

A guide to recovery after a heart attack



have a heart

a
guide
to recovery
after a heart attack



acknowledgements

The Have a Heart booklet was first produced in 1985 as an initiative of the Cardiac Care Unit at Waikato Hospital and the Waikato Branch of The National Heart Foundation of New Zealand. The Heart Foundation would like to acknowledge the team from the Cardiac Care Unit at Waikato Hospital for their efforts in compiling this booklet over the years and the important contribution it has made to patient information in New Zealand.



This resource is supported by the
English Freemasons in New Zealand.
“Proudly supporting heart health.”

have a heart

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after a heart attack.



contents

section one - your stay in hospital **3**

What has happened to my heart?	3
What is the difference between angina and a heart attack?	4
How badly is my heart damaged?	4
Why has this happened now?	5
What causes the build up of fatty plaques?	5
Early treatment	6
Assessing your condition	6-8
Getting up and about again	8
Quick Quiz – understanding your condition	8-10
Your questions	9
Know your risk	11
Tackling your risk factors	11-12

section two - planning for home **13**

Road to recovery	13-14
Managing angina	15
Finding out about your medication	16-18
Symptoms to be aware of	17
Other tests, procedures and treatment options	19-20
Your questions	20
Discharge check list	21-22

section three - welcome home **23**

Feelings and relationships	23-27
Stress and relaxation	27
Getting moving	28-33
You and your food	33-38
Stopping smoking	39-40
Getting back to normal	41
Your questions	42

introduction

introduction

This booklet has been written to help you and your family understand what a heart attack is and to assist you on the road to recovery. It may not contain the answers to all your questions; however, do remember you are not alone. Talk to your doctor, nurse or other health professionals if there are things you want to ask or things you do not understand. They are there to help you recover both physically and emotionally.

This booklet has been divided into three sections.

1. Your stay in hospital

2. Planning for home

3. Welcome home

In each section we answer the questions you might have at various stages of your recovery. Read through each section **at your leisure** and please do remember to ask if you are unsure about anything.

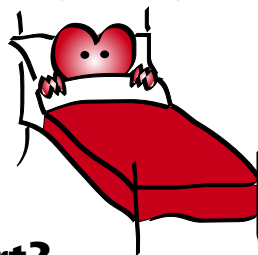
your stay in hospital

This section of Have a Heart is written to answer some of the questions you might have during your stay in hospital.

What is a heart attack?

Why has it happened to me?

What should I expect while I am in hospital?



what has happened to my heart?

To understand what has happened to your heart, it helps to know a little bit about how it works.

Your heart is a powerful muscle which pumps blood around your body. Blood carries oxygen, which is your body's fuel. Every part of your body needs oxygen to stay healthy - including your heart. Your heart gets the oxygen it needs from blood which comes through the coronary arteries.

Left main stem

Right coronary artery



Circumflex artery

Left anterior descending artery

If these coronary arteries become narrowed, the blood flow to the heart muscle is reduced. If the heart muscle cannot get enough oxygen from the blood to meet its demands, you will experience angina.

hot heart fact

Angina is not a mini-heart attack

If one of the coronary arteries suddenly becomes (completely) blocked, part of your heart will be starved of oxygen and become damaged. This is what happens when you have a heart attack. Your doctor can diagnose a heart attack by listening to you explain how you are feeling and by carrying out special tests (page 7).

jargon alert

Health professionals sometimes refer to a heart attack as a "myocardial infarction" (MI), "ST elevation myocardial infarction" (STEMI), "Non-ST elevation myocardial infarction" (NSTEMI) or "coronary thrombosis". Throughout this booklet, we'll stick to the term "heart attack".

What is the difference between angina and a heart attack?

Symptoms of angina

Discomfort or feeling like tightness or heaviness on the chest. It may be felt:

- Across the centre of the chest
- In either or both shoulders
- Between the shoulder blades
- In the neck or jaw
- Down one or both arms and in the hands.

Some people experience it in only one of these areas and not in the chest at all. Some people also feel short of breath. Angina often occurs when you are being physically active, feeling stressed, in cold weather or after a heavy meal.

Angina symptoms go away usually within 10 minutes. Symptoms are relieved by resting and/or using a nitrate spray or tablet (page 15).

remember

If you get angina when you are doing very little, or resting, you should see your doctor within 24 hours.

Symptoms of a heart attack

The discomfort is similar to angina but may be worse.

You may also feel:

- Sweaty
- Breathless
- Light-headed
- Nauseous (sick).

If you are a diabetic you may not have experienced the discomfort, just other symptoms such as light-headedness.

remember

A heart attack can occur at any time, including when you are resting.

If the above symptoms last more than 15 minutes it may be a heart attack.

Symptoms may be partially relieved by resting or using a nitrate spray or tablet, and then re-occur, or they may not be relieved at all. **Dial 111**

See the Heart Attack warning signs on the inside of the back cover.

How badly is my heart damaged?

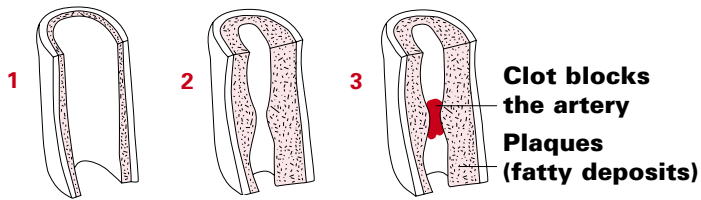
The amount of damage caused by a heart attack varies from person to person. During your stay in hospital the doctors will carry out tests to find out how much damage there is (page 7).

hot heart fact

Your heart muscle is one of the strongest and toughest muscles in the body with remarkable powers of recovery.

Why has this happened now?

For many New Zealanders a heart attack happens out of the blue. But it is usually the result of two processes: the development over many years of fatty deposits (plaques) in the walls of the arteries and then a clot forming on one of the plaques. The diagram below shows how these processes lead to the narrowing and blockage of the coronary arteries (coronary artery disease).



- 1** Fatty plaques can start building up on the inside walls of your coronary arteries (atherosclerosis) at an early age.
- 2** Over the years, the build up of these plaques increases and they become larger. As a result, the arteries gradually become narrower and less elastic. At this stage you may experience angina.
- 3** As the arteries narrow there is less room for blood to flow through. If a clot forms on the plaque the artery can become blocked, cutting off the blood supply to part of the heart muscle. This is when a heart attack occurs.

jargon alert

Atherosclerosis is the gradual build up of deposits, initially fatty materials, but in the later stages includes other substances, under the inner lining of the artery wall. It is also known as arteriosclerosis, atheroma, hardening of the arteries.

What causes the build up of fatty plaques?

The reasons why fatty plaques build up in your coronary arteries are complicated. Some factors that can accelerate the build up of fatty plaques include:

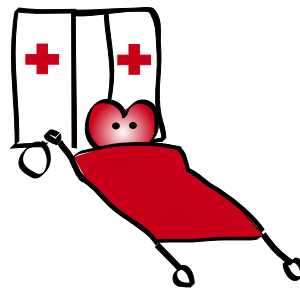
- Cigarette smoke
- High blood cholesterol
- Diabetes
- High blood pressure.

5

These factors are known as risk factors. The more risk factors you have, the more likely you are to develop coronary artery disease. The good news is that the majority of risk factors can be changed. For more information on risk factors, turn to pages 11 and 12.

while you are in hospital

The first day or two after your heart attack are important for providing early treatment and finding out (assessing) exactly what has happened to your heart.



Early treatment

In the early stages after a heart attack, treatments will be given to relieve pain and if appropriate to dissolve the clot that is blocking the coronary artery. In some cases this treatment may even be started in the ambulance before you reach hospital. Early treatment can help to reduce the damage to the heart muscle.

hot heart fact

If you believe you are having a heart attack, **minutes matter** • Call 111 •



Aspirin: Chewing one aspirin can help to reduce the ‘stickiness’ of the blood and dissolve the clot that is blocking the coronary artery.

