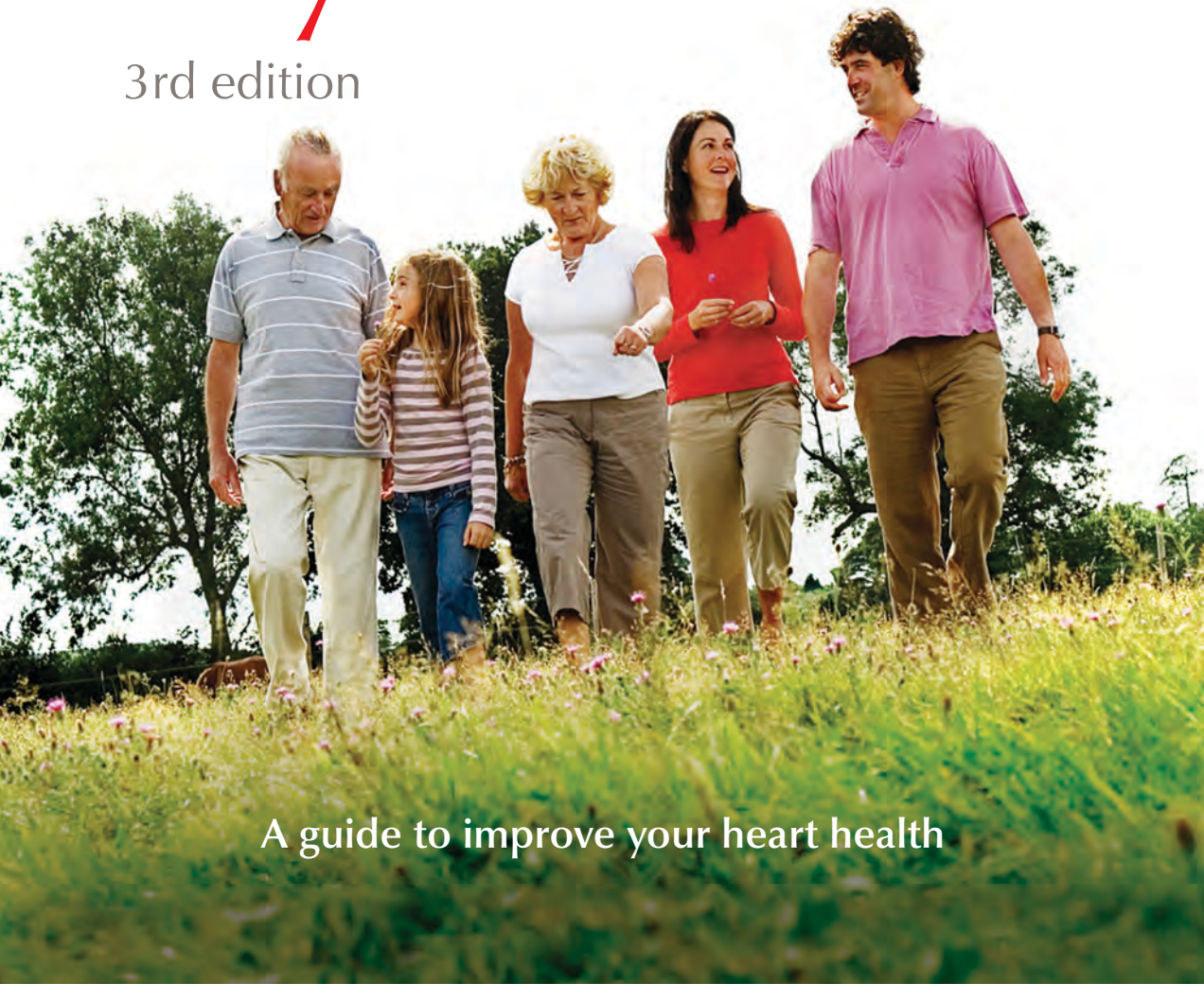


# My heart, my life

3rd edition



A guide to improve your heart health

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# Foreword

Recovering after a heart attack or heart surgery can be a daunting experience for you and your family.

The Heart Foundation has developed *My heart, my life* to help you understand and better manage your heart health.

*My heart, my life* is a wonderful resource that will help make your journey to recovery as easy as possible for you and your family.

It provides practical advice and important information such as how your heart works, what to expect while in hospital, steps you can take to keep your heart healthy and the support services that are available to you and your family.

With this booklet, you will be able to manage your heart health by taking simple steps to change your lifestyle including changes to your food, physical activity and getting back to work.

The information in this booklet supports the advice and guidance from your cardiologist, general practitioner and other health professionals who have been supporting you in your recovery.

If you have any questions, please call the Heart Foundation's Helpline on 13 11 12 or visit [www.heartfoundation.org.au/aftermyheartattack](http://www.heartfoundation.org.au/aftermyheartattack) for more information and support.

I wish you all the very best with your recovery and for continued good health for many years to come.



**Adj Prof John G Kelly AM**  
*Chief Executive Officer –  
National*  
National Heart Foundation  
of Australia



Call the Heart Foundation  
Helpline **13 11 12**

**Free health information is within reach**



Heart Foundation Helpline provides free personalised information on heart health, nutrition and living a healthy lifestyle.



**13 11 12** 9am - 5pm weekdays



**health@heartfoundation.org.au**



**heartfoundation.org.au/support**

If you need an interpreter, call TIS National on 131 450.



# We're here to help

The Heart Foundation leads the fight against heart disease. Our mission is to prevent heart disease and improve the heart health and quality of life of all Australians through our work in prevention, support and research.

For close to 60 years, we have been dedicated to saving lives by making a difference to the heart health of all Australians. Community donations help us to fund vital research, develop guidelines for health professionals, support patient care and help Australians to live healthier lifestyles. There is much more to do, and we are determined to save as many lives as we can.

Our work has helped to reduce the number of deaths from cardiovascular disease. But the disease remains one of Australia's most devastating health problems. It claims a life almost every 12 minutes – 29% of all deaths in 2015. One in six Australians, or an estimated 4.2 million people, reported a long-term cardiovascular disease condition in 2015.

Our three health aims are:

- Prevention – to reduce the prevalence and impact of risk factors for heart disease
- Support and Care – to improve the health outcomes for Australians with heart disease
- Research – to fund the highest impact research in heart disease.



Get free  
information and  
support from  
the Heart  
Foundation  
Helpline 13 11 12

This booklet will help you and your family or carer understand more about your heart condition and what you will need to do when you leave hospital. It gives you information about:

- what has happened to your heart
- first steps for recovering
- how to make lifestyle changes to reduce your risk of more heart problems.

You can play an active part in planning your recovery and improving your long-term health by:

- building a strong relationship with your health professionals
- asking questions
- having your say
- working with your doctor to develop a plan for your recovery that is right for you.

You can find more information about everything in this booklet on our website [www.heartfoundation.org.au/aftermyheartattack](http://www.heartfoundation.org.au/aftermyheartattack). There's also information to support your family and carers.

This booklet belongs to:

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---

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My telephone number:

---

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My cardiac rehabilitation program:

---

---

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My doctor:

---

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My doctor's telephone number:

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Emergency number: Triple Zero (000)

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Get free, personalised information and support from the Heart Foundation Helpline. Translating and interpreting service also available.

Call 13 11 12 or email  
[health@heartfoundation.org.au](mailto:health@heartfoundation.org.au)

This booklet is based on:

- *My heart, my life*, originally developed by the Heart Foundation's WA office with contributions from local healthcare providers
- *Managing my heart health*, developed by the Heart Foundation's NSW office.



# My heart

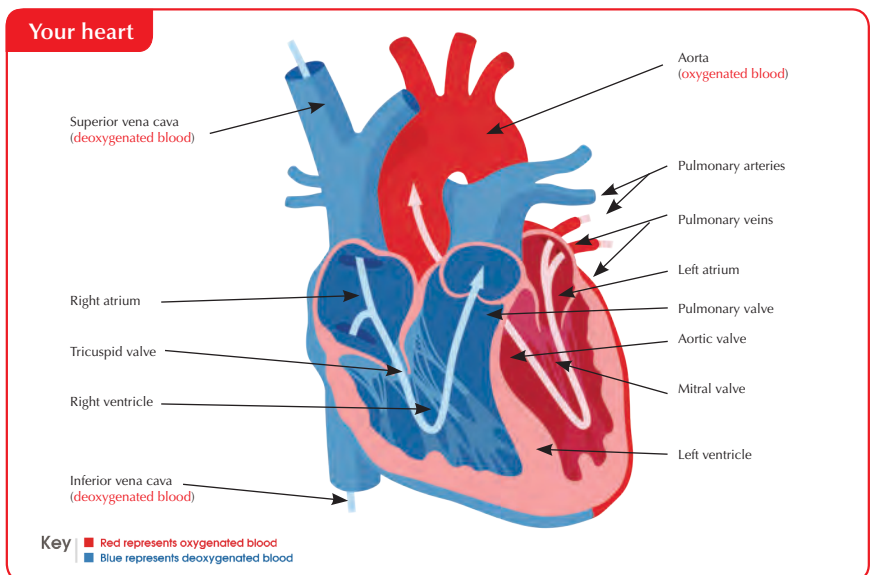
- ▶ Understanding your heart condition can help your recovery.
- ▶ In this section you'll find out what's happened to your heart and why and how to manage symptoms and what to do in an emergency.



# How your heart works

Your heart is a muscle that pumps blood to all parts of your body. The blood gives your body the oxygen and nourishment it needs to work properly.

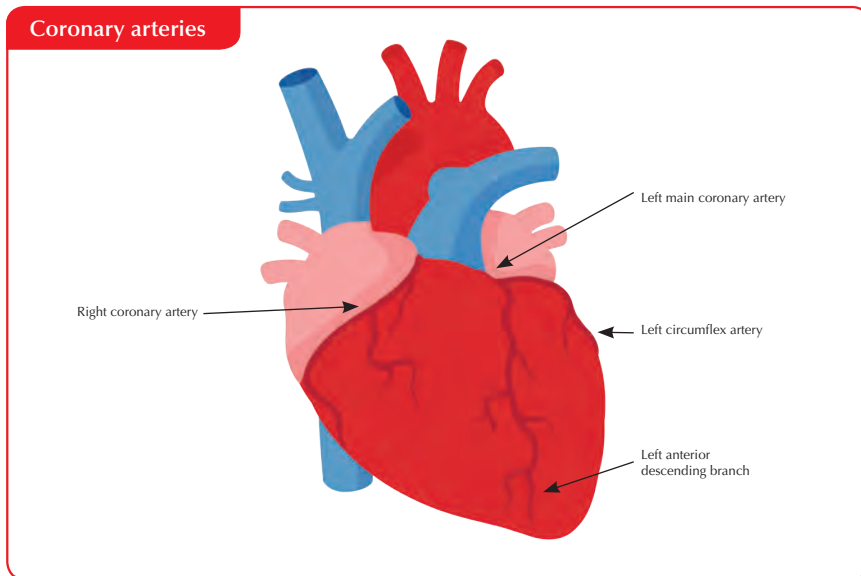
- The heart has two sides – left and right, separated by a muscular wall.
- There is an upper and lower chamber on each side connected by valves that direct the flow of blood.
- The smaller upper chambers are known as the atria and the larger lower chambers are the ventricles.
- The pumping of the heart is controlled by special fibres that conduct electrical signals to the various chambers.
- The right side of the heart pumps the blood to the lungs, where it receives oxygen.
- Blood enters the left side of the heart from the lungs and the heart pumps the oxygen-rich blood around the body.



