NHS
Oxford University Hospitals
NHS Foundation Trust

Cardiac Rehabilitation with planner

Information Booklet and Personal Plan

Oxford Heart Centre

Name ……

Your Cardiac Rehabilitation Nurse is ……

Contact Number ……

Horton Hospital: **01295 229 753 or 01295 229 426**

John Radcliffe Hospital: **01865 220 251 or 01865 222 695**

Contents

Winner of the Patient Information Award (NHS Trust) in the BMA Medical Book Awards 2009

"This is an extremely comprehensive resource with clear headings and information divided up into appropriate sections. It contains a wealth and range of information, is original, and links to other sources or services. Additionally, it has excellent potential for record-keeping with clear instructions, particularly with regard to healthy eating and exercise. It seems to cover all bases very well."

2009 BMA Medical Book Competition.

Highly commended in the BMA Patient Information Awards 2016

Cardiac Rehabilitation Department Philosophy

Our aim is to support and encourage you and your family on the road to recovery after a cardiac event, such as a heart attack or heart surgery.

We aim to encourage a personalised approach to your care; acknowledging your physical, psychological, social, professional and cultural needs.

We aim to support you and your family to help you to make good choices and sustainable lifestyle changes to reduce the risk of further cardiac events.

We can offer psychological support to you and your family as part of your Cardiac Rehabilitation programme.

We aim to offer a high standard, evidence based, Cardiac Rehabilitation programme.

Our ultimate goal is to empower and support you to reach the best level of health and wellbeing that you can. This will help you to fulfil your role within your family and wider community.

The Cardiac Rehabilitation Department

The information in this booklet will help you and your family to understand what has happened to you, and help you recover and plan for the future. It contains quite a lot of information, but you can read it at your leisure. Your Cardiac Rehabilitation Nurse will go through the booklet with you. If there is anything that you do not understand or would like more information about, please do not hesitate to ask any member of the team – we are here to help you.

The Cardiac Rehabilitation Team consists of:

- Advanced Nurse Practitioners
- Specialist Nurse Practitioners
- Cardiac Rehabilitation Nurses
- Exercise Physiologists
- Administrators
- Clinical Psychologists
- Volunteers.

How we will help you

One of the Cardiac Rehabilitation Nurses will visit you on the ward to:

- give you written information
- explain what has happened to you
- identify your risk factors (what could put you at risk of another cardiac event)
- help you plan to set your own goals. This will assist you to identify lifestyle changes with regard to your health and daily living.
- provide advice on dealing with chest pain
- explain driving regulations.

After you are discharged home the Nurse will:

- telephone you within two weeks
- arrange a Cardiac Rehabilitation clinic appointment, if appropriate
- send you a copy of the letter we have sent to your GP
- arrange for you to join the Cardiac Rehabilitation Programme – this consists of information sessions and a supervised exercise programme in a locality closer to where you live.

Information sessions

These are held at both the Horton Hospital and the John Radcliffe Hospital. There is a rolling programme of different topics which include:

- medications
- healthy eating
- risk factors for heart disease
- benefits of exercise
- health anxiety
- stress and relaxation methods
- effects of heart disease and treatments
- emergency first aid.

Please ask your Cardiac Rehabilitation Nurse for more details.

Exercise programme

The exercise programme takes place at either the Cardiac Rehabilitation gym at the Horton Hospital or local leisure centres in and around Oxford. Before you start exercising in the gym you will be given an appointment for an assessment. An individual exercise programme will then be written for you.

You will be taught how to use the equipment safely and to monitor how hard you are exercising. When you complete the supervised exercise programme you will be given an opportunity to discuss and plan your long term exercise routine.

At first you may feel nervous about exercising, but quite soon you will feel more confident. You may even enjoy meeting new people and learning new skills!

We are developing a Home Exercise programme for people who are unable to travel to the gyms – please speak to your Cardiac Rehabilitation Nurse for more information.

Heart Disease

The heart in brief

How your heart works

The heart is a muscular pump, which circulates blood to your lungs and around your body. The blood carries oxygen and nutrients to the rest of your body through blood vessels called arteries and veins.

Heart rate

The heart pumps at different speeds according to the needs of your body. There is a wide range of normal heart rates. Everyone's heart rate goes up and down according to whether they are resting or exerting themselves. Heart rate and blood pressure are also affected by things such as our emotions (e.g. fear, anger), medications, smoking, and a variety of illnesses.

Blood pressure

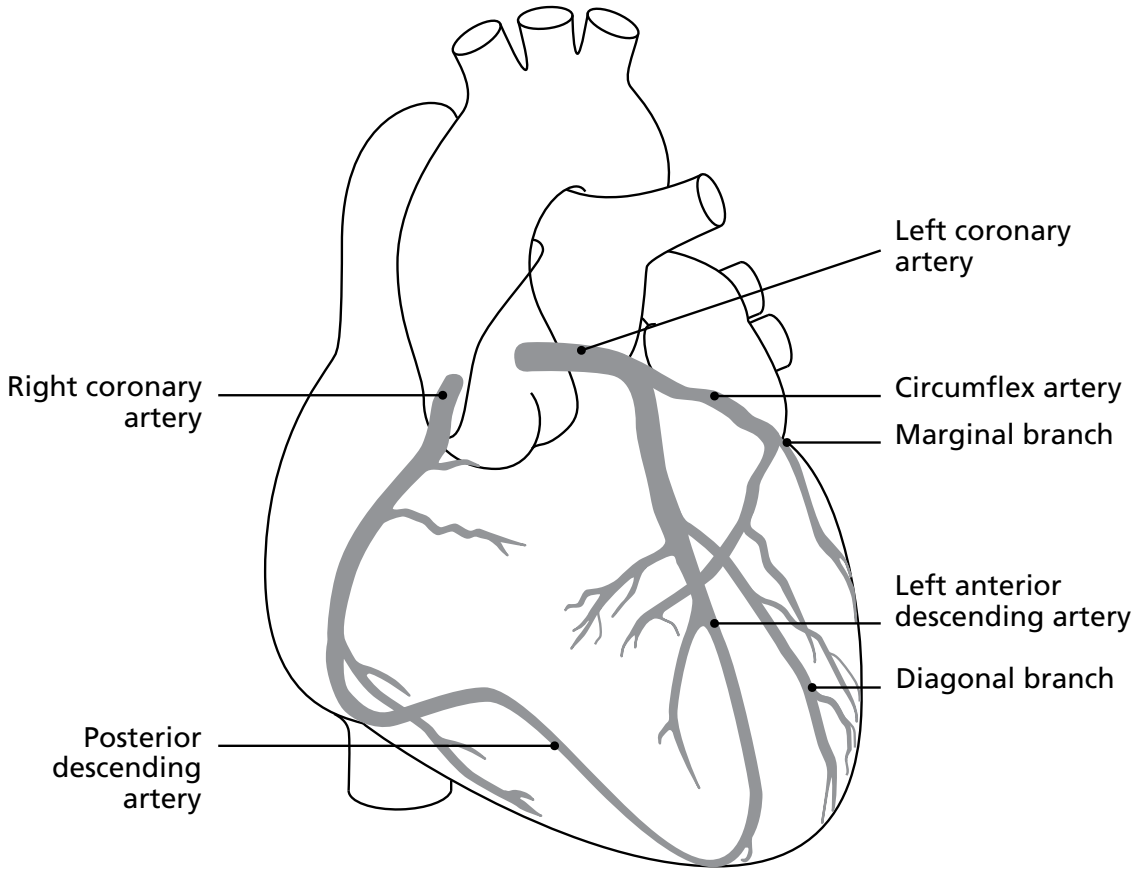
This is the pressure measured in the arteries. It rises and falls as the heart pumps out blood. There are two measurements, systolic and diastolic. Systolic measures the pressure in the artery when your heart contracts to pump blood out. Diastolic measures the pressure in the artery when the heart then relaxes.

140 or below is a normal systolic reading.

85 or below is a normal diastolic reading.

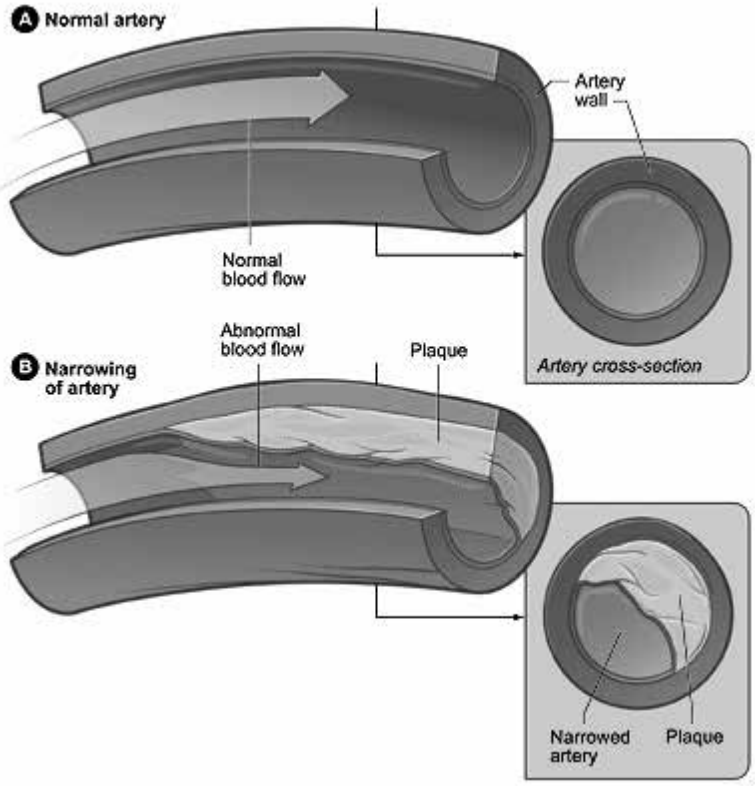
(If you are diabetic you should aim for a blood pressure of 130/80.)

The heart, like all organs, needs a blood supply. It does not take the nutrients and oxygen from the blood that travel through it, but has a blood supply of its own. The main blood vessels supplying the heart muscle are called coronary arteries; these run on the outside of the heart. It is these arteries that become narrowed or blocked with coronary heart disease.



Coronary heart disease

Coronary heart disease, or coronary artery disease as it is sometimes known, is a process that occurs over time. This is usually from a build-up of cholesterol in the coronary arteries (called atheroma). As these layers build up they start to restrict the blood flow through the arteries. This can cause symptoms of chest pain, angina and heart attack (see page 10).



Courtesy: National Heart, Lung and Blood Institute

Causes of heart disease

Research has shown that there are several risk factors that can cause heart disease, which may lead to the development of angina and heart attacks.

Risk factors are habits and bodily characteristics which tend to increase your risk of developing angina or a heart attack.

Risk factors include:

Avoidable	**Unavoidable**
Smoking	Family history of heart disease
High blood pressure	Ethnicity
High cholesterol levels	Age
Being overweight	Gender
Diabetes	
Being inactive	
Stress and psychological issues	

However, some people still have heart disease even though they have none of the above risk factors. Research is on-going to try and find out further causes of heart disease and to improve the treatment of heart disease in general.

Risk factors such as your age, gender, ethnicity and family history of heart disease are

unavoidable. You should not worry about these risk factors – but it may be useful to be aware of them. For example, if you have a strong family history of heart disease, you may be able to encourage family members to read this information and have a check-up with their GP. However, this is their responsibility and not something for you to worry about. Try to concentrate on the risk factors you can do something about.

Your Cardiac Rehabilitation Nurse will help you to identify your risk factors for heart disease and will work with you to set goals that will help and support you to make lifestyle changes.

You might find this thought challenging at the moment but your Cardiac Rehabilitation Nurse will talk to you to help you decide when you may be ready to make positive changes, with support.

Cardiac Rehabilitation

The Cardiac Rehabilitation Nurse who supports you during your Cardiac Rehabilitation will work with you to complete a Self Care Plan. This is a personal plan for you and will be led by what you want to achieve. They may make some extra suggestions but it is YOUR plan.

My Selected Goals

Example: I want to understand more about the causes and treatment of my condition.

1.

2.

3.

Heart conditions

Acute Coronary Syndrome

This is a term which you may hear the doctors using when they discuss your diagnosis. Acute Coronary Syndrome is a broad term that was introduced by the World Health Organisation in 2001; it includes a diagnosis of either unstable angina or a heart attack (Acute Myocardial Infarction).

The doctor makes the diagnosis based on your recent medical history, clinical examination, the electrocardiogram (ECG) and blood tests over 12-24 hours. The blood tests measure an enzyme called troponin. This is a chemical released by the heart when the heart muscle has been damaged. This measurement will be slightly raised even if only a very small amount of damage has occurred. The doctor may then talk to you about having had a heart attack.

Heart attack (Acute Myocardial Infarction)

A heart attack may also be called an Acute Myocardial Infarction, a coronary thrombus, a coronary occlusion of an artery, or acute coronary syndrome.

A heart attack occurs when an area of heart muscle has been deprived of oxygen for a short period of time by a blood clot or blockage in a coronary artery. This usually causes severe pain or discomfort which may last for several hours. However, it can be mistaken for indigestion-like pain and may not always be felt in the chest (especially in women or people with diabetes – see below under 'angina').

The part of the heart muscle that is deprived of oxygen forms an area of scar tissue over the following few weeks.

The aim of all the treatment you receive in hospital is to help your heart recover and to reduce the chances of further coronary heart disease.

Angina

Angina is a warning sign that the heart muscle is temporarily not receiving enough oxygen.

- **Stable angina**
  Stable angina can occur when the heart is working a little harder than usual. For example, from exercise, excitement, brisk walking, cold or very hot weather, or eating a large meal. Angina can be described as pain, discomfort, tightness, or indigestion-like ache, but everybody's experience of angina can be different. This type of angina is normally well controlled with medication.

- **Unstable angina**
  Unstable angina can occur over a few days with increasing frequency. Symptoms can be similar to stable angina or may be new. You might find that you are able to do less and less exercise before your symptoms occur. It can also happen when you are at rest or can even wake you at night.

Angina is your heart's way of saying it is not getting enough oxygen and should not be ignored.

If you experience symptoms of either stable or unstable angina you should use your GTN spray. It is very important that you call 999 if you have a pain that is not relieved by either rest or your GTN and lasts for more than 15 minutes. (See 'What to do if you get chest pain' on page 17.)

It is important to let your GP know if you are experiencing angina symptoms, particularly when you are at rest, or if this has started to wake you from your sleep.

Tests for your heart condition

Electrocardiogram (ECG)

The ECG records the rhythm and electrical activity in your heart. The doctors and nurses will look for specific changes on your ECG, of which there are two types:

- Changes which mean that there could be a blood clot completely blocking one or more of the coronary arteries in your heart.
- Changes which mean that a blood clot could be partly blocking one or more of the coronary arteries in your heart.

Blood tests

Troponin: If we think you have had a heart attack we will carry out a blood test to measure for an enzyme called troponin. This is a chemical released by the heart when the heart muscle has been damaged. This measurement will be slightly raised even if only a very small amount of damage has occurred. This test tells us whether your heart muscle has been damaged.

Cholesterol: You will also have a blood test to measure for the cholesterol levels in your blood.

Glucose: You may have a blood test to check your blood glucose levels, even if you are not diabetic.

Coronary angiogram

This is used to look inside the coronary arteries to see if they are blocked or narrowed. A local anaesthetic is used to numb your groin or wrist. A fine tube (called a catheter) is then passed through the artery at the top of your leg or arm and into your heart. A special dye which shows up on X-ray is then injected into the tube and into your coronary arteries. This is then filmed using X-ray screening equipment. You may be able to watch the procedure on the screen if you want to. This procedure allows the doctor to see any blockages or narrowing that may be responsible for your symptoms. This will help the doctor to decide what, if anything, needs to be done to improve the blood supply to your heart muscle. The investigation generally takes between 20 minutes and an hour. After your angiogram your blood pressure and heart rate will be checked regularly. You may need to lie flat on the bed for a few hours to prevent any bleeding.

Echocardiogram (Echo)

This is an ultrasound scan of your heart. It is safe, easy to do and does not hurt. This tells us how your heart muscle has been affected.

Myoview (Myocardial Perfusion Imaging)

This scan looks at the blood flow to your heart muscle and how well your heart is pumping, both during exercise or stress, and at rest. The two images are then compared to allow an assessment of damage to your heart muscle (from a heart attack). This will help to diagnose whether you have coronary heart disease.