Thrombolytic therapy: Thrombolytic therapy helps to dissolve the clot that is blocking the coronary artery. This therapy involves injecting a drug (through a drip) into your blood. Ideally the injection should be given within 90 minutes of your symptoms starting and at the latest, within six hours so it can prevent as much damage as possible. Not everyone is suitable for thrombolytic therapy, it depends on what your ECG shows (see page 7). Your doctor is the best person to recommend whether the treatment would help you.

Oxygen: Oxygen is given through a small tube in your nose or by a mask.

Pain relief: Pain relief and other medicines to help make you comfortable will be given through a drip in your arm.

Angioplasty/stenting: For some people an angioplasty (page 20) may be performed during the early period following a heart attack. Angioplasty is a procedure used to widen the narrowing in a coronary artery and a stent (metal mesh tube) can be inserted to keep the artery open (see page 20). Your doctor is the best person to recommend whether these procedures are appropriate for you.

Assessing your condition

There are many tests to help assess and monitor your condition. Some will be done during your first day or two in hospital, others may be done at a later stage (page 19). Your doctor can recommend which tests are best for you based on your past history of heart problems and your current symptoms.

Tests are likely to include:

A regular check of your pulse, blood pressure and temperature.

- Pulse - the number of times your heart beats each minute.
- Blood pressure - the pressure in your blood vessels. This helps assess how hard your heart is working. A blood pressure reading gives two numbers, **for example** 120/80.

When the heart pumps, it produces pressure inside the blood vessels and moves the blood forward (this gives the top number known as 'systolic' pressure).

120 / 80

Then the heart relaxes as it fills again and the pressure falls (this gives the bottom number known as the 'diastolic' pressure).

- Temperature - your body temperature may be a little higher than normal for a day or two after your heart attack.

ECG (Electrocardiogram)

This test records the electrical impulses moving through the heart muscle. An ECG can show abnormal heart-beats and areas of damage or enlargement in the heart muscle. An ECG is a painless non-invasive procedure and lasts about 10 minutes.

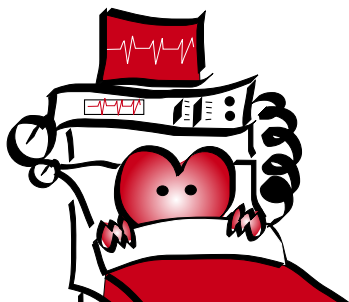
Blood tests

There are many types of blood tests, but the ones tested most often after a heart attack are:

- FBC (Full Blood Count) - This is a general blood test to check for common blood problems.
- Enzyme levels – After a heart attack the damaged heart muscle releases enzymes and proteins called cardiac markers. Checking the levels of these can help to diagnose a heart attack.
- Lipid levels – This test measures the levels of cholesterol and other fats in your blood.
- Electrolyte balance – This measures the level of salts in your body which can be affected by the medicines used to treat your heart attack. Regular checks will help ensure these salts stay at healthy levels.

Heart Monitor

The heart monitor displays the continuous activity of your heartbeat on a video screen. It is like a continuous ECG.



remember

Although you are being monitored, it is still very important to tell the staff if you have any angina, feel breathless, sweaty or nauseated.

Getting up and about again

Once your condition is stable you will be encouraged to make the first moves towards getting up and about again.

quick quiz:

Understanding your condition

Circle the answers you think apply. **There may be more than one correct answer!**

Check your answers on page 10.

1. What is another term for "myocardial infarction"?

- A. short sightedness
- B. heart attack
- C. coronary thrombosis
- D. a disease spread by water or air

2. Which of the statements below apply to angina?

- A. discomfort across the centre of chest and/or other areas
- B. a mini heart attack
- C. symptoms relieved by resting or using a nitrate spray
- D. usually brought on by exertion

3. What factors are known to increase the risk of getting coronary artery disease?

- A. high blood cholesterol
- B. diabetes
- C. high blood pressure
- D. cigarette smoke

4. What tests might be used to monitor or assess your condition after a heart attack?

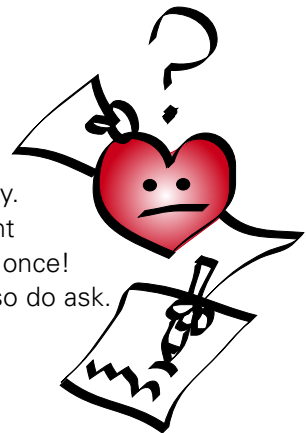
- A. electrocardiogram
- B. this quick quiz
- C. singing telegram
- D. blood tests

5. What is atherosclerosis?

- A. a computer virus
- B. a gradual process which can start at an early age
- C. the build up of plaque on the artery walls
- D. a condition affecting the knee joints

your questions

Use this space to write down any questions you have. Don't be afraid to ask - even if you think the doctor or nurse might have explained something to you once already. You are being given lots of new information at the moment and you can't be expected to understand everything all at once! And remember, there is no such thing as a silly question so do ask.



quick quiz:

Answers

1. B & C

A myocardial infarction is another word for a heart attack – as is coronary thrombosis.

2. A,C & D

Angina is not a mini-heart attack and does not cause damage to the heart muscle. It is a discomfort or feeling like a tightness or weight on the chest and may also be felt in other areas such as in the shoulders, neck, jaw and arms. Angina is usually brought on by exertion, emotion, after a heavy meal or in cold weather. Angina symptoms are relieved by resting or using a nitrate spray or tablet.

3. A,B,C & D

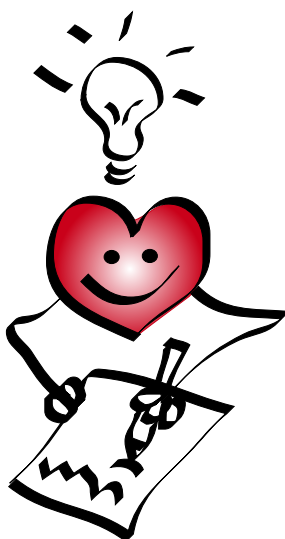
All are risk factors for coronary artery disease. You can find out more about these and other risk factors on the next page.

4. A & D

A singing telegram may be just what you need to cheer you up after a heart attack, but it won't help doctors assess your condition. An electrocardiogram and blood tests would be more useful for that.

5. B & C

Atherosclerosis is a process which starts as early as adolescence. It begins with the build up of soft fatty streaks along the inner wall of the arteries. Over the years these gradually enlarge and become hardened plaques.



Know your risk

No single cause of coronary artery disease has been identified. There are, however, a number of factors which are known to increase the risk of a heart attack. These are called risk factors. The more risk factors you have, the greater your chance of having a heart attack.

Some risk factors can be changed, for example

- Raised blood cholesterol
- Raised blood pressure (hypertension)
- Being overweight/obese
- Acute stress
- Cigarette smoking
- Lack of physical activity
- Diabetes

Other risk factors cannot be changed, for example

- Age - the risk of having angina or a heart attack rises with age
- Gender - men are more likely to have angina or a heart attack than women
- Family history of having angina or a heart attack
- Ethnicity - Maori, Pacific and Asian people are more likely to have a heart attack at an earlier age.

After a heart attack, you can slow or halt the build-up of fatty plaques in the coronary arteries and sometimes reverse it by reducing your risk factors. This will reduce your chances of further heart problems and improve your quality of life.

Science has not revealed all the factors leading to coronary artery disease, so some people do have a heart attack without the currently recognised risk factors.

Tackling your risk factors

Sure, there are some risk factors you can't do anything about. The good news is that most risk factors can be changed by improving your lifestyle and, if necessary, taking medication. Now that you have had a heart attack, you may want to think about tackling some of those risk factors. You don't have to tackle them all at once. You may not feel that this is the right time to change some risk factors. Working through the chart on the next page will help you to assess your risk factors. If you want some help with this talk with your doctor, nurse or cardiac rehabilitation co-ordinator.

hot heart fact

Every risk factor you reduce or get rid of can have a major effect on reducing your chances of having another heart attack and its severity should it happen again.

You will find more information about reducing your risk factors later in this booklet.

Other useful resources

Contact the Heart Foundation on (09) 571 9191 for copies of our other heart health and nutrition resources.

