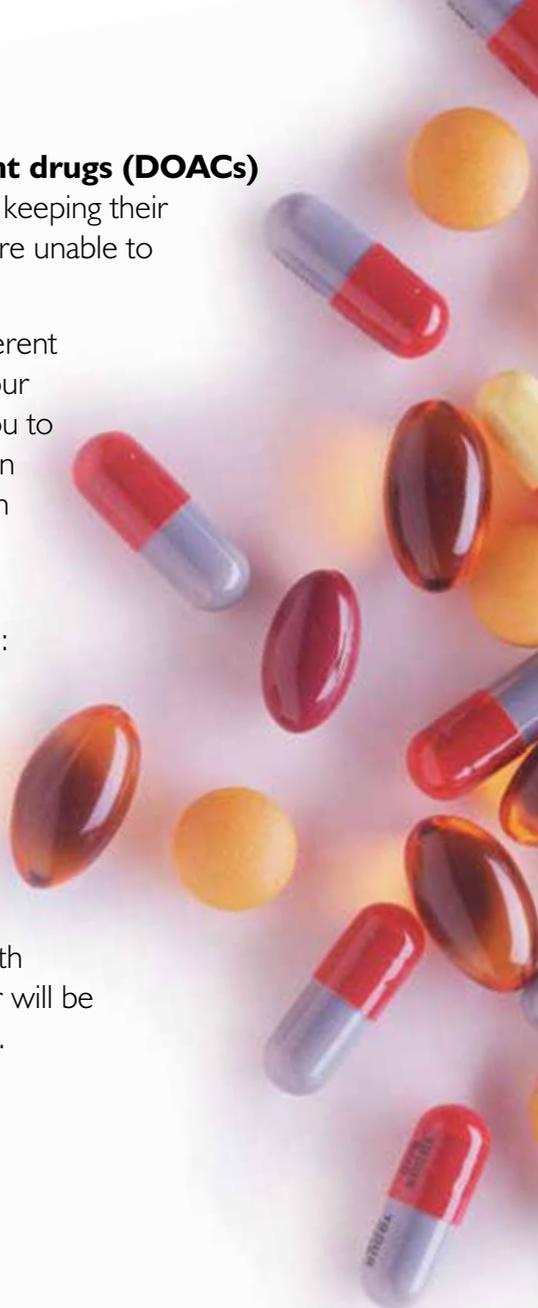
Some people have difficulty keeping their levels of warfarin stable or are unable to take warfarin.

In these cases there is a different type of anticoagulant that your doctor may prescribe for you to prevent clots from forming in the blood. These are known as direct oral anticoagulants (DOACs).

DOACs currently in use are:

- Dabigatran (Pradaxa®)
- Rivaroxaban (Xarelto®)
- Apixaban (Eliquis®)
- Edoxaban (Lixiana®)

These drugs may be suitable for some people with atrial fibrillation. Your doctor will be able to discuss this with you.



OTHER DRUG TREATMENT

It is likely that your doctor will also recommend that you take additional drug treatment to reduce the risk of further stroke.

Statins – drugs used to lower cholesterol.

Most people with an ischaemic stroke will be given statins even if their cholesterol is not high.

Those already taking statins should continue treatment.

Antihypertensives – drugs used to control high blood pressure.

Antihypertensive treatment may also be recommended for people who have had a stroke, even if their blood pressure is not raised.

Medicines can be provided in other forms if you have difficulty swallowing.

It is very important to take your medicines regularly, as prescribed by your doctor.

PREVENTIVE SURGERY

Carotid surgery

If your stroke symptoms suggest that the area of your brain called the carotid territory is involved then you may have an ultrasound scan of the carotid arteries in your neck. This is to see if you would benefit from an operation called carotid endarterectomy, which should be carried out as soon as possible after the start of your symptoms. Carotid endarterectomy is performed to clear debris from a narrowed carotid artery. It allows blood flow to be restored and can reduce your risk of a further stroke. Both carotid arteries can require surgery but this would not be performed at the same time. As this operation carries its own risks, it is not suitable for everyone.

