

# Caring for someone with a heart problem

Heart Information Series Number 20



**British Heart  
Foundation**

This is one of the booklets in the *Heart Information Series*. For a complete list of booklets, see page 49.

We welcome your comments on this booklet.  
Please fill in the feedback form on page 65.

We update this booklet regularly. However, you may find more recent information on our website  
**bhf.org.uk**

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## About this booklet

If you live with, or are caring for, someone who has a heart condition, this booklet is for you. It may also be useful for other members of your family and for friends. It looks at:

- what it means to be a carer
- what has happened to your partner
- what you may need to know for the future
- how to help your partner develop a healthy lifestyle and prevent further heart problems
- the emotional aspects of caring for someone, and the effect this can have on relationships
- how to deal with stress and anxiety, and
- who to contact if you need more information or support.

You may have picked this booklet up during your partner's emergency admission to hospital with a possible heart problem. Or you may be reading it at a calmer moment, perhaps during or after a hospital visit for routine heart tests. Whenever you are reading it, and whatever the circumstances, we hope it will help you to cope with your current situation and to plan for the future. Feel free to scribble your thoughts and questions throughout the booklet, or on the Notes page on page 58. These notes may be useful in reminding you of

what questions you want to ask when you talk to the heart specialist (cardiologist), doctors or nurses, or other members of the care team.

This booklet is not a substitute for any advice that may be given by members of the medical team, but should help you to understand what you may have been told already. There is a list of medical terms on page 61, and a list of other useful booklets and sources of help on page 49.

We use the term 'partner' throughout this booklet. This could mean the person you live with, your mother, father, other relative or a friend. The advice is the same whatever your relationship to the patient.

## What is a carer?

If you look after a partner who, because of illness, disability or age, cannot manage without help, you are a carer. Some people who have a heart condition may depend on another person. Hopefully your partner will get his or her independence back soon and your role as a carer will be temporary. But, even so, you are a carer. There are an estimated seven million carers in the UK. This means that one in seven adults is caring for a relative or friend with some form of illness or disability.

When someone has a problem with their heart, life can often feel scary, confusing and insecure for a time. This is equally true whether you are the patient, or the person caring for them. It can feel especially uncomfortable in the beginning, when you may have more questions than answers.

Caring for your partner can be very satisfying for you both, but the road can often be bumpy for a time, with lots of twists and turns. Being diagnosed with a heart condition, and being the carer of someone with a heart condition, can feel like being in a strange place without a signpost or map. We hope the information in this booklet will point you in the right direction.

## What has happened to your partner?

There are many different heart conditions. You may be reading this because your partner has had a heart attack, or has been diagnosed with angina. These are both forms of 'coronary heart disease'. Or they may have a different heart condition.

### Angina and heart attacks

Coronary heart disease is the result of a process that may have been going on for many years. It happens when the walls of the coronary arteries (the vessels that supply blood to the heart muscle) have become narrowed by a gradual build-up of fatty material. This process is called atherosclerosis, and the fatty material is called atheroma. 'Atheroma' comes from the Greek word for 'porridge'. Over time, the artery may become so narrow that it cannot deliver enough oxygen-containing blood to the heart muscle. The pain or discomfort that happens as a result is called angina. The heaviness or tightness is caused by the heart muscle becoming short of oxygen.

If the artery is suddenly blocked for more than a few minutes, the muscle cells in the area of the heart supplied by that artery may become permanently damaged. This is called a heart attack.

For more information about these conditions, see our booklets *Angina* and *Heart attack and rehabilitation*.

## Other heart conditions and illnesses

Some people have more than one medical condition. For example, conditions such as high blood pressure, diabetes and heart failure are also linked to coronary heart disease. We have a wide range of booklets about other conditions including: *Living with heart failure*, *Valvular heart disease*, *Peripheral arterial disease* and *Diabetes and your heart*.

## Finding out more about your partner's heart condition

Whatever type of heart condition your partner has, you will both want to find out as much as you can from the doctor or cardiologist. The more information you have, the easier it will be for you to help your partner. When someone is admitted to hospital with a suspected heart attack, there is a tremendous amount of activity by different members of the medical and nursing team.

They will:

- take blood tests
- check blood pressure and pulse

- check the electrical activity of the heart with an electrocardiogram (ECG), and
- possibly give drugs and do other tests.

This whirlwind of activity can be very frightening for relatives, even if the patient may feel relief. At this initial stage of testing and diagnosis, the main focus of attention has to be on the patient. As a relative or friend you may feel excluded from what is going on, even though this is not deliberate. Once any emergency situation is under control, there will be plenty of opportunities to ask questions and get the answers you need.

## Future tests, treatment and care – what to expect

### Tests

The doctor may decide to arrange further tests to find out more about your partner's heart condition. Some of these are quite routine, and are important to assess the condition of the heart. If you and your partner want to be together during these tests, ask the medical team, as this is often possible. If you or your partner do not understand something about a test – why it is being done, what will happen during the test itself or the implications of the result – ask for an explanation in language that you understand. The more you both know about the test, the less anxious and concerned you are likely to be. Many people find it useful to write their questions out beforehand, and also to write down the answers. This means you can go back to your notes later on, which helps to make things clearer.

Some of the more common tests and procedures include the following.

- A blood test that can show if there has been damage to the heart muscle.
- A blood test to monitor cholesterol levels.
- An exercise ECG (electrocardiogram). In this

test, the doctor can check to see how the heart reacts to physical activity by looking at any changes on the ECG while the person is exercising on a treadmill (a running machine) or on an exercise bike.