Exercise Tolerance Test (ETT) or Treadmill Test

This is an ECG that is carried out while you are walking on a treadmill. Your heart rate, heart rhythm and blood pressure are recorded while you exercise. The treadmill will speed up and become steeper every three minutes so that you work harder and your heart rate and blood pressure increase. This test helps to determine if your symptoms are caused by angina.

Treatments for your heart condition

Your doctor will discuss the possibility of further treatments. This may involve a Percutaneous Coronary Intervention or Coronary Artery Bypass Surgery.

Percutaneous Coronary Intervention (PCI):

A Percutaneous Coronary Intervention (usually called a PCI) may be performed immediately following the angiogram. The narrow section of the artery is opened up by inflating a small balloon inside the artery, squashing the atheroma (fatty tissue) and allowing the blood to flow more easily. A small piece of stainless-steel mesh (coronary stent) is usually placed inside the artery to make sure it stays open.

After the procedure, your blood pressure and heart rate will be checked regularly. You may need to lie flat on the bed for a few hours to prevent any bleeding from your groin or wrist. If the doctors put the catheter in your wrist, you will have a tight band placed around your wrist to prevent bleeding; this will be gradually loosened over the next few hours.

Primary Percutaneous Coronary Intervention (PPCI)

This is the same as a PCI (see above) but is carried out as an emergency procedure, before any other tests. It is the most effective and safest treatment for an acute heart attack.

If you have an ECG that shows a particular pattern called 'ST elevation' you will be considered for a PPCI.

Coronary Artery Bypass Surgery

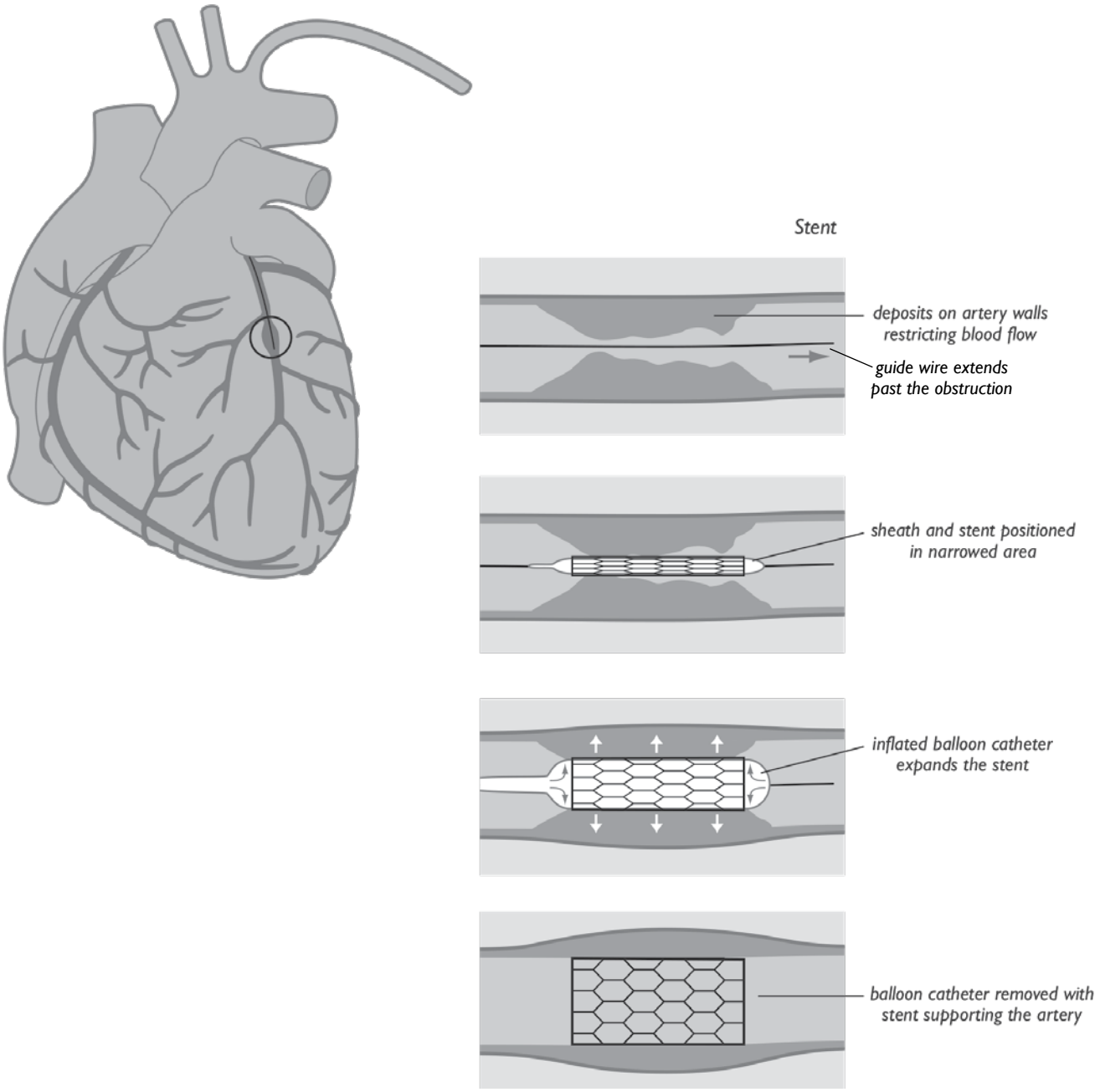
The purpose of this surgery is to bypass the narrowed/damaged sections of the coronary arteries. The heart surgeons do this by attaching a section of blood vessel between the aorta (the main artery leaving the heart) and a point in the coronary artery beyond the narrowing. This is called a 'bypass graft'.

A bypass graft can be carried out for each of the main coronary arteries affected. The surgeon uses the mammary artery from your chest wall as the graft, but blood vessels from other parts of the body, such as the leg, are also used.

Implantable Cardioverter Defibrillator (ICD)

You may have had a dangerous heart rhythm before, or you may be at risk of one in the future, due to an underlying heart condition. Your Cardiologist may recommend that you are fitted with an ICD. An ICD can recognise and monitor your heart rhythm, and will administer an electric shock if your heart rhythm becomes dangerously fast. This will reset your heart rhythm. You will still need to take your heart medication if you have an ICD.

Insertion of a stent into a coronary artery



What will happen during your stay in hospital?

During your stay you will probably have undergone various investigations and treatments as explained previously. You may also experience the following:

Heart monitoring

You will be attached to a heart monitor so that we can check your heart rate and rhythm. Simple things such as moving, scratching and even cleaning your teeth can cause the heart monitor to alarm. Try not to worry about this – we will be watching the monitor to make sure everything is going well.

The nursing staff will also monitor your blood pressure.

If you are experiencing any unpleasant sensations, pain, or shortness of breath, it is very important that you tell the nurses on the ward so that you can be treated.

At first, you may find it difficult to move around because of the leads attached to the monitor. As you improve, the monitoring will be reduced and you will be able to move around more. As you recover you will be able to walk short distances and become more independent.

Emotional wellbeing

It is normal to feel emotional during this time. It can be helpful to talk to someone about this – such as your Cardiac Rehabilitation Nurse. Your psychological wellbeing is equally as important as your physical care. The Cardiac Rehabilitation Team is experienced in this aspect of care, so do not be afraid to talk to us about your feelings.

Visitors

Time and rest are amongst the best healers and it can be surprisingly tiring to have a lot of visitors. It is best that you keep visiting to close family at first. The nurses will explain the special visiting arrangements and times to you (especially if you are on the Coronary Care Unit).

Cardiac Rehabilitation

A nurse from the Cardiac Rehabilitation Team will aim to see you during your hospital stay and before you are discharged home.

Going home

You are likely be discharged from hospital within 2-5 days of admission, but everyone is different so don't worry if your stay is longer. It is normal to have an increased awareness of all the sensations in your body; this is normal and will settle down over time.

Your GP will be sent a summary by email, giving them details of your hospital stay. You may also be given a letter when you are discharged, which you must take to your GP. You will be given 28 days' supply of medications. You will need to make an appointment to see your GP before your supply of tablets runs out.

After your discharge you will usually have a hospital follow-up appointment. This can be with one of a variety of health professionals. This may include a Cardiologist, Cardiac Surgeon, Consultant Nurse for Cardiac Medicine or Cardiac Rehabilitation Nurse.

You will of course have regular contact with your Cardiac Rehabilitation Team.

Medications

Medications

This section gives you information about groups of drugs that are commonly used in the treatment of coronary heart disease.

Here is a list of the commonly used drugs:

- GTN
- aspirin
- other antiplatelet drugs such as ticagrelor, clopidogrel, prasugrel,
- beta-blockers
- ACE inhibitors
- statins.

GTN (glyceryl trinitrate) – tablets or spray

GTN treats chest pain quickly. It may also be used before an activity that would usually start your chest pain.

How does it work?

Angina is caused when an area of the heart muscle doesn't get enough oxygen. GTN dilates (widens) the blood vessels and allows the affected heart muscle to obtain more blood and oxygen.

How to take your GTN medication

- If you get angina, stop what you are doing and rest. Sit down if possible.
- If your pain does not ease within a minute, use your GTN under your tongue.
- If you know that a certain activity will bring on angina, you may find it helpful to use your GTN medication before you start the activity, to prevent the chest pain.
- If, after 5 minutes of using your GTN, the pain is still present, take another dose. Wait a further 5 minutes. If the pain does not improve with two doses, you should call an ambulance. While you are waiting for the ambulance you can continue to use your GTN every 5 minutes.
- With GTN tablets, once the pain has stopped you may spit out the tablet or swallow it. If you need to take another dose, spit out the old tablet and put a new one under your tongue.

If your pain becomes severe at any stage or if you feel unwell, use your GTN and call an ambulance. (Please see flow diagram overleaf.)

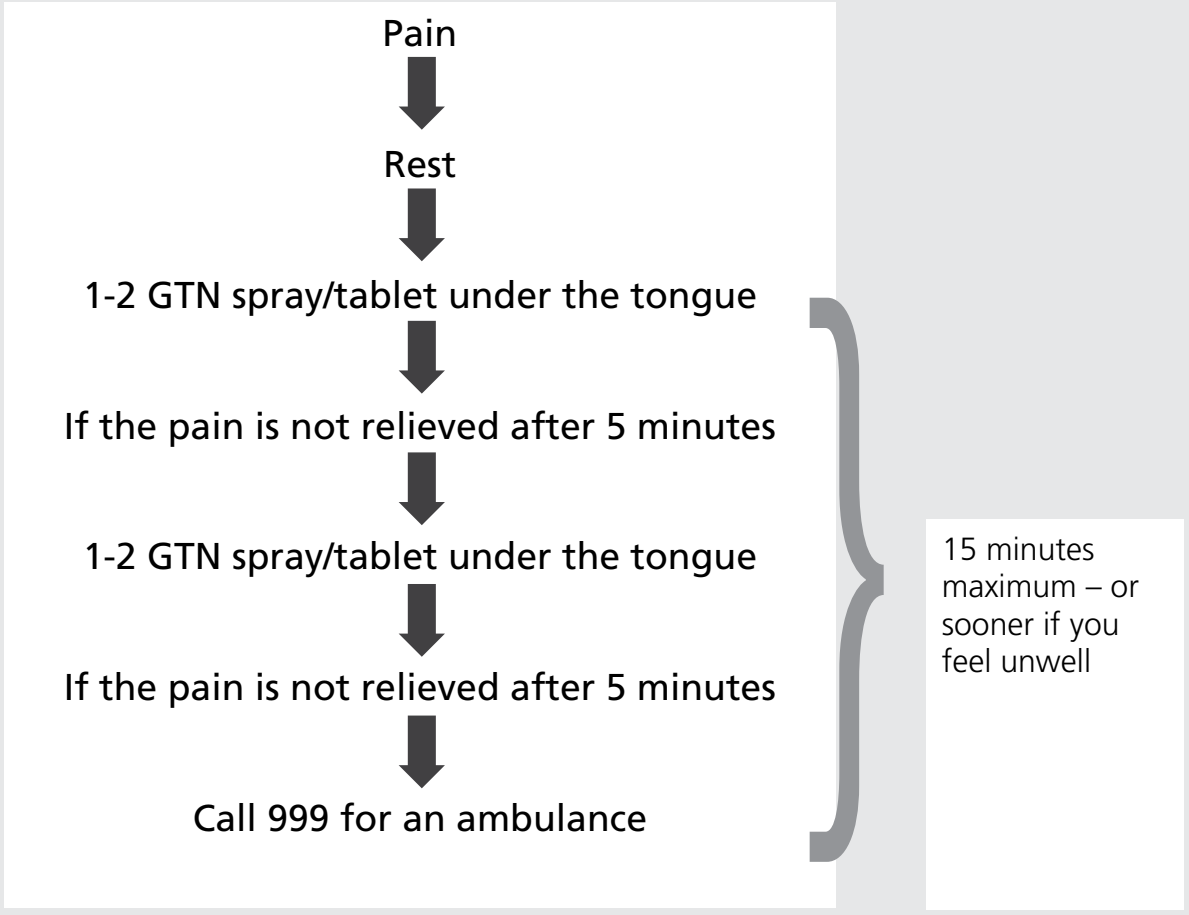
Storage of your GTN

- The **GTN spray** should have its expiry date printed on the bottle.
- Once **GTN tablets** are opened, they lose their effectiveness after 8 weeks. When you open a new bottle, write the date they will expire on the bottle and make sure you have a new supply before this date. When using the tablets you should get a slight tingling sensation under your tongue. If you do not, they may be out of date, so you need to replace them. Do not transfer the tablets to any other container and do not mix them with any other drugs.
- You can get your tablets or spray with a prescription from your GP. However, if you run out of GTN it can be bought over the counter at a pharmacy.
- It is very important to carry your GTN spray or tablets with you at all times. Do not give your GTN to a friend or partner to put into his/her bag or pocket. If you do, it may not be available when you need it.
- You may wish to get an additional GTN spray or supply of tablets, one to carry with you and one to have at home.

Side-effects

GTN may cause facial flushing, dizziness and headaches. To reduce the risk of dizziness use the GTN as recommended. To relieve a headache, you can use a simple painkiller such as paracetamol (do not use aspirin or ibuprofen).

What to do if you get chest pain:



If at any point your pain becomes worse, or if you feel unwell (e.g. dizzy, sweaty, short of breath) call 999 for an ambulance immediately.

If your pain is relieved but the episodes of angina are more frequent or are taking longer to go away, please arrange to see your GP to be reviewed.

If you notice that you have started to get angina at night or when you are resting, it is important that you see your GP so that he/she is aware of your new symptoms.

Do not exceed the recommended dose.

If you feel you need to exceed the recommended dose then call an ambulance.

Symptom record

It is important that you keep a record of any symptoms that you think are related to your heart condition.

It is often difficult to recall details when asked about such things after the event. If you write it down it helps to order things in your mind and is very useful when you come to tell the doctor or nurse about it.

Below is a chart on which you can record your symptoms.

Date and Time	What were you doing?	What kind of symptom was it? Describe…	Action taken. Did the symptom disappear?

Aspirin

Aspirin tablets may be:

- soluble (these can be dissolved in water or swallowed whole with a glass of water),

or

- coated (these tablets cannot be dissolved and should be swallowed whole with a glass of water and not chewed).

What does aspirin do?

Aspirin lowers the risk of blood clots forming by making blood cells called 'platelets' less sticky. This makes the blood less likely to form clots in narrowed blood vessels. Blood clots can be responsible for causing a heart attack or symptoms of angina.

Side-effects

- As aspirin affects the time it takes for a clot to form, you may find that you bleed for longer if you cut yourself. You may also bruise more easily.
- Aspirin may irritate the gut, causing indigestion or stomach pain. **It is very important that you take aspirin with or after a meal**.
- Some people can be allergic to aspirin; this is more common in people who have a history of asthma. If you become short of breath or notice a wheeze after taking the tablet, please tell your GP.

If you have problems with any of these symptoms, we advise you to see your GP.

When taking aspirin for your heart, do not take further doses as a painkiller. Try using paracetamol instead. Non-steroidal anti-inflammatory drugs such as ibuprofen are not recommended long term, due to a small risk of clot formation. Please contact your pharmacist if you are considering taking ibuprofen for pain. Aspirin and ibuprofen may interact with each other so you should seek advice before taking them together.