See the CHSS factsheet 'Carotid endarterectomy' for more information.



LIFESTYLE CHANGES

This section looks at the changes you can make to your lifestyle which will improve your health and reduce your risk of stroke.

The 5 important risk factors below have a particular impact on the areas already discussed and apply to everyone.

What can I do to help myself?

- Stop smoking
- Eat a healthy varied diet
- Keep active
- Maintain a healthy weight and waist size
- Moderate your alcohol intake



STOP SMOKING

Apart from the increased likelihood of heart disease and strokes, smoking also damages your lungs causing chronic lung disease and increases the risk of many cancers. Smoking multiplies other risk factors that you may have.

- Smoking makes the smooth lining of blood vessels rough. This encourages the build up of atheroma, the fatty material that narrows and blocks blood vessels.
- Smoking increases the amount of fibrinogen (blood-thickening agent) in the blood and makes it stickier. This increases the chance of blood clots forming that can cause heart attacks and strokes.

Remember, from the moment you stop smoking the risks start to decline.

Stopping smoking is not easy. There are all sorts of reasons why people smoke (apart from the addiction to nicotine) even though they know it is doing them harm. Reasons to stop could include freedom from an addictive habit, poor health, smelly breath and a bad role model for children.

Try to get as much support as you can when stopping smoking.



Smoking contributes to heart disease, heart attacks and strokes.

How to stop smoking

Make the decision that you really want to stop.

- Prepare to stop: work out your smoking habits and be ready to make changes to your routine. Some people put on weight when they stop smoking so plan how you could manage this.
- Set a date and stick to it. If you want to, tell family and friends and ask for their support.
- When you feel the urge to smoke try to distract yourself. For example, brush your teeth, think about fresh air or do something to take your mind off it.
- Seek professional help. Ask your doctor about what is available to help you and seek smoking cessation support. Most areas have specialist smoking cessation nurses who run groups and / or offer one-to-one support.

You are 4 times more likely to quit smoking with professional support and prescribed medicines such as nicotine replacement therapy.

See the CHSS factsheet *Stopping smoking* for more information.

EAT A HEALTHY, BALANCED DIET

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

Tips for eating a healthy balanced diet include:

- Eat at least 5 portions of fruit and vegetables each day.
- Eat more beans and pulses and less red or processed meat.
- Fill up on fibre - choose wholegrain or higher fibre foods
- Eat 2 portions of fish a week, one of which should be an oily fish such as salmon or mackerel.
- Reduce your fat intake, especially saturated fats. Choose healthier oils, such as rapeseed, sunflower or olive oil.
- Eat less sugar
- Limit your salt intake.
- Keep well hydrated - try to drink at least 6-8 glasses of non-alcoholic fluid a day.

See the CHSS factsheet *Healthy Eating* for more information.



MAINTAIN A HEALTHY WEIGHT AND WAIST SIZE

Being overweight increases the work the heart has to do, causes high blood pressure, and leads to abnormal levels of fat in the blood. It is also associated with diabetes, respiratory disease, gall bladder problems and some cancers.

Losing weight and maintaining a healthy weight will help to lower cholesterol and high blood pressure.

There are two accurate ways of assessing if you are overweight that are recognised as helping to identify weight as a risk factor. One is the Body Mass Index (BMI) and the other is a measurement of waist size.

Body Mass Index (BMI)

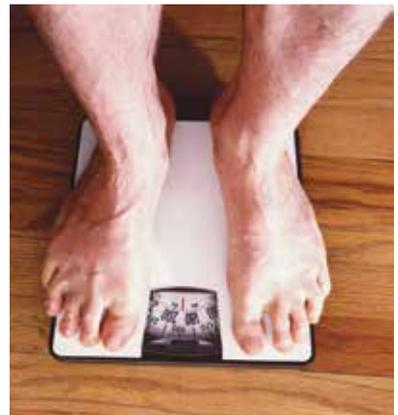
Body Mass Index (BMI) is a measurement of body fat, based on height and weight. It applies to both **adult** men and women.