# Coronary arteries

Coronary arteries supply the heart muscle with blood. The left and right coronary arteries divide many times to spread over the heart muscle wall and give it blood and oxygen.

The coronary arteries get blood from the aorta, the major artery taking blood to the rest of the body.



# Coronary heart disease

Coronary heart disease affects many people. It's a chronic condition – that means it is long term.

Coronary heart disease happens when fatty material builds up in your arteries. This makes them narrower. The fatty material is called 'plaque'. Plaque builds up slowly, and this process is called atherosclerosis. It can start when you are young and be well advanced by middle age.

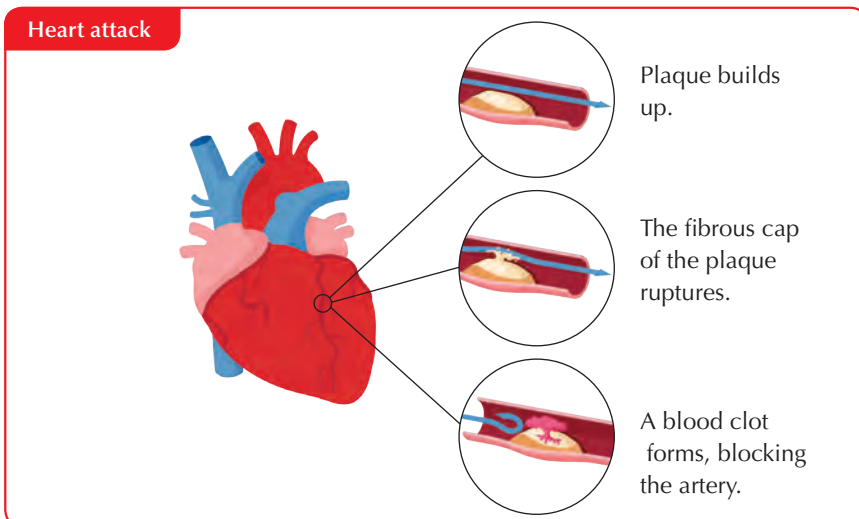
Stable plaque is generally not harmful but if it narrows the arteries too much it can cause angina (see page 11).

Unstable plaque has more fat, a thin cap and is inflamed. It does not have to be associated with severe narrowing of the artery. Unstable plaque can develop a crack on the surface, exposing the contents of the plaque to the blood. Blood cells try to seal the gap in the surface with a blood clot. The blood clot partially or completely blocks the artery.

If a blood clot forms in a narrow artery and blocks the blood supply to part of your heart, it can cause a heart attack. While atherosclerosis develops slowly over decades, the major consequences can appear to be sudden. Some people may not know they have coronary heart disease until they have a heart attack.

# What is a heart attack?

- You might hear health professionals use other names for a heart attack. It's sometimes called:
  - 'myocardial infarction' or 'MI'
  - 'acute myocardial infarction' or 'AMI'
  - 'coronary occlusion' or 'coronary thrombosis'.
- A heart attack happens when there is a sudden complete blockage of an artery that supplies blood to an area of your heart.
- The usual cause of a heart attack is coronary heart disease, where plaque has built up in your arteries (see page 4).
- Some people may not know they have coronary heart disease until they have a heart attack. This process begins early in life and continues over many years.
- A heart attack usually begins when an area of plaque cracks, leading to a blood clot forming.
- This clot can stop the blood reaching your heart, causing areas of the heart muscle to die. Without early medical treatment, the damage to your heart can be permanent, and could cause death.
- Learn the warning signs of a heart attack so you recognise them - see the action plan at the back of this book.
- A heart attack is an emergency – call Triple Zero (000) immediately.



## The warning signs of a heart attack

The most common warning signs of a heart attack are outlined here. You may have just one of these symptoms, or a combination of them.

Symptoms can come on suddenly or develop over minutes and get progressively worse.

If you have had one heart attack, you are at higher risk of having another heart attack. But the symptoms may be different.

- **You may feel**

- pain
- pressure
- heaviness
- tightness

- **In one or more of your**

- chest
- neck
- jaw
- arm/s
- back
- shoulder/s



Chest



Arm(s)



Back



Jaw



Neck



Shoulder(s)

## Discomfort or pain in the chest

This can often feel like a heaviness, tightness or pressure. People who have had a heart attack have commonly described it as like “an elephant sitting on my chest”, “a belt that’s been tightened around my chest” or “bad indigestion”. You may have a choking feeling in your throat. Your arms may feel heavy or useless.

- **You may also feel**
  - nauseous
  - a cold sweat
  - dizzy
  - short of breath





**If you experience the warning signs of heart attack:**

- 1. STOP** what you are doing and rest.
- 2. TALK** – if someone is with you tell them how you are feeling.
- 3. CALL** Triple Zero (000) and ask for an ambulance. Acting quickly can reduce the damage to your heart muscle and increase your chance of survival. Chew 300mg aspirin, unless you have an allergy to aspirin or your doctor has told you not to take it.

Be prepared. Learn the warning signs and keep your action plan in a handy place so you can refer to it if and when you need it. See page 137 for details.

**A heart attack is an emergency. Call Triple Zero (000) immediately!**

With a heart attack, every minute counts. Too many people die because they take too long to call Triple Zero (000) for an ambulance.

Getting to hospital quickly can reduce the damage to your heart muscle and increase your chance of survival. Treatment you will receive in hospital will help reduce this damage.



Call Triple Zero (000) to:

- get an ambulance fast
- be treated as soon as possible
- get advice on what to do while the ambulance comes.

Ambulances have special lifesaving equipment to begin to treat a heart attack on the spot. You can get immediate medical help.

The ambulance is the safest and fastest way to get you to hospital. Driving yourself or being driven can be dangerous for both you and other people on the road.

Even if you are unsure, it is always better to call Triple Zero (000) for an ambulance and be told it's not a heart attack than to wait until it is too late.

# Cardiac arrest and CPR

A cardiac arrest may be caused by a heart attack.

A cardiac arrest occurs when your heart suddenly stops beating. A person in cardiac arrest will be unresponsive, not breathing normally and not moving. They need an immediate response.

You should begin cardiopulmonary resuscitation (CPR) straight away and continue until an ambulance arrives.

If an automated external defibrillator (AED) is available, turn on the AED's power. You'll hear voice prompts and may see prompts on a screen; follow these instructions. AEDs are user-friendly devices that untrained bystanders can use to save a life.

## Remember DRSABCD

Before starting CPR, remember DRSABCD:

D – check for danger

R – check for responsiveness

S – send for help

A – open airway

B – check breathing

C – start CPR

D – attach defibrillator.

Knowing CPR can help save a life – maybe the life of someone close to you. Everyone should learn this lifesaving skill. Contact our Heart Foundation Helpline on 13 11 12 for information on CPR courses in Australia. See the CPR chart at the back of this book.

# What is angina?

- Angina is temporary pain or discomfort that happens when your heart can't get enough blood and oxygen.
- If angina symptoms continue for more than 10 minutes, are severe or get worse, call Triple Zero (000).
- Angina is a symptom of coronary heart disease. It is important that you visit your doctor and get appropriate treatment.

## What causes angina?

In most cases, angina is caused by plaque narrowing your coronary arteries. Blood flow is reduced and less blood and oxygen gets to your heart.

Angina does not happen all the time. The reduced blood supply can still keep up with your heart's needs most of the time. Angina usually happens during exertion, severe emotional stress, or after a heavy meal. That's because the heart is demanding more blood oxygen than the narrowed coronary arteries can deliver.

Angina is not the same as a heart attack as there is generally no permanent muscle damage. The pain usually fades away with rest. If angina comes on at rest when it has always been associated with activity in the past, this is a sign that the problem is progressing and you should seek medical attention.

## What are the symptoms of angina?

Angina causes pain or discomfort that usually feels tight, gripping or squeezing. It can vary from mild to severe.

You may feel angina in the centre of your chest. It may spread to your back, neck, jaw, shoulder(s), arm(s) or hand(s). Or you may feel it in other areas of



your body. You may not even have pain, but instead get an unpleasant sensation or discomfort in your chest, or feel short of breath.

Angina can affect people in different ways. People can experience different symptoms at different times. You may get it early in the morning only, or you may get it when you are resting or even sleeping. Some people get it in cold weather, after a heavy meal or after physical activity.

### Managing angina symptoms

If you need angina medicine your doctor will prescribe a nitrate spray or tablet. Angina symptoms usually stop in a couple of minutes if you rest and take your angina medicine. If they don't stop in 10 minutes you should call Triple Zero (000) because you may be having a heart attack.

See the checklist 'What to do if you have angina' for the steps when you get symptoms.

If you know when you might get angina, you can use your nitrate medicine before those times. However, talk with your doctor about this first.

It can be difficult to tell the difference between angina and heart attack warning signs because the symptoms can feel similar.

Talk to your doctor if your angina:

- becomes more severe
- happens more often
- lasts longer
- doesn't respond as well to medicine
- happens with less exertion
- happens at night or when you are resting.

### ► Checklist: What to do if you have angina

1. As soon as you feel angina symptoms, immediately stop and rest. If your angina comes on predictably with a particular activity, for example walking up a steep flight of stairs, it is reasonable to take your medicine beforehand as a preventative measure.
2. If rest alone does not relieve the symptoms, take a dose of your angina medicine. **Sit or lie down before using your spray or tablet, because it can make you feel dizzy. Use the smallest dose you normally take (e.g. a full, a half or even a quarter of a tablet).**

**Spray:** one spray under the tongue will relieve angina quickly in most people.

**Tablets:** place a tablet under your tongue – do not swallow it. When your angina symptoms stop, spit out what is left of the tablet.

3. Wait 5 minutes. If the angina is not relieved, take another dose of your angina medicine.
4. Wait another 5 minutes.
5. Talk – if someone is with you tell them how you are feeling or call a relative or friend.
6. Call Triple Zero (000) if the angina:
  - is not completely relieved within the 10 minutes you have waited **or**
  - is severe **or**
  - gets worse quickly.

Ask for an ambulance. Don't hang up. Wait for advice from the operator.

# What causes coronary heart disease?

Heart attacks and angina are both outcomes of coronary heart disease. There is no single cause for coronary heart disease, but there are risk factors that increase your chance of getting it. The more risk factors you have, the more likely you are to have a heart attack.