Antiplatelet drugs: Ticagrelor or clopidogrel

Ticagrelor and clopidogrel lower the risk of blood clots forming by making blood cells called 'platelets' less sticky and less likely to form clots. Blood clots can lead to a heart attack, stroke, or thrombosis (a blood clot) in the veins of the legs. If you are taking ticagrelor or clopidogrel you will still need to take aspirin if you have had a heart attack. Ticagrelor or clopidogrel are usually prescribed for 1 year after a heart attack.

The dose of ticagrelor is one 90mg tablet twice a day (morning and evening). The dose of clopidogrel is 75mg once a day.

Side-effects

- shortness of breath (ticagrelor only)
- nose bleeds
- internal bleeding in the gut
- bruising.

Cautions:

Do not drink grapefruit juice or eat grapefruit regularly whilst taking this medication as this can affect how the antiplatelet drugs work.

Always tell your GP and/or pharmacist about any 'over the counter' medications you are taking as some may interact with your tablets.

ACE inhibitors

ACE inhibitors widen (dilate) and relax blood vessels; this reduces blood pressure and helps to protect the lining of blood vessels. After a heart attack and in heart failure it is easier for the heart to pump into widened and relaxed blood vessels.

ACE inhibitors can be used after a heart attack to reduce the risk of further heart attacks, to treat high blood pressure, or to treat heart failure. They are also given even if you do not have high blood pressure.

The ACE inhibitors are normally started at a low dose. **Your GP would be expected to gradually increase the dose over the weeks following your discharge from hospital**; you will usually need a blood test at your GP surgery before the dose is increased.

Common types of ACE inhibitor

- ramipril
- lisinopril
- captopril
- enalapril
- perindopril
- quinapril.

Side-effects

- As the aim is to lower your blood pressure, you may feel dizzy for a short time after taking the tablet. This usually goes away after taking the medication for a few days. If the dizziness continues, try taking it at bedtime.
- Other side effects include a dry cough, which normally goes away after 2-3 months, and a runny nose/cold like symptoms. A simple linctus or cough mixture can help with this.

If you are experiencing these side effects and they are a problem for you, please see your GP for advice.

Beta-blockers

Beta-blockers slow your heartbeat down; this reduces the workload of your heart. They are used for a number of reasons, such as reducing high blood pressure, reducing the symptoms of angina, and to control fast heartbeats. They can also reduce the risk of further heart attacks and are sometimes given in heart failure to improve the function of the heart.

Common types of beta-blockers

- bisoprolol
- atenolol
- carvedilol
- labetalol
- metoprolol
- propranolol
- sotalol.

Side-effects

- When first taking your beta-blocker you may feel more tired than usual and get cold hands and feet. These problems usually go away with time.
- Some people experience vivid dreams, which should ease within a couple of weeks. If you are experiencing dreams it is recommended to take your beta-blocker before you go to bed, as this reduces the chance of this happening.
- If you have diabetes, the beta-blockers may affect the amount of insulin you require. Please

note that they may also hide the signs of a 'hypo' (low blood sugar), so it is important that you keep strict control of your blood sugar level.

- In a very small number of people beta-blockers can cause a wheeze or difficulty in breathing. This is more common in people who have a history of asthma or lung problems. If this occurs, you must contact your doctor immediately.
- For men, beta-blockers may lead to impotence (inability to have an erection).

If you are experiencing any of these side effects and they are a problem to you, please contact your GP for advice. Do not stop taking the tablets unless instructed by your doctor.

Statins and fibrates

Statins and fibrates lower the cholesterol and triglyceride levels in the blood. These are types of fats. High levels of cholesterol and triglycerides can clog up the coronary arteries that supply blood and oxygen to the heart muscle, which can lead to a heart attack.

Common types of statins and fibrates

Statins:

- atorvastatin
- simvastatin
- pravastatin
- rosuvastatin
- fluvastatin.

Fibrates:

- bezafibrate
- fenofibrate.

Ezetimibe is another type of cholesterol lowering drug also used to control Familial Hypercholesterolaemia alongside a statin and change of diet.

Taking your cholesterol lowering medication

Any drug therapy to lower cholesterol should be combined with a low fat diet. It is best to avoid drinking grapefruit juice or eating grapefruit regularly with these medications because it can affect the way the medication works.

Statins are most effective if taken in the evening or before you go to bed, because it is during the night that most cholesterol is produced. Fibrates should be taken with or after food as instructed on the packaging.

Side-effects

- Some people experience a mild stomach upset and a rash. Generalised muscular weakness, aches and pains have also been reported. If you have problems with these symptoms, we advise you to see your GP.
- As taking statins can affect your liver, your GP will need to monitor your liver function. They will do this by carrying out a blood test. They will also check your blood cholesterol about three months after starting your statins or fibrates, to make sure the tablets are working.

Even when your blood cholesterol level is reduced you will still benefit from following a low fat diet.

Prescription Pre-payment certificate

If you currently pay for your prescriptions it will be more cost effective if you buy a 'pre-payment certificate' from your local chemist. You will pay a lump sum 'up front' (either for 3 or 12 months) and then any prescriptions you need during that time will be free. (See page 84 for contact details.)

Medications – allergies and side effects

Are you allergic to any medications? If so, please list them and describe the allergic reaction.

Use this section to make a record of your medications

Drug name	What is the dose?	How often do you take it?	Write any changes and dates in here

Physical Activity and Exercise

Some good news

Regular physical activity and exercise has been shown to have numerous benefits, helping to improve your heart health if you already have a heart condition or have had heart surgery. These benefits are achieved with light to moderate activity, so do not panic…you are not expected to run marathons!

Benefits of exercise and physical activity for your heart

- Aids recovery following a heart attack or heart surgery.
- Protects your heart and reduces the risk of further heart problems.
- Helps lower your blood pressure.
- Improves your blood cholesterol levels.
- Aids blood sugar control.
- Reduces risk of developing diabetes.
- Helps you to lose weight.
- Reduces the number of hospital visits that you might need.
- Aids sleep.
- Reduces feelings of anxiety and/or depression.
- Strengthens your body to help you complete everyday tasks without putting strain on your heart (such as housework, shopping, gardening, returning to work).

Returning to your activities and increasing your exercise

Most people in your position are understandably concerned about how much exercise and physical activity is right for them. **However, the heart is a muscle and like any other muscle it needs physical activity to stay healthy**. Regular physical activity will improve the blood flow to your heart muscle and will help your heart to become stronger and more efficient.

Physical activity and exercise is a very important part of your recovery, but the amount and type of activity that we advise **will vary from person to person**. It is extremely important that you work within your own limits and do not compare yourself to anyone else.

If, during any form of physical activity or exercise you experience any of the following symptoms, STOP and check with your GP or Cardiac Rehabilitation Team before continuing.

Chest pain/discomfort

Pain in your neck/arm/jaw/shoulder blades

Unexpected shortness of breath

Nausea/headaches/dizziness

Excessive tiredness

Persistent palpitations

Excessive levels of sweating

Feeling unwell

Returning to everyday tasks and physical activity

When you initially leave hospital it is normal to feel tired and have low energy levels. It is very important you listen to your body and allow yourself time to recover, rest and enjoy being at home. Your energy levels will increase, but only if you allow yourself time to recover and relax. As far as possible, follow your normal routine (get up, get dressed, etc.). It is not necessary to stay in bed. Continue with light activities of daily living. Don't let visitors stay too long in the early days.

As you feel your energy levels beginning to recover, try to increase the amount of physical activity that you do, making sure you don't get too tired. Physical activity is a broad term. It is any bodily movement which causes you to use energy (housework, walking the dog, gardening, etc.). Any activity you do should feel easy/light. If you find an activity strenuous or hard work then you are working too hard. As a general rule, light household chores, such as dish washing, may be resumed as soon as you feel able.

Types of activities:

Initial easy activities	As your energy levels increase	Heavy tasks to build up to
Strolling around your house Getting dressed Washing up Light dusting Light sweeping Making your bed	Food shopping (using a small trolley rather than a basket) Light vacuuming Ironing Walking Light gardening	Carrying groceries up steps Changing your bed sheets Washing car Mowing the lawn Digging

Tips

- Try to keep your feet moving when doing any kind of activity; wriggling your toes, lifting your heels up and down and stepping will improve the blood supply to your heart and avoid sudden changes in your blood pressure.
- You may want to do some gentle gardening; this should feel light and easy. Avoid kneeling on the ground or bending over as this can affect your blood pressure. Use a small stool or gardening equipment with a long handle.
- Initially avoid strenuous tasks such as carrying heavy shopping bags, changing bed sheets, digging or mowing the lawn. These activities require a large amount of energy which can put strain on your heart and cause excessive tiredness, which can slow your recovery. Gradually build up your strength, energy levels and fitness to return to these activities.
- When you feel able to do heavier tasks, such as mowing the lawn or washing the car, split the job into manageable chunks – do a little bit, have a rest and continue later or the next day, if necessary. Try to space out activities during the day.
- You should also try to **avoid long periods of work with your arms above your head**, such as using a watering can to water high plants, trimming a hedge or painting high walls, because this will raise your blood pressure and put extra strain on your heart.

Heart surgery

If you have had bypass surgery or valve surgery you should avoid upper body activity until your breast bone has healed. Wait until you have had your follow-up appointment with your surgeon to assess your bone healing before beginning to do tasks with your upper body.

Pacing your activity levels

You may find that on good days, when you are not feeling so tired, you may overdo some activities. This can slow your recovery and may make you feel so worn out that you have to reduce your activity for the next day or so. Over time this can lead to you avoiding activity and you may notice that you are becoming less and less active.

Below are two examples of how to avoid this and how to pace yourself, so that this doesn't happen.

Case Study: The Over-Activity Trap

Mary had a heart attack a week ago. She felt well but tired easily when doing everyday tasks. She really enjoyed spending time in her garden but it had become a little messy while she was in hospital. She decided to do some gardening, trying to do as much as she could. After 15 minutes she felt she was beginning to get tired, but she continued on as she felt she had not done enough. After 30 minutes she found she could not go on. For the next 3 days she was too tired and sore to do anything and became very down and reluctant to do any kind of activity.

Case Study: Pacing

Tim had a heart attack a week ago. When he returned home from hospital he felt very tired. He decided to allow his body to rest and gradually increase his activities. When he felt his energy levels were beginning to increase he wanted to do some light gardening. He did some light seated potting and after 15 minutes he began to feel a little tired. He stopped and rested. The next day he felt good and did some more light gardening. Over the next few days he gradually increased the time he spent in the garden, gaining confidence in the activities he could do and increasing his energy levels.

Exercise

Exercise is structured physical activity that is planned with a purpose for improving your health (such as going for a walk, cycling and swimming).

The types of activities that are most beneficial for your heart are called aerobic activities. Aerobic activities are repetitive, rhythmic forms of exercise which involve large muscle groups (e.g. leg muscles). Good examples of these are walking, cycling, and dancing.

We get the most benefit by doing regular exercise, rather than just 1-2 times per week. In order to gain the health benefits from exercise, current guidelines recommend that adults aim to achieve 30 minutes of exercise, 5 days per week, or 150 minutes over a weekly period. This should be of a moderate intensity, which is exercise that makes you feel slightly warm and slightly out of breath. **You should aim to gradually build up to achieve these targets. Do not aim to achieve this level of exercise immediately; gradually build up so your heart and your body are ready.** DOING TOO MUCH TOO SOON CAN SLOW DOWN AND LENGTHEN YOUR RECOVERY.

As a general rule, people with a heart condition or high blood pressure should avoid:
- floor based exercises, such as press-ups/sit-ups
- any exercise which causes you to hold your breath or strain, such as heavy lifting
- vigorous sports such as squash, 5 a side football.

Swimming: Swimming is usually fine for many people with a heart condition. However it can increase stress on your heart. It is important that you speak with your Cardiac Rehabilitation Nurse or Exercise Physiologist before returning to or starting to swim.

There are many other activities which you can do as your fitness levels increase. Before starting a new activity or sport, speak with a member of the Cardiac Rehabilitation Team or your GP.

Heart surgery

If you have had bypass surgery or valve surgery you should avoid upper body exercise until your breast bone has healed. Wait until you have had your follow-up appointment with your surgeon to assess your bone healing before beginning to do tasks with your upper body.

Measuring your activity level

Rating of Perceived Exertion (RPE): Scale 0-10

One way of measuring how hard you are working is to give your effort a score between 0-10, using the scale below. Initially your activity should feel light (a score of 1-2). As your energy levels increase your exercise should feel moderate to somewhat strong (a score of 3-4) and you should feel like you are making your body work but can always talk.

Walking is an ideal form of exercise during your early recovery after a heart attack or heart surgery. It is aerobic activity which requires no equipment and is free! Gradually increase your walking distance, time and pace. To avoid getting tired, begin with short walks, little and often, instead of one long walk. The diagram below shows how to measure your effort and gradually increase the amount of walking you can do. Effort relates to how your muscles and breathing feel when you are exercising.

At rest	0 0.5	No effort at all Extremely weak/light
Stage 1 Short walks, several times per day Gentle pace: as if you could sing	1 2	Very weak/light Weak/light
Stage 2 Increase walking time Leisurely pace: so that you can talk	3	Moderate
Stage 3 Same walking time as above Brisk pace: puffed but can talk	4 5	Somewhat strong Strong
Avoid reaching this stage So puffed, can only say occasional words Working too hard, need to ease back	6 7 8 9 10	 Very strong Extremely strong

If you feel comfortable, move on to the next stage when you are ready. Set yourself a realistic exercise goal and aim to achieve this (for example, walking for 20 minutes on 5 days per week).

Everybody is an individual and recovers at a different rate, therefore you should listen to your body and begin walking for a time/distance which you feel is easy and comfortable. You should not feel so tired that you need to sit down for the rest of the day after your walk.

An example of a walking programme that you could follow is shown below:

After you leave hospital	Length of walk (in minutes)
Week 1	5 minutes: several times per day. Strolling/leisurely pace.
Week 2	10 minutes: twice a day. Leisurely pace.
Week 3	15 minutes: daily. Leisurely/moderate pace.
Week 4	20 minutes: daily. Moderate pace.
Week 5	25 minutes: daily. Brisk pace.
Week 6	30 minutes: daily. Brisk pace.
Target	30-40 minutes: daily. Brisk pace.

If you are able to walk for longer than 5 minutes in one go, then start at a week that feels more appropriate to you. Gradually increase the length of your walks and move on to the next week when you are ready.

How fast should I walk?

Initially, you should walk at a leisurely pace. As you get fitter you should try to increase your pace gradually, building up to a 'brisk' pace. One way of checking your pace is by doing the 'talk test' while you are walking.

Talk test:

- If you can talk very easily at a singing pace, you are not walking briskly enough.
- If you can talk but feel warm and are breathing more heavily than normal, then you are walking at about the right pace.
- If you can't talk you are walking too briskly and should slow down.

Heart rate

When you exercise your heart rate increases. Everybody's heart rate responds differently to exercise. This depends on your gender, age, fitness, medical conditions and medication. It is therefore easier to monitor your effort levels using the RPE scale (rating of perceived exertion) on the previous page.

Use the RPE scale to monitor your exercise; aim to feel puffed like you are making your body work but can always talk, an RPE score of 3-4. If you come to the Cardiac Rehabilitation Exercise Programme your response to exercise will be assessed by measuring both your heart rate and effort levels.

- Plan your route on firm, level ground if possible, especially for the first few weeks of your programme. You may find it useful to map out a specific walking route before you start. If possible, find out how far it is and how long it might take you to walk it.
- It is a good idea to choose a circular route, so that you are never too far away from home or the house of a relative or friend. Alternatively, you could find out about catching the bus back home if you are on a bus route.
- To start with it may be a good idea to take a friend or relative with you when you walk – this will help your confidence and enjoyment, as well as their health too! It also gives you the opportunity to try the 'talk test' to gauge if you are walking at an appropriate intensity.
- After the first few weeks, as you gain in confidence and fitness, increase your pace and try to introduce some gradual hills into your route. If necessary at first, slow down your pace when you are walking uphill. If going uphill usually brings on angina, take your GTN as you have been advised and next time use your GTN before you leave your house.
- Try to spend at least 5-15 minutes (depending on the length of your walk) walking on flat ground before walking up any hills, to give your body and heart time to warm up gently.
- Do not walk straight after a meal as this may bring on angina. Try to leave at least an hour after you have eaten before you start exercising.
- Occasionally you may have a day when you are not feeling as energetic as usual. Please don't feel disheartened – this is not a step backwards in terms of your recovery. Reduce the amount that you do that day, or walk at a slower speed. Everyone has good days and bad days, so remember to listen to your body.