	Do you have raised cholesterol?	Do you smoke cigarettes?	Do you have raised blood pressure?	Are you physically inactive?	Are you overweight?	Do you have diabetes? Is your diabetes well controlled?
Which risk factors apply to you? Answer yes or no to the questions above.						
Of the risk factors you have identified, tick the one(s) that you would like to change.						
Tick the one(s) that you would like to change today.						

Now think more closely about a risk factor you would like to change today:

Risk Factor _____

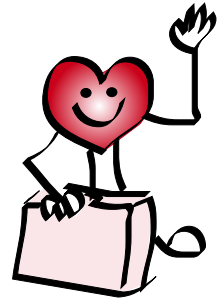
How long have you been thinking about changing this? _____

What has stopped you changing in the past? _____

What will help you make this change now? _____

planning for your home

This section of Have a Heart is your guide to planning for your discharge from hospital. It explains the programmes and support available to help you recover from your heart attack. There's also an Angina Action Plan to help you manage any angina attacks, information about the medications you may need to take and about other tests and procedures you may be required to have in the future.



Road to recovery

Attending cardiac rehabilitation is as important as taking the right medication and your follow up visits to your Cardiologist.

Now that you are about to go home, it's time to start looking further ahead. One of the most important aspects of your health care now is providing you and your partner with the information and the support that you need. This information and support is provided through a cardiac rehabilitation programme.

jargon alert

Cardiac rehabilitation is a term used by health professionals. "Cardiac" refers to the heart. "Rehabilitation" means restoring you to good health. Cardiac rehabilitation describes steps that can be taken to help improve your quality of life and lower your risk of another heart attack.

Why bother with cardiac rehabilitation?

The evidence for attending cardiac rehabilitation is compelling. People who undergo cardiac rehabilitation have:

- An improved quality of life
- Less chance of having another heart attack
- Less chance of being readmitted to hospital for heart problems
- Less chance of having complications
- Reduced risk of dying from heart disease
- Lower rates of ongoing anxiety and depression.

Cardiac rehabilitation can help you and your partner in many ways including:

- Supporting you to make lifestyle changes
- Building your confidence
- Improving your understanding of what has happened to you
- Putting you in touch with other people who have had similar experiences.

hot heart fact

Cardiac rehabilitation involves education, exercise, emotional support and information on medications and medical treatments.

What does a cardiac rehabilitation programme involve?

Cardiac rehabilitation programmes can be delivered in different ways and by a range of professionals. Programmes usually have three phases.

Phase 1 takes place during your stay in hospital. Members of the cardiac rehabilitation team will make visits to you and your family on the ward. They will give you information about your recovery, answer your questions and discuss your fears and concerns.

Phase 2 takes place in the weeks after you are discharged from hospital. You and your partner or support person should be invited to attend a cardiac rehabilitation programme. If you haven't been invited, ask a member of the cardiac rehabilitation team to fill in the invitation below.

Invitation

You and your partner or support person are invited to attend the hospital's Cardiac Rehabilitation Programme

This will be held at (venue): _____

And will start at (time): _____

on (day and dates): _____

Your cardiac rehabilitation co-ordinator will be (name): _____

We very much look forward to seeing you there

Phase 2 cardiac rehabilitation provides you with information and support to help lead a healthier lifestyle. It is just as important as taking the right medication. Cardiac rehabilitation can take place in a variety of locations, for example at the outpatient department of your hospital, at your local health centre or at home. Where you have your cardiac rehabilitation will depend on you and your cardiac rehabilitation team. A cardiac rehabilitation co-ordinator will usually organise the programme for you. They may also involve other professionals such as:

- A cardiologist (doctor specialising in heart treatment)
- A physiotherapist (expert in exercise prescription and rehabilitation)
- A dietitian (food expert)
- An exercise physiologist (exercise expert)
- A pharmacist (expert in drugs/medicine)

Phase 3 takes place in the community. After you've completed the hospital programme, you may benefit from on-going support. There is a network of cardiac clubs running throughout New Zealand. A large number of these are affiliated to the Heart Foundation. These clubs offer:

- Support and social contact
- Education regarding healthy lifestyle
- A physical activity programme in a safe and supportive environment

A member of your cardiac rehabilitation team should be able to tell you about your closest cardiac club.

Your local Cardiac Club is: _____

This information is also available on the Heart Foundation website at www.heartfoundation.org.nz or by contacting your nearest Heart Foundation branch.

Managing Angina

After a heart attack some people continue to have angina, or their angina worsens. When your heart has to do more work, e.g. during exercise, when you are feeling emotional, after a heavy meal or in cold weather, your heart muscle needs more oxygen. If the blood supply to the heart muscle does not meet the demand for oxygen you may experience angina.

angina action plan

If you get angina:

- Stop what you are doing. Sit down and rest.
- If the angina still persists after a few minutes take one or two puffs of your Nitrolingual spray, or half to one Lycinate tablet.
- If the angina is relieved by rest, or by your Nitrolingual spray or Lycinate tablet, you can resume your activities gently.
- If the angina persists, you can repeat the dose safely every five minutes.
- If the angina is not relieved after three doses in 15 minutes call an ambulance. Dial 111 immediately.

Change in your angina symptoms

If you experience a change in the pattern of your angina, for example:

- It occurs when you are doing very little, or resting
- It is more severe
- It is more frequent

It is important to talk to your doctor within 24 hours as this may indicate an impending heart attack. In the meantime, continue to follow your angina action plan (above).

Regular angina symptoms

If you find you are getting angina as part of your everyday life, for example:

- In cold temperatures
- Mowing lawns
- While showering
- While at work
- Walking up hills
- Vacuuming
- During sexual activity



Use your nitrate spray or tablets a few minutes before attempting the activity that triggers your angina. If you are having angina symptoms every day, consult your doctor. Your medications may need to be reviewed.

Talk to your cardiac rehabilitation nurse or pharmacist to find out more about using your nitrate spray/tablets.

Finding out about your medications

What medication will I need?

You'll start taking medication before leaving hospital, and will need to keep taking this when you go home. Some people need to stay on medication for a short time, while others need to take it for the rest of their lives.

Don't feel alarmed if you are prescribed several types of medication. Each has a different job to do. Medication plays an important part in your recovery and in avoiding further problems.

Key points about your medication

- **Take your medication as prescribed.** If you don't, the benefits will be lost or reduced.
- **Make sure you don't skip doses or forget to refill prescriptions.** If you do forget to take your medication, don't try to 'catch up' by taking extra tablets next time. If you are worried about this, check with your doctor or pharmacist.
- **Don't stop taking your medication without discussing this with your doctor.** Stopping some medications suddenly can worsen your condition. It is best to plan a slow reduction for these types of medications.
- **Don't share your medication with other people.**
- **Keep a list of your medications with you.** You'll need this at hand when you go to see your doctor, pharmacist, dentist or to the hospital.

Common heart medications

The main reasons for taking medications after a heart attack are to:

- Control symptoms
- Lower the risk of having another heart attack
- Reduce your blood pressure
- Reduce your cholesterol

The table on page 18 lists some of the common medications.

Feeling uncomfortable?

If you are having unpleasant side effects, speak to your doctor, pharmacist or cardiac rehabilitation co-ordinator. The side effects may be caused by the action of the medication or the dose you are taking. Rather than stop your medication, discuss your side effects with your doctor. He or she can help adjust your medication to reduce the side effects and make you feel more comfortable.



Symptoms to be aware of

After a heart attack, it takes time for the injured part of the heart to heal. The healing process starts soon after the attack and takes six to eight weeks. At the end of this process, your heart is left with an area of strong scar tissue. In many people, this doesn't affect the way the heart works or how you feel. Sometimes a heart attack may weaken the pumping action of the heart leading to a build up of fluid in the legs or lungs. You may feel short of breath doing minor physical activities or after lying down. You may wake up from sleep with shortness of breath, feel generally tired or get swelling in the ankles.

Sometimes the heart artery can renarrow due to another blood clot and you can get unpredictable or unexpected angina.