- 24-hour ECG readings, also called Holter monitoring. This involves continuously recording an ECG (electrocardiogram) over 24 hours, using a portable recorder, similar in size to a personal stereo, which the person wears on a belt round their waist.
- An echocardiogram. A probe is placed on the chest and relays a picture of the heart onto a monitor.
- An angiogram, also known as cardiac catheterisation. In this test a catheter (a very fine, hollow tube) is inserted in an artery in either the groin or the arm, and is fed through to the heart. A dye is injected into the coronary arteries through the catheter and a series of X-ray films are taken. This helps the doctors to see if there are any blockages in the arteries. The test is done using a local anaesthetic.

For more information about all these tests, see our booklet *Tests for heart conditions*.

## If surgery is planned

It is natural that anyone needing heart surgery will be concerned and anxious, and that their carer and family will be just as worried too. Some patients do not need urgent surgery, and will be put on a waiting list. Some waiting lists are shorter than others, so the surgery may be scheduled after a few weeks. For others, the waiting time could be months. A lot of people find this waiting time very stressful. It is difficult to get on with life with this 'wait' hanging over you. You may postpone holidays and other trips because you are always waiting for the hospital to get in touch with a date for the operation.

Some hospitals offer assessment counselling before the operation, or may run a support group for people in a similar situation. If you think this would be useful, you could ask the doctor or cardiac nurse what is available. For information about heart support groups see pages 36-37.

For more information on heart surgery see our booklet *Having heart surgery*.

## Questions you may want to ask

There will be many thoughts going round in your head. Some of the most common questions that carers ask are shown below.

- Is it likely that my partner will have another heart attack (or more angina attacks)?
- Why did this happen?
- What can I do to help?
- What drugs have been given, and are there any side effects?
- How much physical activity and what sort of activity should my partner be doing – how often and where?
- Can my partner return to work?
- What should I do if I think my partner is having a heart attack, or an angina attack that is not going away?
- When do we come back to the hospital?
- How often will my partner need follow-up at the hospital or by the GP?
- Will anyone visit us at home?
- What help is available from the hospital or community health team?

You might find it useful to make notes of what the doctors or nurses tell you, and their answers to your questions.

## Becoming the carer

Caring for someone can be physically exhausting as well as emotionally draining. Some carers will juggle their job at work with home and family life as well as looking after their partner. A confusing mix of emotions is quite normal. You may feel love and concern, mixed with sadness, anger, hostility and guilt. At times you may also feel frustrated that life is not the same as it was before, and that it may never be the same again.

It may be particularly hard for some carers who are in poor health themselves, or who have their own medical problems. Becoming a carer may be something that happens gradually or, in the case of a heart attack, is sudden and unexpected. Few of us are trained to be carers, so it can cause anxiety and stress to both patient and carer.

Talking to each other can be comforting and helpful. You may also find it helps to talk to a friend or other member of the family. Sharing your thoughts and feelings can often take the 'sting' out of the stress. Talking helps to get your fears out into the open, and can help you to keep them in proportion. Hopefully this role as a carer will not be permanent, and the help and support your partner needs now may get less with time. Try to take time

for yourself too. In order to be a good carer, you also need to take care of yourself. We are not always very good at asking for help, or receiving help. But asking for or accepting someone's help is not a sign of weakness, or of not coping. Offering help is one way that other people show their affection and support for you and your partner.

Beware of neighbourhood experts! Everybody knows somebody who has a heart condition, and they often want to tell you all about it. On one hand, this direct experience can be useful – to see how other patients and carers coped. On the other hand, every patient is an individual, and scientific knowledge has advanced tremendously, so what was right for one person in the past may not be relevant now.

Here are a few tips for carers.

- Try not to let your partner's illness take centre stage all the time.
- Try to leave some time for yourself, to do the things you want to do.
- If you are feeling down or depressed, talk to someone about it and get help.
- If people offer any help, learn to accept it.
- Inform yourself – facts and information can be very reassuring.

- Find support from other carers in the same situation.

For details of organisations and groups which can offer support, see page 53.

## The emotional aspects of being a carer

No two people have the same experience. This means that emotional responses will also vary from person to person. Patients are likely to have the same sort of emotions as carers, but the carer may be frightened of showing similar feelings. Carers may feel the need to put on a brave face, and always appear cheerful and optimistic. There is a tendency to bottle feelings up which, in itself, can eventually lead to ill health or high levels of anxiety and depression in the carer. Talking about your feelings – to a friend or relative, or maybe even to someone who doesn't know your partner – can be a great help.

### Resentment

A lot of things could make you feel resentful. If you feel resentful about the changes to your life, this is quite natural. If at times it feels like your partner has had a personality change, you may well resent this too. If they cannot do the things they used to do around the house, you may have to take on some of those tasks yourself. If your partner is irritable, and seems ungrateful or moody, you might feel unappreciated. The most important thing is to talk about any resentment and to try and clear the air. If you feel you cannot talk to your

partner about this at the moment, talk to a friend or family member.

"The first night he came home, I couldn't hear him breathing. I slapped him across the chest and woke him up. He said: 'What've you done that for?'"

"I can't go out without worrying that my mum will ring me. I keep looking at my mobile to see if she has rung. Then if she does ring it makes me mad because she doesn't really need me, she just feels lonely."

"Information is often thrown at carers when they are desperate rather than when they can actually listen calmly. It is better to 'drip-feed' small amounts when it is needed than for the carer to remember everything all at once."

"Peter's illness was always at the back of my mind. When I went out I would always wonder what I might find when I got home."

