

Looking after your heart

Welcome to the EuroAction Programme



EuroAction is a programme which aims to help you, your partner and your close relatives to reduce the risk of further heart disease in your family.

The way we lead our lives – our family 'lifestyle' – can increase the risk of developing heart disease. Smoking, eating unhealthily and being physically inactive, together with other risk factors, can all lead to coronary heart disease. (A risk factor is something which increases the risk of heart disease.) These risk factors are explained in detail in the *EuroAction Family Support Pack*. The pack also includes lots of helpful tips on ways to reduce your family risk.

What does the EuroAction Programme involve?

The programme involves three stages:

- 1** You and your family members will be invited to come for a 'first assessment'. You will be asked about your smoking and eating habits, and about how much physical activity you do. You will also have your weight, blood pressure, cholesterol and glucose levels measured.
- 2** During the 16 weeks after the first assessment, you will be invited to eight education and exercise sessions, and will have support with managing your lifestyle and other risk factors.
- 3** Sixteen weeks after the first assessment, you and your family members will be invited to come to the clinic again so that we can assess how successful you have been in changing your family lifestyle and reducing your other risk factors. The same will happen one year after the first assessment.

Please turn over.

While you are on the EuroAction Programme you will receive personal, one-to-one care from members of the EuroAction team including a cardiologist (a doctor specialising in heart disease), a cardiac nurse, a dietitian and a physiotherapist. They can give you tailor-made support and information on the lifestyle changes you can make to reduce the risk of heart disease in your family – as well as support and advice on what to do if you find it hard to maintain those changes.

If you would like more information about the programme, ask the EuroAction nurse.

Looking after your heart

Reducing the risk of heart disease – for you and your family

What is coronary heart disease?

The heart is a muscle that pumps blood around your body. The heart muscle is supplied with blood and oxygen by arteries called 'coronary arteries'. In people with coronary heart disease, these arteries become furred up with fatty deposits called 'atheroma'. Over time, these can harden in a process called 'atherosclerosis'. This can lead to angina or a heart attack.

Risk factors for coronary heart disease

Smoking, unhealthy eating, and being physically inactive can all lead to high blood pressure, high cholesterol and diabetes, and to fatty deposits developing in our arteries.

The 'risk factors' for coronary heart disease are often split into two groups:

- risk factors you can change
- risk factors you can't change.

As you can see from the boxes below and overleaf, there are many risk factors that you can change. And even small changes can make a **BIG** difference to your health!

Risk factors you CAN change

- Smoking
- Unhealthy eating habits
- Being physically inactive
- Being overweight
- High blood pressure
- High cholesterol
- Diabetes

Please turn over.

Risk factors you CAN'T change

- **Age**
Older people are more at risk of getting coronary heart disease.
- **Gender**
Men tend to get coronary heart disease at a younger age than women.
- **Family history**
People who have a close relative (a parent, sister or brother) who has, or who had, heart disease are more at risk.



Look after your heart.

*Stop smoking, eat
healthily and be more
physically active.*

Looking after your heart

If there is heart disease in your family

Are you related to someone with *premature* coronary heart disease?

When heart disease develops at a younger age – in men aged under 55 and in women under 65 – the immediate relatives of these patients may themselves be at increased risk of heart disease.

- Has your mother or sister been diagnosed with coronary heart disease before the age of 65?
- Has your father or brother been diagnosed with coronary heart disease before the age of 55?

If the answer to either of the questions above is **YES**, you may be at increased risk of developing heart disease. **However there are many things that you and your family can do to reduce your risk.**

How the EuroAction Programme can help you

The EuroAction Programme aims to help you and your family to find out what changes you may need to make to increase your chances of a healthy future.

Read on ... The *EuroAction Family Support Pack* is full of information on how you can reduce your risk ... and keep your family healthy.

What you and your family can do about ...

Changing as a family

Finding out that there is heart disease in your family means that you may all need to make some important lifestyle changes. You are more likely to make effective, life-long changes if you have the support of your family – especially those who are living in the same household. You and your family can have a healthier future if you work together.

Changing together

When you try to change your behaviour – for example, quitting smoking – it is often easier to be successful if you have the support of your partner, family and friends. It will be easier if you can make these changes together.

Improving your family's health

If your family understands about heart disease and why lifestyle changes are necessary, it will help you all to be healthier. These changes may help prevent heart disease developing. If you support each other and join together – in stopping smoking, eating more healthily, losing weight and being more physically active – everyone will benefit.

Who can give you support?

Think about which members of your family can help you the most.
For example:

- your partner
- your children
- your brothers and sisters
- your friends
- your parents.

Please turn over.

Changes that you can make together

- Stopping smoking.
- Eating healthy meals.
- Being more physically active. Plan to do some physical activity together regularly.
- Relaxing. Choose something you enjoy doing together.

Making the changes together

- ✓ Think about your present lifestyle. Where do you need to make changes and how can you do this?
- ✓ Encourage and support each other at times when you are finding it hard to maintain any of the changes.
- ✓ Discuss your goals and set targets together.
- ✓ If you lapse, start again together.
- ✓ Talk together about how you feel about what you have to do.
- ✓ Together, review your progress and your goals, and set new goals if you need to.

It is important to see how well you are doing. And, when you achieve any of your goals, make sure you reward yourselves together.

Remember that if you can involve your family and friends, you will be making changes to improve their future health as well as your own.

What you and your family can do about ...

Quitting smoking

If you're a smoker, quitting smoking is the single most important thing you can do to avoid future heart problems.

How to quit

It is important to stop completely. Cutting down is less likely to work than stopping altogether. There is no quick and easy way to quit, so prepare yourself thoroughly and find out about what help is available.

Tips to help you quit

- ✓ Be positive.
- ✓ Join a stop smoking clinic.
- ✓ Ask your doctor, or your EuroAction nurse, about nicotine replacement therapy, or bupropion. Bupropion is a medicine which does not contain nicotine but which helps to reduce the desire to smoke, and to relieve some of the symptoms you might get when you stop smoking.
- ✓ Write a list of your reasons for quitting. You can use the space on the back of this leaflet.
- ✓ Tell your friends and family that you are planning to quit.
- ✓ Set a date and get rid of cigarettes and ashtrays.
- ✓ Keep busy. Boredom can make you smoke.
- ✓ Keep active. Try to do some regular physical activity every day.
- ✓ Save the money that you would have spent on cigarettes and reward yourself.
- ✓ If you have a weak moment call a friend, your EuroAction nurse or someone you know who can give you support.
- ✓ Don't give up on giving up!

For help and advice with quitting smoking, call Quitline on 0800 00 22 00 or the NHS Smoking Helpline on 0800 169 0 169.

Please turn over.

My reasons for quitting smoking

How does smoking cause heart disease?

- Smoking damages the linings of your arteries.
- Nicotine, which is the addictive drug in cigarettes, increases your heart rate and your blood pressure, making your heart work harder.
- When you smoke, carbon monoxide is carried in your blood instead of oxygen, making it harder for your heart to get enough oxygen.

Target

No smoking



What you and your family can do about ...

Healthy eating for the heart

Eating healthily can reduce the risk of heart disease. You need to follow the same healthy eating advice that's given to the whole population – but it is especially important for you and your family!

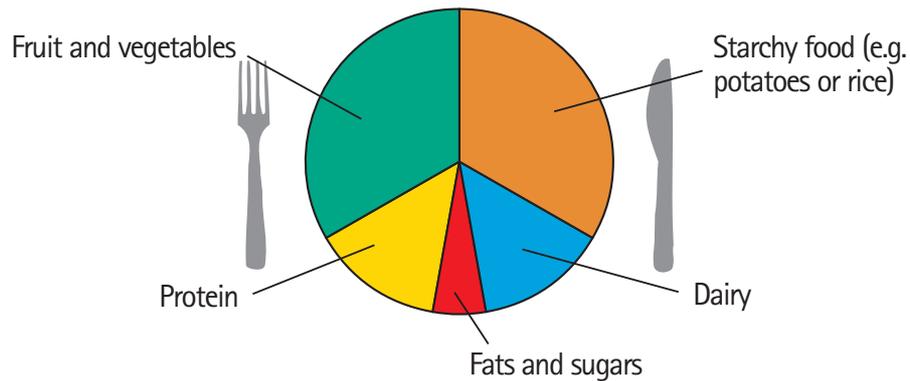
If you have heart disease, you need to make sure that your diet provides the right balance of nutrients for healing and a good recovery. A healthy diet can reduce the risk of future heart problems. So be positive, read on, and start thinking about ways of improving your diet and your lifestyle.