Risk factors that you can't change include:

- getting older
- being male
- having a family history of coronary heart disease
- being a post-menopausal woman.

The risk factors that you can change include:

- unhealthy eating (see pages 53–68)
- being physically inactive (see pages 70–74)
- being overweight or obese (see pages 76–79)
- smoking – either being a smoker or inhaling other people's smoke (passive smoking) (see pages 80–82)
- diabetes (see pages 83–84)
- high blood pressure (see pages 85–88)
- high cholesterol (see pages 89–90)
- not having quality social support (see pages 94–99).

Aboriginal and Torres Strait Islander peoples have a higher risk of coronary heart disease, and at a younger age, than other Australians.

You can reduce your risk of further heart problems by:

- taking your medicines as advised by your doctor
- changing your lifestyle to reduce as many risk factors as you can.

The next two sections give you information about how to do this.







# In hospital

In this section you'll find:

- ▶ information on medical tests, procedures and medicines
- ▶ reasons why cardiac rehabilitation is important
- ▶ advice to help you with the emotional side of a heart event
- ▶ help for preparing to go home.



A lot can happen in hospital and you may feel shocked, confused, emotional or even angry. It can be hard to remember everything you are told. Ask your health professionals to explain things you're not sure about.

▶ **Checklist: Questions to ask your health professionals while you're in hospital**

- Can you explain what has happened to me?
- How long do I have to stay in hospital?
- How long will it take me to recover?
- What tests will I need to have?
- Will I have any procedures or surgery?
- What medicines will I have to take?
- Are there any risks associated with my treatment?
- What can I do to help improve my recovery?
- How can I access a cardiac rehabilitation program?

# Common medical tests

Some of the common tests are explained below. You may have already had these tests in the emergency department or on your way to hospital. Tests involving physical activity are generally done after you have been discharged from hospital.

## Blood tests

When your heart muscle has been damaged, as in a heart attack, your body releases substances in your blood. Blood tests can measure the levels of these substances and show if, and how much of, your heart muscle has been damaged. The most common test after a heart attack checks levels of troponin in your blood.

Blood tests are also done to measure the level of other substances in your blood, such as blood fats (e.g. cholesterol and triglycerides) and minerals.

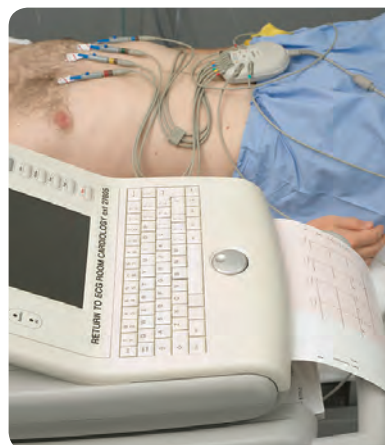
Your blood sample is taken from a vein in your arm. A laboratory then tests it and sends the results to your doctor, who will explain the results to you.

## Electrocardiogram (ECG)

An ECG reads your heart's electrical impulses. Small sticky dots and wire leads are put on your chest, arms and legs. The leads are attached to an ECG machine which records the electrical impulses and prints them out on paper.

Your doctor may use an ECG to diagnose a heart attack or abnormal heart rhythms (called 'arrhythmias').

- Your doctor may order medical tests to help find out what your heart condition is and the best way to treat it.
- Ask your doctor if you're not sure about any tests.



Electrocardiogram (ECG)



Exercise stress test

## Exercise stress test

A stress test, sometimes called a ‘treadmill’ or an ‘exercise’ test, is a type of ECG that is done while you are exercising. It helps your doctor to find out how well your heart works when you are physically active. This will usually be done after you leave hospital.

## Echocardiogram (ultrasound)

An echocardiogram is a common test. It gives a picture of your heart using ultrasound. It uses a probe either on your chest or sometimes can be done down your oesophagus (throat).

It helps your doctor check if there are any problems with your heart’s valves and chambers, and see how strongly your heart pumps blood.

An echocardiogram performed before and after exercise is also used to detect areas of the heart where the blood supply through the coronary arteries to the heart muscle is reduced.

## Nuclear cardiac stress test

This test is sometimes called an ‘exercise thallium scan’, a ‘dual isotope treadmill’ or an ‘exercise nuclear scan’.

A tiny dose of a radioactive substance called a ‘tracer’ is injected into your bloodstream. It goes to your heart and releases energy. Special cameras take a picture of this energy from outside your body.

Your doctor uses this picture to see how much blood flows to your heart muscle and how well your heart pumps blood when you are resting and doing physical activity. This test also helps your doctor to see if your heart muscle is damaged.

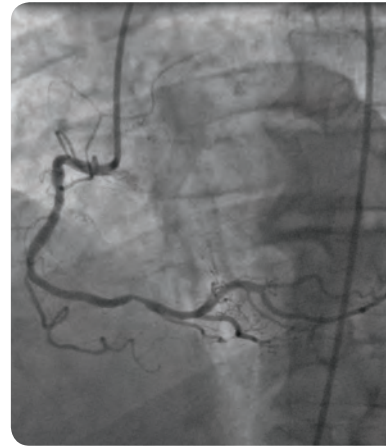
## Coronary angiogram

A coronary angiogram may be done during or after a heart attack or angina. It's sometimes called 'cardiac catheterisation'.

A catheter (a small tube) is put into an artery in your groin, arm or wrist under local anaesthetic. The catheter is moved up inside the artery until it reaches your heart. You will not feel this.

A special dye is injected into your coronary arteries and an X-ray is taken. It will make you feel hot and flushed for a few seconds. The X-ray shows your doctor where and how much your coronary arteries are narrowed. It also shows how well your heart is pumping.

Coronary angiograms help your doctor decide the best treatment for you. Sometimes it is best to go straight on to coronary angioplasty (see page 23) while you are in the laboratory having a coronary angiogram and the tubes are in place. The cardiologist will discuss this option with you before the procedure and it is your choice whether to proceed.



Coronary angiogram

Visit [heartfoundation.org.au/aftermyheartattack](http://heartfoundation.org.au/aftermyheartattack)  
for more information

## Magnetic resonance imaging (MRI)

An MRI uses very strong magnets and radio waves to create detailed images of your heart on a computer. It can take still or moving pictures of your heart. It does not involve radiation and the main thing you will notice is a drumming noise while the scanning is being done.

Sometimes a special dye is used to make parts of the heart and coronary arteries easier to see.

This test shows your doctor the structure of your heart and how well it is working, so they can decide the best treatment for you.

## Coronary computed tomography angiogram (CCTA)

This is a type of computed tomography (CT) scan that can help diagnose coronary artery disease. It gives a three-dimensional image of the heart chambers and coronary arteries supplying blood to the heart. A CCTA is a non-invasive test for people who may be experiencing unusual cardiac symptoms.

## Calcium scoring

Your doctor might also arrange a scan that provides a coronary artery calcium score. This is a measurement of the amount of calcium in the walls of the arteries that supply the heart muscle, using a computed tomography (CT) scan of the heart. It shows the amount of hardening of the artery wall (atherosclerosis).

# Common medical procedures

Some common procedures and treatments are explained below.

## Coronary angioplasty and stent implantation

This is a procedure to open a narrowing in your artery. It improves blood flow to your heart.

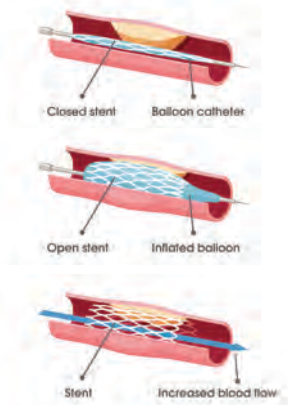
The cardiologist inserts a small, deflated balloon through a main artery in your groin or wrist, and moves it to the heart's artery, using an X-ray machine to see what they are doing.

The balloon is inflated inside the narrowed part of your artery.

After that, the cardiologist may use a stent to keep the artery open. A stent is a tiny expandable tube. The balloon is deflated and taken out and the stent stays in place to help stop the narrowing recurring.

- Once your doctor knows what your heart condition is, he or she will then decide what treatments or procedures to recommend.
- Ask your doctor if you're not sure about a procedure.

### Stent implantation



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## Thrombolytic therapy

Thrombolytic therapy is a treatment in which you are given medicines through a drip to dissolve a blood clot that is narrowing or blocking a coronary artery.

This improves blood flow to your heart muscle and around your body.

## Coronary artery bypass graft surgery (CABG)

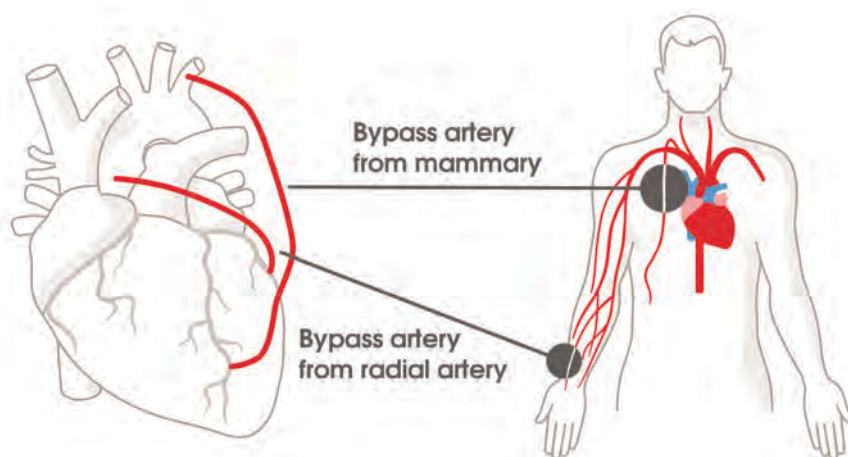
Coronary artery bypass graft surgery is also called bypass surgery or 'CABG' (often referred to as 'cabbage').

In bypass surgery, a blood vessel is taken from your chest, leg or arm, and then attached ('grafted') to your coronary artery. This lets blood detour ('bypass') around a narrowing or blockage in this artery.

During this operation, your surgeon will generally cut down the midline of your chest, through your breastbone, to reach your heart.

Bypass surgery improves blood flow to your heart muscle and reduces angina.

### Bypass surgery





## Artificial pacemaker - ICD

The heart has a natural pacemaker to make it beat normally. If that's not working reliably, an artificial pacemaker can be inserted to do the same job.

An artificial pacemaker is a small device that is put under the skin of your chest, below your collar bone. One or two wires connect the pacemaker to the chambers of your heart.

A pacemaker makes small electrical currents that stimulate your heart muscle and help it pump regularly. Modern pacemakers are very reliable and sophisticated.

A pacemaker's battery can last up to 10 years. Your doctor will check the battery every year, and replace it when needed.