"For me the worst part is the tiredness. It makes me irritable and I can't think straight. I feel close to collapse – I need a break."

## Anxiety

You may feel anxious because you don't know what is happening to your partner, or because you have no control over their health. If your partner is also very anxious, it is hard for you not to share their anxiety too. Anxiety is one of the most common emotions so, again, try to talk to each other if you can. Try to think about what is really worrying you. If it is fear about the future, it may be a good idea to talk to the doctor or nurse about this. More information may help to set your mind at rest.

## Depression

There will be times when you feel low. Life may seem to be like a rollercoaster. You might feel very positive and reassured, then feel quite depressed and insecure, and this may change from day to day. It is quite common for patients **and** carers to feel depressed after any major illness or health problem but this should lessen as life starts to get back to normal. However, if you feel low a lot of the time, or have feelings of panic or despair, you may benefit from some more help. Talking to a trained counsellor, or to your doctor or nurse, can be really useful. See page 53 for details of organisations that might be able to help.

## Anger

It is perfectly normal to feel angry that your partner has a heart problem. They may be young, or have led a fairly healthy and active life. You may wonder why it had to happen, and so feel angry. Or you could simply feel angry with your partner – perhaps this would not have happened if they had stopped smoking or exercised more. Try to find a way of dealing with your anger before it builds up. Talk to your partner. Talking to a counsellor or to another carer may help. Talking to someone else who really understands can reassure you and help you to feel less angry.

## Isolation

It is understandable if you feel that you are on your own and that nobody else can possibly understand what you are going through. You may become so focused on caring that you forget about everything else in life. Once you get into this habit, it can be hard to break it. Try to keep in touch with family and friends. Even if your partner is waiting for more tests and treatment, life should not stop.

## Guilt

At times we all feel that we could have done more, or done something differently. You and your partner may both feel guilty. If the person who has the heart condition used to do a lot of the manual work around the house, roles may be reversed. Someone who has done the shopping or mowed the lawn for the last 20 years or so may feel guilty and frustrated that they cannot do it at the moment. Talking about these feelings with your partner can help both of you get rid of any guilt, or to stop any guilt developing.

## Noticing changes in your partner

You may notice changes in your partner. He or she may sometimes feel helpless, or unable to take responsibility for anything – for example taking his or her medicines. Or he or she may appear overconfident, or deny that anything has happened. You may notice some loss of memory in your partner, especially if he or she has had heart surgery. Your partner may become more irritable, or unable to share feelings with you. Fortunately, in many people these changes are only temporary.

## Overprotectiveness

Regaining independence is an important factor in recovering from a heart condition. It may be a hard thing to do, but sometimes it helps to remind yourself that you need to motivate your partner to get back to being independent. If you treat them as independent, they will hopefully be more independent. It is interesting that many people want to forget their heart condition, or to try to get back to normal, but their partner constantly reminds them that they have had a problem.

Being overprotective really isn't helpful. It can even hamper recovery. Although you may feel that you want to wrap your partner in cotton wool, this might not be a good thing in the long run.

You can't make your partner live a healthy lifestyle, but you can encourage him or her to do so. (See page 38 for more on this.) For example, it could be part of your role as carer to help your partner become more active day by day. But if you are overprotective, it may make your partner feel more dependent on you.

## 'Shielding'

You may need to ask yourself why you stop your partner from doing certain activities. Is it because you are afraid it will lead to another heart attack, angina or high blood pressure?

It can be difficult to get the balance right. Tell your partner why you feel afraid, and why you do not want them to overdo things. Some people say their partner suddenly starts to watch their every move. This is often unhelpful for the person with the heart condition and, although difficult, you may need to give them more space to do things on their own and at their own pace.

If you have young children, you may have asked them not to fight or argue in front of your partner. You may have chosen not to talk to your partner about any family problems or financial difficulties in case this causes distress. Rather than avoiding the ups and downs of everyday life, try talking about problems as they arise.

Let family life continue as normal, and let your partner be the judge of what they can and cannot do.

## Restarting your sex life

As far as the heart is concerned, sex is no different from any other kind of exercise. It is usually safe to have sex again after a heart attack if your partner can walk about 300 yards (300 metres) on the level comfortably, or climb two flights of stairs briskly, without getting chest pains or being out of breath.

There is no right or wrong time to start having sex again. Many couples worry that sex may put a strain on the heart and so prefer to wait until they are both ready. For some this may take several weeks, and for others it may be several months. It may be that neither of you feels in the mood. Anxiety and stress are often barriers to a relaxed and happy sex life, and these feelings can suppress the desire to make love.

Some men may have physical difficulties in getting or maintaining an erection. This could be due to a temporary loss of fitness, and may sort itself out as they become more physically active. However, it may be due to certain drugs. The doctor may be able to review and change their medication if impotence seems to be a side effect.

Impotence can also be a side effect of emotional upset. It may be the fear of another heart attack or

angina attack. Try to talk about these problems together. If they are ongoing, or if you had problems in your sex life before the heart problem, you may want to consider counselling. The organisation Relate offers some very useful help and counselling (see page 56). Some sexual health clinics offer counselling for impotence or for a low sex drive. You can ask your doctor to refer you to one, or make an appointment yourself. To find a local sexual health clinic, look in the phone book under the name of your local health authority, or ask at a local hospital.

If your partner tends to have angina attacks brought on by physical exertion, here is what you can do.