Sometimes extra beats in the heart can cause fluttering in your chest, dizziness or blackouts.

If you have any of these symptoms, it is very important to tell your doctor. Early treatment can prevent these symptoms worsening.

Name of medication

What they do

Possible side-effects

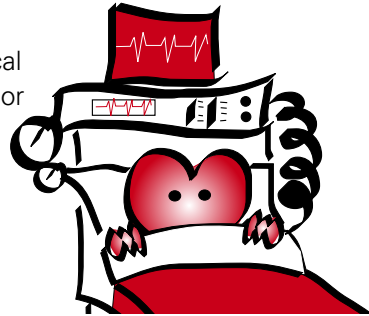
<p>Nitrates e.g. Glyceryl Trinitrate (Nitrolingual spray, Glytrin spray, Lycinat tablets) Isosorbide Mononitrate (Ismo 20, Corangin, Duride)</p>	<ul style="list-style-type: none"> Control angina See page 15 	<ul style="list-style-type: none"> Headaches/pounding in the head Flushing Dizziness/Faintness Never use PDE-5 inhibitors such as sildenafil (Viagra), tadalafil (Cialis) and vardenafil (Levitra) if taking nitrate medication
<p>Anti - Clotting drugs e.g. Aspirin (Solprin, Dispirin, Aspec, Cartia, HeartCare) Clopidogrel (Plavix)</p>	<ul style="list-style-type: none"> Reduce the risk of having another heart attack or a stroke Prevents blood clotting 	<p>Because the dose of Aspirin given is small, most people have few problems. Sometimes Aspirin may cause:</p> <ul style="list-style-type: none"> Stomach irritation or bleeding (this can be reduced by taking Aspirin with a special enteric coating) Or bring on an asthma attack
<p>Statins e.g. Simvastatin (Lipex, SimvaRex), Atorvastatin (Lipitor)</p>	<ul style="list-style-type: none"> Lower cholesterol 	<p>Statins cause few problems, very occasionally some people may experience:</p> <ul style="list-style-type: none"> Muscle pain and weakness Nausea <p>Before starting on statins you will have a blood test to check your liver function. This test will be repeated at intervals while you are on this medication.</p>
<p>Beta Blockers e.g. Metoprolol (Betaloc, Lopresor), Atenolol (Loten) Celiprolol (Celol), Sotalol (Sotacor), Carvedilol (Dilatrend)</p>	<ul style="list-style-type: none"> Reduce the risk of having another heart attack Control angina Lower blood pressure Slows & regulates heart rate 	<p>Beta blockers can cause side effects such as:</p> <ul style="list-style-type: none"> Wheeziness Cold hands and feet Fatigue Dizziness Problems with erections <p>Your doctor will start you on a low dose of this medication and slowly increase this, while monitoring you closely</p>
<p>ACE inhibitors e.g. Quinapril (Accupril), Enalapril (m-Enalapril) Captopril (Capoten, Apo-Captopril), Cilazapril (Inhibace) Lisinopril</p>	<ul style="list-style-type: none"> Reduce the risk of having another heart attack Lower blood pressure Helps heart pump more effectively 	<p>Occasionally people experience side effects, including:</p> <ul style="list-style-type: none"> A change to their sense of taste Coughing Skin rashes Dizziness, especially when they stand up
<p>Diuretics e.g. Frusemide (Lasix, Diurin), Bendroflouazide (Neo-naclax)</p>	<ul style="list-style-type: none"> Lower blood pressure Remove excess fluid 	<p>Occasionally, people experience side effects, including:</p> <ul style="list-style-type: none"> Feeling weak or tired Dizziness or light headedness Leg cramps
<p>Calcium Channel Blockers e.g. Diltiazem (Dilzem, Cardizem), Nifedipine (Adalat, Adefin XL, Nyeftax) Verapamil (Isoptin), Felodipine (Felo, Plendil), Amlodipine (Calvasc)</p>	<ul style="list-style-type: none"> Control angina Lower blood pressure 	<p>Side effects may include:</p> <ul style="list-style-type: none"> Headaches Flushing Ankle swelling Dizziness

Other tests, procedures and treatment options

Once you have recovered from your heart attack, your doctor or cardiologist may suggest further investigations or treatments. These may include:

- **24-hour ECG tape**

A 24-hour ECG tape allows for your heart's electrical impulses to be recorded every second of the day for 24 hours. This is recorded on computer tape, which is then analysed by a special computer programme. This is often used if you are getting an irregular pulse.



- **Chest X-Ray**

This is a special photograph of your heart and lungs and is usually done so the doctor can look at the size, shape and position of your heart and lungs.

- **Heart scan (Echocardiogram)**

An Echocardiogram or Echo uses sound waves to look at the heart's size and how the chambers and valves are working. The scanner is moved over the chest, taking pictures and recording these on paper. The procedure is not painful and takes around 30 minutes to complete.

- **Graded exercise test**

This test measures how much exercise your heart can tolerate. It involves monitoring your heart, using an ECG, while you are walking on a treadmill or riding an exercise bike. It enables your doctor to find out how much exercise your heart can manage.

It is not a test of your fitness.

- **Coronary Angiography**

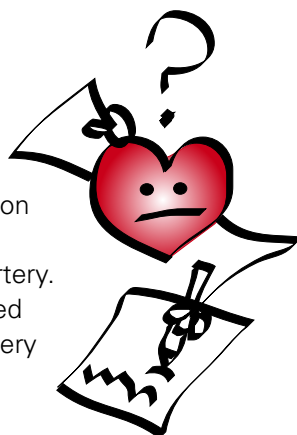
Coronary Angiography is an X-ray procedure used to examine the arteries of the heart. In this procedure, a flexible plastic tube called a cardiac catheter is inserted into an artery (usually at the very top of your leg alongside your groin). The catheter is threaded to the part of the aorta near the heart where the coronary arteries arise. When the catheter is in place, a special dye is injected through the tube and into your blood. Next, x-rays of the heart and coronary arteries are taken - and the dye in your blood will help show up any narrowing in your coronary arteries. Coronary Angiography will usually take less than one hour, depending on the information that is required. It is performed under a local anaesthetic and sedation.

• **Angioplasty**

Angioplasty is a procedure used to widen the narrowing in a coronary artery. The procedure is similar to Coronary Angiography, except that a balloon tipped catheter is used. Once the balloon catheter is in position in the narrowed coronary artery, the balloon is inflated. The inflated balloon flattens the fatty plaque, which is narrowing the artery, back against the artery wall; opens the artery and increases the blood flow. When the narrowing has been reduced, the deflated balloon catheter is removed.

• **Coronary Stents**

A coronary stent is a small, expandable thin metal tube. It is mounted on a balloon catheter and inserted into the coronary artery just after Angioplasty. The stent is placed at the site of the initial blockage. When the balloon and stent are in place the balloon is inflated. The stent expands and is pressed against the inner walls of the artery. When the balloon is deflated and removed, the expanded stent is left in place and acts as scaffold to keep the artery open. The stent is a permanent implant in the artery.



• **Coronary Artery Bypass Graft Surgery (CABG)**

As the name suggests coronary artery bypass surgery is an operation performed to bypass a narrowed segment of a coronary artery using a graft. The graft is usually a small length of vein from the leg or arm, or artery from the chest wall. This graft provides a new channel through which blood can flow to the heart muscle.

your questions

Use this space to write down any questions you have.

Discharge Check List

Name: _____

Follow up

Family doctor: it is recommended that you visit your family doctor within a week of going home or sooner if you have a problem. Take along this plan when you go.

Cardiologist: (name) _____

Date of appointment: _____ Venue: _____

Cardiac rehabilitation co-ordinator: (name) _____

Cardiac rehabilitation programme: _____

Start date: _____ Time: _____

Follow up investigations/procedures (details): _____

Medications

Name	Dose	Time	Special Instructions

Risk factors

		Date:	Date:	Date:
Blood Lipids mmol/L	TC			
	LDL-chol			
	HDL-chol			
	Triglycerides			
	TC:HDL-chol ratio			
BP mm HG	Systolic			
	Diastolic			
Body Shape	Height (m)			
	Weight (kg)			
	BMI			
	Waist (cm)			
	HbA1c (%)			

Risk factors that apply to you: _____

Risk factors that you wish to change: _____

Discussion points

Tick when completed

What to do if symptoms are causing you concern? (include Angina Action Plan)

How much can I do? When can I go back to work?