Tips for healthy eating

- ✓ Replace saturated fat with monounsaturated and polyunsaturated fat. (For example, use rapeseed or olive or sunflower oil rather than coconut oil or palm oil.) And eat less fat in total.
- ✓ Increase the amount of oily fish you eat. Oily fish includes mackerel, sardines and pilchards.
- ✓ Eat more fruit and vegetables. Aim to eat at least five portions a day.
- ✓ Eat more fibre – especially soluble fibre that is found for example in beans, peas, lentils and oats.
- ✓ Avoid using too much salt. Use herbs, spices, lemon or garlic to flavour your food instead.
- ✓ Avoid using too much sugar, or having too many sugary foods and drinks.
- ✓ Keep your alcohol intake within the recommended limits.

Please turn over.

Aim for the following proportions of the different food groups in your overall diet.



Tips

- Cook more vegetables than you would normally prepare.
- Put the vegetables on your plate first so that they take up almost half the plate.
- Then put on the starchy food – for example the potatoes or rice.
- Put the meat or cheese part of the meal on last. This will help you reduce the amount of these products that you eat.

What you and your family can do about ...

Physical activity and exercise

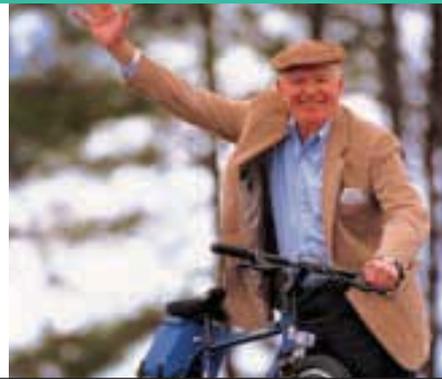
Why should you be active?

Being physically active can reduce your risk of developing heart disease. If you already have heart disease, physical activity can help reduce your risk of future heart problems.

Target

A total of 30 minutes' moderate activity a day, on at least 5 days a week.

If you have any health problems or you are unsure, seek advice from your doctor before you start exercising.



What types of activity should I do?

- ✓ Some of the best types of activity for your heart are walking, cycling, dancing, and everyday activities such as climbing the stairs. Whatever exercise you choose must always be comfortable and not cause you any pain.
- ✓ Your level of exercise should be tailored to meet your needs. It should take into account your age, level of fitness, severity of heart disease, how well you have recovered from a heart attack (if you have had one), and any other health problems you may have.

How much is enough?

- ✓ **Exercise at a moderate level.** You should feel comfortable but slightly out of breath and warm. As a general rule the exercise should feel 'fairly light' to 'somewhat hard'. The 'talk test' is a good way to work out if you are overdoing it. If you can't carry on a conversation during exercise, you are probably working too hard.
- ✓ To get fit you need to exercise **frequently and regularly**. Exercising once a week is not enough! Increase your activity gradually and build it into your daily life. Aim to build up eventually to a total of 30 minutes' moderate activity a day on at least 5 days of the week.

A recipe for success!

Try to do this at least five times a week.

Starter: Warm up for 10-15 minutes before the main exercise.

Main course: Moderate intensity exercise such as brisk walking. Start off with 5 minutes and build up week by week to 20-30 minutes.

Dessert: Cool down after the main exercise for 10 minutes.

The power of physical activity: what it can do for you

- Physical activity improves the flow of blood around your body.
- It helps to control your weight, lower blood pressure, lower cholesterol, and regulate blood glucose.
- It helps to reduce the risk of heart attack and stroke.
- It reduces stress, anxiety and depression and gives you a sense of well-being.
- It improves your sleep pattern.
- Regular exercise makes your bones stronger, and improves flexibility and balance.
- If you have angina then the **right type** of exercise can help make your heart more efficient. This means that you will be less restricted by your angina and be able to do more without getting symptoms.

Some important do's and don'ts

Do ...

- ✓ Stop exercising if you experience chest pain, feel dizzy or faint.
- ✓ If you get angina while you are exercising, stop exercising and use your GTN spray. If the pain goes away completely, you can start doing light activity again.
- ✓ Wear loose, comfortable clothing and shoes with good arch support.
- ✓ Try to exercise before meals. If you can't, wait until at least an hour after you have eaten.

Don't ...

- ✗ Don't exercise if you have recently felt chest pain, shortness of breath or palpitations which are unfamiliar to you.
- ✗ Don't over-exert yourself. You will get more benefit from moderate exercise than from vigorous exercise.
- ✗ Don't exercise while you are ill or have a temperature – for example with a cold, cough or flu.
- ✗ If you have coronary heart disease:
 - Don't do strenuous activities, or activities that involve sudden stops or starts.
 - Don't hold your breath during exercise.
 - Don't exercise outdoors on extremely hot or cold or windy days, or when humidity is high or when it is very windy.

What you and your family can do about ...

Keeping to a healthy shape and weight

Keeping to a healthy body weight reduces your risk of a number of health problems, including heart disease. As far as heart disease goes, two things are important:

- how much you weigh, and
- where your body fat is.

Carrying your body fat around your middle increases your risk of heart disease.

Do you have too much fat around your middle?

To find out, measure around your middle, 2.5 centimetres (1 inch) above your tummy button. If you are a man and your measurement is more than 94 cm (37 inches), or if you are a woman and your measurement is over 80 cm (31½ inches), then it is important to lose some fat from around your middle. Read the *Tips for reaching a healthy shape and weight* on the back page.

Targets

Waist

Men: Below 94cm (37 inches)

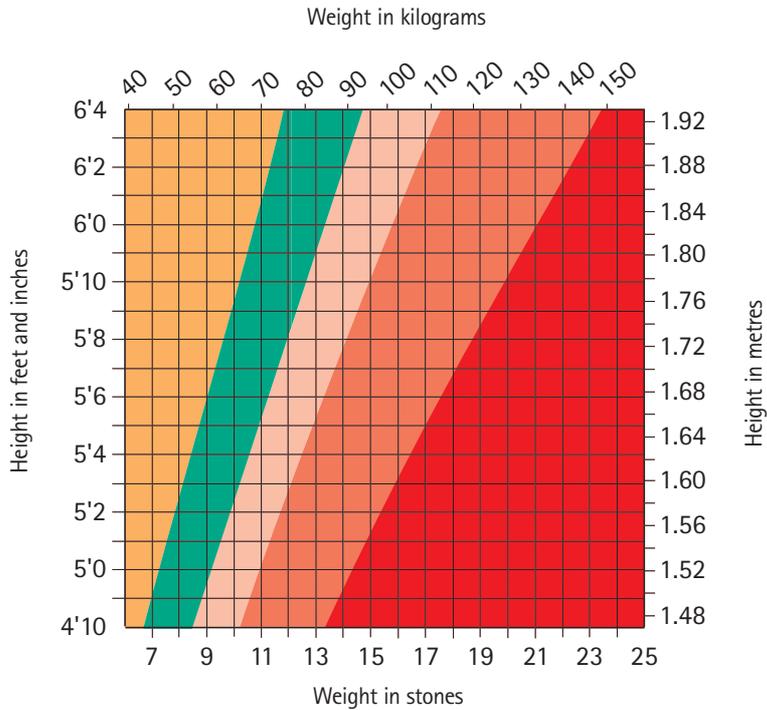
Women: Below 80cm (31½ inches)

Weight

Check the chart inside. Aim for the 'OK' weight range.

Are you overweight?

You can find this out using the chart below. Draw a straight line across the chart from your height (without shoes). Then draw a line up or down from your weight (without clothes). Where the two lines cross will show whether you need to lose weight.



- Underweight
- OK
- Overweight
- Fat
- Very fat



	What to do?
Underweight	Being underweight can be linked to a number of health problems. Ask the EuroAction nurse for advice.
OK	Well done. Try to keep to this weight.
Overweight	It is important that you try to lose weight. The energy (calories) from the food you eat must be less than the energy you use in daily activities. Read the helpful <i>Tips</i> overleaf.
Fat	
Very fat	

If you are overweight, fat or very fat, what weight should you aim for?

It is important to aim for a realistic target. You can get help with setting a target weight to aim for while you are on the EuroAction Programme. If you can lose between 5% and 10% of your present weight you will improve your overall health. So for example if you weigh 15 stones (95.25 kilos), losing between 5% and 10% would mean losing between 10 1/2 and 21 pounds (between 4.75 and 9.5 kilos).