- Avoid having sex within two hours of a heavy meal.
- Keep the bedroom warm and avoid very cold bedding.
- Encourage your partner not to drink alcohol for at least three hours before.
- Create a relaxing atmosphere.
- Avoid sex if either of you is tired or tense.
- Make sure your partner is in a comfortable position. You may choose to take the more active role.

- Your partner may want to take GTN medicine beforehand and keep it by the bedside.

It's worth remembering that there are alternatives to full sex. Touching and caressing may be a good way to build confidence. There are many myths associated with sex and heart conditions. People often think that a heart attack or angina may be triggered by sex, but this is something that happens very rarely.

If you feel too embarrassed to talk to your doctor about sex, we have a video called *Sex and heart disease* which has information on sex for people who have coronary heart disease. It may be useful to watch the video together and then talk about it afterwards.

## Dealing with stress

Caring for someone with an illness can be stressful for many reasons. You may have anxieties about their illness and what will happen in the future. You have the extra pressures of the caring role, and also managing the rest of your life including home and work. A combination of all these factors can lead to exhaustion, and feeling unwell yourself.

What does the term 'stress' actually mean? Stress is a word we hear a lot, and is sometimes used to describe the very fast pace of life that many people lead, or the way we feel when pressure is intense. It can produce a combination of symptoms when our emotional, mental and physical systems go into overdrive. Some people seem to cope well with stressful situations, while others seem to feel unwell at the slightest symptom of stress. This may reflect our current emotional state, or a feeling that we do not have control over the situation. For example, if you already feel upset, anxious and concerned about your partner's heart problems, you may feel the symptoms of stress more easily.

## Recognising the symptoms of stress

There are many symptoms linked to stress, and these will be different for different people. It is important to know when your stress becomes 'distress', and when you feel ill effects. The following signs can sometimes result from stress.

- Difficulty in sleeping, disturbed sleep, and waking up early
- Headaches
- Feeling tired and having no energy
- Palpitations and a rapid pulse rate
- Either overeating or not eating enough
- Weight changes – either a gain or loss
- Skin problems
- Poor concentration
- Feeling angry and irritable
- Feeling unhappy and depressed
- Smoking more
- Drinking more alcohol

These are just a few of the ways that people react to the strain, but often you will know when you feel stressed. The important thing is to recognise when you are not coping with the extra stress placed on you. Think about what seems to be the main cause of the stress, and see if you can perhaps change the pattern or do something about it. Below, we suggest some coping strategies.

It may seem like a juggling act at times. It is important to get the balance right between tension and relaxation. Trying to juggle your needs with your partner's needs is not easy. But the more you can do to feel that you are in control of the situation, the less stressed you are likely to feel.

### **Coping strategies**

One of the best ways of coping is to work out the main cause of your stress. It may be useful to keep a 'stress diary', even for a few days. You can then look back to see what was triggering your stress. Once you know the cause, perhaps you can think of ways to change the pattern. Here we suggest some ways of reducing stress, and coping with it.

### **Share the job**

This could mean sharing the caring or sharing other workloads. Accept help when it is offered. Don't feel you are not coping if someone offers help. If you become unwell, it will only make the whole situation more difficult.

## **Don't try to solve everything at once**

Some carers feel they must try to find a solution to every problem their partner has. But you may find that you just want someone to listen to you, rather than having to come up with all the answers. Set realistic goals, rather than trying to achieve everything at once.

## **Look after yourself**





If you also try to eat healthily, do regular physical activity, and try and have some time for relaxation, you should feel better. If your partner is doing a rehabilitation programme, maybe you can join in.

## **Try to get things into perspective**

Often when you worry at night, problems seem huge, and cause high levels of anxiety. In the morning, they may not seem quite so overwhelming after all. Try to concentrate on the main issues you need to face, and try not to worry about smaller problems that can be put on hold for now.

## The stress chain

This shows you just one example of a strategy for coping with stress.

Harmful stress	What you can do
Be aware of it. 	Keep a stress diary. Make a 'hassle list' – a list of the things that cause you stress. Set aside some time to yourself.
Reduce the chance of it happening again. 	Manage your time.
Change how you see it or feel about it. 	Get the balance right. Take a positive approach.
Change how you react to it. 	Communicate with your partner and with others. Be assertive about your needs too. Use humour. Accept what you can't change.
Reduce its effects on your body.	Physical activity. Massage. Relaxation.

## Relaxation

Some people find relaxation sessions very helpful. If your partner is invited to relaxation sessions, it may be that you could go along too. You may want to ask your doctor or nurse about local sessions. It can often help to learn some simple breathing techniques. Taking a few deep breaths in, then slow breaths out can help calm you down. Learning to clench your fists and then slowly stretch out your fingers can help as a simple relaxation technique.

## Talking it over with someone

Some people who are finding it hard to cope with their partner's illness, and with the stress and anxiety that go with it, may find it helpful to talk it all over with someone. This is not always easy, and you will need to think about who you can talk to. You may choose to talk to a close friend or member of your family, a health professional or a trained counsellor.

Sometimes it helps to talk to another carer who is in the same situation as you. You may want to get in touch with other carers around your age who have looked after someone with a similar heart condition. Your local heart support group may be able to put

you in contact with someone (see page 36). Some groups have lists of carers who are willing to talk to other carers. For example, if your partner needs a pacemaker, maybe you can talk to the carer of someone who has also had a pacemaker. If your partner is diagnosed with heart failure, try to find a carer whose partner also has heart failure. It can be reassuring to know you share similar problems and anxieties. You can also share feelings and coping strategies with each other.