When can I start having sex again? When can I start driving again?

Other issues (please note)

welcome home

This section of Have a Heart is your guide to your first few weeks at home after having a heart attack. It will answer some of the questions you might have about what happens now, such as:

Is it normal to feel the way I am feeling?

When can I start to have sex again?

How active should I be?

What should I eat?

Why is it important to stop smoking and live a smoke free lifestyle?

When can I get back to work?

Feelings and Relationships

After you have had a heart attack you may experience lots of different feelings including anxiety, depression, uncertainty and fear. These feelings are common, especially when you just arrive home from the hospital, and they are a perfectly normal part of your recovery.

Anxiety

Anxiety or worry affects people in different ways:

1. General tension that is present all the time, as well as:

- Problems with concentrating or sleeping
- General restlessness
- Changes in emotions - such as being bad tempered, grumpy or feeling down
- Feeling like staying home rather than going out or being physically active
- Fear of being left alone

2. Feeling OK, then suddenly being struck by feelings such as:

- Butterflies in the stomach
- Weakness
- A sense of dread - as if something terrible is going to happen

You may well experience both 1 and 2.

The feelings described above are not dangerous, but they are very unpleasant. They usually come about because of an automatic negative thought or memory - usually about the danger of another heart attack. Read on to find out about how to tackle these negative feelings.



Tackling negative thoughts

It really helps to spot negative thoughts and tackle them because they're often quite wrong.

<p>1</p> <p>Lets take an example....</p>	<p>If I go out on my own I might have another heart attack!</p>
<p>Many people who have heart attacks are worried about going out alone for the first time...</p>	
<p>3</p> <p>How far can I go without feeling worried? Perhaps to the end of the garden path or letter box?</p>	<p>4</p>
<p>So how can you tackle this thought? Challenge it very slightly by asking yourself how far you can go without feeling worried... ..Try walking that distance a few times until you are sure you are not going to come to any harm...</p>	
<p>5</p> <p>Tomorrow I'll go to the end of the street!</p>	<p>6</p>
<p>...Now set your goal. Repeat the process and when you are comfortable, set another target further away. ...As you become more confident about going out on your own you will stop believing the negative automatic thought.</p>	

Depression

Feelings of depression are common after a heart attack. People experience different degrees of depression and have different symptoms such as:

- Feeling low
- Being tearful
- Lacking concentration
- Waking during the night
- Being irritable
- Feeling despair
- Difficulty sleeping
- Fatigue and decrease in energy

One of the best ways to manage anxious, depressing feelings, and to prevent the build up of stress, is to regain the balance in your life. Following the daily plan below will help you to achieve this balance.

June

Monday 10

Each day make sure that you:

- *Do some form of physical activity. (see page 28)*
- *Have some rest and relaxation time.*
- *Do some form of work where you feel useful, productive and gain a sense of achievement.*
- *Include some enjoyable activities – especially those that make you laugh.*
- *Get plenty of sleep as this is the time when your body and mind are restored.*

It also helps to be able to talk with others - your family, friends and people who have gone through a similar experience. Sharing the experience helps as it lets you know that you are not alone.

What to do if these feelings persist.

Depression can feel overwhelming. If you are feeling really down or anxious after your heart attack, talk to your doctor or cardiac rehabilitation co-ordinator. They may refer you to a psychologist or counsellor who can help you talk through some of your concerns and/or you may benefit from taking medication for your depression/anxiety.

For more information on anxiety, depression or other emotional issues contact the Mental Health Foundation on 09-300 7030 or visit their website

www.mentalhealth.org.nz

Sex after a heart attack

We all know that making love causes our heart to race a little faster. And like all physical activity, it also increases your blood pressure and breathing. But for most people, sex within their usual relationship doesn't place too much stress on the heart. In fact it can be safely enjoyed without risk.

You may find that you have less interest in sex for the first few weeks anyway - this is quite common because of the upset you have experienced. Don't worry: this loss of interest almost always passes as your life returns to normal.



Sex safety tips

- If you tend to have angina attacks caused by physical activity, it is helpful to use your nitrate spray prior to making love and to keep it by your bed.
- Avoid sex within two hours of eating a heavy meal
- Warm the bedroom and the sheets (an electric blanket maybe helpful)
- Avoid alcohol for at least three hours before sex. Alcohol tends to dilate blood vessels and increase the heart rate
- Choose positions that feel comfortable
- Choose a relaxing atmosphere, avoiding sex if you or your partner are feeling particularly tense or tired

You should never use PDE-5 medications such as sildenafil (Viagra), tadalafil (Cialis) and vardenafil (Levitra) if you take a nitrate-containing medication such as glyceryl trinitrate (GTN) or isosorbide mononitrate. Taking nitrates and a PDE-5 inhibitor within 24 hours of each other may greatly lower your blood pressure which could lead to a heart attack, stroke or death. Nitrates are also found in some recreational drugs such as amyl nitrate or nitrite "poppers".

Erection problems

Some men who have recently had a heart attack find that they can have trouble getting or keeping an erection. If this is a new problem it will probably go as you get fitter and start to feel fully recovered.

Another possibility is that it is a side effect of one of your medicines. If you think it is, don't stop taking your medication. Speak to your doctor about it. He or she can probably switch you to different medication that will solve the problem.

Fear and worry can also cause erection problems. In this situation, the more you worry, the worse it gets. The good news is that as your health and confidence returns, this problem will most likely go.



If erectile problems persist, there are many options for treatment - your doctor can discuss these in depth with you.

If after three to four months, you feel that your sex life is not returning to what it was before your heart attack, speak to your doctor.

Other common sex problems

- Not wanting to be touched
- Not having an orgasm
- Having an orgasm too soon
- Feeling afraid
- Feeling distant as if you are ashamed or embarrassed.

Have you experienced any of these? If they're new problems since the heart attack, you will probably find that they will go as you feel fitter. You may decide to leave sex for a while or you may find other ways that you can give your partner or yourself pleasure without full intercourse.

Relationship issues

Sometimes a heart attack can bring couples closer together, at other times it makes couples more aware of relationship issues. Speaking to a health professional may help you and your partner resolve issues or decide on a positive way forward. It really helps to have an experienced person to help you sort things out. Many thousands of couples have improved their relationships and their lives this way.

Stress and relaxation

There is still a lot to learn about the link between stress and coronary heart disease. What we do know is that experiencing an acutely stressful event, for example learning about losing your job, can increase the risk of having a heart attack. We also know that people who feel stressed are less likely to eat a healthy diet, take physical activity and smoke more.

Not all stress is bad; stress is a normal part of life. However, it becomes a problem when you feel unable to cope with it.

Take a look at the statements below. Tick the ones which apply to you.

- I often feel I have too much to do and not enough time to do it*
- I find it difficult to balance my work and family life*
- I hardly have a free minute in the day*
- I never have time for hobbies or relaxation*
- I would like to spend more time with my friends and family but can't fit in the time*
- I often wake up in the middle of the night and worry about the things I have to do*
- I find it difficult to focus on just one task when I have so many others to do.*



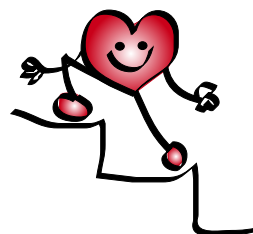
If you have ticked 'yes' to the majority of these, then it sounds like you put yourself under a lot of pressure and may well be feeling stressed. Now that you are recovering from your heart attack it is a good time to think about ways of reducing your stress levels. Speak with your health professional about stress management and relaxation methods. The Mental Health Foundation also produces excellent resources on dealing with stress. You can contact the Foundation on 09-300 7030 or visit the website www.mentalhealth.org.nz.