You may be given an implantable cardiac defibrillator (ICD). This small device is put into your chest and connected to your heart by one or more wire leads. It monitors your heart rhythm and corrects it if it beats too fast or stops beating.

## Defibrillation

Defibrillation helps to restore a normal heart rhythm when your heart stops beating during cardiac arrest. It may also be used to treat other heart rhythm problems (e.g. if your heart beats too fast).

Paddles or pads are put on your chest. A regulated electrical current is applied to your heart to make it start beating regularly again. If it is done urgently as a lifesaving measure time is of the essence and you will feel a thumping sensation in the chest. In less urgent situations you will be given a mild anaesthetic.



Artificial pacemaker



Defibrillation

## Heart valve surgery

Some valve problems can be treated using catheter techniques similar to a coronary angioplasty described above. However, often surgery is required. Heart valve surgery fixes a damaged or faulty heart valve and helps your heart to pump blood properly.

Your surgeon usually cuts down the midline of your chest, through your breastbone, to reach your heart. The faulty heart valve will then be repaired or replaced. There is emerging use of keyhole or robotic surgery for this procedure.



Visit [heartfoundation.org.au/aftermyheartattack](https://heartfoundation.org.au/aftermyheartattack) for more information

# Medicines

There are many medicines that treat heart attack, angina, high blood pressure, high cholesterol and other heart conditions.

Your cardiologist, along with your doctor, will decide the best medicines for you to take at home to help you manage your heart condition.

When you leave hospital, you will only have enough medicine for a short time. It is important that you keep taking these medicines and see your doctor for more prescriptions.

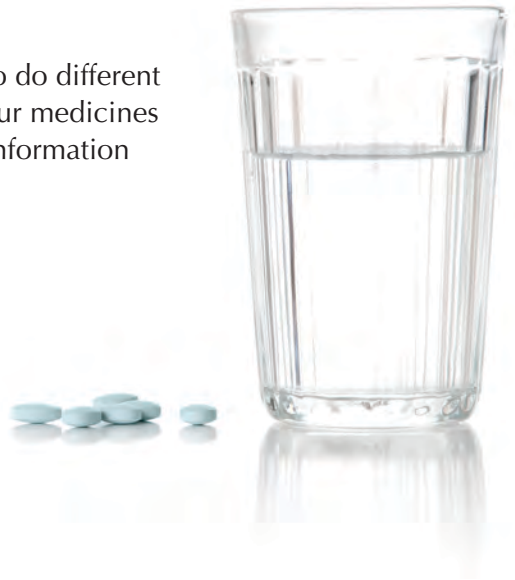
## Why are medicines important?

Medicines can help:

- reduce your risk of a future heart attack, angina, heart failure and stroke
- manage your symptoms
- improve your quality of life
- keep you out of hospital
- you live longer.

You may be given different medicines to do different things. You will need to take most of your medicines long term. (See pages 31–34 for more information about particular types of medicines.)

- **Get to know your medicines and why they're important.**
- **Take your medicines exactly as advised by your doctor or pharmacist.**
- **Carry a list of your medicines, doses and instructions for taking them.**





## Get to know your medicines

It's important to know what medicine you're taking, what it does, and how it might affect you. Your doctor or pharmacist can give you this information.

- **Name.** The drug name and brand name are different, and some medicines have more than one brand name. Ask your doctor or pharmacist if there are cheaper brands available.
- **How to take the medicine.** Follow your doctor and pharmacist's advice about when and how to take your medicines (e.g. at a particular time of the day, or with food).
- **Possible side effects.** Talk with your doctor about these and what to do if you have side effects. Check if any of your medicines might affect you before driving, operating machinery or doing jobs where you need to be alert. Do not stop your medicine if you feel you have a side effect without first talking to a doctor. Often symptoms are coincidental and due to another cause.
- **What to do if you miss a dose.** Check what the information sheet says or ask your doctor or pharmacist.
- **How to store your medicines.** (e.g. away from direct sunlight).

Other ways to find out about your medicines:

- Medicines often come with an information sheet called 'consumer medicines information' (CMI). If they don't, ask the pharmacist or doctor for it and read all about your medicines.
- Call the Medicines Line on 1300 633 424 or visit [nps.org.au](http://nps.org.au).

The internet is a handy source of information about medicines. But it is not as reliable as what your doctor or pharmacist can tell you.

## Home Medicines Review

A pharmacist can visit you at home to check your medicines and how you are taking them. Talk to your doctor to arrange a Home Medicines Review.

## Over-the-counter medicines

Many people take over-the-counter medicines available from a pharmacy or supermarket. These can affect your prescription medicines. Talk to your cardiologist, doctor or pharmacist about which over-the-counter medicines are safe for you to take.

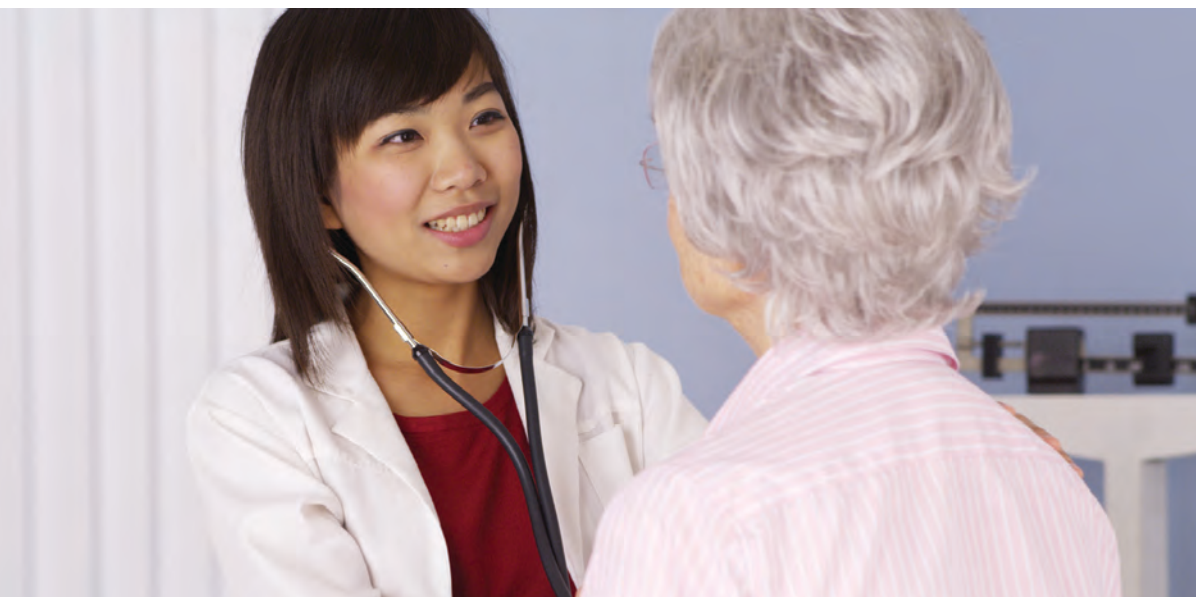
### ▶ Checklist: taking your medicines

- Take your medicines exactly as your doctor advises. Get into a routine.
- Don't stop taking medicines or change doses unless your doctor tells you to.
- Talk with your doctor or pharmacist about possible side effects.
- Don't run out of your medicines – keep enough of a supply at home.
- Carry a list of your medicines, doses and instructions for taking them.
- Check with your doctor or pharmacist before taking over-the-counter or complementary medicines (e.g. cold and flu medicine, vitamins or herbs).
- Don't take medicine that's past its 'use by' or 'best before' date.
- See your doctor regularly to check that your medicines are working properly.

### ► Checklist: questions to ask your doctor

Take your medicine list with you to your medical appointments so your doctor can answer any questions.

- What's the name of the medicine?
- Is it the brand name or the drug name?
- Why am I taking this?
- What is it supposed to do?
- How and when do I take my medicine? For how long?
- How will I know my medicine is working?
- What are the risks of taking this medicine?
- Will I have side effects? If so, what should I do?
- How often should I visit my doctor or other health professional?
- Do I need to avoid any foods, dietary supplements, other prescription or over-the-counter medicines while I'm taking this medicine?



## Common medicines

The medicines you take depend on your heart condition and symptoms. For a heart attack or angina, it's normal to take different kinds of medicine.

Below is a list of medicines commonly used to:

- stop blood clots
- manage high blood pressure
- manage high cholesterol
- manage and stop angina.

## Anti-clotting (blood-thinning) medicines

### Aspirin

You may have to take a small dose of aspirin every day. It can stop blood clots from forming in a narrow artery and reduce the risk of heart attack and stroke.

If you can't take aspirin, you might take another anti-clotting medicine.

### Antiplatelet medicines

Antiplatelet medicines include clopidogrel, prasugrel and ticagrelor. They can be used with, or instead of, aspirin. They help to stop blood clots forming in your blood vessels.

You usually need antiplatelet medicines if you've had coronary angioplasty and stent implantation, or have had recurring heart attacks or angina.

If you take an antiplatelet medicine, unless you are suffering severe bleeding **you must not stop taking it** unless your cardiologist or doctor tells you to. This is even more important if you have had a stent implanted.



## Anticoagulant medicines

### Warfarin

Warfarin helps to prevent blood clots forming and treats existing clots.

If you are taking warfarin you need to have regular blood tests to check you're taking the right dose and that it's working properly.

Other medicines, including some foods, alcohol, herbs and vitamins, can change how warfarin works. Speak to your doctor, nurse or pharmacist about what foods can interact with warfarin. Tell your doctor or pharmacist about any other medicines you take or plan to start taking and read the instructions carefully.

### Novel anticoagulant therapies

Some other anticoagulant medicines, called NOACs (novel anticoagulant therapies) include dabigatran, apixaban and rivaroxaban. These do not require blood testing.

## Blood pressure medicines

### Angiotensin converting enzyme (ACE) inhibitors

ACE inhibitors widen ('dilate') your blood vessels and reduce strain on your heart. They are used to lower blood pressure, make your heart work better and improve your chance of surviving after a heart attack.

### Angiotensin II receptor blockers (ARB)

ARBs are sometimes used instead of ACE inhibitors if you get side effects, such as a persistent cough, from taking ACE inhibitors. ARBs work like ACE inhibitors; they widen your blood vessels and reduce strain on your heart.



## Beta-blockers

Beta-blockers can make your heart beat more slowly, and lower your blood pressure and risk of a heart attack. You may sometimes be given a beta-blocker for arrhythmias (abnormal heart rhythms) or angina.

## Cholesterol medicines

### Statins

Statins reduce your risk of heart attack and stroke by helping to lower your cholesterol. They also sometimes lower your triglycerides (see pages 89–90 for more about cholesterol and triglycerides).

Statins help to stabilise plaque in arteries. They are often given to people after they have had a heart event (e.g. heart attack, stroke or angina) – even if the person’s cholesterol is in the ‘normal’ range.

Statins are recommended for almost everyone with coronary heart disease.