Talking to a counsellor is good for some people – it gives you the chance to talk in confidence with someone who will listen carefully, and try to help you understand and make sense of your feelings. The counsellor can help you to come to terms with your partner's illness, and support you to find your own way forward. Counselling is never an admission of weakness – it is about you making a positive choice to help and look after yourself.

There are several ways to find a counsellor.

- Many doctors can refer you to their own counsellor or to a local counsellor.
- Your local library or council for voluntary services (CVS) may have a list of local counselling services. Some of these services may offer free counselling.

- If there is no free counselling available locally, or attached to your doctor's surgery, you could ask the British Association for Counselling and Psychotherapy to give you a list of private counsellors in your area. (Phone: 0870 443 5252; website [www.bacp.co.uk](http://www.bacp.co.uk))
- If you want to talk to a counsellor about relationship problems, you may want to phone Relate on 01788 573241 to make an appointment.

## Heart support groups

You may find it helpful to join a 'heart support group'. A heart support group gives you, your partner and your family the chance to meet and talk to people who have gone through similar experiences. Groups vary. They may meet every week, every fortnight or every month. Some hold exercise classes or invite speakers to talk on medical as well as general topics. They are quite informal and sociable too.

There is a possible danger that people who have made an excellent recovery – for example after a heart attack – may continue to think of themselves as 'patients' at a time when they should be trying to put the heart attack behind them. The organisers of good self-help groups recognise this and can help people to take a positive approach to life, and to play a part in helping others through their difficulties.

The British Heart Foundation keeps an up-to-date list of all heart support groups in England and Wales which are linked to the British Heart Foundation. To find out the nearest one to you, call 0207 487 7110.

If there is not a heart support group near you, you may like to be involved in setting one up. For more information, contact one of the following organisations.

**In England and Wales** – British Heart Foundation.

Phone: 020 7487 7110

**In Scotland** – Chest, Heart and Stroke Scotland.

Phone: 0131 225 6963

**In Northern Ireland** – Northern Ireland Chest, Heart and Stroke Association. Phone: 028 9032 0184

## How to help your partner reduce their risk of further heart problems

Many carers of people who have coronary heart disease want to know what they can do to help their partner avoid future heart problems. This section explains what your partner can do, and how you can help.

There are several 'risk factors' for coronary heart disease. A risk factor is something that increases people's likelihood of getting the disease. The main risk factors are:

- smoking
- high blood pressure
- high blood cholesterol level
- physical inactivity
- obesity and being overweight
- diabetes
- a family history of coronary heart disease, and
- too much alcohol.

You and your partner can reduce some of these risk factors by making lifestyle changes – such as eating a healthy diet, reducing the amount of alcohol you drink (if necessary), not smoking, and being physically active. This is where you can help and encourage your partner to make changes to their behaviour.

## Eating a healthy diet

This can be one of the main concerns for those caring for someone with any kind of heart problem. You may want to know what sort of food you and your partner should buy and cook from now on. Following a healthy diet can help to reduce the risk of developing coronary heart disease, and can also increase the chances of survival after a heart attack. Below we give a summary of the main points about eating healthily. Following these will help your partner, and will make for a healthy diet for you, the carer, too. For more detailed information on all these points, see our booklet *Eating for your heart*.

### Fruit and vegetables

Eating at least five portions of fruit and vegetables a day can reduce the risk of coronary heart disease, probably by helping to prevent atheroma from building up within the inside walls of the coronary arteries. (See page 7.)

### Fats and cholesterol

Reducing the amount of saturated fat you eat can reduce the amount of cholesterol in your blood. Replacing some saturated fats with polyunsaturated fats and monounsaturated fats

may help to improve the ratio of 'protective' cholesterol to 'harmful' cholesterol in your blood. Our booklet *Reducing your blood cholesterol* offers information and practical suggestions which could be helpful. You could also ask your medical team about reducing cholesterol.

### **Fish and fish oils**

Eating oily fish every week helps to protect against coronary heart disease, and helps improve survival after a heart attack. Try eating about two portions of fish a week. One portion a week should be an oily fish – for example, herring, kippers, mackerel or sardines.

### **Keeping to a healthy weight**

For people who are overweight, reducing weight will help to reduce the workload of the heart, help keep blood pressure down, and reduce the risk of coronary heart disease.

### **Salt**

Reducing the amount of salt in your diet will also help keep your blood pressure down.

### **Alcohol**

Too much alcohol can damage the heart muscle, increase blood pressure and also lead to weight

gain. However, moderate drinking – between 1 and 2 units of alcohol a day – may help to protect the heart in men aged over 40 and women who have gone through the menopause.

### Physical activity

People who are not physically active are twice as likely to have a heart attack compared with active people. Even if your partner has already had a heart attack, a programme of exercise reduces the risk of having another attack.

The type of activity that helps the heart the most is called 'aerobic' activity. Aerobic activity is any repetitive, rhythmic exercise involving muscle groups such as the legs, shoulders and arms. Examples of aerobic activity include brisk walking, swimming, cycling and some gardening.

If your partner has coronary heart disease, it is important to talk with your hospital doctor, cardiac nurse or GP about how much activity they should do and the best way to increase their level of physical activity. For more information on physical activity for people with coronary heart disease, see our booklet *Physical activity and your heart*.

## Smoking

If your partner smokes, stopping smoking is the single most important thing they can do to protect their heart. Talking to friends and relatives who have stopped, joining a stop smoking group, or talking to the GP or practice nurse may help. It may be possible to get nicotine replacement products such as nicotine patches either on prescription or from your local pharmacist, and these can really help. For practical help in stopping, contact QUITLINE on 0800 00 22 00. See also our booklet *Smoking and your heart*.