Important points to remember

Warm-up and cool-down

Warm-up: Start slowly

It is extremely important that when you go for a walk, you don't start walking at your full pace immediately, as this will suddenly increase the workload on your heart. Build up gradually during the first few minutes of your walk. This will gradually increase the workload on your heart.

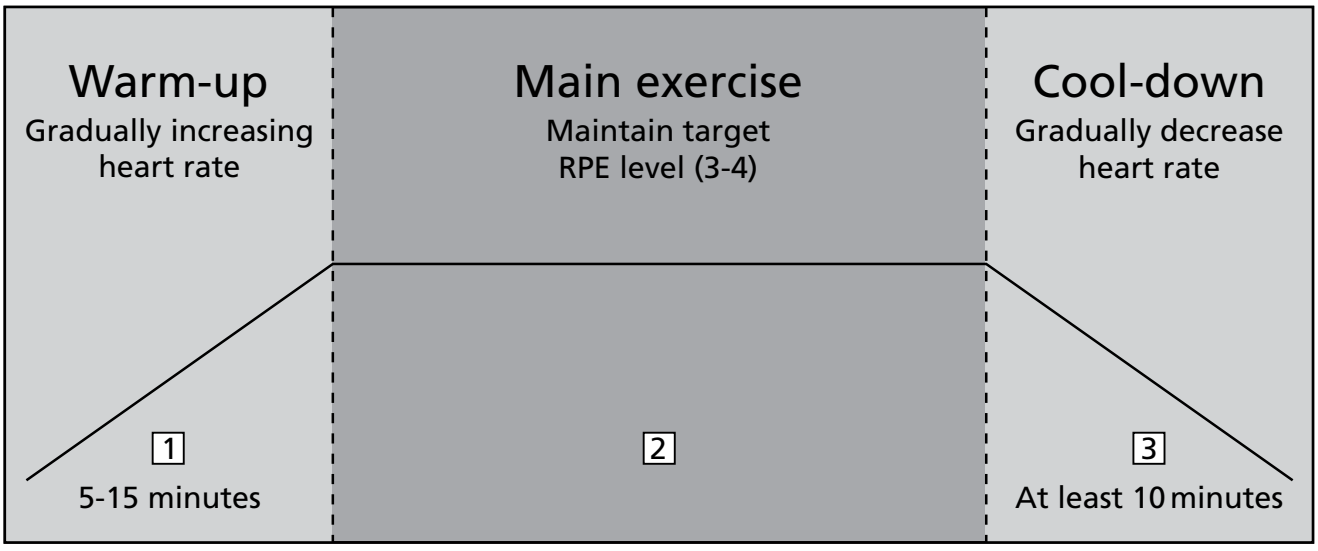
How: Start at a slow pace, the warm-up should be less effort than the walk. It should be between 5-15 minutes long and should be adapted to your stage of recovery. For example, walking on the spot or walking slowly. A longer walk should have a longer warm-up time.

This will give your body and heart time to adapt to the activity that you are asking it to do. This warm-up period is very important, as it reduces your risk of angina and disturbances in your heart rhythm.

Cool-down: Finish slowly

Similarly, you should never speed up towards the end of your walk or activity and then stop suddenly. It is important that you gradually slow down your pace during the last portion of your walk/activity (ideally the last 10 minutes). This cool-down is just as important as it helps to reduce the risk of sudden heart problems or a sudden drop in blood pressure.

How: Gradually slow the pace of your walk. When you go inside your house, keep your feet moving. Your cool-down should ideally last for at least 10 minutes, depending on the length of your walk.



It may be difficult for you to follow this advice about warm-up and cool-down if you have to walk uphill straight away (if you live at the bottom of a hill). If this is the case, you should find a flat spot (e.g. your garden) to do your warm-up before you attempt to walk up the hill (at a slow pace). Alternatively, it may be more suitable to travel by car to a flat place to do your walk.

If you live at the top of a hill you may be able to do a warm-up period by starting off slowly and easily walking downhill, but on your return you will be finishing your walk climbing up the hill and therefore working too hard for a cool-down. In this case, rather than just stopping your walk abruptly when you reach the top, walk slowly around on flat ground (round your garden or house) for at least 10 minutes to get your breath back and cool down safely.

Feet movement

If you have to rest or pause during any activity, always keep your feet moving to improve the blood flow to your heart. Shuffle your feet on the spot, lift your heels or wriggle your toes.

Sensible precautions

In order to help keep you safe, it is important to read and follow these guidelines:

- Exercise only when you feel well. If you are unwell with a virus, cold or tummy bug, please do not attempt any exercise as this will slow your rate of recovery. Wait at least two days after the symptoms have disappeared.
- Do not exercise in extremes of temperature. If it is warm, slow your pace. When exercising in the cold, dress warmly. Cold and/or windy weather may provoke angina. You can help to prevent this by covering your mouth with a scarf when you are walking so that you warm the air you are breathing in.
- You should also compare how you feel on any given day with your usual symptoms and abilities. If you have developed any new symptoms or you have found that your usual symptoms have become worse (i.e. more breathlessness, more frequent angina, swollen ankles) you should inform your GP as soon as possible.

Supervised exercise classes

Many people find that they benefit greatly from taking part in a series of supervised exercise classes during their recovery after a heart attack. These sessions are provided by the Cardiac Rehabilitation Team at a variety of local venues and are seen as part of your treatment to aid your recovery – there is no charge for the classes. They will help you to find out about how much activity you can safely do and give you the confidence to become more active. If you would like to find out more about these classes, please speak to your Cardiac Rehabilitation Nurse.

Exercise classes are held at the following venues:

Abingdon
White Horse Leisure Centre

Banbury
Horton General Hospital, Cardiac Rehabilitation Gym

Oxford
Leys Pools and Leisure Centre

Witney
Windrush Leisure Centre

By the time you have completed your Cardiac Rehabilitation, exercise should have become a regular part of your life. For example, when you go back to work why not try going for a brisk walk during your lunch break. Ideally, you should be doing at least 30 minutes of physical activity on 5 or more days of the week. Don't forget, you can split up the 30 minutes – doing two lots of 15 minutes or three lots of 10 minutes may be more convenient for you. Remember that it is current physical activity that protects your heart – i.e. what you are doing at the moment, not what you did last month, (or last year!), so you must keep up the good work!

Resuming sexual activity after a diagnosis of coronary heart disease

You may be worried that having angina, a heart attack or heart surgery could put a stop to your sex life. However, this need not be the case. During your recovery period after you have left hospital, you are at no greater risk of triggering a heart attack during sexual activity than you were before. Most people can resume their normal level of sexual activity with no ill effects. It is very rare for anyone to be advised by their doctors to stop their sexual relationships.

When can I resume sexual intercourse?

There are no rules – it is whenever you and your partner feel ready. If you have made an uncomplicated recovery after your cardiac event or heart surgery, then you can resume sexual activity when you and your partner feel comfortable to do so, usually after about 4 weeks.

Touching, holding and caressing are good ways to build up your self-confidence and may help ease you both into resuming your normal relationship.

Those with younger partners may sometimes experience difficulties as the sexual demands of younger people may be greater. If each of you understands the needs and abilities of the other, it is possible to overcome this. However, if problems do arise, seek help from your GP or Cardiac Rehabilitation Nurse.

Which is the safest position?

It is safe to resume your normal routine and positions – no one position is safer than another but it can be strenuous to try new positions. Oral sex causes no added strain to the heart. However, anal sex should be avoided initially as it may cause the heart to beat irregularly and more slowly. It is advisable to wait 8 weeks after your heart attack in this case.

What do I do if I experience angina during intercourse?

Keep your GTN handy on the bedside table in case you do experience chest pain. If you do experience angina during sex then take your GTN spray or tablet as you have been advised.

What about sex after heart surgery?

After a heart operation you may feel that sex will undo the work your surgery has done, or that your wound may open up. Don't worry, this will not happen. You can have sex as soon as you feel comfortable to. Be careful not to put your chest wound under too much pressure. Try to find a comfortable position that does not put too much strain on your wound. It may help to place a small slim cushion between you and your partner.

Practical tips!

- To reduce your chance of having angina during sex, try not to be too energetic at the start of your sexual activity.
- Avoid having sex within two hours of a heavy meal or bath, as this can increase the workload on your heart and can bring on angina. Try eating a light meal and taking a shower to avoid this.
- Keep the bedroom at a comfortable temperature.
- Avoid too much alcohol – this reduces the circulation to your heart and other organs. It can also be a cause of impotence in men.

If you have any queries or are having problems, please do not hesitate to discuss this with your Cardiac Rehabilitation Nurse or your GP. They can give you advice, support and information, or put you in touch with other professionals who will be able to help. Your GP may be able to prescribe you medication if this is what is needed.

Impotence

This may be a side effect of the medication you are taking, particularly beta-blockers. Do not accept that it is part of becoming older or the fact that you have coronary heart disease. Either discuss this with your Cardiac Rehabilitation Nurse or your GP. It may be possible to change or reduce the dose of your medication.

Please note: If you are using the GTN tablets, GTN spray, isosorbide mononitrate (ISMN), isosorbide dinitrate (ISDN) or nicorandil, you CANNOT use drugs such as Viagra, as this can lead to dangerously low blood pressure. Again, please discuss this with your GP or Cardiac Rehabilitation Nurse.

Impotence is not just a male problem. Women can also suffer a loss of sexual desire as a result of the medication that is prescribed after a cardiac event.

You may wish to complete our questionnaire about impotence and how we can help with this. Please ask your Cardiac Rehabilitation Nurse for a copy. If you wish to discuss this further, please talk to your Cardiac Rehabilitation Nurse or GP.

Physical Activity Diary

Date	Activity (e.g. walking)	Details of activity (e.g. 30 minutes, 1 mile)	Effort Score (RPE) (0-10)	Comments (e.g. chest pain, shortness of breath, tired, felt I could do more, enjoyed it)

Use this Change Planner to help you set and achieve your goals!

Week	Weekly goal	Tick if goal is met ✔	What can I do to achieve my goal next week?
1			
2			
3			
4			
5			
6			
7			

Healthy Eating

Healthy eating – general guidelines

Healthy eating applies to everybody, not just people with heart conditions. However, eating healthily is even more important following a heart attack or heart surgery. Recent government guidelines suggest adopting a 'Mediterranean' style diet, for example, eating less meat and replacing it with fish, eating more fruit, vegetables, pulses and legumes and swapping animal based fats with those from plants.

A Mediterranean style diet will help you to achieve the following benefits:

- Reduce your intake of saturated fat and increase your consumption of healthy fats.
- Have at least 5 portions of fruit and vegetables a day.
- Eat more wholegrain foods.
- Have less salt and sugar.
- Reduce your intake of processed foods.

Reducing your intake of saturated fat and increasing your consumption of healthy fats

It is important not to exclude fat from your diet, as our bodies do need a certain amount of fat from food. Following a very low fat diet can often lead to an increase in sugar consumption (from low fat foods that have sugar added to improve their flavour). This can also have negative effects on your body.

Having too much fat in your diet can cause you to gain weight and can contribute to many other health problems, including heart disease.

There are two main types of fat – **saturated** and **unsaturated**. Eating food that is high in saturated fat can raise cholesterol levels in the blood, as well as causing you to gain weight. Most people in the UK eat too much saturated fat. Eating less saturated fat can reduce the cholesterol in your blood and is therefore better for your heart.

WHICH FOODS CONTAIN SATURATED FAT?

All meat and dairy products contain saturated fat; some that are particularly high in this fat are noted below.

- sausages and fatty cuts of meat such as pork belly, lamb, bacon.
- dairy products (full fat milk, butter, cream and cheese)
- processed foods (crisps, pastries, pies, pasties, cakes, biscuits and chocolate)
- ice cream and full fat dairy desserts
- lard, dripping and ghee
- foods containing coconut and palm oil
- take-away foods.

As part of a healthy diet you could replace the foods that contain saturated fat with foods that contain unsaturated fat. Most foods containing high levels of unsaturated fat come from plant sources. Unsaturated fats can be further divided into mono and poly unsaturated fats. Some foods that could replace products high in saturated fat include:

- oily fish: mackerel, salmon, trout, sardines and fresh tuna
- nuts and seeds (try and avoid roasted and salted varieties)
- olives and olive oil
- sunflower and rapeseed oils
- avocado.

As part of the Mediterranean diet it is recommended to swap butter and cooking oils for olive or rapeseed spreads and oils. These are both monounsaturated fats. Studies have shown that in countries where these fats are used routinely, the incidence of heart disease is lower.

TAKE-AWAYS

When you do have take-aways, think about what you are ordering:

Take-away	High fat/salt/sugar/calorific option	Healthier option
Indian	Cream based sauce such as korma	Tomato based/dry curries
Chinese	Sweet & sour/battered/egg fried rice	Drier stir fried option/boiled rice
Pizza	Stuffed crust/full fat cheese/deep pan option/meat toppings	Thin crust/low fat cheese options/ vegetable toppings
Fish and Chips	Battered sausages/pies/large portions	Fish but remove the batter/small portion/fishcake/small portion chips
Kebab	Doner kebab with all the trimmings!	Pitta with chicken or veg option/ avoid mayo/sauces
Other fast food outlets	Burgers/bacon butties/ french fries/chips	Fish/chicken breast/veg burger. Single burger without cheese. Avoid mayonnaise based sauces.

Many take-away and fast food companies now publish nutritional values, either in their shops or online. Have a look at these, as they can be a useful guide. Healthier options, such as those shown in the table above, will have dramatically less saturated fat and overall calorie content in them. Try and avoid having take-aways regularly and save them for special occasions!

Another type of 'healthy' fat are Omega-3 fats.

Our bodies can make Omega-3 fats from other fats in our diet, but this can be a slow process and will not be enough to keep us healthy. It is best to get them from a concentrated source, particularly oily fish. Examples of fish that are high in Omega-3 fats are:

anchovies	pilchards	herrings
mackerel	trout	whitebait
swordfish	salmon (fresh, frozen or tinned)	kippers
carp	tuna (fresh or frozen)	sprats
eel	sardines	crab (fresh)

When choosing canned fish it is recommended to buy them in water or with tomato. Avoid brine or oil.

What is the portion size for fish?

A portion is approximately 140g or 6oz of fresh, frozen or smoked fish, or one small tin of canned fish. Canned tuna does not contain Omega-3 but is an excellent example of a food low in saturated fat.

How much fish do I need to eat each week?

Current government (NICE) recommendations are for everyone to eat at least two portions of fish a week, **one of which should be oily.**

What other food sources contain Omega-3?

If you are vegetarian or don't like any oily fish, there are other foods which are rich in Omega-3. However, it is worth bearing in mind that it does take the body longer to process them. Examples of these are:

- rapeseed/canola oil
- linseeds (flaxseeds) and linseed (flaxseed) oil
- walnuts and walnut oil (do not heat this to high temperatures).

Other nuts, including brazil, macadamia, pistachios and almonds, soya products and pumpkin seeds contain small quantities of Omega-3.

Some products such as Columbus™ eggs, margarine, bread, yoghurt and milk labelled 'with Omega-3' have been fortified with Omega-3, however you don't have to buy these products to get the amount of Omega-3 needed by your body. You can easily get this through a healthy balanced diet.

What about taking Omega-3 supplements?

Currently there are no UK recommendations to take Omega-3 supplements. It is always better to obtain them from the food itself.

It is important to advise your GP or dietitian if you are intending to take any fish oil supplements.

Have at least 5 portions of fruit and vegetables a day

People who eat more fruit and vegetables are less likely to develop heart disease.

Why are they good for me?

Fruit and vegetables are good because they:

- contain vitamins and minerals (including antioxidant vitamins) which can help protect your blood vessels
- contain soluble fibre which helps lower cholesterol
- contain insoluble fibre which helps to keep your stools regular and aid digestion
- are rich in potassium which is required for good heart rhythm and helps control blood pressure
- tend to be low in calories and fat, which can help with your cholesterol and weight management.

How much should I eat?

It is recommended that everybody eats at least 5 portions of fruit and vegetables daily. Recently, research has suggested this should ideally be more like 7. These can be fresh, tinned, frozen, dried or as juice. Juice and dried fruit should only count as one portion though, however much you have. Try to aim for a 'rainbow' of fruit and vegetables. The different colours represent different vitamins and minerals; it is good to eat a variety.