Tips for reaching a healthy shape and weight

- ✓ Try to eat regular meals.
- ✓ Avoid fried foods. When cooking, use as little fat and oil as possible.
- ✓ Choose low fat products.
- ✓ Eat small servings of meat. Eat chicken and fish more often.
- ✓ Eat a serving of starchy food (for example potatoes or rice) at each meal.
- ✓ Eat at least five portions of fruit and vegetables a day.
- ✓ Avoid sugary foods.
- ✓ Limit the amount of alcohol you have, as it is high in calories.
- ✓ Be more physically active.

What you and your family can do about ...

High blood pressure

What is blood pressure?

We need blood pressure to move blood around the body. Your heart is a pump that beats by contracting and relaxing. When your heart contracts, the pressure goes up. When the heart relaxes, the pressure goes down.

When your doctor or nurse measures your blood pressure, he or she will record two numbers – for example 130/80. The first number is the pressure as the heart contracts and is called 'systolic blood pressure'. The second number is the pressure as the heart relaxes and is called 'diastolic blood pressure'. Both numbers are important for your treatment.

Everyone's blood pressure varies from beat to beat, and throughout the day, as you exercise and rest, and with stress and emotion. So don't be surprised if you get different readings each time you have your blood pressure checked. What is more important is the trend of your blood pressure. So, if your blood pressure is mostly high when it is checked, you might need to take medicines to help lower it.

What is high blood pressure, and what causes it?

High blood pressure is very common, especially in people with coronary heart disease. It is more common in older people than younger people, and it can run in families. There are no symptoms. So the only way to find out if you have high blood pressure is to have your blood pressure checked.

On the EuroAction Programme we will be trying to make sure that your blood pressure is less than 140/90 – or if you have diabetes, less than 130/85. That's because having blood pressure lower than this helps to protect your heart.

Target

Blood pressure:

Below 140/90.

Or, if you have diabetes: below 130/85.

How does high blood pressure affect my heart?

When the blood pressure rises, the blood travelling along your arteries roughens the lining of the arteries. To understand why this happens, picture what occurs when you turn a tap on. At normal pressure the water travels in a straight line, but when you turn the tap on full blast the water spurts out in all directions. Before it comes out it has been pushing in all directions against the sides of the pipes. This is what happens to the blood in your arteries if you have high blood pressure. This all puts an extra strain on the heart.

What can I do to help control my blood pressure?

- ✓ Take the **medicines** your doctor has prescribed for you. Don't stop taking your medicines without talking to your doctor or nurse first.
- ✓ Adding **salt** to your food raises your blood pressure. Try not to add any salt to your food. Use other flavourings instead, such as herbs, pepper, lemon juice or garlic. And eat fewer salty processed foods too.
- ✓ If you are overweight, lose **some weight**. People who are overweight are more likely to have high blood pressure.
- ✓ Drink **alcohol** in moderation only.
- ✓ **Be physically active**. Regular exercise and activity help to lower your blood pressure, and also help to keep your weight down.

What you and your family can do about ...

Cholesterol

What is cholesterol?

Cholesterol is an essential substance needed for life. It helps our bodies to form the walls of the cells in our bodies, and to form certain hormones. Cholesterol is produced in the liver. Some people produce more than others.

Within our blood stream we have different types of cholesterol which travel around attached to a protein. They are known as 'lipoproteins'. The low density lipoprotein (LDL) damages your arteries. The high density lipoprotein (HDL) protects them. There is another fat which circulates in the bloodstream called triglycerides. All of these make up your 'lipid profile'.

Your lipid profile will be measured on the EuroAction Programme by taking a blood sample. Cholesterol and lipids are measured in 'millimols per litre of blood' (mmols/l). We will be trying to make sure that your lipid levels are below the targets shown in the box below.

Does it matter if my cholesterol is too high?

Although our bodies need cholesterol, having too high a cholesterol level can damage the lining of the arteries, particularly those which supply blood to the heart muscle, and can prevent the heart from working properly. Getting cholesterol to below the target level helps to protect your heart.

Can I do anything about it?

Yes! By eating healthily and being more physically active, you can improve your lipid profile and reduce your risk of developing or having further heart disease. Cholesterol-lowering medicines will also help to lower your cholesterol and reduce your risk of future heart disease.

Targets	
Total cholesterol Below 5 mmols per litre	LDL cholesterol Below 3 mmols per litre

Please turn over.

To reduce cholesterol and protect your heart

- ✓ Take your cholesterol-lowering medicine.
- ✓ Reduce the total amount of fat in your diet, especially the saturated fat.
- ✓ Increase the amount of oily fish in your diet – for example mackerel, sardines or pilchards.
- ✓ If you are overweight, try to lose some weight.
- ✓ Enjoy high fibre foods like fruit, vegetables, pulses, wholemeal bread and wholemeal cereals.
- ✓ Reduce alcohol to within the recommended levels.
- ✓ Increase the amount of physical activity you do.
- ✓ Limit the amount of sugar and sweet foods and drinks you have.

What you and your family can do about ...

Diabetes

What is diabetes?

Diabetes mellitus is a common condition. It happens when the amount of glucose (sugar) in the blood is too high because the body is unable to use it properly.

Normally the pancreas – an organ behind the stomach – produces a natural hormone called insulin, which controls the level of glucose in the blood. In people with diabetes, the body does not produce enough insulin, or it produces insulin but cannot use it properly.

There are two types of diabetes: Type 1 diabetes and Type 2 diabetes. People with Type 1 diabetes are usually diagnosed in childhood and need to have insulin injections. Type 2 diabetes usually develops in later life and is mostly treated with diet and tablets. Eating a healthy diet is important in the treatment of both types of diabetes.

What is impaired glucose tolerance?

Your blood glucose test may show that you have 'impaired glucose tolerance'. This means that, although you haven't got diabetes, you are at a higher risk of developing it. If you have impaired glucose tolerance, it is important to follow the same lifestyle guidelines as for diabetes.

If you have been told that you have impaired glucose tolerance, you should ask your doctor to check your blood glucose level once a year.

Why do I need to control my diabetes?

Diabetes is a risk factor for heart disease. And if diabetes is poorly controlled it also increases the risk of damaging blood vessels throughout your body.

If your diabetes is not controlled you may get symptoms like weight loss, tiredness, feeling very thirsty, passing urine frequently, or blurred vision. But some people do not get any symptoms at all.

Please turn over.

How can I control my diabetes?

- ✓ Take your medicines as prescribed.
- ✓ Eat at least five portions of fruit and vegetables every day.
- ✓ Keep to a healthy body weight.
- ✓ Cut down on fat, sugar, salt and alcohol.
- ✓ Be physically active.
- ✓ Include oily fish in your diet – for example, mackerel, sardines or pilchards.
- ✓ Stop smoking.
- ✓ Have your blood pressure, cholesterol level and blood glucose level checked regularly.
- ✓ Eat regularly.
- ✓ Include slowly absorbed starchy foods in your diet.

If you are taking tablets or insulin for your diabetes, you may find that your blood glucose level falls when you start doing more physical activity. So make sure you check it regularly. Your doctor may need to change the dose of your medication. Remember to carry a fast-acting carbohydrate like glucose tablets or a sugary drink when you are exercising.

Target

Fasting blood glucose level
Below 6.1 mmols per litre

What you and your family can do about ...

Stress

There is no evidence that stress causes heart disease. However, high levels of stress can affect your health, so it is important to learn how to recognise and manage stress.

Stress is caused by anything that makes you tense, angry, frustrated or unhappy. It is hard to avoid stress completely, but you can learn ways to help you cope with it.

Golden rules for coping with stress

- ✓ Prioritise. Sort out what really matters in your life.
- ✓ Think ahead and try to work out in advance how you can get round difficulties.
- ✓ Try to keep things in proportion.
- ✓ Don't be too hard on yourself.
- ✓ Learn to delegate at work and at home.
- ✓ Keep physically active.
- ✓ Take time out to relax, and make time for leisure.
- ✓ Have proper breaks for meals.
- ✓ Share your worries with family or friends whenever you can.
- ✓ Enjoy yourself, and your family and friends.

False friends

Alcohol and smoking tobacco are **false friends** because they can give you a feeling of temporary relief but in fact make it more difficult for you to develop ways of coping.

Please turn over.

What help is available?

There are three main types of professional help:

- Social help – for example, support groups
- Psychological help – for example, counselling
- Medical help – for example, anti-depressants.