### Finding out more

Your partner may be invited to a cardiac rehabilitation programme. This usually includes exercise, relaxation and information on lifestyle and treatment. It is well worth your partner going on the programme, and you may also be invited to the education sessions where you will get lots of useful information on all the lifestyle changes described on pages 38 – 42. You may also learn what to do if there is an emergency situation – which in turn helps to take away some of the anxiety. Local heart support groups may also have education sessions like this. (See pages 36-37.)

## How can I tell an attack of angina from a heart attack?

Angina is an uncomfortable feeling in the chest. It usually feels like a heaviness or tightness in the centre of the chest which may spread to the arms, neck, jaw, back or stomach. In some people, the pain or tightness may affect only the arm, neck, stomach or jaw. Some people describe angina as a dull, persistent ache. Angina happens when the coronary arteries have become narrowed and the supply of blood and oxygen to the heart muscle reduces. The supply of blood and oxygen may be enough when the person is resting, but not enough if they are exercising or under emotional strain.

The chest pain that comes with angina is usually brought on by exercise or emotion. It is usually less severe than the pain of a heart attack and does not last as long. With angina, the person does not usually sweat or feel sick, but these symptoms often occur with a heart attack. A nitrate tablet or spray is very effective in relieving angina, but will not completely relieve the pain of a heart attack. Severe indigestion symptoms which are not relieved by medication may be a heart attack.

Symptoms of angina	Symptoms of a heart attack
<p>Heaviness or tightness usually in the centre of the chest, which may spread to the arms, neck, jaw, back or stomach. Or it may affect just the neck, jaw, arm or stomach.</p>	<p>The type of discomfort or pain is similar to angina but is sometimes more severe.</p> <p>There may also be sweating, light-headedness, nausea or shortness of breath.</p>
<p>Angina often happens when the person is doing a physical activity, or is under emotional stress.</p>	<p>A heart attack can happen at any time, including while the person is resting.</p>
<p>Symptoms usually go away within about 10 to 15 minutes.</p>	<p>If the symptoms last more than 15 minutes, it is probably a heart attack.</p>
<p>Symptoms are relieved by resting, or by using a nitrate tablet or spray.</p>	<p>Symptoms are not completely relieved by resting or by using a nitrate tablet or spray.</p>

**If you think your partner is having a heart attack, dial 999 for an ambulance and then phone his or her doctor.**

## What to do if someone has a heart attack or cardiac arrest

Ideally, everyone should know what to do if someone has a heart attack or cardiac arrest. About three in every four cardiac arrests happen away from hospital and there may be nobody else around to help.

The British Heart Foundation co-ordinates an initiative called *Heartstart UK*. *Heartstart UK* schemes train people in emergency life support. For more details contact Heartstart UK at the British Heart Foundation.

### If someone has a heart attack

- 1 Get help immediately.
- 2 Get the person to sit back in a comfortable position.
- 3 Phone 999 for an ambulance and then phone their doctor.

### If a person seems to be unconscious

- Approach with care. To find out if the person is conscious, gently shake him or her, and shout loudly, 'Are you all right?'
- If there is no response, shout for help.
- You will need to assess the casualty and take suitable action. Remember **A, B, C – Airway, Breathing, Circulation.**

# A **Airway**

Open the person's airway by tilting the head back and lifting the chin.



# B **Breathing**

## **Check**

Look, listen and feel for signs of breathing for up to 10 seconds.

## **Action: Rescue breathing**

*If the person is unconscious and not breathing, phone 999 for an ambulance.*

Put the person face upwards on the floor.

Open the airway again and give two of your own breaths to the person. This is called 'rescue breathing'.

Close the person's nostrils with your fingers and thumb and blow into the mouth. Make sure that no air can leak out and that the chest rises and falls.



# C *Circulation*

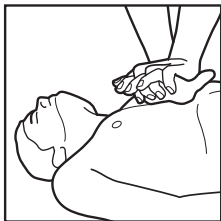
## *Check*

Check for signs of circulation. This means checking for signs of normal breathing, coughing or movement. Take no more than 10 seconds doing this.

## *Action: Chest compression*

If there are no signs of a circulation, or if you are at all unsure, start chest compression.

Find the notch at the bottom of the breastbone. Measure two fingers' width above this. Place the heel of one hand there. Place your other hand on top. Press down firmly and smoothly 15 times. Do this at a rate of about 100 times a minute – that's faster than one each second.



Repeat 2 rescue breaths and then 15 chest compressions. Keep doing the 2 rescue breaths followed by

15 chest compressions until:

- the casualty shows signs of life, or
- professional help arrives, or
- you become exhausted.

## For more information

### British Heart Foundation website

**bhf.org.uk**

For up-to-date information on the BHF and its services.

### Heart Information Line 08450 70 80 70

A helpline service for the public and health professionals, providing information on a wide range of issues relating to heart conditions.

### Publications and videos

The British Heart Foundation produces a range of publications and videos. You can order these through our website. The address is **bhf.org.uk**

For a complete publications list and order form, please contact:

British Heart Foundation

PO Box 138

Northampton NN3 6WB.

Phone: 01604 640016

E-mail: [ds-bhf@mail.dataforce.co.uk](mailto:ds-bhf@mail.dataforce.co.uk)

Our publications are free of charge, but we would welcome a donation.

## Heart Information Series

This booklet is one of the booklets in the *Heart Information Series*. The other titles in the series are as follows.