It is worth noting that potatoes are not counted as a portion of vegetables.

Rough guide to portion size

Vegetables – raw, cooked, frozen or canned	3 full tablespoons
Salad	1 cereal bowl
Dried fruit	1 tablespoon
Avocado	½ a fruit
Apples, pears, bananas, oranges and other citrus fruit	1 fruit
Plums and similar small fruit	2-3 fruits
Grapes, cherries and berries	1 handful (cupful)
Fresh fruit salad, stewed or canned fruit	2-3 tablespoons (including a little juice)
Fruit juice	1 medium glass (150ml)

Eat more wholegrain foods

These are very high in nutrients and can contain up to 75% more nutritional value than 'whiter' cereal. They provide:

- fibre
- lots of B vitamins
- essential fatty acids
- protein
- antioxidants (such as vitamin E) and minerals.

Evidence has shown that people who consume wholegrain food as part of a healthy lifestyle may be at a lower risk of many common illnesses including heart disease, stroke and Type 2 diabetes. It is also thought that the risk of developing some forms of cancer may be reduced with higher intake of wholegrain foods.

Surveys have shown that 95% of adults in the UK do not eat enough wholegrain foods and 1 in 3 people do not have ANY!

What are wholegrain foods and what kind of portion sizes should I have?

Wholegrain carbohydrates include brown rice, wholemeal pasta, quinoa, oats and wholemeal bread. You can have up to 4 portions of these daily.

One portion equals:

- 1 slice of bread (wholemeal, granary , seeded, etc.)
- 30g uncooked rice and other grains
- 30g uncooked wholemeal pasta
- 3 tablespoons of uncooked porridge oats.

There are also some snack foods that contain wholegrains:

- 120g wholegrain cereal bar (watch the sugar content)
- 2 oatcakes
- 2-3 cups of plain popcorn
- 1/2 a wholemeal scone.

You can also use wholemeal, wheatgerm or buckwheat flour when baking, in place of white flour.

Have less salt and sugar

Salt:

Eating too much salt could contribute to high blood pressure. 6g of salt is about a teaspoonful – you should not have more than this in a day. This is not a large amount, especially when you consider that 75% of the salt we eat is already in everyday foods.

Which foods contain a lot of salt?

- tinned/packet soup and gravy/stock cubes
- bacon and processed meat, e.g. ham, sausages, pate
- crisps and salted nuts or crackers
- soya sauce, cook-in sauces (jars/tins/packets)
- ready/microwave meals e.g. lasagne/chicken kiev/curries.

How can I cut down on salt?

- Cook without adding salt (this also includes rock salt, garlic salt, and sea salt).
- Watch out for hidden salt in food.
- Read labels and be careful of other terms used for salt, such as sodium, monosodium glutamate and sodium bicarbonate.
- Also be aware of everyday food items that contain moderate levels of salt, e.g. bread, tomato purees, malted milk drinks.

When looking at food labels be aware of the following:

This is a lot of salt	**This is a little salt**
1.25g salt or more per 100g	0.25 salt or less per 100g
(or 0.5g sodium or more per 100g)	(or 0.1g sodium or less per 100g)

Please note: LO-SALT ™ is not an appropriate alternative to salt as it contains potassium, which is not good for your heart if you have too much of it and have heart disease or a heart condition.

Sugar:

Recent media coverage has highlighted the high consumption of sugar in the UK diet. The smallest proportion of your diet should be from fatty and sugary foods or 'treats'. It is also important when reducing fat in your diet that you do not replace it with food high in sugar. For example, some low fat yoghurts have a high amount of sugar in them, to improve their taste.

Although we encourage you to eat fruit, fruit sugars should also be avoided in high quantities, such as fruit juice. You should only have one glass of fruit juice per day.

Cholesterol

Cholesterol is a fatty substance found in the blood and cells of the body. Most of the cholesterol is produced by our own liver from the saturated fat we eat. Our body cells do actually need a certain amount of cholesterol to function effectively. We have both good and bad cholesterol in our blood. It is the bad cholesterol, low density lipoprotein (LDL), which causes heart disease.

A high level of high density lipoprotein (HDL) cholesterol (good cholesterol) is recommended as this is protective against heart disease. Ways of reducing LDL and increasing HDL are as follows:

- Reduce saturated fat (see page 38) and trans fats (see next page).
- Eat plenty of soluble fibre (see next page).
- Increase your intake of plant sterols and stanols.
- Keep to a healthy weight.
- Remember to take cholesterol lowering medication if prescribed.

Trans fats (hydrogenated vegetable oils)

These fats occur naturally in small amounts in beef, lamb, mutton and dairy products. They are also made when vegetable oils are processed to make them hard (hydrogenated) and are mainly used in processed foods like biscuits, pastry and cakes. They may appear on food labels as 'partially hydrogenated vegetable oil'.

Trans fats raise 'bad' LDL blood cholesterol and reduce the 'good' HDL cholesterol. You should limit the amounts of trans fats in your diet.

It is worth noting that although coconut and palm oil are vegetable oils they are saturated fats, so can have as negative an effect on your body's cholesterol levels as animal saturated fats.

Soluble fibre

Foods containing soluble fibre include:

- oats
- lentils
- chickpeas
- beans
- fruit
- vegetables
- granary/seeded bread.

Plant sterols and stanols

Plant sterols and stanols are natural substances found in plant cells that can help to lower cholesterol levels. They are found naturally in a range of plant sources such as vegetable oils and nuts, but to get enough of them to lower your cholesterol levels you may need to have specially manufactured products. Examples of these are Benecol™ and Flora Pro-Activ™. Supermarkets also have their own brands. This is an option you can explore, but in order to be of benefit they must be eaten in the correct amounts and as part of a healthy balanced diet with moderate exercise. They must NOT replace your cholesterol lowering drugs.

How much do I need?

Studies have shown you need 2-3 grams of these products each day to have an effect on cholesterol. The quantities needed to achieve this are shown below.

- 1 Benecol™ or Flora Pro-Activ™ or supermarket own brand yoghurt drink daily.

Or 2-3 portions of the products listed below:

- 12g (1/2 oz) spread (either full or low fat) – this is roughly 2 level teaspoons
- 1 pot (125g) yoghurt
- 250ml (1/2 pint) milk
- 20g (1oz) cream cheese.

There is no benefit in taking more than the recommended 2-3 portions a day and there is some evidence that having too much may be harmful. It is also important to remember these products all contain fat and may cause you to put on weight, so look out for low fat varieties.

Please note: If you have been told by your doctor that you have Familial Hypercholesterolemia then you should avoid using these specially manufactured products.

The current NICE guidelines also do not recommend that you take antioxidants (including vitamin C and E) or folic acid. The quantities that you need of these vitamins should be found in your diet from eating a variety of fruit and vegetables.

Historically, dietary advice surrounding lowering our blood cholesterol levels advised against eating food such as eggs and prawns, which contain high levels of cholesterol. However, more recent evidence has shown that this type of cholesterol has a very limited effect on blood

cholesterol levels and it is saturated fat in the diet which really affects blood cholesterol levels. Prawns actually contain a good quantity of Omega-3 and eggs are an excellent protein source as a lower saturated fat option than meat; as always they should be eaten in moderation.

If you have Familial Hypercholesterolaemia you should still avoid these foods.

Reduce your triglyceride levels

Triglycerides, like cholesterol, are a type of fat in the body. They come from fats in food, or fats made by the body from other energy sources, such as carbohydrates. At normal levels they are not harmful, but if your triglyceride levels are raised, this may be putting you at more risk of heart disease.

What can I do to reduce my triglyceride levels?

Reduce your sugar intake

Have less sugar in your food. Eating a lot of sugary foods and drinks can contribute to a high level of triglycerides in your blood. Try the following ideas:

- Fill up on fresh or frozen fruit, or fruit tinned in natural juice (drain the juice), rather than sugary cakes and biscuits.
- Drink diet, low calorie or sugar-free fizzy drinks and squashes, but ultimately water is best!
- Choose fruit juices which are labelled 'unsweetened' or 'natural' rather than juice drinks. Check labels for added sugar.

Increase your intake of Omega-3 fats (see previous section)

Increasing Omega-3 fatty acids in your diet can help lower triglyceride levels.

Have less highly-processed starchy food

All starchy foods are broken down in the body to produce blood sugars – the amount of these foods you eat can affect the level of triglycerides. Try to choose more wholegrain, unprocessed foods as these are broken down more slowly. Some people find that choosing wholegrain breads and cereals helps to lower their highly processed starchy food intake.

Cut down on your alcohol intake

Moderate amounts of alcohol (1-2 glasses per day, 2-4 times a week) will not affect triglyceride levels. However, if you tend to drink large amounts of alcohol (especially at one time), this can raise triglyceride levels and increase your risk of heart disease. You will also store the alcohol as fat which can cause you to gain weight.

How much alcohol can I drink?

Both men and women should have no more than 14 units per week, spread over three or more days. Try to have several drink-free days each week.

A unit is…

It is no longer accurate to say one glass of wine = 1 unit. This is only true of a glass of wine at 8% alcohol by volume (ABV) in a 125ml glass. A glass of wine at 13% in a 175ml glass = 2.3 units. It is important to know the strength of a drink (%ABV) and the volume of liquid to know how many units a drink contains. Many bottled alcoholic drinks now label the number of units in either the bottle or a specified measure. For example, a standard strength (12% ABV) bottle of wine is about 9 units.

Try to have at least two alcohol-free days each week.

How can I cut down?

- Why not start your evening with a large sugar-free non-alcoholic drink? This is the time when we tend to be most thirsty, and drink the largest quantity most quickly.

Healthy eating – general guidelines

Watch your weight

If you are overweight, losing weight will automatically help lower your triglycerides and reduce your risk of heart disease. It may also lower your cholesterol and blood pressure. It can be very effective! To lose weight we need to eat less energy than our bodies use. However, the way this is best achieved is different for everyone.

Waist circumference

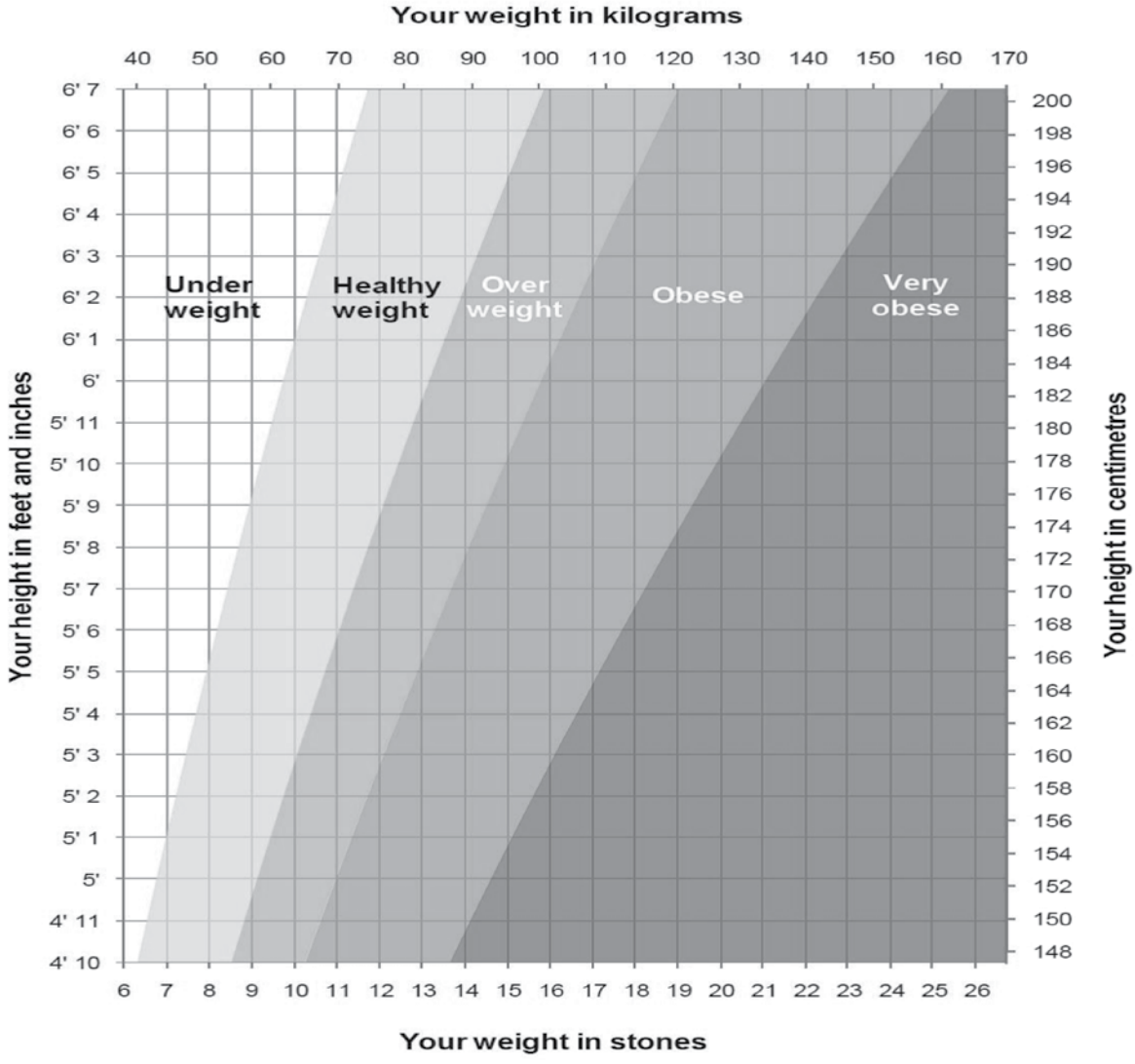
Evidence suggests that carrying too much weight around your middle increases your risk of heart disease more than a similar weight of fat deposited elsewhere in the body.

Find out how your waist measures up

Men	Women	Health risk
Below 94cm (37”)	Below 80cm (31.5”)	Normal
94 - 100cm (37”- 40”)	80 - 87.9cm (31.5 - 34.5”)	Increased risk
100cm and above (40”)	88cm and above (34.5”)	High risk

If you are overweight or have a larger waist circumference then changing your eating habits and increasing your physical activity to help you lose weight would improve your health. You should aim to lose 1-2 lbs (0.5 - 1.0 kg) per week.

Use this chart to check if you are the right weight for your height.



As with any lifestyle change it is important to look at why you want to lose weight. To lose weight effectively we need to look closely at what we eat and why. Some people find it helps to write down the reasons they want to lose weight, as well as keeping a food diary to record what they are actually eating and when. There may be a trigger time (e.g. boredom in the evening) or a trigger food (e.g. a favourite food that you find difficult to stop eating). Think what your 'trigger' foods and situations are and what you could do instead.

It can be helpful to look back at a food diary over a week and then make simple goals: for example, you may notice you always skip breakfast, so an initial goal may be to have breakfast. Once you are doing this regularly you could add more goals.

It is also important to feel supported with your goals; support can come from many sources. If you would like more help with losing weight and improving your diet please contact your practice nurse or dietitian.

Some tips:

- Monitor portion sizes. What you should actually be eating is often a much smaller portion than you imagine.
- Use a smaller plate.
- Write down what you have eaten and when.
- Cut down on pre-packed/processed foods (these should be the smallest proportion of your dietary intake).
- Swap refined carbohydrates for wholemeal varieties.
- Bulk up meals with extra salad and vegetables (not potatoes). Think of the food you eat in a day – the largest portion should be vegetables/salad, then carbohydrate (pasta/rice/potatoes), and then protein (meat/fish/pulses/eggs). The smallest quantities should be dairy and then processed and high sugar foods.

Please use the following pages to monitor your progress, using the action plan and change planner. Alternatively, there are now numerous websites and applications (phone apps) available to help monitor diet, healthy eating and weight loss. Some people may find this a beneficial alternative to a food diary.

NHS Choices has some useful information and tools to help with making changes to your diet.

www.nhs.uk/Tools/Pages/Toolslibrary.aspx

Healthy eating action plan

- Think about your diet, refer to the healthy eating information in this booklet.
- Come to the information session on Healthy Eating.
- Assess your drinking habits: Men and women – no more than 14 units per week, spread over three or more days. Try to have several drink-free days each week.
- Find alternatives to alcoholic drinks.
- **Add your own goals:**

Weight action plan

Your weight ..... Your height ..... BMI (Body Mass Index) .....