Remember that some of these treatments may take some time to work, so be patient.

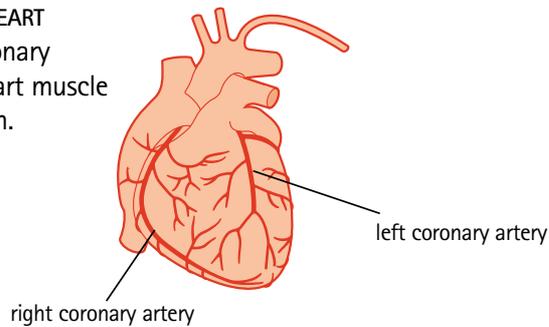
Tests and treatments for your heart

What is coronary heart disease?

Coronary heart disease is a disease of the arteries that supply the heart muscle with blood and oxygen. The coronary arteries can become furred up with fatty deposits called 'atheroma' which harden over time. This process is called 'atherosclerosis' and can lead to **angina** or a **heart attack**. Both are caused by the same disease process, but they are different in the way that they affect you.

BLOOD SUPPLY TO THE HEART

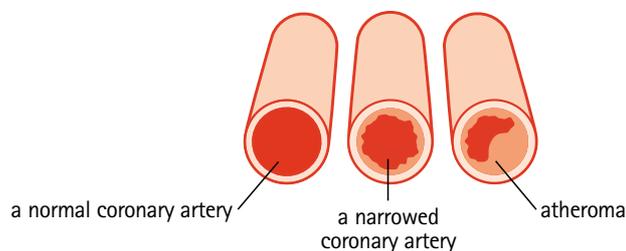
The right and left coronary arteries supply the heart muscle with blood and oxygen.



Angina

Angina is the name given to the pain caused by your heart. You may feel the pain in your chest or between your shoulder blades, or in your arms, jaw or throat.

Angina is caused by a reduction in blood flow to the heart muscle. This is due to a narrowing of the coronary arteries, caused by the build-up of fatty deposits.



Please turn over.

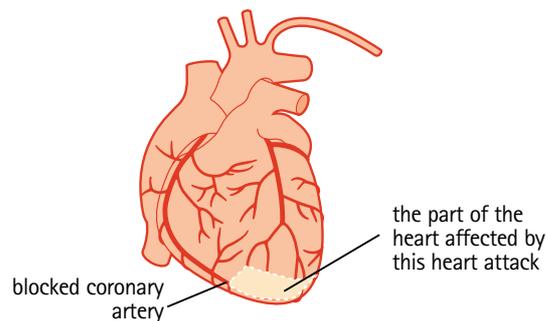
Angina is usually brought on at times when the heart muscle needs more oxygen – for example during exercise, after a heavy meal, in cold or very hot weather and when under emotional stress. Angina usually goes away with rest. It does not result in any damage to the heart muscle.

A heart attack

A heart attack happens when there is a complete blockage of one of the coronary arteries. This blockage completely stops the blood getting to the area of the heart muscle which that artery usually supplies. Some of this heart muscle is then damaged, but the rest of your heart muscle remains undamaged. So it's important that you look after your heart for the future.

A HEART ATTACK

A heart attack happens when one of the coronary arteries becomes blocked. This can damage some of the heart muscle.



As with angina, the main symptom of a heart attack is pain. However, the pain or discomfort of a heart attack is usually more severe, and lasts longer, and is not relieved by GTN or by resting. You may also feel short of breath, nauseous, and sweat.

Tests and treatments for your heart

Tests for heart conditions

This leaflet describes some of the tests used to diagnose heart disease, or to assess your condition if you already have heart disease. You may need to have more than one of these tests.

Electrocardiogram (ECG)

What does the test show?

An ECG is a way of recording the rhythm and the electrical activity of your heart. It can detect an irregular heart rhythm and can confirm if you have had a heart attack, either recently or some time ago. An ECG can also tell if any of the pains you may be having are coming from your heart.

What happens?

It takes about five minutes to do an ECG. The test causes no discomfort and has no effect on your heart. Small patches set in sticky plaster are put on your arms, legs and chest and are connected to a recording machine. This machine records the electrical signals produced by your heartbeats.

Exercise tolerance test (ETT)

What does the test show?

This test is used to help in the diagnosis and treatment of heart disease. It also helps the doctor to decide if you need to have further tests such as a coronary angiogram or a myocardial perfusion scan. (These tests are described inside.)

What happens?

An ECG is recorded while you are exercising on a treadmill or a stationary bike. The exercise starts off easy and gradually becomes harder. It lasts for up to 15 minutes. The medical staff will tell you when to stop. If you get chest pain during the test or become tired or short of breath you must let them know.

Echocardiogram

What does the test show?

This test shows the doctor how effective your heart muscle is. It can assess how much damage may have been caused by a heart attack, and also allows the doctor to see how well the valves in your heart are working.

What happens?

Gel is rubbed on your chest and a probe is moved over the surface of the skin to take an ultrasound picture of the heart. The test is completely painless. It can take up to an hour.

Coronary angiogram (Also called 'cardiac catheterisation')

What does the test show?

This test is used to get information about the exact position of any narrowings in your coronary arteries.

What happens?

The procedure takes place in a special x-ray room and lasts between 20 minutes and an hour. You will be given a local anaesthetic so the test should not be painful and you will be able to ask questions while the test is being done.

A long, very fine, hollow tube is placed into an artery in your groin or arm and is guided through the artery to the heart. A special dye is then injected through the tube and, using a special x-ray, your doctor will be able to see any narrowings in your coronary arteries. You will be linked to a heart monitor while this test is being done. You may have to lie flat for a number of hours after the test.

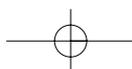
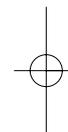
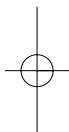
Myocardial perfusion scan

What does the test show?

If you are unable to exercise on a treadmill or exercise bike to have an exercise tolerance test (ETT), or if your ETT did not show definite results, your doctor may recommend a myocardial perfusion scan. With this test the doctor can look at the flow of blood from your coronary arteries through to the heart muscle, and assess the size and pumping activity of your heart chambers.

What happens?

A small amount of radioactive substance is injected into the blood. A camera takes pictures of the heart or the flow of blood to the heart. You may be asked to exercise during this test, but if you can't do exercise, you will be given a medicine intravenously (through a vein) instead.



Tests and treatments for your heart

Looking after your heart – if you have angina

Although you have developed angina, there is a lot you can do to protect your heart and make it stronger. Stop smoking, make healthy food choices, and gradually increase your physical activity as described below. Also, remember to take all your medicines every day, as these include medicines to protect your heart.

What causes angina?

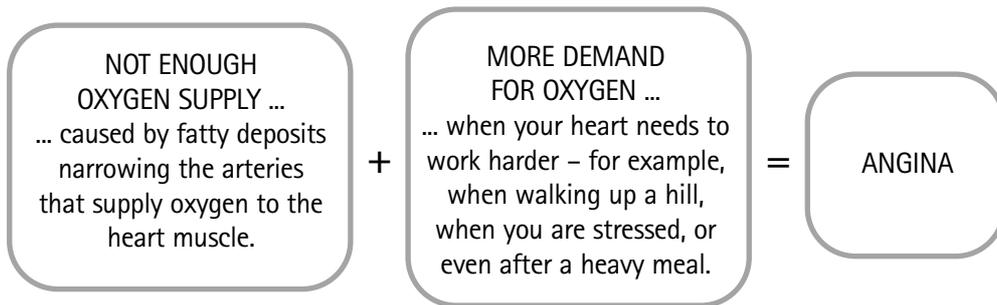
Angina is your heart's way of telling you that it is not getting enough oxygen. Your heart muscle needs oxygen which it gets from the blood flowing through the coronary arteries surrounding the heart. In people with angina, these arteries have become narrowed with fatty deposits called atheroma. The fatty deposits are caused by 'risk factors' which include smoking, eating unhealthily, being physically inactive, and being overweight.

What to do if you get an angina attack

- ✓ Sit down, rest and use your GTN as prescribed.
- ✓ Remember, angina is only temporary. Try to relax. Think positively and don't panic.
- ✓ Once the angina has gone away you can continue what you were doing at a slower pace.
- ✓ If the angina does not go away, continue to take doses of GTN, leaving 5 minutes in between doses.
- ✓ If the pain has not improved 15 minutes after the attack started, call the emergency services. You can keep using GTN once every 5 minutes until they arrive.