Getting moving

How do you feel about the idea of being physically active? If you're a little nervous, don't worry. It's only natural. The good news is that you can be safely active after having a heart attack. In fact, it is a great way to help you recover.

Seven ways regular physical activity is good for your health

- It helps reduce your cholesterol levels
- It helps lower your blood pressure
- It helps you lose weight and maintain a healthy weight
- It helps with diabetes control
- It reduces angina discomfort and breathlessness
- It helps you sleep better
- It helps you feel less stressed.



What can I do in my first week home?

The best way to get going is with short "snacks" of gentle activity during the day.

"Snack" activity ideas

- Walk to the mail box or around your garden at a leisurely pace
- March on the spot when the TV ads are on
- Walk while you talk on your mobile/portable phone

What type of physical activity isn't safe?

- Activity that makes you too breathless to speak
- Lifting a weight that is almost too much for you to shift
- Straining or tugging with all your might, for example, pushing a car out of mud
- Short sharp efforts that make you grunt - such as knocking in fence posts or chopping wood

Getting started

Have a look at the chart below. Do you think you can manage six different activity “snacks” over the course of a day? Start today and tick a box for each five minutes of activity you complete. Good luck!

Day	5 mins	5mins	5mins	5 mins	5 mins	5 mins
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

After your first week, have a look back over your chart and see how you did. Have you managed to tick six boxes a day for the past two days?

If yes, then move on to the following page.

If no, then ask yourself: ‘Am I doing as much as I can?’ If you feel that you are, then that is all that matters at this stage. Take a pat on the back.

Remember, different people recover at different speeds, because of lots of different reasons such as their age, how fit they were before the heart attack and how long they spent in hospital.

What can I do in my second week home?

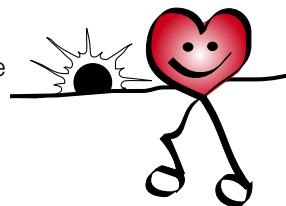
Once your body is used to six short snacks of physical activity spread over a day, you’re ready to start building up the amount of light physical activity that you do. Start by taking about 10 minutes of continuous light physical activity, then gradually build this up. Make a note of how you find this on the chart over the page.

What is light physical activity?

You should start to feel warm, puff a little bit **but still be able to talk**. You may be aware that your heart is beating slightly faster and harder.

Ideas for light physical activity

- A leisurely walk on level ground or along the beach
- Light housework (not vacuuming)
- A leisurely cycle on level ground or on a stationary bicycle with no resistance
- Light gardening (nothing that requires too much bending, pulling, lifting or straining)
- Slow ballroom dancing.



Talk test

Whenever you are doing **light** physical activity, use this handy talk test as a way of keeping your activity at a safe level. If you can't sing without gasping while you are doing your physical activity, you are working at a **moderate** level which is too hard for this stage of your recovery. Try slowing down or reducing the effort until you can pass the **talk test**.

More hints for safe physical activity

- If you get angina on exertion, take a dose of your nitrate spray before you start your activity.
- **Before and after.** Remember to warm up before and cool down after you have been physically active. This means exercising at a slower or less intense pace for a few minutes at the beginning and end of your physical activity period.
- **Weather concerns.** If it's very cold or windy, take care as this might trigger an angina attack. On these days, indoor activity might be better. If it is very hot, try to time your activity in the early morning or evening when it becomes cooler.
- **After meals.** Avoid physical activity within two hours of eating a meal.
- **After a hot bath or shower.** Allow an hour before being physically active after a hot bath or shower.
- **After smoking.** Smoking affects your heart in a variety of ways (Page 39). Caution should be taken if exercising within 3 hours of having a cigarette.
- **Symptoms.** If you experience central chest tightness, other angina symptoms, become breathless, dizzy or feel faint while you are physically active, follow your angina action plan (page 15). Remember if your symptoms persist, dial 111.

Physical Activity Chart - weeks two - four

The chart below will help you record your physical activity progress in your second, third and fourth weeks at home.

Take a note of the physical activity you managed each day and mark how hard or easy you found it. If you find it “easy” two days in a row, increase the amount of time you spend exercising by five minutes a day.

Day	Date _____ to _____	Date _____ to _____	Date _____ to _____
Monday	Type of activity _____ _____ _____	Type of activity _____ _____ _____	Type of activity _____ _____ _____
	Time spent on activity _____ _____	Time spent on activity _____ _____	Time spent on activity _____ _____
	How did you find it? Easy Comfortable Hard	How did you find it? Easy Comfortable Hard	How did you find it? Easy Comfortable Hard
Tuesday	Type of activity _____ _____ _____	Type of activity _____ _____ _____	Type of activity _____ _____ _____
	Time spent on activity _____ _____	Time spent on activity _____ _____	Time spent on activity _____ _____
	How did you find it? Easy Comfortable Hard	How did you find it? Easy Comfortable Hard	How did you find it? Easy Comfortable Hard
Wednesday	Type of activity _____ _____ _____	Type of activity _____ _____ _____	Type of activity _____ _____ _____
	Time spent on activity _____ _____	Time spent on activity _____ _____	Time spent on activity _____ _____
	How did you find it? Easy Comfortable Hard	How did you find it? Easy Comfortable Hard	How did you find it? Easy Comfortable Hard

Day	Date _____ to _____	Date _____ to _____	Date _____ to _____
Thursday	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard
Friday	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard
Saturday	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard
Sunday	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard	Type of activity _____ _____ _____ Time spent on activity _____ _____ How did you find it? Easy Comfortable Hard

Some days physical activity seems harder than other days. Have a day off. Don't be disappointed when this happens because it doesn't mean you are going backwards. Even Olympic athletes have "off days"!

Helping you to get moving

When you go along to your Cardiac Rehabilitation Programme, you will get lots of information and support to help you become physically active after your heart attack.

You may also wish to talk to your doctor, practice nurse or call 0800 ACTIVE (0800 228 483) about a Green Prescription. A Green Prescription is a written prescription for physical activity. It is given to people who have health conditions as part of their health management.

On completing your Cardiac Rehabilitation Programme, you can join a Cardiac Club to keep up your physical activity.

You and your food

What we eat can have a big impact on our health. There is strong evidence to show that following a heart healthy eating pattern can help to:

- lower your blood cholesterol
- lower your blood pressure
- reduce your risk of blood clotting
- reduce your weight and/or help you to maintain a healthy weight
- maintain good control of your diabetes

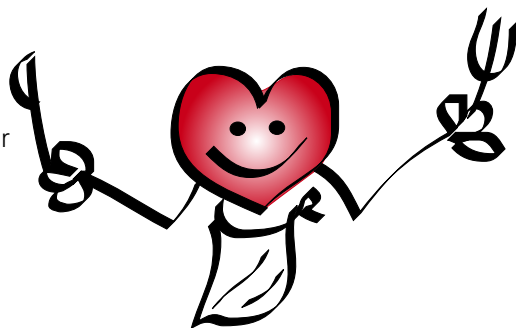
Over a long period of time it may even reduce your need for some medicines. Your doctor will tell you if this is appropriate.

Over the next few pages, we'll explore a way of eating that has been proven to protect the heart and blood vessels.


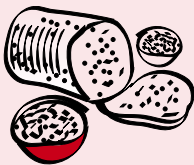

You may find that you only need to make small changes to what you eat to achieve this heart healthy eating pattern – even these small changes can add up to a big improvement in your health.

On the other hand, you may feel that it will take some effort for you to make changes to your current eating pattern - you may want to lose weight or improve your diabetic control.


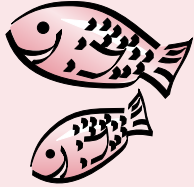
If you would like more information or support to make these changes, speak to your nurse or doctor about being referred to a dietitian.