To work out your BMI use the following calculation:

Weight (kg) divided by height (cm) divided by height (cm) again

Target Weight ..... 1 month

Target Weight ..... 2 months

Target Weight ..... 6 months

0.5 - 2lb a week is a safe and realistic goal Target BMI range .....

Aim to lose 5-10% of your body weight if you are presently obese or extremely over-weight. This level of weight loss is shown to help reduce blood pressure, cholesterol levels, improve control of blood glucose levels if you are diabetic, and reduce your overall risk of further cardiovascular events.

Action plan:

- Make changes to diet.
- Increase exercise.
- Come to information session on Physical Activity.
- **Add your own goals:**

Cholesterol action plan

Date: .....

Total Cholesterol ..... (recommended = under 4mmol/l)

HDL ..... (greater than 1mmol/l) LDL ..... (less than 2mmol/l)

Triglycerides ..... Ratio .....

Non-HDL ..... (less than 2.5mmol/l or 40% reduction)

Action plan:

- Regular checks with your GP.
- Take medication as prescribed.
- Make dietary changes.

Use this Change Planner to help you set and achieve your goals!

Week	Weekly goal	Tick if goal is met ✔	What can I do to achieve my goal next week?
1			
2			
3			
4			
5			
6			
7			

Smoking


How does smoking affect my heart?
How do I access help to quit?
How will this benefit my health?
What Nicotine Replacement Therapy products are available?
Should I cut down if I can't stop?

Smoking

If you have coronary heart disease (if you have angina or have had a heart attack), you probably already know that smoking is harmful to your heart. Quitting smoking is something positive you can do to improve your health.

Stopping smoking is the single most important thing a smoker can do to live longer. Although it may be a stressful time, the period when you are in hospital is a good time to try and stop smoking. The staff at the hospital, your doctor's surgery and some retail pharmacies are able to support you to give up smoking.

Nicotine Replacement Therapy (NRT) is available to help your quit attempt and can increase your success of quitting by four times. NRT is a product that contains nicotine but does not contain all the harmful toxins found in tobacco. Nicotine containing products include patches, gum, inhalators, tablets and nasal sprays. These have all been given marketing authorisation by the Medicines and Healthcare Products Regulatory Agency (MHRA). Unlicensed products that are currently on the market, such as electronic cigarettes, are all going to be regulated and reviewed. This should come into effect at some point in the near future. Please ask your Cardiac Rehabilitation Nurse for more information, support and access to NRT.

Positive steps to success:

- Staying in a non-smoking hospital for a few days will help you make a good start – nicotine is out of the body in two days.
- Get support and try NRT products.
- If members of your family smoke, they could help by quitting too.
- Believe in yourself, prove to yourself and others that you don't have to smoke.
- Take one day at a time – every day without a cigarette is a real achievement.
- Treat yourself with the money you have saved when you have had a few days without cigarettes.

Staying stopped

- Don't give in to temptation to have just one – it's too easy to start smoking again.
- Keep thinking of the benefits to you and your family of not smoking. Remind yourself of your own reasons for wanting to be a non-smoker and stay determined.
- If you do smoke a cigarette, don't feel that you have failed and give up on your attempt to stop. Use it as a learning tool and think of ways to avoid that situation again. Think of all the reasons and benefits of stopping smoking and plan to have another go at stopping.

Help is also available from:

Your Smoking Cessation Practice Nurse at your GP's surgery.

NHS Smokefree
National Helpline: 0300 123 1044
Website: www.nhs.uk/smokefree

ASH (Action on Smoking Health)
Telephone: 0207 404 0242
Website: www.ash.org.uk

Quitline
Telephone: 0207 553 2100
Website: www.quit.org.uk

Oxfordshire Smoking Advice Service
Telephone: 0845 40 80 300
01865 904 625
Website: www.smokefreelifeoxfordshire.co.uk/

Action plan

Currently, you smoke …… a day

Cigarettes ☐ Pipe ☐ Tobacco/roll-ups ☐

- STOP!
- Cut down if you can't stop (but seek further help to help you stop completely).
- Ask your Cardiac Rehabilitation Nurse to refer you to the smoking cessation service.
- Come to information sessions that are organised by the Cardiac Rehabilitation Department.
- Try support groups (your Practice Nurse at your GP's surgery can put you in touch).

Stopping smoking – immediate benefits:

After 20 minutes

Your blood pressure and pulse rate return to normal.

After 8 hours

Nicotine and carbon monoxide levels in your blood reduce by half and your oxygen levels return to normal.

After 48 hours

Carbon monoxide will be eliminated from your body. Your lungs start to clear out mucus and other smoking debris. You may notice that you are coughing more often.

After 48 hours

There is no nicotine in your body. Your ability to taste and smell is greatly improved.

After 72 hours (usually when you return home from hospital after a heart attack)

Breathing becomes easier. Your bronchial tubes begin to relax and your energy levels increase. It will help with you continuing to not smoke if you make sure your house is free of any smoking products, ready for when you return home.

After 2 to 12 weeks

Your circulation will improve.

Remember, the longer you stop smoking for, the more benefit this has for your body and your recovery from your heart attack or surgery.

Add your own goals:

Use this Change Planner to help you set and achieve your goals!

Week	Weekly goal	Tick if goal is met ✔	What can I do to achieve my goal next week?
1	*e.g. Visit your Practice Nurse*		
2			
3			
4			
5			
6			
7			

High Blood Pressure

Blood pressure

This is the pressure measured in the arteries. It rises and falls as the heart pumps out blood. There are two measurements, systolic and diastolic. Systolic measures the pressure in the artery when your heart contracts to pump blood out. Diastolic measures the pressure in the artery when your heart then relaxes.

140 or below is a normal systolic reading.

85 or below is a normal diastolic reading.

(If you are diabetic you should aim for a blood pressure of 130/80.)

These figures are for a resting blood pressure. It can be normal for your blood pressure to rise and fall depending on your activity.

Controlling your blood pressure is important because having blood pressure that is too high is one of the known major causes of heart disease. If your blood pressure is a lot higher than recommended, your risk of developing coronary artery disease or other circulatory problems is increased.

There are some factors which can put your blood pressure up into the high range, including:

- being overweight
- drinking too much alcohol
- kidney disease
- lack of exercise
- too much salt in your diet
- stress.

There are many drugs available which can lower blood pressure and reduce your risk of coronary heart disease.

How you can help:

- Reduce alcohol intake.
- Reduce your weight by eating healthily.
- Use less salt when cooking or on your food.
- Take regular exercise.
- Practice relaxation.
- Take prescribed medication.

Your blood pressure measurement while you were in hospital was: ...../.....

Action plan

- Aim for a blood pressure no greater than 140/85 or 130/80 if you are diabetic.
- Have your blood pressure checked regularly at your GP surgery.
- Understand your medication, what your tablets are for and when to take them.
- Reduce salt intake (see the chapter about healthy eating).
- Come to the dietary advice information session in the Cardiac Rehabilitation Department. (Ring the department for the next session date.)
- Increase your activity levels, after discussion with your Cardiac Rehabilitation Nurse.
- **Add your own goals**:

Blood pressure record

Date and time	Blood pressure
	..... / .....
	..... / .....
	..... / .....
	..... / .....
	..... / .....
	..... / .....
	..... / .....
	..... / .....
	..... / .....
	..... / .....

Diabetes


What is diabetes?
What is a normal blood sugar level?
?
Why is it important to control my blood sugar level?
How will I monitor my blood sugar level?
What should I avoid eating?

Diabetes

If you have diabetes you have a higher risk of developing coronary heart disease. Diabetics can often have high blood cholesterol. Maintaining good control of your blood sugars, with diet and medications, can help to reduce the risk.

Platelets, which are substances in the blood, help clotting and healing of damaged tissues. High sugar levels in the blood of people with diabetes can cause the platelets to stick together more easily. Research has shown that good control of your blood sugars, combined with a reduction in cholesterol levels; maintenance of a normal blood pressure (less than 130/80); stopping smoking and increasing physical activity, considerably reduces this risk.

Regular blood sugar testing may be something which you are already used to. It is important though to understand why you are doing this and what to do if it is not normal.

A normal blood sugar level is between 4 - 7mmols. If your blood sugar is consistently higher than this, your diabetic medication (either insulin or tablets) may need adjusting. If you are not used to adjusting your own insulin please contact your practice nurse, district nurse, GP or Diabetes Nurse Specialist. You should go to your GP surgery for regular diabetic check-ups, which include a blood test that measures your long-term blood sugars (HbA1c).

You need to pay extra special care to your eyes and feet. Both eye (optical) and feet (podiatry) checks are available free of charge to people who have diabetes. It is very important to make use of these services.

What to do if you are unwell

Your blood sugar will usually rise if you are unwell. Even though you may be sick and unable to eat normally it is important to continue to take your insulin, if prescribed. During your illness you should test your blood sugar at least before each meal and at bedtime. You should also drink plenty of water and sugar-free drinks and test your urine for ketones. If you vomit and this continues for more than eight hours you will need to see your GP urgently. If your GP is unavailable please call 111 for the out of hours service.

If you have any further queries, please discuss these with your Cardiac Rehabilitation Nurse or Diabetes Nurse Specialist. There are information booklets about diabetes available in the department.

Exercise

When you are invited to join the exercise programme we will ask you to monitor your blood sugars both before and after exercise. You should bring your own blood sugar monitoring kit (if you have one) with you each time you come to exercise.

Sometimes your blood sugars will go down after exercise and occasionally they will rise. It is important to ensure that if they do rise, you continue to eat normally for the rest of the day and check your blood sugars regularly. **Sometimes after exercise your blood sugars can drop in the afternoon or evening; this can cause a "hypo" if you do not monitor them closely.**

When you come to exercise always remember to bring along your glucose tablets, a sugary drink (not sugar-free), and a couple of biscuits or small chocolate bar. This is in case your blood sugars are low after you have exercised.

Although this may seem a lot to remember, the Cardiac Rehabilitation staff are here to support you. As well as being beneficial to your health, physical activity is part of everyday life and should be enjoyable.

Diabetes action plan

- Is your diabetes well controlled?
- Medication (understand tablets and when to take them)
- Dietary changes (information in your folder)
- Regular check-ups at the GP Surgery
- **Add your own goals**:

Use this Change Planner to help you set and achieve your goals!

Week	Weekly goal	Tick if goal is met ✔	What can I do to achieve my goal next week?
1			
2			
3			
4			
5			

Anxiety/Stress

Anxiety

It is quite normal to feel anxious and worried after a heart attack, heart surgery or any other frightening experience. Most people start to feel less anxious as they get better and the memories of the heart attack or operation begin to fade. Finding out more information about worry and anxiety can help you to deal with it better.

Anxiety can cause some of these symptoms:

- rapid pulse and palpitations
- dry mouth
- 'butterflies' or a sinking feeling in the tummy
- tingling and cold clammy hands and feet
- rapid breathing
- feeling faint
- strange pains.

Anxiety can have these psychological effects:

- difficulty concentrating and remembering
- lack of self confidence
- problems sleeping at night
- racing thoughts
- finding it difficult to make decisions
- feeling that your personality has changed or that you are 'going mad'.

Anxiety can cause these kinds of behaviours:

- not listening to what people are saying
- restlessness, fidgeting, bad temper
- losing your sense of humour
- feeling unsatisfied.

When we are in danger or under stress our bodies produce a chemical called adrenaline, which prepares our body to 'fight or run'. Problems start when we have a worrying thought which produces adrenaline in our bodies, but we don't need to fight or run. This extra adrenaline does not get used up and causes unpleasant physical and psychological symptoms. When you notice these symptoms it can make you worry and feel scared. It may make you feel there must be something wrong, and you might be worried that you may have another heart attack.

Panic attacks

Occasionally these worrying thoughts and the increase in adrenaline can build up to a high level and you may have a 'panic attack'. A panic attack is not dangerous and is usually over within 10 to 30 minutes. This is because, after a while, the body runs out of adrenaline. The worrying thoughts disappear, your heart rate and breathing slows down, your stomach stops churning and you start to feel better.

Six things to remember to help you cope with anxiety:

- It is not your heart or mind which is going wrong.
- What you feel is the effects of adrenaline.
- These feelings are not dangerous, just unpleasant.
- Notice what is actually happening to your body at the moment – not what you fear may happen.
- Try to stop thinking negative thoughts and the anxiety will start to fade by itself.
- Wait and give the fear time to pass. Do not fight or run away from it. Just accept it.

Feeling low after a heart attack

It is normal to feel low in mood following a heart attack or heart surgery; these feelings will usually go away as time passes. Here are some of the common symptoms:

- sadness
- tearfulness
- poor appetite
- early waking/loss of sleep
- loss of interest in things that were once enjoyable
- no energy for doing things
- loss of interest in your appearance.

These feelings are not dangerous but they are unpleasant. However, if they become worse they may be called depression. If you are depressed you may only feel that you can see the bad side of things.

Your Cardiac Rehabilitation Nurse may ask you to complete two simple questionnaires, which will give us an idea about how you are feeling at the moment. There is also a clinical psychologist who works within our team to provide support if you (and your family) are feeling anxious or low in mood following a heart attack or surgery. If you would like to be referred to the clinical psychologist please ask your Cardiac Rehabilitation Nurse.

Stress

Stress has many meanings but most people think of stress as the demands of life. Stress, and the effect it has on your body, has been linked to heart disease. If you can avoid smoking, excessive alcohol, and tension that can lead to high blood pressure, you can help to protect your health and heart. Learning how to relax is very important. Ask your Cardiac Rehabilitation Nurse about our relaxation sessions.

Everyone gets stressed sometimes. A moderate amount of stress can be helpful, but too much is not only unpleasant, it is also bad for us. We are affected both by external pressures (e.g. work, money, other people) and by internal pressures (e.g. our reactions to these pressures). If any of these pressures are too much, and our coping mechanisms aren't working, we will feel stressed.

The viewpoint you take in any situation is important. How you view an event can influence how you deal with it and the effect it has on you. For example, being stuck in a traffic jam. You may say to yourself, "This is terrible, I'm going to be late, this always happens to me….". The result would be that you feel very wound up, physically tense, exhausted and angry.

An alternative would be to say, "This is a real pain, but there is nothing I can do about it right now, I may as well listen to the radio.". Hopefully this will make you feel calmer.

The first step in a potentially stressful situation is to be aware of what is happening and how you are feeling both physically and emotionally. Then you can choose how to respond, rather than just reacting in a certain way. Sometimes, just learning to accept a situation that you have no control over can mean that you reduce your stress levels.

Recognising the signs of stress

Physical:

- aches and pains (e.g. headache)
- tension (e.g. in your neck and shoulders)
- disturbed sleep pattern (e.g. waking early)
- flare-up of stress related illness (e.g. asthma or psoriasis).

Behaviour:

- becoming more disorganised or struggling to manage your time
- finding it hard to delegate
- working longer hours and bringing work home
- avoiding tackling problems
- cutting down on the things you do for pleasure
- losing touch with your friends
- taking it out on others (i.e. blaming others when things go wrong).

Mood:

- irritable or short-tempered
- anxiety or feelings of panic
- fear (e.g. of being out of control)
- low self-esteem (no confidence)
- feeling miserable
- apathy (e.g. lack of motivation or interest)
- agitation.

A simple relaxation exercise

Relaxation is the natural answer to stress but it can be difficult to fit into your day. To get the most out of relaxation it needs to be practised regularly – you won't feel the benefits immediately. Maybe you could plan to do the following exercise at a set point once or twice in the day; it should take you no more than 5 - 10 minutes.

- Every now and again, have a stretch. Then let your shoulders and arms relax into a comfortable position. Shrugging, wriggling and shaking all help your muscles to relax.
- Try to relax your feet, ankles, calves, knees, thighs, chest, arms and neck.
- If you are sitting in a chair, or lying on the floor, allow yourself to feel as if the chair or floor is supporting your whole weight; feel yourself letting go.
- Try to be peaceful; loosen your jaw and face. A neutral expression will help your face muscles to relax.
- Close your eyes and imagine a peaceful scene. Choose your own special place, wherever seems most restful to you. For a few moments imagine that you are really there.

Some tips for managing stress

- Learn to relax – this might involve using the technique mentioned above, using a relaxation CD or listening to soothing music.
- Exercise – this will improve your sense of wellbeing, make you feel good about yourself and may take your mind off your problems (this will depend on the stage of physical recovery you have reached).
- Time management – prioritise and plan your time. Be realistic about what you can do, break-up tasks, delegate, and pace yourself.