Getting the balance right

When the supply of oxygen does not meet the heart muscle's demand for oxygen, it can lead to chest pain. This pain, called angina, is temporary and will go away once your heart muscle has enough oxygen again.



You will get less angina if you can increase the supply of oxygen to your heart, or reduce the demand, or both.

So what can you do?

To increase the oxygen supply ...

- ✓ Don't smoke.
- ✓ Be more physically active.
- ✓ Take your medicines as they can help to widen your arteries.

To reduce the demand for oxygen ...

- ✓ Keep to a healthy weight and shape by eating healthily and staying active.
- ✓ Take your medicines as they lower blood pressure and heart rate.

How physical activity can help

The heart is a muscle and, as with any other muscle in the body, you can improve its strength by being physically active in everyday life. So, if you get your heart fitter you will be able to do more before your angina comes on. Staying active will encourage your heart to develop a better blood supply.

Is it safe for me to be active?

Yes but you need to be sensible. Choose activities that are comfortable, and gradually build up the amount you do. Avoid activities that involve heavy lifting, such as weight lifting, and those that involve sudden start/stop movements such as running for a bus.

Remember that, if you are not physically active, your heart muscle will become less efficient and therefore demand more oxygen. And this can make your angina worse.

A recipe for success!

Try to do this at least five times a week.

Starter: Warm up slowly for 10–15 minutes before the main activity.

Main course: Moderate activity like brisk walking, cycling or dancing. Start off with 5 minutes and build up week by week to 20–30 minutes. You should do enough to get you slightly out of breath, but you should still be able to hold a conversation during the activity.

Dessert: Cool down after the main activity for 10 minutes.

How will I feel?

Angina may make you feel that you cannot enjoy life the way you used to. Your family may also be tempted to overprotect you and not allow you to do things. But in fact there is a lot that you and your doctor can do to control your angina and help you lead a normal life.

You may be worried about your risk of having a heart attack because you have developed angina. In fact a heart attack can even happen to people who don't get angina. Remember, your angina is a warning sign and it's important now to take action to keep your heart healthy for the future.

It may help to talk about your feelings about having angina with someone – perhaps with the EuroAction nurse, your doctor, someone in your family, or a friend.

Tips for living with angina

- ✓ Don't save all your jobs for a 'good day' when you feel well. It is better to plan to do things over a longer time period, and to do a bit every day. That way you will not become too tired, and you will be able to fit in the things you enjoy doing too.
- ✓ Some people find it helpful to take GTN before doing things that bring on angina.
- ✓ Do not exercise if you have a temperature, for example with a cold or the flu.
- ✓ Tell your doctor if your angina gets worse, or if you start getting new symptoms such as breathlessness or palpitations.

Tests and treatments for your heart

Coronary angioplasty and stenting

If you have angina and your medicines are not helping to relieve it, or if your angina has become life-threatening, your doctor may recommend that you have a coronary angioplasty. This procedure is similar to having a coronary angiogram, and in some cases may directly follow an angiogram.

Angioplasty relieves angina by widening narrowed coronary arteries and improving the supply of blood to your heart muscle. A 'stent' is left in position inside the artery to keep the artery open. (See overleaf.) It usually involves having an overnight stay in hospital. As with any operation or procedure on the heart, there are risks involved. Talk to your doctor about the risks and benefits for you.

After the angioplasty

- Your doctor will probably give you 'anti-platelet medicines' to take for a couple of weeks. These help to reduce the risk of any blood clots forming around the stent.
- Avoid having very hot baths for the first few days.
- If your wound starts bleeding, or if there is any swelling, go back to the hospital where you were treated.
- If you get any pain in your groin or arm where the catheter was inserted, take a simple pain killer such as paracetamol.
- You must not drive for a week after your angioplasty.

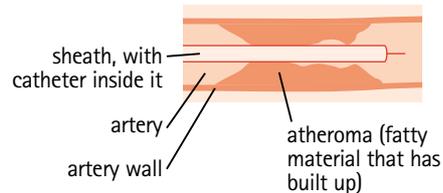
Invest in your future

Angioplasty can relieve your angina but it does not cure the cause of your heart disease. You will still need to make and maintain lifestyle changes and carry on taking your protective medicines to avoid having further heart problems. The main lifestyle changes are to stop smoking, eat healthily and be more physically active. The EuroAction team will be able to help you.

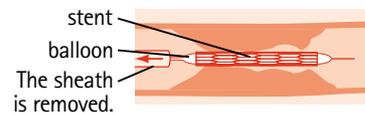
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How a coronary angioplasty is done

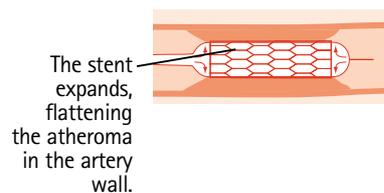
You will be given a local anaesthetic. The doctor will put a catheter (a very fine, hollow tube) into an artery either in your groin or your arm. The doctor will then feed the catheter along the artery until it reaches your heart.



At the tip of the catheter there is a balloon and a stent. A stent is a short tube of mesh made of stainless steel or titanium.

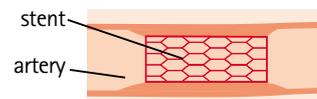


When the balloon reaches the narrowed part of your coronary artery, it is gently inflated, squashing the atheroma against the artery wall. While the balloon is being inflated, you may feel a slight pain, like angina, for a few seconds.



As the balloon widens the artery, the stent expands, holding the narrowed artery open and allowing the blood to flow freely again.

The doctor then takes out the tube and the balloon, leaving the stent in the artery. Using the stent reduces the risk of the artery becoming narrow again.



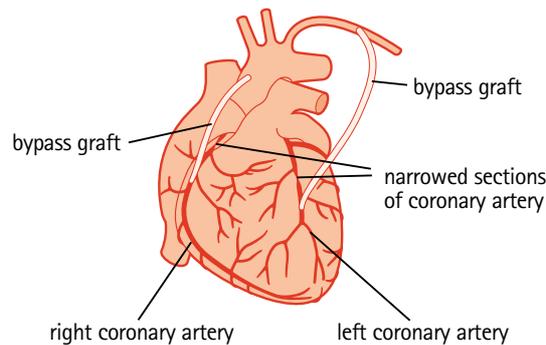
Tests and treatments for your heart

Coronary artery bypass surgery

Why do I need a bypass?

The coronary arteries are the blood vessels which supply blood to the heart. A narrowing in one or more of these vessels can reduce the blood flow to the heart muscle. Sometimes it is possible to 'bypass' this narrowing using an artery or vein taken from the arm or leg, or from the inside of the chest wall. By improving the blood supply it may be possible to relieve the pain of angina.

CORONARY ARTERY BYPASS SURGERY



As with any operation on the heart, there are risks involved. Talk to your doctor about the risks and benefits of surgery for you.

How will my chest feel after the operation?

The surgeon has to open the chest to gain access to your heart. Because of this, it is common to have chest pain after the surgery. People often describe it as a deep, dull, aching sensation. It is important to take regular painkillers as this will prevent the problems associated with not moving because of pain.

The discomfort in your chest should gradually reduce, but you may have a slight pain for several months. Some people also notice numbness along the scar. This is common and you may find it takes over a year for the feeling in your skin to return to normal. Sometimes the numbness never goes away completely.

Please turn over.

What happens after the operation?

- You should be walking about as usual about 10 to 14 days after the operation. You need to build your activity up slowly as you will find that you tire very easily at first.
- Have regular rest periods.
- It is common to feel emotional and a little low at times. It helps if you can talk your feelings through with someone – perhaps a member of the EuroAction team, your doctor, someone in your family, or a friend. If you feel constantly low in mood, please talk to your doctor or EuroAction nurse.
- If you have had a vein taken from your leg, you are likely to feel discomfort and swelling in your leg. You may be advised to wear a support stocking. Keeping active will help to prevent the swelling.
- Most people are back to normal about 8 to 12 weeks after the operation. The recovery time depends on the level of fitness you had before the operation.
- Follow the exercise guidelines given to you by the EuroAction physiotherapist, as they will help you to get out and about again.

Invest in your future

Surgery is not a cure for coronary heart disease. You will still need to make and maintain healthy lifestyle changes and carry on taking your protective medicines to prevent the grafts, and your other arteries, from narrowing from the same disease. The main lifestyle changes are to stop smoking, eat healthily and be more physically active. This will help to protect your 'new grafts'. The EuroAction team will be able to help you.