A Heart Healthy Eating Pattern

	Recommendations	Examples of a serving
<p>Fruit and coloured vegetables</p> <p>Choose coloured varieties, especially green, orange and red vegetables.</p> 	<p>Aim for at least 8 servings daily.</p>	<p>1/2 cup cooked vegetables, 1 cup raw green vegetable or salad, 1 medium apple, pear, orange, nectarine, banana. 1/2 cup stewed, frozen or canned fruit.</p>
<p>Grains and starchy vegetables</p> <p>Choose a variety of grain products with at least half as whole grain products.</p> 	<p>Aim for 6 or more servings daily depending on your body weight and level of physical activity.</p>	<p>1 medium slice of bread or 1/2 bread roll, 1/2 cup bran cereal or 2/3 cup wheat cereal, 1/2 cup cooked porridge or 3 tablespoons muesli, 1/2 cup cooked pasta or 1/3 cup cooked rice. 1 small potato, 1/2 cup or 1 small piece of taro.</p>
<p>Oils and spreads (including sterol-fortified spreads), nuts, seeds or avocado</p> <p>Choose products made from sunflower, soya bean, olive, canola, linseed, safflower, or nuts and seeds other than coconut.</p> 	<p>Aim for 3 or more servings daily depending on your body weight and level of physical activity.</p>	<p>1 teaspoon soft table margarine or oil, 2 teaspoons light margarine (40-60% fat), 3 tablespoons low fat mayonnaise (10% fat or less), 1 tablespoon avocado, 1 dessertspoon nuts or pumpkin seeds, peanut butter, 1 dessertspoon peanut butter, 1 tablespoon sunflower or sesame seeds.</p>

A Heart Healthy Eating Pattern (cont.)

	Recommendations	Examples of a serving
<p>Low fat or fat-free milk products</p> <p>Use 0-0.5% fat milk. Hard cheese and semi-soft cheeses can be included up to 4 times weekly in very small amounts.</p> 	<p>Include 2-4 servings daily depending on your bodyweight and level of physical activity or replace with soy products.</p>	<p>1 cup trim or skim milk, 1 pottle low fat yoghurt, 1/3 cup of cottage cheese, 2 tablespoons Parmesan cheese, 2 cm cube Cheddar cheese, 3 cm cube standard Camembert, Brie, Edam, Feta, Mozzarella.</p>
<p>Fish*, dried peas, beans, soy products, skinned chicken, or very lean meats.</p> <p>Choose 1-3 servings from this group depending on your body weight. If eating fish, choose some oily fish species such as tuna, kahawai, trevally, dory, warehou, salmon, sardines, eel, squid, mussels and oysters.</p>	<p>Include 2-3 fish servings weekly.</p> <p>Include dried peas and beans 4-5 times per week.</p> <p>Limit meat to 1-1 1/2 servings daily.</p> 	<p>2 small fillets of cooked fish, 1 cup mussels, 1/3 cup salmon or 1/2 can sardines. 1 cup cooked dried beans, chickpeas, lentils, dahl, 1/2 cup tofu or tempeh, 1 glass fortified soy milk. 100-120 grams trimmed meat/chicken, 1/2 cup mince or casserole.</p>

*If you do not eat oily fish, include fish oil capsules, linseeds, walnuts, wheatgerm, canola or linseed oil for heart-healthy omega-3 fats.

Ask your doctor, nurse or health professional for "A Guide to Heart Healthy Eating".

Food Preparation

- Choose plenty of fresh foods
- Choose more dried peas, beans or nuts if you do not eat fish, meat or poultry
- Select ready-made and packaged foods labelled low in saturated fat and salt and high in dietary fibre
- Mostly avoid deep fried foods, butter, palm oil products, hard or visible white fat, salty foods or adding salt to foods

Tips for a heart healthy eating pattern

Now that you know what makes a heart healthy eating pattern, here are a few practical tips that will help you to follow it.

1. Choose basic filling foods at each meal and snack

- High fibre breakfast cereals (look for ones that are made from bran or have “whole wheat” on the label)
- Wholegrain breads
- Rice, pasta or noodles
- Potato, kumara, taro, yams, parsnip or corn
- Home-made low-fat muffins or scones
- Pita, saj, naan, flat and Persian mountain breads.

Fab food tip: In meals with large quantities of rice, pasta or bread, have a smaller serving of meat or cheese.

Fab food tip: Swap your bread for a heavy wholemeal, grain or dark rye bread. Some good brand names to watch out for: Burgen, Vogel Soy & Linseed, Multi-grain and Ploughmans.

2. Add fruits and/or vegetables at every meal

- Fresh fruit salad
- Side salad
- Frozen vegetables
- Canned fruit in fruit juice or light syrup
- Whole fresh fruit
- Raw vegetables
- Canned vegetables (try to look for the ones with a low salt content)
- Lightly cooked vegetables.



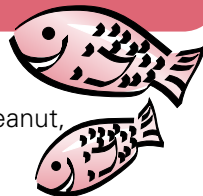
Fab food tip: At dinner, fill at least one half of the dinner plate with vegetables. Finish meals with sliced fruit or fruit salad. Add salad to your sandwich.

3. Include small amounts of protein-rich foods at one or two meals a day

- Oily fish, such as tuna, trevally, kingfish, kahawai, warehou, dory, salmon, sardines and eel. (Eat oily fish often because they contain omega 3 fatty acids which are good for your heart.)
- Pulses such as baked beans, kidney beans, soy beans, chickpeas or lentils
- Low fat dairy products, such as cottage cheese, lower-fat yogurt and lower-fat milk or replace with fortified soy-milk
- Trimmed lean red meats in small servings
- Poultry such as chicken without the skin
- If you do eat eggs, limit to 3 eggs a week.

Fab food tip: Use vegetables to flavour main dishes, rather than using several protein rich items such as cheese and meat.

Fab food tip: Canned and frozen fish have all the advantages of fresh fish and are often cheaper too. Ideally, opt for those with a lower fat and salt content - and choose varieties that have been preserved in spring water rather than oil or brine.



4. Add just enough fats for flavour

- Plant oils in cooking and dressings such as canola, soy, olive, peanut, sunflower, safflower and other seed or nut oils
- Reduced or low-fat salad dressings or mayonnaise
- Margarines and spreads, including sterol-fortified spreads or pure nut butters
- Nuts, seeds or avocados

5. Enjoy home cooking

- Use herbs, spices, onion, garlic, and vegetables for seasoning
- Flavour with vinegars, wine, thin sauces, tomato products and/or a dash of oil
- Use minimal salt, and salty seasoning mixes
- Use small amounts of sugar in every day cooking



Fab food tip: In winter, cook up hearty vegetable soups such as minestrone, pumpkin or scotch broth

6. Eat convenience foods less often, and opt for reduced fat varieties

- Packaged and pre-prepared items (opt for reduced fat types)
- Ice-cream and sour cream (opt for reduced fat options)
- Fruit bars and muesli bars
- Sugar and sugary confectionery

7. Mostly avoid foods that are high in fat, sugar and salt

- Animal fats, cream, butter
- Baked and pre-prepared products which contain animal fats, cream or butter
- Fatty meats (sausages, pastries, pies, brisket, mutton flaps, salamis)
- Baked biscuits, cakes, chocolates, full fat ice-cream
- Deep-fried and battered foods

Commonly asked questions

Q. Should I start drinking red wine?

Drinking a small amount of alcohol has been shown to help protect against coronary heart disease especially in older people. The amount of alcohol needed to get this protective effect is quite small (about one standard drink every second day). Red wine may have extra benefits over other types of alcohol but this has not been firmly proven.

Some people have reasons not to drink alcohol such as health reasons or religious beliefs. If you do not drink alcohol then you do not need to start.

For those who enjoy drinking in moderation there may be some benefit from drinking a glass of wine, beer or nip of spirits. If you do choose to drink, you should drink no more than two standard drinks per day if you are a woman and no more than three standard drinks per day if you are a man.

1 standard drink = 10g of alcohol, which is equal to:

- 1 (300ml) glass of ordinary–strength beer
- 1 (60ml) glass of fortified wine (sherry, martini, port)
- 1 (30ml) pub measure of spirits (whisky, gin, vodka)
- 1 (100ml) glass of table wine.