- Talk – share your problems and learn to say 'no' sometimes. It can be done without letting others down.
- Challenge unhelpful thoughts – be positive, you can cope with this, so be kind to yourself.
- Rest when you feel tired; try to relax before going to bed (e.g. a hot milky drink, a relaxing bath and essential oils).
- Treat yourself – make time for your hobbies, to have fun and socialise.
- Good nutrition – avoid excessive alcohol, nicotine and sugars – these can make you feel worse. Instead treat yourself to healthy food and drink plenty of water.
- Worry buster – write down your worries, it really helps you to think clearly.
- Get professional help – if you feel very low or anxious there are services in Oxfordshire or in your local area to help you manage stress.

Cognitive Behavioural Therapy (CBT)

Many people feel anxious, panicky or low after a heart attack, surgery or diagnosis of heart disease. The early days and weeks can be a difficult time for you and your family. Very often, these feelings get better by themselves once you have adjusted to your health difficulties. However, some people carry on feeling 'not themselves'. You may experience panic attacks that do not go away, or feel so low it is hard to know how to cope. Sometimes, problems from the past come may up again, such as depression, which is difficult to resolve on your own.

If you feel that you would like further help, we can refer you for Cognitive Behavioural Therapy with our psychologist. Cognitive Behavioural Therapy (CBT) is a short-term, focused form of counselling which is very helpful in treating a number of problems. The most common problems for cardiac patients include:

- depression, low mood
- panic attacks
- stress
- worry and general anxiety
- difficulties in coming to terms with what you have been through
- post-traumatic reactions after surgery or intensive care
- non-cardiac chest pain.

Our psychologist can see you and will give you the opportunity to talk through your difficulties in detail. You will then discuss a plan for getting better, including specific skills and strategies, tailored to you as an individual. You can also discuss other sources of help which may be available to you.

Please speak to your Cardiac Rehabilitation Nurse if you feel you could benefit from CBT.

Psychological troubles – how to help yourself and where to get help

Books and leaflets

Booklets on anxiety, depression, phobias and other problems are available from the Cardiac Rehabilitation Nurses, and from the Oxford Cognitive Therapy Centre.

Tel: 01865 738 816

Email octc@oxfordhealth.nhs.uk

Website: https://www.octc.co.uk/resources

'**Manage your Mind**' by Gillian Butler and Tony Hope

A highly recommended self-help book to help keep you mentally healthy.

'**Overcoming Anxiety: Self-Help Course**' by Helen Kennerley

A three-part CBT self-help programme to help you overcome your anxiety.

'**Overcoming Anxiety**' by Helen Kennerley

A guide to overcoming a range of problems, fears and anxieties – from panic attacks and phobias to"executive" burnout – with the aim of regaining confidence and self-control.

'**The Worry Cure**' by Robert L Leahy

A CBT self-help book offering practical tools to help you to deal with your worry.

'**Overcoming Worry**' by Kevin Meares and Mark Freeston

A CBT self-help book that will help you to understand and deal with your tendency to worry.

'**Overcoming Panic and Agoraphobia**' by Derrick Silove and Vijaya Manicavasagar

A CBT self-help book to help you deal with your panic attacks and associated fears and avoidance.

'**Overcoming Obsessive Compulsive Disorder**' by David Veale and Rob Willson

A CBT self-help book describing techniques that you can use to deal with your obsessive thoughts and compulsive behaviours.

'**An Introduction to Coping with Depression**' by Lee Brosan and Brenda Hogan

A CBT self-help booklet introducing you to some strategies that you can use to cope with depression.

'**Overcoming Depression**' by Paul Gilbert

A CBT self-help book describing ways in which you can overcome your depression.

Mindfulness meditation to help with anxiety, worry and depression

Mindfulness groups are available on the NHS and privately. For an introduction, the following books are useful:

- '**Full Catastrophe Living: How to cope with stress, pain & illness using mindfulness meditation**' by Jon Kabat-Zinn

  How to handle potentially stressful situations. How to use mindfulness meditation to help you relieve physical and emotional pain; reduce anxiety and panic; improve your health and your relationships; and much more.

- '**The Mindful Way through Depression**' by Mark Williams, John Teasdale, Zindel V Segal, Jon Kabat-Zinn

  A self-help guide offering helpful relief from your depression. This book explores depression and its anatomy, as well as the place and practice of mindfulness and cognitive therapy in breaking through the depression cycle.

Coping with pain

'**Living Well with Pain and Illness**' by Videyamala Burch

'**Explain Pain**' by David Butler and Lorimer Mosley

How to get help

If you are a cardiac patient, or a relative/friend of a patient, you can talk to the Cardiac Rehabilitation Nurse for advice. They may recommend that you purchase a copy of a relaxation CD or can refer you to the psychologist. We can also tell you about other sources of help.

Alternatively, you can obtain further information or advice from:

- your GP or practice nurse
- the Samaritans
- Citizens Advice Bureau
- Relate
- Cruse bereavement support.

See page 85 and 86 for contact details.

Oxfordshire MIND

Website: www.oxfordshire-mind.org.uk

Oxfordshire MIND is an excellent source of information, help and support for all kinds of psychological difficulties and mental health problems. It runs groups on depression, anxiety, and improving self-esteem. Groups are run around the county.

For information about the next local group, or to join the mailing list, please visit their website or call 01865 247 788.

TalkingSpace

The TalkingSpace service supports people who are suffering from mild to moderate symptoms of anxiety or depression. The service is provided by Oxford Health NHS Foundation Trust in partnership with Oxfordshire MIND.

If you need any further details please get in touch on 01865 901 222 or via email at talkingspaceplus@nhs.net

Stress and anxiety action plan

- Identify triggers (things which cause you stress).
- Learn to recognise the signs of stress.
- Reduce avoidable stress.
- Practice relaxation exercises.
- Written/audio information may help (ask your Cardiac Rehabilitation Nurse).
- Request professional counselling.
- Come to the Cardiac Rehabilitation information session.

Use this Change Planner to help you set and achieve your goals!

Week	Weekly goal	Tick if goal is met ✔	What can I do to achieve my goal next week?
1			
2			
3			
4			
5			
6			
7			

Driving


When can I drive my car after a heart attack?
Do I need to inform the DVLA?
Should I inform my insurance company?
What are the guidelines for LGV/PCV licenses?
When can I drive after cardiac surgery?

Car/motor cycle licence holders (Group 1 entitlement)

If you have a Group 1 licence, with no other disqualifying conditions, the DVLA guidelines are as follows:

If you have angina:

You must stop driving if you have angina symptoms whilst driving, or if your symptoms occur whilst resting or with emotion. You may start driving again when symptoms are relieved. You do not need to inform the DVLA. **If you have angina whilst driving you must stop the car and take your GTN tablets/spray. Remember to take your GTN tablets/spray with you whenever you go out.**

If you have had a heart attack (myocardial infarction), ACS (acute coronary syndrome) or unstable angina:

You must stop driving for 4 weeks if you have had a heart attack, ACS or unstable angina. In some cases, if you have been treated with an angioplasty and there has been little damage to your heart, driving can resume after 1 week, but strict guidelines must be adhered to. Your Cardiac Rehabilitation Nurse or Doctor will discuss this with you. You do not need to inform the DVLA.

If you have had an elective PCI (Percutaneous Coronary Intervention) (with or without a coronary stent):

You must stop driving for 1 week. You do not need to inform the DVLA.

If you have had heart surgery:

You must stop driving for **at least** 4 weeks. However, you should wait until your sternum has been checked. Your surgeon will do this at your follow-up appointment. This appointment is usually around 6-8 weeks after your discharge from hospital. You do not need to inform the DVLA.

If you have diabetes:

If your diabetes is controlled by diet alone you do not need to inform the DVLA, unless you develop complications from your diabetes, such as diabetic eye problems. If your diabetes is controlled by tablets or insulin you should contact the DVLA for further advice, as there are criteria that need to be met in order for driving to continue.

If you are diabetic and feel unwell whilst you are driving you must stop the car and take the keys out of the ignition. It is possible your blood sugars may have dropped and you are having a 'hypo'. In this situation you should have a snack or take glucose tablets. Wait until your blood sugar is above 4mmol/l before you continue with your journey.

Insurance:

You should inform your car insurance company of your diagnosis, as it is a change to your medical condition. This should not affect your premiums in any way but will help prevent problems in the future if you need to make a claim.

When you start driving again:

When you start driving again you may find you are still quite tired and may have lost some of your confidence. It is best to avoid long journeys or peak hour traffic. You may prefer to drive with a friend or partner until you are more confident.

If you have any questions please speak to your doctor, Cardiac Rehabilitation Nurse, GP or the DVLA.

LGV/PCV licence holders (Group 2 entitlement)

If you have a Group 2 licence, with no other disqualifying conditions, the DVLA guidelines are as follows:

If you have angina:

You must stop driving and inform the DVLA. Re-licensing may be permitted provided you are free from angina for at least 6 weeks and exercise tests and other functional tests meet their requirements.

If you have had a heart attack (myocardial infarction), ACS (acute coronary syndrome) or unstable angina:

You must stop driving and inform the DVLA. You will be disqualified from driving for at least 6 weeks. Re-licensing may be permitted provided exercise tests and other functional tests meet the requirements. **Please be aware that these tests are rarely completed within 6 weeks and may take several months to complete.**

If you have had an elective PCI (Percutaneous Coronary Intervention) (with or without a coronary stent):

You must stop driving and inform the DVLA. You will be disqualified from driving for at least 6 weeks. Re-licensing may be permitted provided exercise tests and other functional tests meet the requirements. **Please be aware that these tests are rarely completed within 6 weeks and may take several months to complete.**

If you have had heart surgery:

You must stop driving and inform the DVLA. You will be disqualified from driving for at least 3 months. Re-licensing may be permitted provided exercise tests and other functional tests meet the requirements. **Please be aware that these tests are rarely completed within 6 weeks and may take several months to complete.**

If you have diabetes:

If your diabetes is controlled by diet alone you do not need to inform the DVLA, unless you develop complications from your diabetes, such as diabetic eye problems.

If your diabetes is controlled by **tablets** you should inform the DVLA. A strict criteria needs to be met in order for driving to continue.

If your diabetes is controlled by **insulin**, even on a temporary basis, you must inform the DVLA and stop driving. It is possible your licence will be withdrawn whilst you are taking insulin.

You must inform the DVLA as soon as you are discharged or diagnosed. The DVLA will advise you on what you need to do next. This may involve filling out forms which they will either send to you or you can download from their website. The DVLA will request medical information from your consultant and functional tests if required. This may take some time so please contact the DVLA as soon as possible.

DVLA guidance is regularly updated and the information given in this booklet may change. Please see the DVLA website for the most up to date information:
www.gov.uk/dvla-medical-enquiries

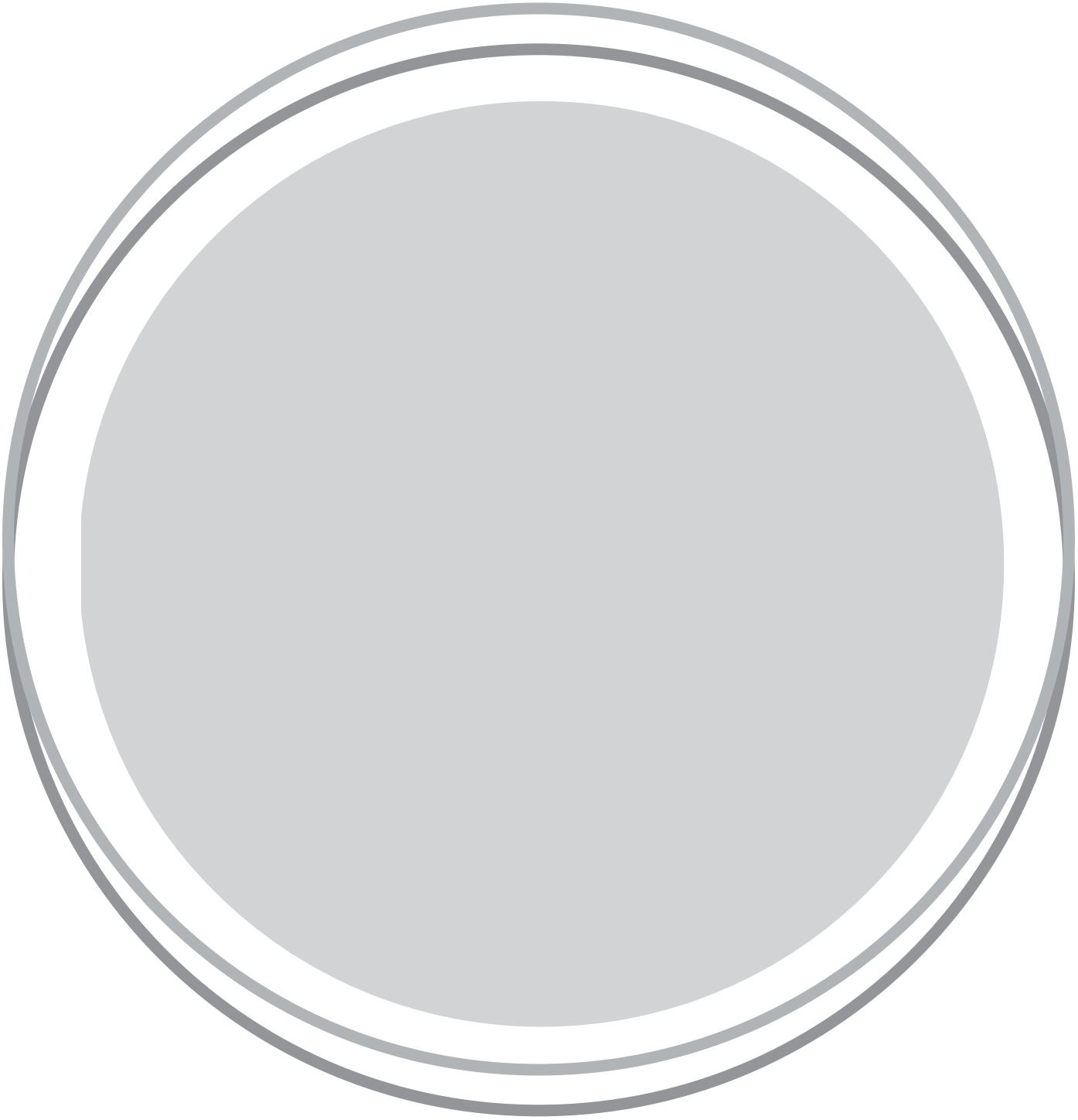
If you have any questions please speak to your doctor, Cardiac Rehabilitation Nurse, GP or the DVLA.

DVLA contact details

www.gov.uk
Drivers Medical Enquiries, DVLA, Swansea, SA99 ITU

Car or motorcycle 0300 790 6806
Bus, coach or lorry 0300 790 6807

Moving On



By the time you have completed your Cardiac Rehabilitation programme, the support and information you will have received from your local team, your cardiologists and your GP will have answered your questions and helped you address the issues identified above, and you will have returned to your normal life.

Returning to work

You should be able to return to your previous job. This is an individual decision and will depend on your heart condition, the type of job you do and the amount of physical and emotional stress involved. You may be able to return after 4-6 weeks. If you have had heart surgery you will require longer, possibly 6-12 weeks. Initially you may need to modify your work. It is a good idea to consider returning to work on a part time basis initially, building up your hours gradually in order to give yourself time to readjust.

It is a good idea to discuss this with your employer, human resources department or occupational health service. If you are an HGV driver and need a driving licence for your job you will require relicensing from the DVLA.

For further advice see the Returning to Work with a Heart Condition booklet (British Heart Foundation).

Financial concerns

We are unable to give specific advice about money or benefits. For information regarding financial concerns and benefits advice please contact your local Job Centre, the Benefit Enquiry Line, Citizens Advice Bureau, or AGE UK. The contact details are at the end of this information booklet.

Looking forward

On completion of your Cardiac Rehabilitation programme you will have an appointment either at the Cardiac Rehabilitation gym or by telephone, where your long term goals and plans will be discussed.

At this appointment the Cardiac Rehabilitation staff will discuss further options that are available to you to maintain the lifestyle changes you have already started to make. This will include continuing with your individual goals; for example, maintaining current weight loss and continuing with regular exercise or physical activity.

After you have completed your Cardiac Rehabilitation programme your Cardiac Rehabilitation team will make sure that you are referred to your practice nurse or GP, who will take over your care. They will then invite you to your local GP practice for an annual heart review.