Tests and treatments for your heart

Looking after your heart following heart surgery

Your heart surgery will have improved the blood supply to your heart muscle. There is a lot you can now do to protect your new arteries and your heart muscle, and to improve the strength of your heart. Stop smoking completely, make healthy food choices, and gradually increase your physical activity as described below. Also, remember to take all your medicines every day as these include medicines to protect your heart.

So what should I do to help my recovery?

The heart is a muscle and, like any other muscle in the body, its strength and efficiency can be improved by regular exercise. After your surgery, the blood supply to the heart has been improved and it is very important – as part of your recovery – that you build up your activity levels.

The first week at home

- ✓ Take things very gently for the first two or three days. Leaving hospital can be quite a strain.
- ✓ Try to get a good night's sleep, and have one or two hours' rest after lunch.
- ✓ Climb the stairs once or twice a day.
- ✓ Stay at home mostly at first. And don't encourage too many visitors.
- ✓ Do a similar amount of walking to what you did in hospital. Over the week, build up the amount you walk each day. It is important to build up gradually. Only increase your walking time if it felt comfortable and not too tiring the previous day.
- ✓ If you feel weak, faint or breathless when taking exercise, you should stop and rest.

Continued overleaf

Weeks 2 and 3

- ✓ Still have plenty of rest periods.
- ✓ Climb the stairs three or four times a day.
- ✓ Walk more, including outdoors.
Build up gradually – each week do 5-10 minutes more than you did the previous week.
- ✓ Do some light household jobs like dusting, or washing or drying the dishes.

Week 4 onwards

- ✓ Increase your walking progressively. Aim to walk for between 30 minutes and 1 hour a day, on at least 5 or 6 days a week.
- ✓ At this stage you will hopefully have started the EuroAction Programme. This programme includes exercise classes which are specially designed to build up the efficiency of your heart.

What can I do to protect my chest wound?

In order to do coronary bypass surgery the surgeon usually has to break the breastbone. Don't worry! The bone is put back together and wires are used to secure it while it heals. The bone takes at least 4 to 6 weeks to make enough new bone and reunite. It is very important that you do not do activities that may damage the new bone being laid down, as this will delay the healing process. So avoid any lifting, repetitive arm movements or excessive twisting movements for 6 weeks. It takes 3 months for the bone to be back to its full strength so very heavy activities will have to wait until then.

For the first 6 weeks after surgery

- **Avoid** any repetitive arm movements such as hoovering, ironing, gardening, washing the car, and decorating.
- **Avoid** lifting anything that weighs more than half a kilo (one pound).
- **Avoid** large twisting movements of the body, for example as in golf.

6 weeks to 3 months after surgery

- You can now do light lifting but must avoid any very heavy lifting such as carrying a heavy suitcase.
- You can now do most types of household chores.
- You still need to avoid large twisting movements, so still no golf!

After 3 months

- You should be able to do most activities including golf, tennis and swimming.

What about driving?

It's best if you don't drive for at least 6 weeks and until you have had your check-up appointment with the doctor. For more information about driving regulations for people who have had heart surgery, ask the EuroAction nurse.

What about going back to work?

You need time to recover after heart surgery. People recover at different rates. If you have a job that involves heavy lifting, you will have to wait 3 months before you go back to work. You can of course go back to work before this, but you mustn't do any tasks that involve heavy lifting until you are ready for it.

What about sex?

People are often worried about this. If you can climb two flights of stairs, or walk briskly for 300 yards on the flat, then you are probably fit enough to resume sex. As with other activities, start gently at first.

How will I feel?

After heart surgery it is common to feel a bit low or emotional. It helps if you talk your feelings through with someone – perhaps the EuroAction nurse or another member of the EuroAction team, your doctor, someone in your family, or a friend. These feelings are normal and usually only last for a few weeks. If they continue, the EuroAction nurse can give you further help.

Tests and treatments for your heart

Looking after your heart following a heart attack

Although you have had a heart attack, there is a lot you can do to protect your arteries and your heart muscle, and to improve the strength of your heart. Stop smoking completely, make healthy food choices, and gradually increase your physical activity as described below. Also, remember to take all your medicines every day as these include medicines to protect your heart.

So what should I do to help my recovery?

The heart is a muscle and, like any other muscle in the body, its strength and efficiency can be improved by regular exercise. After a heart attack you will need to have sufficient rest to allow the areas of heart muscle to heal but also do enough activity to help in your recovery.

The first week at home

- ✓ Take things very gently for the first two or three days. Leaving hospital can be quite a strain.
- ✓ Try to get a good night's sleep, and have one or two hours' rest after lunch.
- ✓ Climb the stairs once or twice a day.
- ✓ Stay at home mostly at first. And don't encourage too many visitors.
- ✓ Do a similar amount of walking to what you did in hospital. Over the week, build up the amount you walk each day. It is important to build up gradually. Only increase your walking time if it felt comfortable and not too tiring the previous day.
- ✓ If you feel weak, faint or breathless when taking exercise, you should stop and rest.
- ✓ Avoid doing any lifting or household chores, and just concentrate on walking as your activity.

Continued overleaf

Weeks 2 and 3

- ✓ Still have plenty of rest periods.
- ✓ Climb the stairs three or four times a day.
- ✓ Walk more, including outdoors.
Build up gradually – each week do 5-10 minutes more than you did the previous week.
- ✓ Do some light household jobs like dusting, or washing or drying the dishes.
- ✓ You must still avoid any heavy lifting.

Week 4 onwards

- ✓ Increase your walking progressively. Aim to walk for between 30 minutes and 1 hour a day, on at least 5 or 6 days a week.
- ✓ At this stage you will hopefully have started the EuroAction Programme. This programme includes exercise classes which are specially designed to build up the efficiency of your heart.
- ✓ You should avoid doing any heavy lifting for the first 3 months. After 6 weeks, start with lighter lifting activities and build up sensibly.

What about driving?

It's best if you don't drive for at least 6 weeks and/or until you have had your check-up appointment with the doctor. People who drive buses or lorries usually need to have further tests before they can drive these vehicles again. For more information about driving regulations for people who have had a heart attack, ask the EuroAction nurse.

What about going back to work?

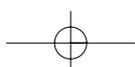
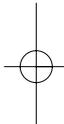
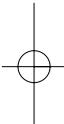
You need time to recover from your heart attack. People recover at different rates. Some people feel ready to go back to work, often part time at first, after about 4–6 weeks. If you have a job that involves heavy lifting you will have to wait 3 months before you go back to work. You can of course go back to work before this, but you mustn't do any tasks that involve heavy lifting until you are ready for it. The EuroAction team will be able to offer you advice about when you are physically and mentally ready to go back to work. Most people do return to work after having a heart attack.

What about sex?

People are often worried about this. If you can climb two flights of stairs, or walk briskly for 300 yards on the flat, then you are probably fit enough to resume sex. As with other activities, start gently at first.

How will I feel?

After a heart attack it is common to feel emotional, depressed, and even angry. You may also feel that you would rather not think about your heart attack at all. It can be difficult to come to terms with what has happened. It helps if you talk your feelings through with someone – perhaps the EuroAction nurse or another member of the EuroAction team, your doctor, someone in your family, or a friend. These feelings are normal and usually only last for a few weeks. If they continue, the EuroAction nurse can give you further help.

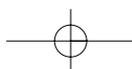
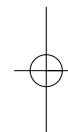


Tests and treatments for your heart

What about sex and coronary heart disease?

If either you or your partner are being treated for coronary heart disease you may find the following information about sex useful.

- Sex is a physical activity like any other. Most people believe that sex is more vigorous than it really is. In fact it is a good moderate activity for the heart.
- After a heart attack or a procedure like angioplasty or surgery you can resume sexual activity when you are ready. This may be after as little as 1 to 3 weeks.
- If you can comfortably climb up two flights of stairs, or walk briskly for 300 yards on the flat, you are probably ready to resume sex.
- It is common to worry about whether it is safe to resume sex. Remember that your partner may be worrying about it more than you are. Talking openly to your partner can help to avoid misunderstandings between you.
- Some people worry that they may have a heart attack during sex. In fact this is very rare.
- When you first resume sex:
 - Choose a more passive position.
 - Avoid positions that cause you discomfort or make you feel short of breath.
 - Make sure the surroundings are comfortable and warm.
 - Start gently and build up gradually.
- Avoid sex if you are tired.
- If sex is likely to bring on your angina, try using your GTN beforehand.
- People with heart disease often experience problems with impotence. There are a number of reasons for this – for example anxiety, stress, side effects of medicines, and loss of confidence. The EuroAction nurse can advise you on where to get further help.