You will usually be given a statin when you are in hospital. You will need to keep taking it when you go home.

Your doctor may change the dose or type of statin you are taking, to make sure it is working properly and not causing side effects.



## Anti-anginal medicines

### Nitrates

Nitrate medicines increase blood flow to your heart by widening blood vessels. They prevent or treat angina. See 'What to do if you have angina' on page 13 for more information.

There are two types of nitrate medicines.

- **Short-acting nitrate medicines** relieve angina symptoms within a few minutes. These medicines are a spray or tablet that goes under your tongue. They are absorbed through the lining of your mouth into your bloodstream. The most common short-acting nitrate medicine is glyceryl trinitrate (sometimes called 'GTN').
- **Long-acting nitrate medicines** prevent angina symptoms. They do not relieve an angina episode within a few minutes. These are usually tablets that you swallow whole (you do not put them under your tongue like short-acting nitrate medicines).

Nitrate medicines may also come as patches, and you gradually absorb the medicine through your skin.

**Men should not take erectile dysfunction drugs with nitrate medicines. This can have serious consequences or even cause death.**

### Other medicines

Your cardiologist or doctor may prescribe you other drugs. These may be for a range of conditions such as high blood pressure or irregular heartbeats.

# Cardiac rehabilitation

## What is cardiac rehabilitation?

Cardiac rehabilitation is a program where health professionals support you and your carers with your heart disease. It's a valuable part of your recovery, and recommended for all eligible patients.

It can support you to:

- understand coronary heart disease and how it's treated
- manage your risk factors
- get back to your usual activities (e.g. work, driving, having sex)
- cope with fear, stress, depression and anxiety
- understand medicines, tests and procedures
- know heart attack warning signs and what to do in an emergency
- have a healthy lifestyle.

You still need to visit your doctor regularly while you're doing cardiac rehabilitation.

- **It's really important to complete cardiac rehabilitation.**
- **Cardiac rehabilitation gives you and your carers professional support in your recovery.**
- **Ask your nurse or doctor to refer you to a program, or call our Heart Foundation Helpline on 13 11 12 to find one.**



## Why attend cardiac rehabilitation?

Cardiac rehabilitation will help you recover, make you feel better sooner and help prevent further heart problems.

Some of the benefits include:

- getting back to your usual activities more quickly
- increasing your social independence and confidence
- reducing depression and anxiety
- increasing your ability to be physically active
- making you less likely to start smoking again (if you smoked before)
- helping you meet other people in a similar situation.

Ask if you can bring your partner or carer along. It can help them understand what you have gone through and what you need to do to get better.

## How is cardiac rehabilitation run?

Cardiac rehabilitation usually runs for six to 10 weeks. It often starts in hospital and continues when you go home. Programs can be run in different ways and places, for example:

- over the telephone
- on the internet
- face-to-face
- in a group
- in hospitals, community centres and clinics
- in your home.

## Finding a cardiac rehabilitation program

Ask your nurse or doctor to refer you to a cardiac rehabilitation program in your local area or call our Heart Foundation Helpline on 13 11 12 (cost of a local call). See the services and support section on page 106 for more information.



- A heart attack can affect you emotionally as well as physically.
- It's normal to have lots of different feelings after a heart event.
- Talk with family, friends or professionals about how you're feeling.

## Managing your emotions

Some people worry about whether they will ever get 'back to normal'. You may have many different feelings after a heart attack or heart surgery. You may feel sad, worried, shocked, stressed, angry, lonely or guilty. These feelings can be common and usually don't last long.

Talking to others may help you to feel better. You could talk to your doctor, nurse, cardiac rehabilitation team, family or friends.

### What can I do to manage my emotions?

- Think about how you have handled other stresses in your life. Remember what got you through the hard times – and what didn't.
- Get support from friends and family and learn as much about heart disease and its management as you can.
- Do the things you enjoyed doing before your heart attack.
- Try and be physically active.
- Join a cardiac rehabilitation program to get support and learn more about your heart disease and what you can do about it. You will be with other people who have had a heart attack or heart surgery.
- Speak with your doctor about how you are feeling. They will be able to provide the help you need.

For more information on depression, see page 94.



## Personal accounts

“Unless you’ve had a heart attack and survived you really honestly don’t know how painful the experience is. And I don’t mean just the physical pain – it’s the emotional pain. I was a mess because everyone was saying ‘Oh, at 45 you’re very young to have a heart attack, let alone two’. So I got to the stage where for a long time I didn’t even get out of bed. I never went outside my front door because I was frightened – what if I have another heart attack?”

– Kathleen, 52

“I was working pretty hard, I knew I was stressed, I knew the depression was there. I was eating poorly. I had a silent heart attack – there was no pain, no symptoms. I had artery blockages just near the heart and I had three stents inserted over a two-year period.”

– Richard, 64

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- **Your doctor will only let you leave hospital when you're well enough to continue recovering at home.**
- **Talk to your health professionals about what you will need to take home, and what to expect.**

## Leaving hospital

### When can I go home?

Your doctor will let you go home when:

- you feel better
- your symptoms have gone
- your condition is being well managed.

This usually happens within two to seven days after your treatment or operation. But it can be longer and it's different for everyone. It depends on how serious your heart condition is, what treatment you need to have and what your tests results are.

### Leaving hospital can be hard

Many people feel a little anxious and depressed about leaving hospital care. But your doctor will only let you leave hospital if you are well enough to continue your recovery at home.

**Have you got questions?** Speak with a health professional. Call 13 11 12





### ▶ Checklist: before leaving hospital

Make sure that you have:

- information on your diagnosis
- enough medicines and information on how to take them
- talked with a pharmacist if you have any questions about your medicines
- a written plan for what to do if you have more symptoms (see the Warning signs action plan on page 137)
- follow-up appointments with specialists, your general practitioner (GP) or other health professionals
- instructions on how to look after your wound(s) if you have had any procedures or surgery
- information about lifestyle changes you need to make to reduce your risk of more heart problems
- a referral to a cardiac rehabilitation program.

▶ Checklist: Questions to ask your health professionals about going home

- What happens when I get home?
- What should I eat?
- When can I be more physically active?
- When can I have sex?
- When can I drive, and can I wear a seatbelt?
- What if I have to travel on public transport?
- When can I go back to work?
- Why do I feel okay one day, but awful the next?

## What happens when I get home?

For the first few weeks, it may be good to have someone close by to support and help you.

If you live alone, someone may need to stay with you during this time, depending on how serious your health condition is. If you don't have family or friends who can be with you, you can get help from a home care agency.

If you need extra community services, such as Meals on Wheels, ask your doctor or cardiac rehabilitation team for information.

You will need lots of rest, but try to get back into a normal routine as soon as possible, including:

- get up at a normal time
- have a bath or shower if possible
- get dressed for the day – don't stay in your sleeping clothes during the day
- rest at mid-morning, mid-afternoon and after any physical activity.

You should be able to:

- do light work around the house
- go to places, such as a theatre, restaurant or church
- visit friends
- travel in a car but not drive a car until your doctor has given you approval to do so (for more information on driving see page 50)
- climb stairs slowly.

You may feel weak at first, but this isn't necessarily serious. It is normal because you didn't use your muscles much when in hospital.





## Caring for someone after a heart attack



Caring for someone you love after their heart event can be daunting. But we're behind you from the first days in hospital, and for as long as you need us.



### Information at your fingertips

Explore [heartfoundation.org.au/aftermyheartattack](https://heartfoundation.org.au/aftermyheartattack) to learn more about your loved one's condition and how you can help them return to an active and healthy life.



### Personalised support is just a phone call away

Qualified health professionals are available to speak with you, or your loved one – with no appointment necessary. Call us on **13 11 12**.



### Let us help you along the way

Sign up to receive regular emails at [heartfoundation.org.au/aftermyheartattack](https://heartfoundation.org.au/aftermyheartattack) and we'll provide you with information and guidance to help you help your loved one return to an active and healthy lifestyle.

# My recovery

- ▶ This section tells you how you can take charge and take steps towards a positive recovery.
- ▶ Information is included about the first steps for recovery and ways to reduce your risk of more heart problems.





### ▶ Checklist: Take charge of your recovery

- Set recovery goals and priorities for working on your emotional and physical health.
- See your doctor regularly.
- Take your medicines as directed.
- Start and complete your cardiac rehabilitation.

## Set goals and priorities for your health

Work with health professionals to set goals and priorities for making lifestyle changes, such as quitting smoking, losing weight or eating healthier foods.

### Remember:

- you may be more successful if you focus on one goal at a time
- your doctor, cardiologist or cardiac rehabilitation team member can help you set priorities
- don't give up.

Discuss these health goals with your health professionals:

- if you smoke, aim to quit
- if you have high cholesterol and/or high blood pressure, aim to lower them to the targets set with your doctor
- if you have diabetes, work with your doctor to manage it
- if you are overweight, aim to reach a healthy weight and maintain it

- eat healthy foods
- be more physically active and try to reduce the amount of time spent sitting
- manage your emotional health.

This section provides more information on improving your health.

## See your doctor regularly

See your doctor as soon as you can after leaving hospital. You will manage your health better with regular check-ups.

Take your medicines list, discharge information or any test results. These tell your doctor about your medicines and doses. Your doctor may already have this information from the hospital.

## Care for your wounds

If you had surgery or a procedure, you need to look after your wounds so they heal well. Follow the doctor's or hospital instructions. See your doctor if you notice any unusual pain or tenderness in your chest or signs of infection (e.g. increased soreness, oozing, bleeding, a bad smell or a high temperature).

To help your wounds heal:

- eat a balanced healthy diet
- quit smoking
- avoid straining activities as this could damage the wound, or cause other problems
- follow advice about managing pain and exercising from your doctor, physiotherapist or cardiac rehabilitation team.

## Take your medicines

Talk with your doctor about medicines. Don't be afraid to ask questions. You need to understand the benefits, how and when to take your medication, and what the side effects might be.

Take your medicines exactly as directed. Try not to miss a dose. Don't stop taking them just because you feel better.

See pages 27–34 for more information about medicines.

Call the  
Medicines Line  
on 1300 633 424  
for consumer  
advice on  
medicines

## Attend your cardiac rehabilitation

Cardiac rehabilitation will help you to get back on track. Ask your doctor/nurse about a referral to a cardiac rehabilitation program.

It includes important information, social support and a physical activity program. It will also help you to make lifestyle changes and reduce your risk of more heart problems.

See pages 35–37 for more information about cardiac rehabilitation.





# Getting back to normal

You should be able to return to your normal activities a few weeks after your heart attack or surgery. Talk to your doctor or cardiac rehabilitation team about when you can start different activities again and how to pace your recovery.

For more advice about starting physical activity see pages 71–72.

## Going back to work

Returning to work is a very important part of your recovery. The earlier you plan for it, the better your chances of getting back sooner.

Decide with your doctor, cardiac rehabilitation team and other health professionals when to go back to your job. They will tell you how to prepare for returning, and the type of activities that will best help your recovery.

