

## Helping your heart

A quarter of all deaths in the UK are due to heart disease caused by blocked heart arteries. However, there's lots you can do to help prevent such heart problems. You've probably heard all the advice before. But you might find it helpful to know just why stopping smoking, changing parts of your lifestyle and perhaps taking medicines can really make a difference.

This issue of *Treatment Notes* explains what heart disease is and what causes it. It also looks at how you can help prevent future problems.

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### What's heart disease?

'Coronary' heart disease is when your heart (coronary) arteries 'furr' up and become narrowed inside – a bit like water pipes. This furring is called 'atherosclerosis' and can also occur in other arteries – see the box, right.

You can have furred-up heart arteries without any symptoms. But, over time, the arteries can become more and more narrow, so they can't carry enough blood to the heart muscle. Also, blood clots may form over the 'furred' parts of the arteries. All this can cause problems such as:

- angina – pain or tightness in the chest caused by the heart muscle not getting enough oxygen. It usually comes on with exercise and goes with rest.
- heart attack (a 'coronary') – when a clot in an artery suddenly cuts off the blood supply to part of the heart, starving it of oxygen and nutrients. This can cause excruciating chest pain, damage the heart or even be fatal.
- arrhythmias – when the heart beats with an abnormal rhythm. Some people feel the abnormal beating, get breathless or dizzy, pass out or even die.
- heart failure – when the heart can't pump blood properly. This can cause tiredness, breathlessness and swollen ankles, or even be fatal.

### How high's your risk?

Your risk of having future heart problems, such as a heart attack, is especially high if you've already had things such as angina, a heart attack or stroke. But, even if you haven't had such problems, you're still at some risk of heart disease. And the things that increase your risk even more include:

- smoking
- high cholesterol level

### Not just your heart

As well as your heart, you might also get atherosclerosis in the arteries of your:

- brain – where a clot in an artery can lead to a stroke. This can cause, for example, loss of speech, paralysis or death.
- kidneys – where narrowed arteries can cause or worsen high blood pressure and kidney failure.
- legs – where narrowed or blocked arteries make it difficult for blood to get to the legs. This can cause pain that makes walking difficult. If the problem gets really bad, the leg may need amputating.

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- high blood pressure
- diabetes
- being overweight
- a history of heart disease in your family
- South Asian descent
- drinking heavily
- not enough physical activity
- age – your risk gets higher as you get older.

If you haven't already had heart problems, your doctor may be able to use a chart or computer programme to calculate your future risk. This can help decide what advice or treatment you need.

## So, what can you do about it?

If you're worried about your risk of heart disease, or you want more advice, you should talk to your GP, practice nurse or pharmacist. Whether or not you already have heart disease, there's lots you can do to help reduce your risk of problems in the future.

### Stop smoking – a drag, but help is at hand

Smoking damages the insides of your arteries and is one of the main causes of atherosclerosis. People who smoke throughout their adult life are twice as likely as lifelong non-smokers to get ill, or die, from heart disease. So, if you smoke, quitting is crucial to help prevent heart disease – as soon as you give up, your risk will start to fall.

But, of course, giving up is very hard. To help, you could try either nicotine replacement (available with or without a prescription) or a prescription medicine called bupropion (brand name Zyban). Even with these treatments, it's still crucial to get advice and support when quitting from a doctor, pharmacist or nurse.

### Cholesterol – 'good' and 'bad'

There's more than one type of cholesterol.

Low-density-lipoprotein (LDL) cholesterol is 'bad' cholesterol. The higher your levels of this cholesterol, the more likely you are to have furring-up inside your arteries.

High-density-lipoprotein (HDL) cholesterol is 'good' cholesterol. The higher your levels of this, the less likely you are to have furring-up inside your arteries.

The higher your level of cholesterol overall ('bad' plus 'good'), the more likely you are to get furring-up. And in particular, the more 'bad' cholesterol compared to the 'good', the higher this risk.

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### Don't eat your heart out

The higher your overall cholesterol level, the higher your risk of heart disease – see the box, left. If you're at high risk of heart disease, your doctor may suggest you take a 'statin' medicine to lower your cholesterol – see *Medicines that can help*, page 6. Whether or not you need a statin, your doctor or nurse may advise you about healthy eating. One aim of this is to limit the amount of fat you eat, particularly 'saturated' fat. That's because this fat gets turned into 'bad' cholesterol by the liver, so raising your cholesterol level.

Saturated fat is mainly found in animal fats, so you might need to cut down on things like butter, lard, cream and cheese. Foods also high in saturated fats are pastry, cakes, biscuits, crisps and red meats such as beef, lamb and pork.

However, replacing saturated fats with 'polyunsaturated' and 'monounsaturated' fats can help lower cholesterol levels. Polyunsaturated fats are found mainly in oily fish (such as sardines and tuna), certain vegetable oils (such as sunflower and sesame) and 'polyunsaturated' margarines. Monounsaturated fat is mainly found in olive oil. For more tips on healthy eating, see the box, right.