Tests and treatments for your heart

Protective medicines for your heart

Why do I need to take protective medicines?

If you have angina or have had a heart attack, your doctor will prescribe a combination of 'protective medicines' for you. Each medicine acts in a special way to reduce the risk of further damage to your heart and circulation. The combination of the medicines prescribed for you is specifically chosen for your particular heart condition.

It is important that you know the name, strength and dose of all the medicines that you take, and how you should take them. It will also help if you understand why you are taking each of the medicines.

Do I need to take my medicines every day?

Yes. To prevent future heart problems and to gain the maximum benefit, you need to take all your medicines as directed, every day.

You need to keep taking all your medicines, even if you start feeling better. Don't suddenly stop taking your medicines without speaking to your doctor or pharmacist about it first.

Keep a list of all the medicines you take

Keep a list of all the medicines you are taking. For each medicine, write the name, strength, and dose. Also make a note of any medicines you are allergic to.

Keep the list up to date, and take it with you everywhere you go.

What are the protective medicines for the heart?

The most common protective medicines used for the heart are:

- aspirin
- clopidogrel
- beta-blockers
- ACE inhibitors
- angiotensin-II antagonists
- statins
- warfarin.

You may need to take several of these protective medicines. Your EuroAction nurse can give you more information about each of the medicines that your doctor has prescribed for you.

Please turn over.

If you find it difficult to remember to take your medicines

- ✓ Take your medicines at the same time each day.
- ✓ Put a tick on a calendar each day when you have taken your medicines.

If you still find it hard to remember to take the medicines each day, speak to the EuroAction nurse or to a pharmacist or doctor for some more suggestions.

What should I do if I forget to take a dose?

If it is the same day, take the missed dose as soon as you remember. If you do not remember until the next day, leave the missed dose. It is important that you do not take double doses.

If you have problems with taking your medicines

If you have any problems taking your medicines, like swallowing tablets or opening bottles, talk to the EuroAction nurse, a pharmacist or your doctor.

Follow the instructions on each pharmacy label carefully, and read the patient information leaflets that come with your medicines.

If you would like more information or if you have any questions about your medicines, speak to your doctor, pharmacist or EuroAction nurse. Don't be afraid to ask any questions.

Tests and treatments for your heart

Aspirin

What dose do I take?

Are there any special instructions about how I should take the medicine?

It helps if you take your aspirin just after you have eaten. If you take the coated aspirin tablets, swallow them whole, without chewing them. If you have soluble tablets, dissolve them in water first.

What is the medicine for?

Aspirin may be more familiar to you as a painkiller. However, a low dose of aspirin taken daily has an 'anti-platelet' effect. This means that it helps to stop your blood cells sticking together and forming clots in your blood vessels. This reduces the chances of having a heart attack or a stroke.

Are there any side effects?

There are very few side effects with a low dose of aspirin.

One rare side effect is stomach irritation. If you start to get indigestion, tell your doctor.

People who are allergic to aspirin may get wheezing and asthma attacks. If this happens to you, tell your doctor immediately.

What other important information do I need to know?

Avoid taking aspirin and ibuprofen products for pain relief, unless prescribed by a doctor. If you need a painkiller, use paracetamol-based products. Ask your pharmacist for advice on other painkillers.

What should I do if I forget to take a dose?

If it is the same day, take the missed dose as soon as you remember. If you do not remember until the next day, leave the missed dose. It is important that you do not take double doses.

Please turn over.

Can I take other medicines while I am taking aspirin?

Yes. Most people taking aspirin will also be taking other medicines. Remember to tell your doctor or pharmacist that you are taking aspirin tablets, especially if you need painkillers.

Can I drink alcohol while I'm taking this medicine?

Yes, but stick to the limits recommended by your doctor.

Follow the instructions on the pharmacy label carefully, and read the patient information leaflet that comes with your medicine.

If you would like more information or if you have any questions about your medicines, speak to your doctor, pharmacist or EuroAction nurse. Don't be afraid to ask any questions.

Tests and treatments for your heart

Clopidogrel

What dose do I take?

75 milligrams (mg) a day

Are there any special instructions about how I should take the medicine?

Take it with or just after some food, as this will help to protect your stomach.

What is the medicine for?

Clopidogrel is an 'anti-platelet drug'. This means that it helps to stop your blood cells sticking together and forming clots in your blood vessels. This reduces the chances of having a heart attack or a stroke.

Clopidogrel is often prescribed for people who are unable to take aspirin and is sometimes used for people who have recently had a heart attack. Sometimes it is prescribed at the same time as aspirin. It may also be given for a short period of time to people who have had angioplasty and a stent inserted (a procedure to widen the blood vessels).

Are there any side effects?

The side effects of clopidogrel include nausea, vomiting, diarrhoea, and dizziness.

A very small number of people are allergic to clopidogrel and will get a skin rash. So if you get a rash, tell your doctor immediately.

Another rare side effect is stomach irritation. If you start getting indigestion, tell your doctor.

What should I do if I forget to take a dose?

If it is the same day, take the missed dose as soon as you remember. If you do not remember until the next day, leave the missed dose. It is important that you do not take double doses.

Can I take other medicines?

Yes. Most people taking clopidogrel will also be taking other medicines. Remember to tell your doctor or pharmacist that you are taking clopidogrel, especially if you need painkillers.

Please turn over.

Can I drink alcohol while I'm taking this medicine?

Yes, but stick to the limits recommended by your doctor.

Follow the instructions on the pharmacy label carefully, and read the patient information leaflet that comes with your medicine.

If you would like more information or if you have any questions about your medicines, speak to your doctor, pharmacist or EuroAction nurse. Don't be afraid to ask any questions.

Tests and treatments for your heart

Beta-blockers

What is the name of my medicine?

What dose do I take?

What is the medicine for?

Beta-blockers prevent the heart from beating as quickly as usual when you are exercising or when you are feeling stressed.

Beta-blockers are used after a heart attack as they reduce the chances of having another heart attack or a stroke. They are also used to treat high blood pressure, angina and heart failure, and to control an irregular heart rate.

When you take a beta-blocker, your heart rate will be slower. This is normal.

Are there any side effects?

The side effects of beta-blockers can include cold fingers and toes.

If you become wheezy or breathless, tell your doctor immediately, as beta-blockers can trigger asthma attacks.

Some people get sore or dry eyes, or develop a skin rash. If this happens to you, tell your doctor immediately.

Some people suffer with tiredness, but this usually only happens during the first few weeks of taking the medicine. If the tiredness does not wear off after a few weeks, tell your doctor.

Some men may have difficulty getting and maintaining an erection while taking a beta-blocker. If you have this problem for longer than a few weeks, tell the EuroAction nurse or your doctor.

Please turn over.

What other important information do I need to know?

Do not stop taking beta-blockers, unless your doctor advises you to.

If you have diabetes, beta-blockers may mask the symptoms you would normally experience if your blood sugar was dropping (hypoglycaemia), such as tremor. However, you can still take a beta-blocker on the recommendation of your doctor.

What should I do if I forget to take a dose?

If it is the same day, take the missed dose as soon as you remember. If you do not remember until the next day, leave the missed dose. It is important that you do not take double doses.

Can I take other medicines?

Yes. Most people taking a beta-blocker will also be taking other medicines. Remember to tell your doctor or pharmacist that you are taking a beta-blocker.

Can I drink alcohol while I'm taking this medicine?

Yes, but stick to the limits recommended by your doctor.

Follow the instructions on the pharmacy label carefully, and read the patient information leaflet that comes with your medicine.

If you would like more information or if you have any questions about your medicines, speak to your doctor, pharmacist or EuroAction nurse. Don't be afraid to ask any questions.

Tests and treatments for your heart

ACE inhibitors

What is the name of my medicine?

What dose do I take?

Are there any special instructions about how I should take the medicine?

If it is the first time that you are taking this medicine, take your first dose at bedtime. This is because in some people the first dose can cause a sudden fall in blood pressure which can make you feel dizzy.

What is the medicine for?

ACE inhibitors relax the blood vessels and help improve the flow of blood to the heart muscle.

They are used after a heart attack as they prevent further damage to the heart, reducing the chances of having a stroke or another heart attack. They are also used to treat high blood pressure and heart failure.

Are there any side effects?