You can usually go back to work a few weeks after you go home from hospital. But this depends on how fast you recover and how physically active your job is. Your workplace may have a Rehabilitation and Return to Work Coordinator who can help.

If you do physically demanding work, you may need to build up your strength first. Think about asking your workplace for lighter duties or shorter work hours or days.

Whatever your job, make sure you are physically and emotionally ready to go back. Give yourself time to settle into your work routine again.

**Talk to your doctor or cardiac rehabilitation team about when you can get back to normal activities.**



## Travelling

Most patients can travel straightaway by train, tram or bus, or as a passenger in a car. If you are traveling on public transport, make sure you have a seat, so you don't get too tired. If you have had heart surgery, discuss using public transport with your doctor.

Long trips may make you feel tired, so try to have regular breaks. If you have had bypass surgery, placing a cushion, pillow or rolled-up towel between your chest and the seat belt may help to reduce pressure on the wound while it heals.

Check with your doctor if you can travel by plane. You may also need to get medical clearance. Ask the airline about any air travel requirements if you're unsure. Travel insurance coverage can be affected by your heart condition. The insurance company may require a medical assessment and there may be extra costs or exclusions on your cover. Talk with your doctor before buying travel insurance.

## Driving

Driving a motor vehicle is a complex task and driver health and fitness to drive is important. A heart attack and heart surgery can affect short-term driving capacity as well as long-term licensing status. Always talk with your doctor before you start driving again.

The following are suggested minimum times to wait before you begin driving a private car again:

- coronary artery bypass graft (CABG) surgery – at least four weeks
- heart attack (myocardial infarction) – at least two weeks
- coronary angioplasty and stent insertion – at least two days.



Your car insurance might not cover you if you start driving sooner than the recommended waiting time. Check with your insurance company.

By law you must report a permanent or long-term illness that might affect your driving. To check if you should report your condition, contact the Transport Authority in your state or territory. They may also set some conditions you must meet to make sure you can drive safely.

If you drive a commercial vehicle (e.g. a truck or forklift), there are longer waiting times. There are also different conditions you need to meet.

Some medicines can affect your ability to drive. Ask your doctor about the side effects of your medicines. This is very important if you drive a commercial vehicle.

If you feel insecure or your family is worried about you driving:

- don't drive alone
- only drive routes you know
- avoid peak hour traffic.

### **Intimacy and having sex**

Most people can have sex again soon after a heart attack or other heart problems.

The exertion during sexual activity can be similar to mild to moderate physical activity – such as brisk walking or climbing up two flights of stairs. As a general guide, if you can do physical activity at this level without getting chest pain or short of breath, you are probably fit enough to resume sexual activity.

If you have had heart surgery, wait until your breastbone has healed (about six to eight weeks after the operation). Do not put any pressure or stress on your chest. Some positions may be more comfortable than others.



Stop having sex if you experience the warning signs of a heart attack. If you are short of breath, have chest pain or even discomfort in your chest during or after sex, you should consult your doctor.

Try not to have sex after eating a large meal, drinking alcohol or when you are very tired.

You may notice changes in your sexual interest or ability. This is common and is usually short-term.

Reasons can include tiredness, depression, anxiety, concerns about physical ability and the effect of your medicines.

Take things slowly. It can take time for a sexual relationship to get back to normal. It's important to remember that intimacy is not just the act of sexual intercourse. It is about feeling connected and close to someone; and feeling loved for who you are. Kissing, cuddling, kind words, hand holding, and togetherness are all important ways to be close to each other. This will increase your feelings of intimacy. Talk with your partner or doctor about your feelings and any concerns you may have about having sex.

If you think your medicines are affecting your sexual desire or ability, talk to your doctor. Do not stop taking your medicines without checking with your doctor. Nitrate medicines can interact with erectile dysfunction medications (see page 34 for more information).

# Eat healthy foods

Healthy eating and drinking is an important part of looking after your health. Eating healthy foods will help you recover, make you feel better and reduce your risk of more heart problems.

Healthy eating is easier than you think. You can usually find all the foods you need at your local supermarket. You just need to know what foods to buy to make healthier meals.

## Our recommended goals

- Eat vegetables, fruit, wholegrains, nuts and seeds every day.
- Choose lean meats and poultry including fish and seafood.
- Choose reduced fat dairy such as unflavoured milk, yoghurt and cheese.
- Choose healthier fats including nuts, seeds, avocados, olives and their oils for cooking.
- Use herbs and spices to flavour foods, instead of salt.
- Make water the drink of choice.

For healthier recipes see  
[heartfoundation.org.au/recipes](http://heartfoundation.org.au/recipes)

- **Healthy eating and drinking will help you recover and avoid more heart problems.**
- **Some simple changes can make a big difference.**
- **Talk to your doctor or dietitian about the diet that is best for you.**
- **Use the action plan on page 116 to make some changes.**



### ► Healthy eating

- Eat plenty of vegetables (aim for five serves every day) and fruit (aim for two serves every day).
- Choose wholegrain types of breads, cereal, pasta, rice and noodles.
- Eat a variety of nuts and seeds.
- Select lean meat (meat trimmed of fat and poultry without skin)
- Have two to three serves (150 g) of fish and seafood every week (fresh, frozen or canned).
- Include legumes in at least two meals a week (e.g. lentils, split peas, dried or canned beans like four bean mix, or baked beans).
- Eat up to 6 eggs a week.
- Choose reduced fat milk, yoghurt and cheese
- Use healthier fats and oils for cooking, spread and dressings. Some suitable choices include canola, sunflower, soybean, olive, sesame and peanut oils.
- Make water your drink of choice.

Talk to your doctor or dietitian about the diet that is best for you.

## What about fat?

If you have coronary heart disease, you need to be careful about the foods you eat.

It's important to change the types of fat you eat. Eating too much unhealthy saturated and trans fats can increase cholesterol. Choosing foods with healthier fats can help you lower your cholesterol and avoid more heart problems.

### Saturated fats

Saturated fats raise cholesterol. To keep your cholesterol level low, it's important to eat fewer foods that are high in saturated fats.

### Trans fats

Trans fats raise your low-density lipoprotein (LDL) 'bad' cholesterol and lower your high-density lipoprotein (HDL) 'good' cholesterol.

Trans fats are in commercially baked products (pies, pastries, cakes and biscuits). It's best to avoid these foods. Trans fats are also found naturally in small amounts in dairy products, beef, veal, lamb and mutton.

### Polyunsaturated fats

Polyunsaturated fats help to lower high cholesterol. Some oils, margarine spreads, nuts, seeds and fish contain polyunsaturated fats.



### Monounsaturated fats

Monounsaturated fats also help to lower cholesterol. There are monounsaturated fats in some oils, margarine spreads, avocado, nuts and seeds.

### Omega-3 fatty acids

Omega-3 fatty acids can improve your outcomes after a heart attack and can help manage your triglycerides (a type of fat in your blood). Many fish and some types of seafood are good sources of Omega-3. All Australians should aim to include 2–3 serves of fish or seafood per week as part of a healthy diet.

#### ► Reduce unhealthy fats and replace them with healthier fats

- Choose lean cuts of meat or trim all the fat you can see before cooking. Remove skin from chicken before cooking.
- Eat fish instead of meat 2–3 times a week, and choose legume or bean-based meals twice a week.
- Consume nuts and seeds daily.
- Choose reduced fat unflavoured milk, cheese and yoghurt.
- Choose healthy fats with nuts, seeds, avocados, olives and their oils for cooking.
- Minimise consumption of processed meats (eg. sausages and salami), bought cakes, biscuits and pastries, and take-away foods like hamburgers, pizza and hot chips.



## What about salt?

Salt is hidden in lots of food. The amount of salt you eat should be less than 4 g per day. That's less than a teaspoon. Salt holds fluid in your body. If you eat too much salt, the extra water stored in your body raises your blood pressure.

Salt is made up of sodium and chloride. It's the sodium that can be bad for your health, and it is listed on food packages.

### Some salty foods include:

- commercially baked products like biscuits, pastries, cakes and breads
- processed meat, such as ham, bacon, sausages, hot dogs, tinned meat, corned meat and pies
- take-away foods, such as hamburgers, pizza, hot chips, noodles, potato chips, many Asian foods, pasta and fried chicken
- packaged foods, such as tinned and instant soup, fish in brine and instant noodles
- condiments and sauces like packet seasoning, stock cubes, soy sauce and tomato sauce
- snack foods like salted nuts, olives and dips.



### ▶ Reduce your salt intake

- Make fresh foods the main part of your diet – include a wide variety of fruit and vegetables, wholegrains, lean meat, poultry and fish, reduced fat dairy, plain unsalted nuts and seeds and legumes.
- Use lemon juice, garlic, herbs and spices to add flavour whilst cooking rather than adding salt whilst cooking.
- Remove the salt shaker from the table to avoid adding salt as a habit.
- Use the salt and sodium converter on the Heart Foundation website to understand the salt content of your food.

# How to make healthier meals

There are two easy ways to change your favourite recipes to reduce the energy (kilojoules) or saturated fat content. You can try healthier cooking methods, and reduce, replace or remove the less healthy ingredients.



## Healthier cooking methods

Method	Try these healthier ingredients or cooking methods
<b>Deep-fry</b>	<ul style="list-style-type: none"> <li>• Roast in the oven on a lined tray or grill tray.</li> <li>• Lightly steam or microwave food before roasting.</li> <li>• Brush food with canola, sunflower, soybean or olive oil to make it crisp.</li> <li>• Cook crumbed fish, chicken and oven fries in the oven instead of deep-frying them.</li> </ul>
<b>Shallow-fry/Sauté</b>	<ul style="list-style-type: none"> <li>• Stir-fry food using a spray of canola, sunflower, soybean, olive or peanut oil so you use less oil.</li> <li>• Use a non-stick frying pan so you use less oil.</li> </ul>
<b>Roast</b>	<ul style="list-style-type: none"> <li>• Choose lean cuts of meat or trim all visible fat.</li> <li>• Put meat on a rack in a baking dish with 1 to 2 cm water. Add herbs to the water for extra flavour.</li> <li>• Brush meat with a marinade to stop it drying out. Try covering it with a lid or aluminium foil for part of the cooking time.</li> <li>• Roast meat on a spit or rotisserie and let the fat drip away.</li> <li>• Brush or spray vegetables with canola, sunflower, soybean, olive or peanut oil, and bake them in a separate pan from meat.</li> </ul>
<b>Casserole/Stew</b>	<ul style="list-style-type: none"> <li>• Trim fat off meat before cooking.</li> <li>• Add legumes for extra fibre and flavour (e.g. kidney beans, chickpeas, soybeans or lentils).</li> <li>• After cooking, chill the food so the fat becomes solid on the surface. Skim the fat off before reheating and thickening.</li> </ul>