### Down with high blood pressure

High blood pressure can cause heart disease or make it worse, by damaging arteries and putting a strain on the heart. You can help bring down high blood pressure by losing weight if you're overweight, taking moderate exercise and cutting down on salt – see the box, right. If these don't bring your blood pressure down enough, you might need one or more prescribed medicines.

### Why weight?

If you're overweight, losing weight can lower your cholesterol levels and blood pressure. It may also give you

### More on healthy eating

● Fruit and vegetables are low in fat, tend to be low in calories and are high in fibre, vitamins and minerals. They help protect against heart disease. Ideally, you should eat at least 5 portions a day. One portion is a piece of fruit or around 2–3 tablespoons of veg.

● Sugar is full of calories. So, eating less sugary foods could help you lose excess weight.

● Eating less salt can help lower high blood pressure. Try to avoid foods high in salt, such as processed foods, and don't add salt when cooking or eating.

● Fibre ('roughage') can fill you up without too many calories. It's found in foods such as wholemeal bread and pasta, fruit and veg and certain breakfast cereals.

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more energy and can help prevent diabetes, arthritis of the knee and some cancers. The best way to lose excess weight is to eat a healthy diet that's low in fat and sugar, and increase your physical activity. Page 4 gives tips on healthy eating, and there's more below on keeping active.

## Don't just sit there

Regular physical activity not only improves your general health, it can also reduce your risk of heart problems by:

- strengthening your heart muscle
- helping to keep your blood pressure under control
- helping to keep your weight under control.

If you're fairly inactive at the moment, it's best to start slowly with perhaps 30 minutes of moderate activity a week, a few minutes at a time. Examples include brisk walking, gardening, swimming or cycling – it needn't involve a gym. Eventually, you can build up to the recommended 30 minutes on at least 5 days a week. You should consult your doctor before starting a new exercise programme.

## Alcohol – it's not all bad news

Heavy drinking increases blood pressure and so your risk of heart disease. But moderate drinking seems to help protect against heart disease – about 1–4 units a day for men and 1–2 units a day for women, on around 5 or 6 days a week. A unit of alcohol is roughly half a pint of beer or cider, 1 small glass of wine or 1 measure of spirits. But it's not sensible to start drinking alcohol, or to drink more, just because you think it might help your heart.

## Go for it!

If you can manage some of the changes covered in this leaflet, you can really reduce your risk of future heart problems. And every bit helps!

## Find out more

British Heart Foundation  
☎ 020 7935 0185  
[www.bhf.org.uk](http://www.bhf.org.uk)

Family Heart Association  
☎ 01628 628 638  
[www.familyheart.org](http://www.familyheart.org)

National Heart Research Fund  
☎ 0113 234 7474

NHS Smoking hotline  
☎ 0800 1690169

QUITLINE  
☎ 0800 002200

NHS Direct  
NHS 24-hour helpline  
☎ 0845 4647

There are also two other leaflets in this series of *Treatment Notes* which your doctor, nurse or pharmacist may be able to give you:

*Medicines to help you stop smoking*

*When and how to lose weight*

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## Medicines that can help

**Aspirin** stops blood from clotting so easily, and so can help prevent narrowed arteries becoming blocked. But, you shouldn't take aspirin for heart disease unless your doctor recommends it, and it's prescribed in a much lower dose than when you take it for pain.

**Statins** can help lower the levels of 'bad' cholesterol in your blood by reducing the amount produced in your liver. They should be taken every day, preferably in the evening which is when your liver produces most cholesterol. It's also important that you stick to a low-fat diet. You'll need regular blood tests to check your cholesterol level, and the dose of statin may be changed as needed.

**Diuretics** are often called 'water tablets' because they make you produce more urine. They can lower blood pressure and treat heart failure.

**ACE inhibitors** make blood vessels widen and so reduce the amount of work your heart has to do. They may be prescribed for heart failure or high blood pressure.

**Beta-blockers** lower your heart rate and blood pressure and so reduce the amount of work your heart has to do. They may be prescribed for high blood pressure, angina, arrhythmias, heart failure, or to help prevent further heart attacks.

**Calcium-channel blockers** widen blood vessels and/or help control the force and rate of the heart beat. They may be prescribed for angina, high blood pressure and arrhythmias.

If you're worried about the side effects of any of these medicines, or you think they're making you feel unwell, talk to your doctor, nurse or pharmacist.



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The original *DTB* articles are *Statin therapy – what now?* and *Lifestyle measures to tackle atherosclerotic disease* (both published in March 2001). For information on these articles or any *Treatment Notes*, ☎ 0845 983 0082 or email [dtb@which.net](mailto:dtb@which.net).

*Treatment Notes* contains general medical information that will not always apply to you. Don't start, or stop, prescribed medicines without speaking to your doctor or pharmacist first.

## Consumers' Association

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