One side effect is a persistent dry cough. This affects about one in every ten people who take ACE inhibitors. If the cough is troublesome, tell your doctor, or the EuroAction nurse.

When you start taking your ACE inhibitor, or if your doctor increases your dose, you may feel dizzy or get a headache. These side effects tend to wear off after you've been taking your ACE inhibitor for a few weeks, but if they persist, tell your doctor.

Please turn over.

Some patients get a sore mouth and some find that their sense of taste is mildly affected.

A very small number of people are allergic to ACE inhibitors and may get a skin rash. So if you get a rash, tell your doctor immediately.

What should I do if I forget to take a dose?

If it is the same day, take the missed dose as soon as you remember. If you do not remember until the next day, leave the missed dose. It is important that you do not take double doses.

Can I take other medicines?

Yes. Most people taking an ACE inhibitor will also be taking other medicines. Remember to tell your doctor or pharmacist that you are taking an ACE inhibitor, especially if you need painkillers.

Can I drink alcohol while I'm taking this medicine?

Yes, but stick to the limits recommended by your doctor.

Follow the instructions on the pharmacy label carefully, and read the patient information leaflet that comes with your medicine.

If you would like more information or if you have any questions about your medicines, speak to your doctor, pharmacist or EuroAction nurse. Don't be afraid to ask any questions.

Tests and treatments for your heart

Angiotensin-II antagonists

What is the name of my medicine?

What dose do I take?

What is the medicine for?

Angiotensin-II antagonists relax the blood vessels and help improve the flow of blood to the heart muscle.

They are used to treat high blood pressure. They are also sometimes used as an alternative to ACE inhibitors for people who cannot take an ACE inhibitor.

Are there any side effects?

When you start taking angiotensin-II antagonists, or if your doctor increases your dose, you may get dizziness and/or a headache. These side effects tend to wear off after taking your angiotensin-II antagonist for a few weeks, but if they persist, tell your doctor or the EuroAction nurse.

A very small number of people are allergic to angiotensin-II antagonists and may get a skin rash. So if you get a rash, tell your doctor immediately.

What should I do if I forget to take a dose?

If it is the same day, take the missed dose as soon as you remember. If you do not remember until the next day, leave the missed dose. It is important that you do not take double doses.

Please turn over.

Can I take other medicines?

Yes. Most people taking an angiotensin-II antagonist will also be taking other medicines. Remember to tell your doctor or pharmacist that you are taking an angiotensin-II antagonist, especially if you need painkillers.

Can I drink alcohol while I'm taking this medicine?

Yes, but stick to the limits recommended by your doctor.

Follow the instructions on the pharmacy label carefully, and read the patient information leaflet that comes with your medicine.

If you would like more information or if you have any questions about your medicines, speak to your doctor, pharmacist or EuroAction nurse. Don't be afraid to ask any questions.

Tests and treatments for your heart

Statins

What is the name of my medicine?

What dose do I take?

Are there any special instructions about how I should take the medicine?

With some types of statins you're advised to take the medicine before you go to bed.

What is the medicine for?

If you have coronary heart disease, or if you have a high risk of developing coronary heart disease, your doctor may prescribe a statin for you. A statin will reduce the amount of cholesterol in your blood, which helps to prevent future problems for your heart.

Statins are also used in people who have angina or who have had a heart attack, as they reduce the chances of having another heart attack, or a stroke.

Are there any side effects?

The side effects of statins can include nausea, vomiting, diarrhoea, and flatulence.

A very small number of people are allergic to statins and will get a skin rash. So if you get a rash, tell your doctor immediately.

A very rare side effect is myopathy – a condition that affects the muscles. Tell your doctor immediately if you get any unexplained muscle pain, muscle tenderness or muscle weakness. Your doctor can arrange a blood test to find out if it is the statin that is causing this problem.

Please turn over.

What other important information do I need to know?

Your blood cholesterol should be checked regularly. Even if the level of cholesterol in your blood reduces to normal, you should still continue to take your statin. This is because your body will continue to produce cholesterol, so you need to take your statin to keep your cholesterol level low.

What should I do if I forget to take a dose?

If it is the same day, take the missed dose as soon as you remember. If you do not remember until the next day, leave the missed dose. It is important that you do not take double doses.

Can I take other medicines?

Yes. Most people taking a statin will also be taking other medicines. Remember to tell your doctor or pharmacist that you are taking a statin.

Can I drink alcohol while I'm taking this medicine?

Yes, but stick to the limits recommended by your doctor.

Follow the instructions on the pharmacy label carefully, and read the patient information leaflet that comes with your medicine.

If you would like more information or if you have any questions about your medicines, speak to your doctor, pharmacist or EuroAction nurse. Don't be afraid to ask any questions.

Tests and treatments for your heart

Glyceryl trinitrate (GTN)

What dose do I take?

One or two puffs from the spray (or one or two tablets) under your tongue, when necessary.

What is the medicine for?

Glyceryl trinitrate relaxes the muscles in the walls of the arteries and veins and makes them wider. It is used to treat angina.

Are there any special instructions about how I should take the medicine?

GTN is available as tablets or spray. GTN is quick acting. You use it under your tongue when you get angina, or when you know that you are going to do something that is likely to bring on angina. Remember to sit down when using GTN, and close your mouth after using a dose.

If you get an attack of angina, take a dose of GTN. If the angina does not go away, continue to take doses of GTN, leaving 5 minutes in between doses. If the pain does not improve 15 minutes after the attack started, call the emergency services. You can keep using GTN once every 5 minutes until they arrive.

Are there any side effects?

The common side effects of nitrates include a throbbing headache, flushing of the skin, and dizziness. These side effects usually wear off with time. If they do not wear off after a few weeks, tell your doctor.

Can I take other medicines?

Yes. Most people using GTN will also be taking other medicines. Remember to tell your doctor or pharmacist that you have a GTN spray or tablets.

Can I drink alcohol while I'm taking this medicine?

You should not drink too much alcohol if you use GTN, because your blood pressure may drop very low, making you feel dizzy and faint. Stick to the limits recommended by your doctor.

Please turn over.

Follow the instructions on the pharmacy label carefully, and read the patient information leaflet that comes with your medicine.

If you would like more information or if you have any questions about your medicines, speak to your doctor, pharmacist or EuroAction nurse. Don't be afraid to ask any questions.



This leaflet is not a substitute for the information your own doctor may give you, based on his or her knowledge of your condition.

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C16-Eng

Tests and treatments for your heart

Warfarin

What is the medicine for?

Warfarin is an anticoagulant, which helps to stop your blood cells sticking together and forming clots in your blood vessels. This helps to prevent having a heart attack or a stroke.

Are there any side effects?

The main side effects of warfarin are that you may bruise more easily than normal, and if you cut yourself it may take a long time for the bleeding to stop. Tell your doctor immediately if:

- you bruise more easily than usual
- it takes a long time for bleeding to stop if you cut yourself
- you start to have nose bleeds
- there is blood in your urine, or
- your gums bleed when you brush your teeth.

What other important information do I need to know?

You should take your warfarin at around 6pm each day.

You will have regular blood tests to monitor your 'INR'. (The INR is a measure of the ability of your blood to form clots.) Your dose of warfarin will be based on your INR. The dose is carefully monitored to make sure that you take a dose which is enough to prevent blood clots, but which does not cause too much bleeding.

You will be given a warfarin booklet which has a record of your blood test results and the dose of warfarin you are taking. Carry this booklet with you at all times.

Before you have any dental procedure, it is very important that you tell your dentist that you are taking warfarin.

What should I do if I forget to take a dose?

If it is the same day, take the missed dose as soon as you remember. If you do not remember until the next day, leave the missed dose. It is important that you do not take double doses. Let your doctor know that you have forgotten to take a dose.

Please turn over.

Can I take other medicines?

Yes. Most people taking warfarin will also be taking other medicines. However, you should avoid taking aspirin and ibuprofen products for pain relief, unless they are prescribed by a doctor. If you need a painkiller, use paracetamol-based products. Ask your pharmacist for advice on other painkillers.

Whenever you are getting any other medicines, it is very important to tell your doctor or pharmacist that you are taking warfarin, especially if you need painkillers.

Can I drink alcohol while I'm taking this medicine?

Yes, but stick to the limits recommended by your doctor.

Follow the instructions on the pharmacy label carefully, and read the patient information leaflet that comes with your medicine.

If you would like more information or if you have any questions about your medicines, speak to your doctor, pharmacist or EuroAction nurse. Don't be afraid to ask any questions.