## Healthier ingredients

Ingredient	Try these healthier alternatives
<b>Milk/Yoghurt/ Cream</b>	<ul style="list-style-type: none"><li>• Use reduced fat varieties. Plain yoghurt is best as many flavoured products are high in sugar.</li><li>• Use ricotta cheese whipped with a little icing sugar, fruit or reduced fat milk instead of cream.</li></ul>
<b>Sour cream</b>	Replace sour cream with one of these options: <ul style="list-style-type: none"><li>• cottage cheese blended with reduced fat milk – add a little lemon juice or vinegar to make it more ‘sour’ (acidic) if you like</li><li>• reduced fat natural yoghurt</li><li>• evaporated reduced fat milk mixed with lemon juice.</li></ul>
<b>Cheese</b>	<ul style="list-style-type: none"><li>• Use smaller amounts of reduced fat cheese instead of full fat cheese.</li><li>• Use a little grated parmesan cheese instead of grated cheddar – it gives more flavour and you don’t need to use as much.</li><li>• Mix grated reduced fat cheese with oats, breadcrumbs or wheatgerm to make toppings for casseroles, gratins and baked dishes.</li></ul>
<b>Butter</b>	<ul style="list-style-type: none"><li>• Instead of butter, use spreads like avocado, nut butters or tahini.</li></ul>
<b>Oil</b>	<ul style="list-style-type: none"><li>• Use a variety of oils for cooking.</li><li>• Suitable cooking oils include canola, sunflower, soybean, olive and peanut oil.</li></ul>
<b>Dressing</b>	<ul style="list-style-type: none"><li>• Use salad dressings made from canola, sunflower, soybean and olive oil.</li><li>• Make your own salad dressing. Use ingredients such as reduced fat yoghurt, tomato paste, balsamic or other vinegars, lemon juice, ricotta cheese, mustard or fruit pulp.</li></ul>

Ingredient	Try these healthier alternatives
<b>Meat/Poultry</b>	<ul style="list-style-type: none"> <li>• Choose lean meats and poultry.</li> <li>• Remove all visible fat from meat and skin from poultry before cooking.</li> <li>• Marinate or add flavour with ingredients such as wine vinegars.</li> <li>• Sear meat quickly to keep in juices.</li> </ul>
<b>Cake/Biscuit ingredients</b>	<ul style="list-style-type: none"> <li>• Cook with spreads made from canola, sunflower or olive oil instead of butter.</li> <li>• Cook with canola, sunflower or olive oil.</li> <li>• The minimum fat required for biscuits is about 2 tablespoons per cup of flour – this will keep biscuits crisp.</li> <li>• Make plain sponges, yeast cakes, breads, muffins and scones because they generally use less fat.</li> <li>• Use wholegrain or wholemeal flour to add some extra fibre.</li> </ul>
<b>Pastry</b>	<ul style="list-style-type: none"> <li>• Use filo pastry. Brush every three to four layers with canola, sunflower, soybean or olive oil, egg white or reduced fat yoghurt.</li> <li>• Use pastry made with canola, sunflower or olive oil.</li> </ul>
<b>Coconut cream/ Coconut milk</b>	<ul style="list-style-type: none"> <li>• Add a little coconut essence to evaporated reduced fat milk.</li> <li>• Soak desiccated coconut in warm reduced fat milk for 30 minutes. Strain the mixture, discard the coconut and use the milk.</li> <li>• Occasionally, use a reduced fat coconut milk.</li> </ul>

## How to choose healthy foods and drinks

Small changes can make a big difference! Think about what changes you can make to the foods you eat, and the way you prepare and cook them, to make them healthier.

One small change	Less healthy choices	Kilojoule (kJ) content	Healthier choices	Kilojoule (kJ) content
Go for a healthier snack	1 cinnamon doughnut (70 g)	1102	1 medium banana (150 g)	377
	1 packet potato crisps (50 g)	1080	1 medium apple (150 g)	374
	2 chocolate coated cream-filled biscuits	776	2 plain sweet biscuits	316
	1 chocolate bar with biscuit and caramel (50 g)	1020	Small handful of raw almonds (20 g)	516
Choose light/reduced alcohol drinks	1 glass dry white wine (100 mL)	295	1 glass reduced alcohol white wine (100 mL)	173
	1 can full strength beer (375 mL)	572	1 can light beer (375 mL)	390
Change what you put on your veggies	1 large corn cob with 2 tsp butter	1012	1 large corn cob, steamed	764
	½ cup green beans (60 g) with 1 tsp butter	177	½ cup green beans, steamed (60 g)	53
	1 medium baked potato with 1 tbsp sour cream	769	1 medium baked potato with 1 tbsp low fat natural yoghurt	542

One small change	Less healthy choices	Kilojoule (kJ) content	Healthier choices	Kilojoule (kJ) content
Go for leaner meats	1 medium T-bone steak, fat untrimmed	2263	1 medium T-bone steak, fat removed	1388
	Regular beef mince (100 g)	1185	Extra lean beef mince (100 g)	849
	Roasted chicken breast with skin (100 g)	781	Roasted chicken breast without skin (100 g)	637
	1 meat pie (175 g)	1650	Ham and salad sandwich	876
	Hungarian salami (30 g)	535	Lean leg ham (30 g)	140
Use a different cooking method	1 fish fillet, battered and fried (150 g)	1649	1 fish fillet, grilled (150 g)	792
	Chicken parmigiana	3648	Stir-fried chicken breast, without skin (100 g)	671
	French fries (90 g)	1217	Potato wedges, oven baked (90 g)	706
Switch to low fat dairy	Cappuccino with full cream milk (1 cup)	552	Cappuccino with skim milk (1 cup)	291
	Extra creamy vanilla ice cream (100 g)	956	Low fat vanilla ice cream (100 g)	638
	Regular fat berry yoghurt (200 g)	802	Low fat natural yoghurt (200 g)	482
	2 breakfast wheat biscuits (30 g) + 2/3 cup full fat milk	934	2 breakfast wheat biscuits (30 g) + 2/3 cup skim milk	698
Swap sugary drinks	1 glass cola soft drink (250 mL)	437	1 glass unflavoured mineral water (250 mL)	0
	1 glass orange juice (250 mL)	305	1 glass water	0

Note: All figures are approximate values. Source material: FoodWorks 8 Professional nutrient analysis software. Available at: [www.xyris.com.au](http://www.xyris.com.au). Accessed December 2016.

Nutrition Information		
Servings per package:	10	
Serving size:	20mL	
	Per 20mL	Per 100mL
Energy	320kJ	1600kJ
Protein	0.6g	3.1g
Fat, total	7.2g	36.0g
– saturated fat	2.0g	10.0g
Carbohydrate, total	2.4g	12.0g
– sugars	2.0g	10.0g
Sodium	220mg	1,100mg

## Use food labels to make healthier choices

Nutrition information panels and ingredients lists can help you choose healthier food and drinks.

The four main nutrients to look for to help you choose healthier food and drinks are:

- energy (kilojoules)
- sodium (salt)
- fibre
- saturated fat and trans fat (not all foods will list how much trans fat they contain).

Compare these nutrients in different brands for similar foods. The ‘quantity per 100 g (or 100 mL)’ column will help you choose foods with lower kilojoules, saturated fat or sodium, or with more fibre. Read the ‘per serving’ value for how much of the nutrient is in each serve.

Foods labelled ‘lite’, ‘light’, ‘low fat’ or ‘low sugar’ may not be lower in kilojoules than other foods. The best way to tell is to read the nutrition information panel and ingredients list.



### ► Checklist: using food labels for healthier choices

- Look at the food as a whole, rather than deciding based on just one nutrient.
- Ingredients are listed in order by weight. If the first few ingredients are fats and/or sugars, then the food is probably high in energy (kilojoules).
- Use the per 100 g (or 100 mL) column to compare products and choose the options that contain less kilojoules, saturated fat, sodium, or the foods with more fibre.
- Keep in mind the amount you eat may be more or less than 100 g or 100 mL. Use the 'per serving' column to check how much of the nutrient you might be eating.
- Avoid foods with 'partially hydrogenated' vegetable oils or vegetable fats listed in the ingredients list - these ingredients have trans fats, and trans fat is not always listed on the nutrition information panel.





## Healthy eating and drinking ideas

Make healthier, lower energy (kilojoule) meals and snacks with these ideas.

### Breakfast ideas

- Make wholegrain or wholemeal toast with a small serve of baked beans, tomatoes, creamed corn, mushrooms or cottage cheese. Or spread thinly with jam, honey or peanut butter. Use spreads made from canola, sunflower or olive oil.
- Have wholegrain cereal such as rolled oats, wheat biscuits or bran cereals. Choose untoasted types and use reduced fat milk or yoghurt. Add some fruit – fresh, stewed or canned. Choose fruit canned in natural or unsweetened juice.
- Poach, boil or scramble eggs made with reduced fat milk. Serve with tomatoes, spinach, mushrooms and salmon. Serve on wholegrain or wholemeal bread.



### Lunch ideas

- Have a sandwich made with wholemeal or wholegrain bread. Fill with lots of salad vegetables and a small serving of lean meat, skinless chicken, canned fish, hommus or a reduced fat cheese.
- Make an interesting salad with plenty of different coloured vegetables. Include lean meats, skinless poultry, fish or legumes (like four bean mix). Try adding fresh fruit or plain, unsalted nuts and seeds. You could add wholemeal pasta, brown rice, couscous or noodles. Use dressings based on olive or canola oil.

- Try a vegetable- or legume-based soup. Serve with crusty wholemeal bread. For a 'creamy soup' use evaporated skim milk instead of cream or full fat milk. Check labels on tinned or instant soups: they may contain a lot of salt.



## Dinner ideas

- Make a stir-fry with lots of vegetables and some lean meat, skinless chicken or fish. Use canola, sunflower, soybean, olive, sesame or peanut oil. Flavour with garlic, onion, chilli or ginger and add some legumes or plain, unsalted nuts. Serve with brown rice.
- Grill or roast a lean cut of meat, skinless poultry or fish, and flavour with herbs, spices or garlic. Serve with vegetables or salad and a grain-based food, such as wholemeal pasta, brown rice, couscous or polenta.
- Make burritos, tacos or tortilla wraps using lean meat, skinless chicken or red kidney beans. Add plenty of vegetables to the mixture and use reduced fat natural yoghurt instead of sour cream.
- Try a vegetable frittata or quiche. Use reduced fat milk and spreads made from canola, sunflower or olive oil in the quiche. Serve with a garden salad.





### Dessert ideas

- Serve fresh fruit salad, or stewed, poached or canned fruit with reduced fat yoghurt. Choose fruit canned in natural or unsweetened juice.
- Make a fruit pie or strudel with filo pastry. Serve with reduced fat yoghurt.

### Snack ideas

- Snack on fruit – fresh, stewed or canned. Choose fruit canned in natural or unsweetened juice.
- Choose reduced fat unflavoured yoghurt.
- Crunch on a small handful of plain, unsalted nuts and seeds.
- Snack on wholegrain or wholemeal crisp bread with sliced tomato and pepper.