- 1 Physical activity and your heart
- 2 Smoking and your heart
- 3 Reducing your blood cholesterol
- 4 Blood pressure
- 5 Eating for your heart
- 6 Angina
- 7 Heart attack and rehabilitation
- 8 Living with heart failure
- 9 Tests for heart conditions
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- 20 Caring for someone with a heart problem

## *Heart health magazine*

*Heart health* is a free magazine, produced by the British Heart Foundation especially for people with heart conditions. The magazine, which comes out four times a year, includes updates on treatment, medicines and research and looks at issues related to living with heart conditions, like healthy eating and physical activity. It also features articles on topics such as travel, insurance and benefits. To subscribe to this **free** magazine, call **01604 640 016**.

## Heartstart UK

For information about a free, two-hour course in emergency life-support skills, contact Heartstart UK at the British Heart Foundation. The course teaches you to:

- recognise the warning signs of a heart attack
- help someone who is choking or bleeding
- deal with someone who is unconscious
- know what to do if someone collapses, and
- perform cardiopulmonary resuscitation (CPR) if someone has stopped breathing and his or her heart has stopped beating.

## For more information on statistics quoted in this booklet

Statement	Where you can find out more about this
<p><b>Page 40</b> Eating oily fish every week helps to protect against coronary heart disease, and helps improve survival after a heart attack.</p>	<p>From: <i>Nutritional aspects of heart disease</i> by the Cardiovascular Review Group, Committee on Medical Aspects of Food Policy, Department of Health. Published in 1994 by HMSO, London; and: 'Effects of changes in fat, fish and fibre intakes on death and myocardial reinfarction: death and reinfarction trial (DART)'. By ML Burr, JF Gilbert, RM Holliday et al. Published in 1989 in the <i>Lancet</i>, volume 2, pages 757-761.</p>
<p><b>Page 41</b> People who are not physically active are twice as likely to have a heart attack compared with active people.</p>	<p>From: 'Physical activity and the incidence of coronary heart disease', by KE Powell et al. Published in the <i>Annual Review of Public Health</i> in 1987, volume 8, pages 253-287.</p>

## Useful organisations

There are many organisations that can offer you support. Talk to the hospital and doctor's surgery first, to find out what help and back-up they can provide. For information about carers' groups and respite care, ask at your local library, local council for voluntary services (CVS), or your GP surgery or health centre.

### **British Association for Counselling and Psychotherapy**

BACP House  
35-37 Albert Street  
Rugby CV21 2SG  
Phone: 0870 443 5252  
Website: [www.bacp.co.uk](http://www.bacp.co.uk)

They can put you in touch with a counsellor in your area.

### **Carers UK**

20-25 Glasshouse Yard  
London EC1A 4JT  
Phone: 020 7490 8818  
CarersLine: 0808 808 7777 (a freephone line providing advice to carers about their legal rights and entitlements)  
Website: [www.carersonline.org.uk](http://www.carersonline.org.uk)  
E-mail: [info@ukcarers.org](mailto:info@ukcarers.org)

Carers UK provides information and advice for carers who look after a relative, partner or friend who is ill, is frail, or has a disability.

### **Crossroads**

Crossroads provides a service that allows you, the carer, to go out and have time to yourself, while they look after your partner.

Crossroads – Caring for Carers

10 Regent Place

Rugby CV21 2PN

National information line: 01788 573653

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

*In Scotland:*

Crossroads (Scotland) – Caring for Carers

24 George Square

Glasgow G2 1BQ

Phone: 0141 226 3793

E-mail: [enquiries@crossroads-scotland.co.uk](mailto:enquiries@crossroads-scotland.co.uk)

## **NHS Direct**

Phone: 0845 46 47

Website: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

For general health information.

## **Princess Royal Trust for Carers**

Provides information, support and practical help to carers.

*London office:*

Princess Royal Trust for Carers

142 Minories

London EC3N 1LB

Phone: 020 7480 7788

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

E-mail: [info@carers.org](mailto:info@carers.org)

*Northern office:*

Princess Royal Trust for Carers

Suite 4

Oak House

High Street

Chorley PR7 1DW

Phone: 01257 234070

E-mail: [infochorley@carers.org](mailto:infochorley@carers.org)

*Glasgow office:*

Princess Royal Trust for Carers  
Campbell House  
215 West Campbell Street  
Glasgow G2 4TT  
Phone: 0141 221 5066  
E-mail: [infoscotland@carers.org](mailto:infoscotland@carers.org)

**Relate**

Herbert Gray College  
Little Church Street  
Rugby CV21 3AP  
Phone: 01788 573241

Relate provides a confidential counselling service for relationship problems of any kind.

**Samaritans**

Phone: 08457 90 90 90

If you need to talk to someone urgently, you can call the Samaritans at any time of the day or night. They have trained volunteers who can listen to you.

**[www.carers.gov.uk](http://www.carers.gov.uk)**

For information for carers about government services and other help, and government policies on carers.

## About the British Heart Foundation

The British Heart Foundation (BHF) is the leading national charity fighting heart and circulatory disease – the UK's biggest killer. The BHF funds research, education and life-saving equipment and helps heart patients return to a full and active way of life.

We rely on donations to continue our vital work. If you would like to make a donation, please ring our **credit card hotline on 0870 606 3399** or fill in the following form on pages 59-60.