Q. Should I take dietary supplements?

There is little evidence to support the use of vitamin and/or mineral supplements in the treatment of heart disease. In some cases these supplements may be harmful. Eating plenty of fruits and vegetables, wholegrain breads and cereals, and suitable vegetable oils will ensure that you get an adequate intake of vitamins and minerals.

Fish, particularly oily fish, contain omega 3 fatty acids which are good for your heart. Aim to eat at least two fish meals per week. If you do not eat oily fish, include fish oil capsules, linseeds, walnuts, wheatgerm, linseed or canola oil for heart healthy omega-3 fats.

Stopping smoking

Stopping smoking is the most important thing that you can do for your health. Stopping smoking is something you can do for yourself, your family and friends.

Where's the harm in smoking and second-hand smoke?

Smoking and exposure to second-hand smoke is damaging to your heart health as well as your general health. It:

- Damages the lining of blood vessels, causing narrowing of the arteries
- Reduces the ability of the blood to carry oxygen
- Makes the blood stickier than it should be

All of these changes can lead to blocking off the arteries to your heart and brain.

jargon alert: second-hand smoke

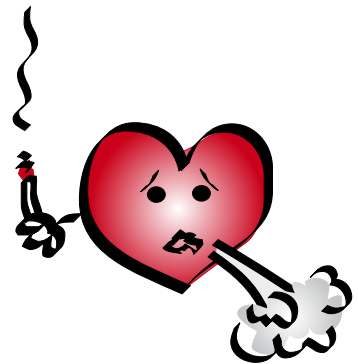
About two thirds of the smoke from a cigarette is not inhaled by the smoker but is released into the air. That smoke mixes with smoke exhaled by the smoker and the combination is called second-hand smoke.

If you don't smoke you may still be exposed to second-hand smoke, therefore it is recommended you avoid being in smoky indoor and outdoor spaces.

What are the benefits of stopping smoking?

It is never too late to stop smoking.

- Stopping smoking reduces the risk of having another heart attack by half within the first year of stopping
- Within just one day of quitting, your chance of a heart attack decreases
- Within two days of quitting, your smell and taste are enhanced
- Within two weeks to three months of quitting your circulation and lung function improves
- The risk of having a heart attack reduces to the level of a 'never smoker' within 5 years



hot heart fact

Stopping smoking is the single most important thing you can do to manage coronary heart disease.

How to stop smoking

The best way to stop smoking is to get some support from the experts

- Quitline – 0800 778 778 or go online www.quit.org.nz
- Aukati kai paipa – www.aukatikaipaipa.co.nz
- Ask your GP or practice nurse

What will they do?

They will advise you to use one of the effective medicines to help you quit and provide you with some support to get through your quit attempt.

They will help you set a quit date. You should stick to this date and aim not to have a single puff. This may be difficult to start off with but it will get easier over time.

What stop smoking medicines are available?

There are four main medicines that are available to help you stop smoking. All at least double your chances of stopping for good, compared to using nothing at all. Nicotine replacement therapy (patches, gum, and lozenges) are available on the QuitCard Scheme – this entitles you to a 4-week supply for only \$5. You can get these products from the Quitline, Aukati kai paipa and your GP.

The other medicines (Champix, Zyban and nortriptyline) are only available on prescription. See your GP to talk about these and how best to stop smoking.

What else may help?

- If you live with someone who smokes, ask him or her to stop with you. If they say no, explain to them how dangerous second-hand smoke is to you (see previous page). Perhaps they could support you by only smoking outside.
- Remove cigarettes from home, car and workplace and avoid smoking in these places.
- Review previous attempts to quit – what helped, what didn't help, what caused you to start again?
- Anticipate difficult situations, especially during the first few weeks e.g. drinking alcohol is strongly associated with starting smoking again. Practice in your mind how you will deal with that situation.

What won't help?

- Try not to have just one or two cigarettes a day or switch to a low tar brand, or a pipe, or cigars. You will still be addicted and will eventually find yourself back to where you were before. Remember, stop completely – not even a single puff.
- Worry if you put on weight. Smoking is by far the most dangerous risk factor. You can tackle the weight later.

hot heart fact

Many people worry about using nicotine replacement therapy. Nicotine does not cause the smoking-related disease. It is safe to use, even if you have heart disease. Remember it is more dangerous for people with heart disease to continue smoking than to use nicotine replacement therapy.

If you would like more information or help to stop smoking do not hesitate to talk your doctor, call Quitline on 0800 778 778 or visit www.quit.org.nz.

Getting back to normal

Returning to work

Almost everyone can go back to work after a heart attack - usually within three to four weeks after leaving hospital. How soon you can return to work depends on the nature of your job and your personal rate of recovery. Your doctor can advise you on the best time for you.

It's normal to feel tired when you get back to work after your heart attack. One way to reduce the fatigue is to include the type of activity you do at work into your home physical activity programme. You may also wish to speak with your employer or occupational health team about other options, for example, working in areas which are less demanding, part-time work or no shift work.

Getting behind the wheel

Government Guidelines recommend that you should not drive for at least two weeks after a heart attack. After this time a return to driving is subject to a specialist assessment.

To be on the safe side, when you first start driving, take short journeys in light traffic and stick to routes that you know.

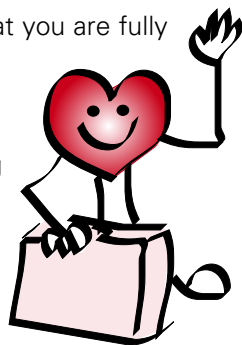
If you hold a vocational driver's licence and drive, for example, passenger vehicles, trucks, forklifts or courier vans you should not drive for at least four weeks. A licence will only be issued after this time if approved by a cardiologist or specialist physician. They will assess you and make sure it is safe for you to drive.

It also pays to check with your insurance company to ensure that you are fully covered.

Travelling by air

It's best to discuss air travel plans with your doctor first. As long as you have clearance from your doctor, airlines advise that you should wait at least one week before flying on your own within New Zealand and three to four weeks before flying overseas.

Airlines expect to be told if you are flying within six weeks from the onset of your illness. If you are going overseas you will also need travel insurance, including a policy that will cover you for pre-existing conditions.

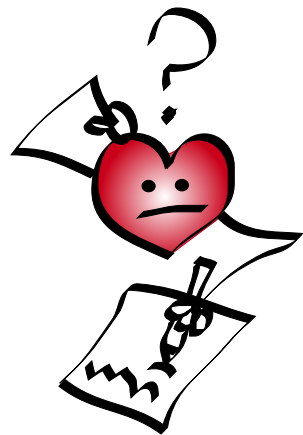


hot heart fact

If you are travelling overseas to a country which has a time difference, discuss your medication regime with your GP or pharmacist.

Your questions

Use this space to write down any questions you have.



Angina action plan

If you get angina:

- Stop what you are doing. Sit down and rest.
- If the angina still persists after a few minutes take one or two puffs of your Nitrolingual spray, or half to one Lycinate tablet.
- If the angina is relieved by rest, or by your Nitrolingual spray or Lycinate tablet, you can resume your activities gently.
- If the angina persists, you can repeat the dose safely every five minutes.
- **If the angina is not relieved after three doses in 15 minutes, call an ambulance. Dial 111 immediately.**

Heart attack warning signs

- Heavy pressure, tightness, crushing pain or unusual discomfort in the centre of the chest lasting more than 10-15 minutes. It may stop or get less intense and then return.
- Pain spreading to the shoulders, neck, jaw and/or arms.
- These may be accompanied by sweating, a sick feeling in the stomach, dizziness and a shortness of breath.
- **When it's a heart attack, minutes do matter.**

Action plan

- Dial 111, ask for the ambulance service and tell them you are having a possible heart attack.
- If available, chew one aspirin unless you have been previously advised not to take aspirin.
- Rest quietly and wait for the ambulance.

The Heart Foundation is New Zealand's heart health charity and relies on the generous support of the public for its life saving work. To help us to continue this work and the production of resources like this please make a donation by phoning 0800 830 100 or visit:

www.heartfoundation.org.nz

For more information about heart health resources and/or supporting the Heart Foundation, please contact:

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