My self-care plan

The NHS wants everybody with a long term condition such as coronary heart disease to have a personal self-care plan. This will carry on from the goals you will have already set with your Cardiac Rehabilitation team. Your Cardiac Rehabilitation Nurse, GP or Practice Nurse will talk to you about this.

Holidays

A holiday is a great opportunity to relax and unwind. If you have a holiday planned very shortly after your cardiac event you may wish to talk your holiday plans over with your Cardiac Rehabilitation Nurse. This advice can vary from one person to another.

It is important to plan your holiday carefully so that you will be able to relax, enjoy and get the maximum benefit from it.

- carefully plan how you will get there and back
- allow plenty of time
- avoid carrying heavy bags and suitcases
- make sure that your accommodation is not on a steep hill
- check local transport options and availability
- take enough tablets and carry your supply in your hand luggage if travelling abroad.

It is advisable not to travel to countries which are very hot or very cold or places of high altitude immediately after your recent heart condition. It is very important to inform your travel insurance company about your heart condition to ensure you have sufficient cover.

Flying

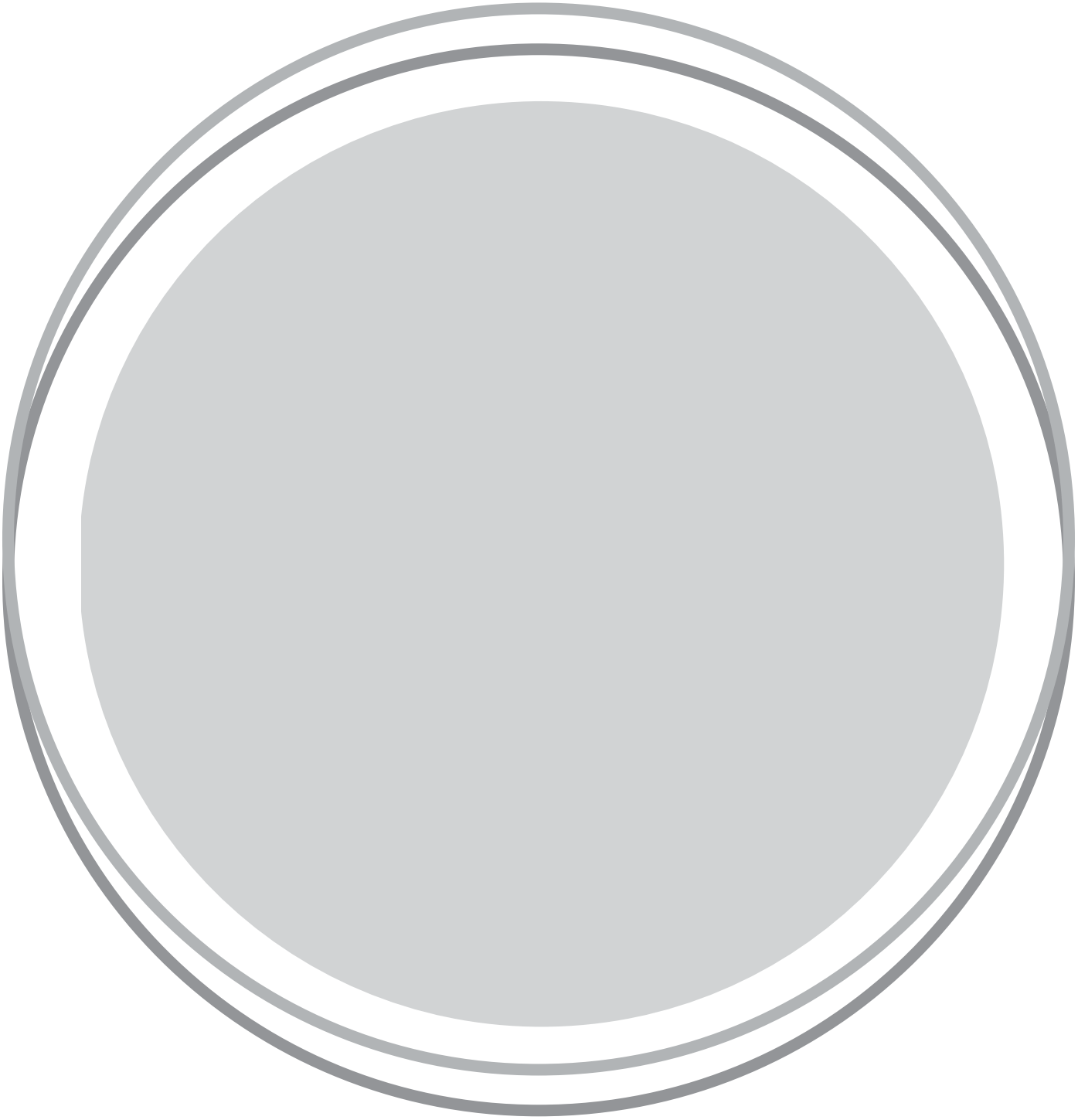
The guidelines set out by the British Cardiovascular Society (2010) now advise:

1. Low risk – If you have had a heart attack but are less than 65 years in age, the blocked artery has been opened and no further tests or treatments are planned, you can fly after three days.
2. Medium risk – If you have had a heart attack and your heart pump is quite good and you have no symptoms or other tests or treatments planned you can fly after ten days.
3. High risk – If you have had a heart attack and the pumping of your heart is affected and you are awaiting further treatment you are advised to defer travel until your condition is stable.

   For further information or advice, speak with your Cardiac Rehabilitation Nurse, Cardiologist or GP.
4. Heart Surgery (Coronary Artery Bypass Grafting) – You can fly after 10 days if you have no complications. If symptomatic, e.g. breathless, dizzy or having a lot of chest pain, talk to your GP.

However, above all enjoy your holiday.

Test and appointment log



What tests and treatments have you had?

Investigation/Treatment	Date	Result
Angiogram		
Angioplasty (with or without a stent) (PCI)		
Bypass Surgery		
Echocardiogram		
Other		

What tests and treatments have you had?

Date and time	Who appointment is with:	Reason for and outcome of appointment:

Your feedback

If you wish make a comment (good or bad!), make a suggestion, or a complaint, initially please talk directly to the staff involved in your care. We also have a feedback questionnaire that you can complete anonymously whilst you are on the ward or when you return home. Please ask a member of staff if you haven't already received this.

You can also contact the Patient Advice and Liaison Service (PALS):

John Radcliffe Hospital PALS

Tel: 01865 221 473 or 01865 740 868

Email: PALSJR@ouh.nhs.uk

Address: PALS Office
John Radcliffe Hospital
Headley Way
Headington
Oxford, OX3 9DU

Horton General Hospital PALS

Tel: 01295 229 259

Email: PALSHH@ouh.nhs.uk

Address: PALS Office
Horton General Hospital
Oxford Road
Banbury, OX16 9AL

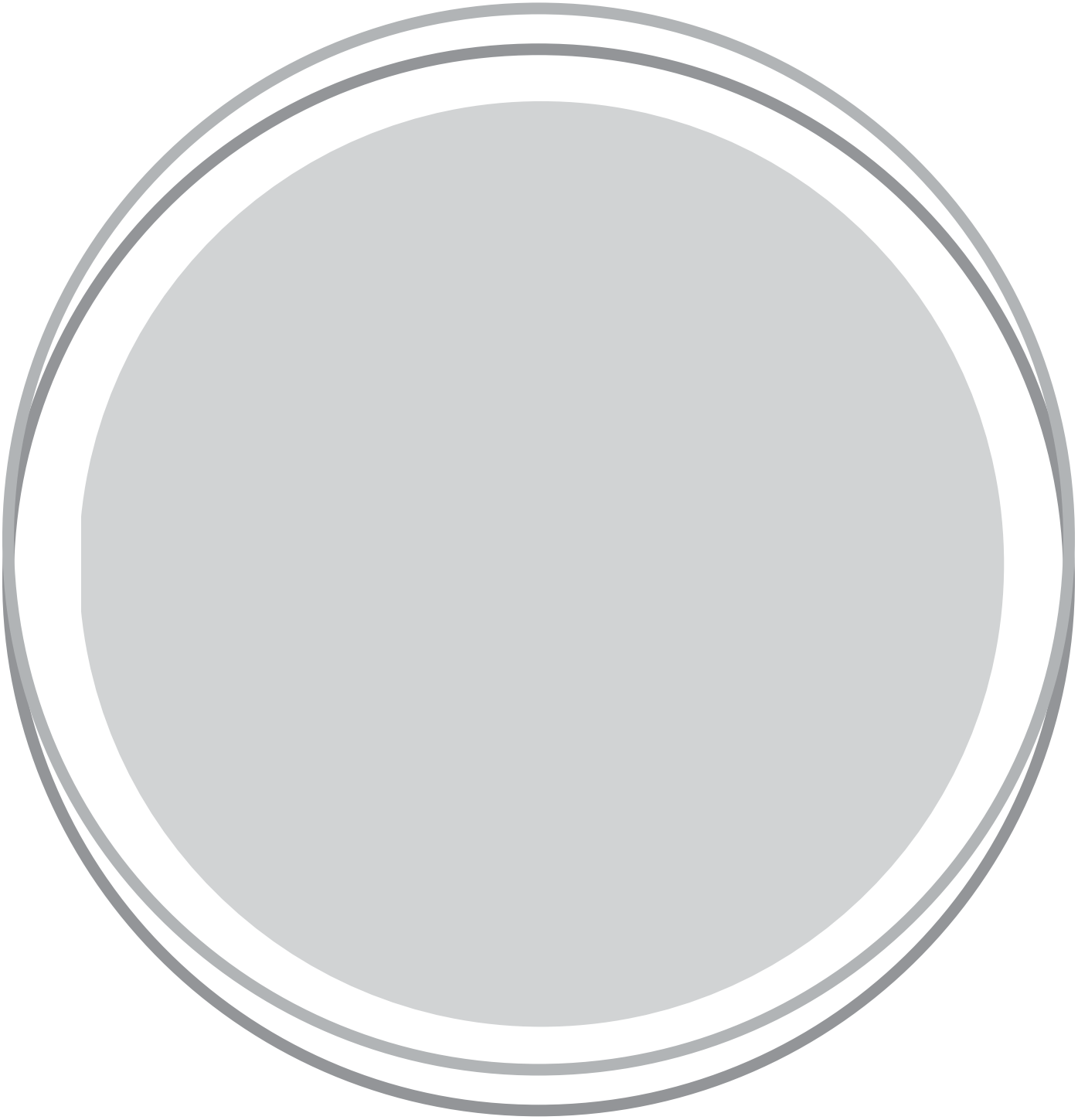
Questions or concerns

We hope that this information booklet and your Cardiac Rehabilitation team have answered all your questions on your heart condition.

If, in the future, you or your partner needs further help or advice, please do not hesitate to contact your local Cardiac Rehabilitation team.

If you have any questions or concerns about any of the information in this booklet, please contact your Cardiac Rehabilitation Nurse on 01865 220 251 (John Radcliffe Hospital) or 01295 229 753 (Horton General Hospital).

Useful contacts



Useful contacts

Arrhythmia Alliance
24 hour Helpline: 01789 867 501
Website: www.heartrhythmcharity.org.uk/
Email: info@heartrhythmcharity.org.uk

British Dietetic Association
Tel: 0121 200 8080
Website: www.bda.uk.com
Email: info@bda.uk.com

British Heart Foundation
Heart helpline: 0300 330 3311
Website: www.bhf.org.uk

Oxfordshire County Council – Accessible transport
Tel: 01865 815 576
Website: www.oxfordshire.gov.uk/cms/public-site/accessible-transport
Email: oxtrag@gmail.com

Prescription Pre-payment Certificate (PPC)
Telephone: 0300 330 1341
Website: www.nhsbsa.nhs.uk/ppc

Healthy eating

Food Standards Agency
Website: www.food.gov.uk

NHS Choices Healthy Eating
Information about food and diet, with healthy recipes and advice.
Website: www.nhs.uk/livewell/healthy-eating/Pages/Healthyeating.aspx

Health and fitness

Green Gym
A way to enhance your fitness and health whilst helping to improve the outdoor environment.
Website: www.tcv.org.uk/greengym

Walking for health initiative
Local health walks to help you get active and stay active.
Tel: 0207 339 8541
Website: www.walkingforhealth.org.uk

Generation Games

Oxfordshire's activity network for the over 50s.

Tel: 01235 849 403

Website: www. generationgames.org.uk

Email: generationgames@ageukoxfordshire.org.uk

Community Diabetes Service for Oxfordshire

Courses to promote self-management of type 2 diabetes.

Tel: 01865 604 091

Email: diabeteseducation@oxfordhealth.nhs.uk

NHS 111

Dial 111 from any landline or mobile for free NHS advice and out of hour's appointments.

Oxford University Hospitals NHS Trust

Switchboard: 01865 741 166

Website: www.ouh.nhs.uk

Help and advice services

Talking Space

A service that provides talking therapies for people who live in Oxfordshire coping with mild to moderate levels of anxiety and depression.

Tel: 01865 901 222

Website: www.talkingspaceoxfordshire.org/

Email: talkingspaceplus@nhs.net

Personal experiences of health & illness

(The award winning website of the DIPEx charity)

Website: www.healthtalkonline.org

Samaritans

Confidential listening service which can give you support to make decisions and also put you in touch with other specialist organisations.

Tel: 08457 90 90 90

Oxford Samaritans: 01865 722 122

Banbury and District Samaritans: 01295 270 000

Email: jo@samaritans.org

Website: www.samaritans.org/

Relate

The UK's largest provider of relationship support.

Tel: 0300 100 1234

Website: www.relate.org.uk/

Relate Oxfordshire

Oxford: 01865 242 960

Banbury: 01295 258 141

Email: appointments@relate-oxfordshire.org

Cruse Bereavement Care

Support for people who have experienced or been affected by bereavement.
Website: www.cruse.org.uk/
Tel: 0844 477 9400

Cruse Bereavement Care Oxfordshire

Tel: 01865 245 398
Email: oxfordshire@cruse.org.uk
Website: oxfordshire@cruse.org.uk

Support for Carers

Carers UK
Tel: 0808 808 7777
Website: www.carersuk.org/

Carers Oxfordshire
Tel: 0845 050 76 77
Website: www.carersoxfordshire.org.uk/cms/

South and Vale Carers Centre
Tel: 01235 510 212
Website: http://www.svcarers.org.uk/

Benefits

Citizens Advice Bureau

Tel: 08444 111 444
Website: http://www.citizensadvice.org.uk/

Government Benefits Adviser

Benefit Enquiry Line: 0800 88 22 00
Website: www.gov.uk/benefits-adviser

Disability Employment Advisor Oxford

Tel: 01865 815 809
Website: www.gov.uk/looking-for-work-if-disabled/looking-for-a-job

Jobcentre Plus

Website: www.gov.uk/contact-jobcentre-plus

Age UK

Tel: 0845 050 7666
Website: www.ageuk.org.uk/

Emergency life support skills

You and your family may be interested to learn how to perform basic life-support skills. This training takes place at the Cardiac Rehabilitation Department, Horton Hospital, or you can look on the following websites:

St John Ambulance

www.sja.org.uk/sja/training-courses/course-search.aspx

British Red Cross

www.redcross.org.uk/What-we-do/First-aid

Driving

DVLA

Car or motorcycle

Tel: 0300 790 6806

Bus, coach or lorry

Tel: 0300 790 6807

Website: www.gov.uk

Address: Drivers Medical Enquiries, DVLA, Swansea, SA99 ITU

Smoking

NHS Smokefree

National Helpline: 0300 123 1044

Website: www.nhs.uk/smokefree

ASH (Action on Smoking Health)

Telephone: 0207 404 0242

Website: www.ash.org.uk

Quitline

Telephone: 0207 553 2100

Website: www.quit.org.uk

Oxfordshire Smoking Advice Service

Telephone: 0845 40 80 300
01865 904 625

Website: www.smokefreelifeoxfordshire.co.uk/

The Cardiac Rehabilitation Department is always very grateful for donations received from patients, families and members of the public. In the past we have used these gifts to buy gym equipment for the exercise facilities and supported specialist staff training.

If you would like to support the Cardiac Rehabilitation Team, please speak to your Cardiac Rehabilitation Nurse or Exercise Physiologist who will be please to give you details. You can also contact the OUH Charitable Funds team on: 01865 222 525 or 01865 743 444.

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information

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