The number is calculated by dividing your weight in kilograms by the square of your height in metres (m²).

$$\frac{\text{Weight (kg)}}{\text{Height m}^2}$$

There are various website links to calculate your BMI for you, e.g. www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx

Aim for a BMI between 18.5 and 25 kg/m².



What does your BMI mean?

In the UK the following levels apply:

BMI (kg/m ²)	Category
18.5 - 25	Healthy weight
25 - 30	Overweight
Over 30	Obese

Waist measurement

While BMI is a good way to tell if you are a healthy weight, your shape can affect your health risk.

- Men should aim for a waist measurement less than 94cm (37 inches)
- Women should aim for a waist measurement less than 80cm (31.5 inches)



What is the best way of losing weight?

You gain weight when you take in more calories from food than you use up (calories are a measure of energy). When this is balanced your weight remains stable. So to lose weight you have to eat fewer calories and use up more energy by being more physically active.

Reduce fat in your diet and avoid sugary foods as these are extra calories that do not keep away hunger or provide nutrients.

Speak to your doctor if you feel that you need professional help to lose weight. He or she can refer you to a dietitian if necessary.

How quickly should I expect to lose weight?

The most effective way to lose weight is slowly. A gradual weight loss of around 0.5-1 kg (1-2lb) a week is recommended. If you lose weight too quickly you will be far more likely to put weight back on again. You are also more likely to be successful if you lose weight with other people, e.g. by joining a slimming club. You can attend weekly classes or receive support online.

See the CHSS factsheet *Losing weight* for more information and tips to help you lose weight.

KEEP ACTIVE

It is recommended that we do 150 minutes of moderate intensity activity each week. However, this does not have to be in one go. It can be broken down into manageable amounts of time to suit you.

Any increase in your level of physical activity brings both physical and mental benefits. What and how much you can do will depend on your individual limitations.

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

The benefits of keeping active:

- increases exercise tolerance - this enables you to do more as you become fitter
- helps to lower cholesterol levels
- helps to lower high blood pressure
- helps to lose weight
- keeps you supple and more mobile
- strengthens muscles, joints and bones
- reduces tension, encouraging relaxation and promoting sleep
- gives you a sense of well being and confidence
- helps to reduce anxiety and depression

Try to build physical activity into your daily routine, for example walk part of the way to work, or use the stairs instead of taking the lift.



Exercise can be enjoyable!

If you are able to do some form of regular exercise, choose something that keeps your limbs moving and makes you breathe in more air (dynamic and aerobic exercise), e.g. swimming, walking, cycling or dancing.

In order to prevent injury it is advisable to spend five to ten minutes warming up gently / cooling down before and after you exercise. This is especially important if you have underlying heart disease.

Remember that you are aiming to gradually increase what you do in small stages.

Joining a club or exercise class can help to keep you motivated. If you chose an activity that you enjoy you are more likely to keep exercising.

See the CHSS factsheet *Just move!* for more information.

MODERATE ALCOHOL INTAKE

It is important to moderate your alcohol intake because drinking heavily:

- increases your blood pressure
- affects your cholesterol level
- can make you gain weight

Binge drinking – drinking large amounts over a short period of time – is particularly harmful and can increase your risk of a heart attack or stroke.

Recommended Daily Limit

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

- Men and women should not regularly drink more than 14 units per week
- Avoid binge drinking
- If you do choose to drink 14 units in a week, don't save it all up to drink in one session.
- Spread it over 3 days or more, and have at least 2 alcohol-free days each week.

One unit of alcohol is either:



or



or



76ml of standard strength wine (13%) - this is less than a small pub measure

Half a pint of ordinary (3.5%) strength beer or lager (beware: strong beer will count as more than one unit)

One single (25mls) measure of spirits

Remember that the strength of drinks varies a lot and home measures are often more generous than those in a pub or restaurant.

If you have a problem with the amount of alcohol you drink, speak to your doctor or contact Alcohol Focus Scotland.

USEFUL ADDRESSES AND WEBSITES

Active Scotland Website

www.activescotland.org.uk

Interactive website with details of physical activity opportunities in your area.