## Notes

**We need your help. Please send a donation today.**

**Please accept my donation of:**

£50  £25  £15  £12  Other  £

If you are sending a cheque, please make it payable to  
**British Heart Foundation.**

Or, you can ring our credit card hotline on **0870 606 3399.**

I want to donate using:  MasterCard  Visa  CAF Card

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Card number

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Date

Name (Mr/Mr-s/Miss/Ms/other) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

08/2004

**Your personal information**

The British Heart Foundation (BHF) values your support. We will use the information you have given us for administration and marketing purposes. We may contact you by post or occasionally by phone or E-mail.

This may include passing on news and information on our charitable work (for example how we spend our money, and heart health information), BHF events and related products and services from our subsidiary companies such as Christmas gift catalogues. Please tick the box if you do NOT want to hear from us at all.

Occasionally we may pass on your details to other carefully-selected organisations we are working with. They may send you information on their events, products and services. Please tick the box if you do NOT want your details passed on in this way.

**Thank you for your support.**

**Please send your donation to:**

**Supporter Services, British Heart Foundation, 14 Fitzhardinge Street, London W1H 6DH.**

Registered Charity Number 225971

**Please turn over.**

Please tick if you would like us to send you a Gift Aid form to make your donation work harder at no extra cost to you.



**Please send me information about the following.**

- BHF publications**
- Giving regular donations**  
*Regular donations through a standing order give us the long-term support we need. Just tick for information on how to set up a standing order.*
- Remembering us in your Will**  
*Many people choose to leave a gift to their favourite charities in their Will. We can send you a useful information pack to tell you how to go about it.*
- Local fundraising activities and sponsored events**
- Payroll giving**  
*How you and your work colleagues can donate from your salaries before tax.*
- Buying BHF Christmas cards and gifts**
- Becoming a volunteer in a British Heart Foundation shop**

**Please send your form to the British Heart Foundation. The address is over the page.**

## Technical terms

<b>angina</b>	Heaviness or tightness in the centre of the chest which may spread to the arms, neck, jaw, back or stomach.
<b>angiogram</b>	See 'coronary angiogram'.
<b>arteries</b>	Vessels which carry blood from the heart to other parts of the body.
<b>atheroma</b>	Fatty material that can build up within the walls of the arteries.
<b>atherosclerosis</b>	The build-up of fatty material within the walls of the arteries.
<b>beta-blocker</b>	A drug which prevents the heart from beating as quickly or as forcefully as usual.
<b>blood pressure</b>	The pressure of the blood in the arteries.
<b>cardiac catheterisation</b>	A test to find out about the condition of the heart.
<b>cardiologist</b>	Heart specialist.
<b>cholesterol</b>	A fatty material mainly made in the body by the liver.
<b>coronary angiogram</b>	A picture which shows where the coronary arteries are narrowed and how narrow they have become.
<b>coronary arteries</b>	The arteries that supply the blood to the heart muscle.
<b>coronary heart disease</b>	When atheroma builds up in the inside walls of the coronary arteries.

<b>diabetes</b>	When the glucose level in the blood is too high.
<b>ECG</b>	See 'electrocardiogram'.
<b>echocardiogram</b>	An ultrasound picture of the heart which shows the structure of the heart and how it is working.
<b>electrocardiogram</b>	A test to record the rhythm and electrical activity of the heart. Also called an ECG.
<b>exercise ECG</b>	A test to record the rhythm and electrical activity of the heart, carried out while the person is taking exercise.
<b>GTN medicine</b>	A drug that opens up the blood vessels.
<b>heart attack</b>	When a narrowed coronary artery becomes blocked by a blood clot.
<b>heart failure</b>	When the pumping action of the heart is less efficient.
<b>Holter monitoring</b>	A 24-hour recording of an electrocardiogram (ECG).
<b>palpitations</b>	When you feel as if your heart is beating abnormally fast, irregularly or heavily.

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## Your comments please

We would be very interested to hear your views about this booklet.  
Please fill in this form and send it to:

### British Heart Foundation

FREEPOST WD513

14 Fitzhardinge Street

LONDON W1E 1JZ.

#### 1 How did you get this booklet?

I got it directly from the British Heart Foundation.

My GP or practice nurse gave it to me.

I got it from a display at my GP's surgery or health centre.

A nurse or doctor at the hospital gave it to me.

I got it from a display in a hospital.

A friend or relative gave it to me.

Other (Please give details.) \_\_\_\_\_

#### 2 Do you find this booklet...

very helpful?

helpful?

not very helpful?

not at all helpful?

#### 3 Do you find this booklet ...

very easy to understand?

easy to understand?

not very easy to understand?

#### 4 What do you think of the design of the booklet (how it looks, the size of the text, the front cover, the size)?

Very good

Good

Not very good

Poor



5 Are there any issues that you need to know about that are not covered in this booklet? If so, what are they?

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6 Do you have any other suggestions for how we could improve this booklet?

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7 Are you...

...a patient with a heart condition?

...a carer (for example, a relative or friend of someone with a heart condition)?

Other (Please give details.) \_\_\_\_\_

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## **Acknowledgements**

The British Heart Foundation would like to thank all the GPs, cardiologists and nurses who helped to develop the booklets in the *Heart Information Series*, and all the patients who commented on the text and design.

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- The Princess Royal Trust for Carers.

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*Heart health* is a free magazine produced by the British Heart Foundation especially for people with heart conditions. See page 50 for more information.

### **British Heart Foundation**

14 Fitzhardinge Street, London W1H 6DH

**Phone:** 020 7935 0185

**Website:** [bhf.org.uk](http://bhf.org.uk)

### **Heart Information Line • 08450 70 80 70**

*(A local rate number.)*

A helpline service for the public and health professionals, providing information on a wide range of issues relating to heart conditions.