Alcohol Focus Scotland

166 Buchanan Street, Glasgow G1 2LW

Tel: 0141 572 6700

Email: enquiries@alcohol-focus-scotland.org.uk

Website: www.alcohol-focus-scotland.org.uk

Alcohol Focus Scotland is committed to improving the quality of people's lives by changing Scotland's drinking culture – promoting responsible drinking behaviour and discouraging drinking to excess.

Blood Pressure UK

Wolfson Institute, Charterhouse Square,
London EC1M 6BQ

Tel: (020) 7882 6255 / 5793

Website: www.bloodpressureuk.org

Blood Pressure UK is the UK-wide charity dedicated to lowering the nation's blood pressure. Its aim is to prevent unnecessary death and disability from stroke and heart disease.

Chest Heart & Stroke Scotland

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Website: www.chss.org.uk

Chest Heart & Stroke Scotland improves the quality of life for people in Scotland affected by chest, heart and stroke illness, through medical research, influencing public policy, advice and information and support in the community.

Diabetes UK Scotland

The Venlaw
349 Bath Street
Glasgow G2 4AA
Telephone: 0141 245 6380
Helpline Scotland: 0141 212 8710
(Monday to Friday 9am - 7pm)
Email: scotland@diabetes.org.uk
Website: www.diabetes.org.uk

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

HEART UK – the cholesterol charity

7 North Road

Maidenhead SL6 1PE

Cholesterol Helpline: 0345 450 5988

(Monday to Friday 10am - 3pm)

Email: ask@heartuk.org.uk

Website: www.heartuk.org.uk

HEART provides support, guidance and education services to healthcare professionals and people with concerns about cholesterol.

NHS 24

Tel: 111 (free call)

Website: www.nhsinform.scot

Call free on 111 if you are ill and it can't wait until your regular NHS service reopens.

The website provides comprehensive up-to-date health information and self-care advice for people in Scotland.

Smokeline

Tel: 0800 84 84 84 (7 days a week 8am - 10pm)

Website: www.canstopsmoking.com

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



Chest Heart & Stroke Scotland welcomes your comments and feedback on this resource to help us to develop the best information for you and others who have had a stroke.

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



www.chss.org.uk



healthinformation@chss.org.uk



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PERSONAL STORIES

We would also like to hear from you if you would like to tell us about your experience of living with a stroke, or of caring for someone who has had a stroke.

Chest
Heart &
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Scotland



Do you have any
questions about chest
heart or stroke illness?

ASK THE NURSE



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

www.chss.org.uk

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

Helplines
STANDARD

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SS8	Coming to terms with a stroke
SS9	Thinking and behaviour issues after stroke
SSI0	Understanding thrombolysis (clot busting) treatment for stroke
H4	Living with high blood pressure
ASJ1	Aphasia stroke journey: Hospital
ASJ2	Aphasia stroke journey: At home
CSB	Conversation Support Book £5 (one copy free)
IDC	Aphasia ID Card
	Children's Resources (contact us / see website)
	FAST campaign resources (contact us / see website)

Stroke Factsheets	
F1	Stopping Smoking
F2	Salt
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F4	Warfarin
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F15	Memory problems after a stroke
F17	Diabetes and the links with heart disease and stroke
F18	Coping with tiredness
F22	How to make the most of a visit to your doctor
F23	Living with stress and anxiety
F24	Healthy eating
F29	Swallowing problems after stroke
F30	Just move!
F31	Carotid endarterectomy
F33	Central post stroke pain (CPSP)
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F38	Understanding functional limb weakness
F40	Losing weight
F41	Financial support
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We need your help to achieve our aim of improving the lives of those in Scotland with chest, heart and stroke illness. See insert for more information.

CONTACT US

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Tel: 0300 1212 111
Email: westoffice@chss.org.uk
Open Mon – Fri

North Office:

Chest Heart & Stroke Scotland
North of Scotland Regional Office
5 Mealmarket Close
Inverness IV1 1HS
Tel: 0300 1212 777
Email: northoffice@chss.org.uk
Open Mon – Fri

www.chss.org.uk



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