### Drink ideas

Plain water is the best drink for you, because it has no energy (kilojoules). It's also cheap and quenches your thirst.

Other suitable choices to include in moderation are:

- plain mineral water
- soda water
- reduced fat milk
- herbal tea
- tea
- coffee.





## Healthy eating doesn't have to be boring



Recovering from a heart event doesn't mean saying goodbye to delicious food.

Explore our free collection of healthy recipes to find your new favourites, and some tricks to improve your old ones. With lots of recipes for breakfast, lunch, dinner and snacks, you're sure to find something you love.

Visit [heartfoundation.org.au/recipes](https://heartfoundation.org.au/recipes) to browse our collection of delicious and healthier recipes you can make today.

- **Being more active every day will help you recover and lower your risk of more problems.**
- **Talk with your doctor or health professional about how to safely build up your activity.**
- **Use the action plan on page 120 to set goals for getting more active.**

## Be physically active

You should be able to return to your usual activities a few weeks after your heart attack or other heart problem. Talk to your doctor or cardiac rehabilitation team about when you can start different activities again and how to pace your program.

### Do regular activity

Regular, moderate-intensity physical activity is good for you, especially if you have coronary heart disease.

It will help you:

- recover better from a heart attack or other heart problems
- reduce your risk of more heart problems
- improve your long-term health
- feel more confident, happy and relaxed
- have more energy
- manage your weight more easily
- improve your cholesterol
- lower your blood pressure
- have stronger bones (and lower your risk of osteoporosis)
- manage your blood glucose levels if you have diabetes.

You won't get these benefits all at once, or all of the same benefits. But doing regular physical activity and reducing the amount of sitting time will improve your health – even if you have coronary heart disease.



## Our recommended activity goals

Aim to build up to doing at least 30 minutes of moderate-intensity physical activity on most, if not all, days of the week. You can do this in three lots of 10 minutes each if it's easier. For example, you could do 10 minutes each of walking, gardening and light housework.

## Keep walking

Walking is a good type of physical activity for people with coronary heart disease because:

- it is gentle on your body as it is a low-impact activity
- you can go at your own pace
- you can walk and talk with other people which can help with motivation and confidence
- it doesn't cost anything.

## Start slowly

- Do some easy walking around your house and garden or on your street.
- Start by walking on flat ground each day.
- Have a destination in mind, such as the local shop or the end of the block.
- Walk at a pace you find comfortable (a good guide is a pace at which you can still have a conversation).
- Build up gradually – over a few weeks, walk longer distances and then uphill.

Think about joining your local Heart Foundation Walking group. This will help you to keep fit and make new friends. For more information see page 107.

## Guidelines for walking after you leave hospital

Goals	Minimum time (minutes)	Times per day	Pace
1	5–10	2	Stroll
2	10–15	2	Comfortable
3	15–20	2	Comfortable
4	20–25	1–2	Comfortable/ Stride out
5	25–30	1–2	Comfortable/ Stride out
6	30+	1–2	Comfortable/ Stride out

Build up your walking gradually over time. Start at stage 1. Walk up to 10 minutes twice a day. Do this at least two days in a row. If you find this tiring, stay at Stage 1 until you feel stronger. You may need to stay at Stage 1 for a few weeks.

Talk to your doctor or health professional if you aren't sure whether you are doing too much or too little walking.

Only move to the next stage when you meet your walking target without discomfort.

As you advance, it may take longer to move to each new stage. You may take more time to get used to how much more walking you need to do.

If you don't feel well enough to walk one day, let your body get some rest. Miss walking that day, or at least drop back one or two stages.

### Take the stairs?

If there are stairs where you live, you can climb them slowly as soon as you come home from hospital.





As a general rule, if you can walk normally at your usual pace, you can also climb two flights of stairs at your usual pace.

Gradually increase how many stairs you can climb, and how fast you climb them.

### Do sport and other recreational activities

Do the sort of activities you like to do regularly. Start with walking and everyday tasks, like light gardening and housework. Aim to limit the amount of time you sit each day. Gradually add other activities such as cycling and swimming that need more effort.

You may be able to start cycling, swimming, tennis, golf and bowls again after six weeks, as your fitness and confidence increases. Ask your doctor or cardiac rehabilitation team about specific sports.

The strain of lifting heavy weights and some other activities can raise your blood pressure, so don't do these in the short term.

You may later include resistance (weight) training with light weights in your activity program. But talk with your doctor or cardiac rehabilitation team before you start this sort of training.

### How much activity is safe?

How you feel is your best guide to doing physical activity at a safe level.

It is normal to worry about what you should and shouldn't do. Slowly build up your activity level based on what your doctor or health professionals tell you. You may feel more comfortable exercising with a friend or family member for increased motivation as well as confidence or safety concerns.

Increase your physical activity slowly. Your doctor will advise you about this when you leave hospital. Also use the walking guidelines on page 72.



Find your local walking group.  
Call 13 11 12



### ► Checklist: Stay safe during physical activity

- Start the activity gradually and at a low level of intensity. You should be able to talk without getting short of breath.
- If you want to do more intense physical activity, build up slowly over a number of weeks. As you start to feel better and fitter while being active, increase the intensity so you start to ‘puff’ a little during the activity.
- Talk with your doctor if you want to do more intensive activity or competitive sports.
- Don’t do physical activity if you feel unwell, tired or sore – take a day off to recover.
- Don’t do physical activity straight after meals or alcohol.
- Drink lots of water before, during and after the activity (you will lose water through sweating).
- Share the activity with a friend – you may feel more confident and motivated, and enjoy it more too!
- Carry your mobile telephone with you while walking, so you can call for help if you feel unwell.
- If you need to take angina medicine, keep it with you.



Heart Foundation

# Walking



## Use your feet to protect your heart

Join Heart Foundation Walking to get more active and walk your way to a healthier heart. Heart Foundation Walking is free for everyone! Join your local group and track your walking every day by signing up online as a virtual walker.

To join Heart Foundation Walking call **13 11 12**  
or visit **[walking.heartfoundation.org.au](http://walking.heartfoundation.org.au)**

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- Being a healthy weight is important to avoid more heart problems.
- Talk to your doctor about whether you need to lose weight.
- If you do need to lose weight, plan to do it the healthy way.
- Change your eating habits, do more physical activity and sit less.
- Use the action plan on page 122 to set goals for keeping to a healthy weight.

## Be a healthy weight

It's important to be a healthy body weight because it lowers your risk of more heart problems. It reduces your risk of developing diabetes (see pages 83–84), and helps lower your blood pressure and cholesterol.

If you carry extra weight around your middle (being 'apple-shaped') it's a bigger health risk than if you are just overweight. It's very important for you to lose weight if this is the case.

### Our recommended goals

The Heart Foundation recommends you aim for a waist measurement of less than:

- 94 cm for males
- 80 cm for females.

Body mass index, or (BMI), is used to determine whether you are in a healthy weight range for your height. We recommend, for a healthy weight, for your BMI to be between 18.5 and 25 kg/m<sup>2</sup>.

BMI is a useful measurement for most people over 18 years old. But it is only an estimate and it doesn't take into account gender, age, ethnicity and body composition. We recommend you also check your waist measurement, and other risk factors.

To calculate your BMI, measure your body weight (in kilograms) and divide it by the square of your height (in metres). For example, if you weighed 75 kg and were 1.7 m tall, your BMI would be:

$$\begin{aligned} \text{BMI} &= \frac{75 \text{ kg}}{(1.7 \text{ m} \times 1.7 \text{ m})} \\ &= 75 \text{ kg} \div 2.89 \text{ m} \\ &= 25.95 \text{ kg/m}^2 \end{aligned}$$

Visit [www.heartfoundation.org.au/BMI](http://www.heartfoundation.org.au/BMI) to calculate your BMI online.



## Lose weight healthily

To lose weight, you need to use up more energy (kilojoules) than you take in. You can do this by:

- reducing your kilojoule intake by having lower kilojoule foods and drinks
- increasing your kilojoule use by doing more physical activity and sitting less.

Losing weight the healthy way is not quick.

Many weight loss books and crash diets often suggest unhealthy ways to lose weight and won't help you keep weight off in the long term.

It comes down to the type and amount of food and drinks and the type and amount of physical activity you do. Don't think about it as 'going on a diet' which is a short-term thing, but as a choice to be healthy for life!

People tend to put weight on over time, sometimes several years. Losing it will not happen overnight. You should not lose it too quickly or ignore what a health professional tells you. If you are making lifestyle changes, then generally the weight loss will follow.

As an easy first step to losing weight, you can:

- change the types and amount of foods and drinks you consume
- increase your physical activity levels – every little bit helps
- reduce the amount of time you spend sitting, stand up more often and move around your home, workplace or when you are out and about.

Doing only one of these is usually not enough.



### ► Checklist: lose weight the healthy way

Lower your energy (kilojoules) intake by:

- making fresh foods the main part of your diet. Include a wide variety of fruit and vegetables, wholegrains, lean meat, poultry and fish, reduced fat dairy, plain unsalted nuts and legumes.
- watching your portion sizes.

Use more energy by doing more physical activity and sitting less often. Ask your doctor if you need to do more than 30 minutes of physical activity on most days of the week to lose weight.

### Do a weight loss plan

If you and your doctor agree that you need to lose weight, plan how to do it together. This will help you decide on the lifestyle changes you will make. It will also help you to be realistic about what you can achieve.

Make a list of things to help you lose weight. Include ways of having better eating habits, doing more physical activity and sitting less often like:

- follow a healthy diet
- go for a 30-minute walk on most days of the week
- watch less TV or spend less time in front of a computer each day.

### ► Weight loss plan steps

**Step 1** Set realistic weight loss or lifestyle goals.

**Step 2** Identify what you eat and drink, your level of physical activity and amount of sitting time.

**Step 3** Make changes to what you eat and drink.

**Step 4** Do more physical activity and sit less often. Be as active as you can in as many ways as possible. Do this on most, if not all, days of the week.

**Step 5** Keep going with your weight loss plan.



### Make weight loss last

Once you have a healthy body weight, keep it there by balancing the kilojoules you get from your food and drinks with how much you use by doing physical activity.

See pages 53–74 for more information on keeping a healthy body weight by healthy eating and doing physical activity.

Get walking tips at  
[walking.heartfoundation.org.au](http://walking.heartfoundation.org.au)

- **If you smoke, you must quit. It's never too late to make a difference to your health.**
- **Get help from your doctor or health professional, or call the Quitline (13 78 48).**
- **Avoid second-hand smoke.**
- **Use the action plan on page 124 to set goals for quitting or avoiding smoke.**

## Quit smoking

Quitting smoking is an important way to lower your risk of more heart problems.

It's never too late to quit. Even if you already have smoking-related health problems, like heart disease, quitting helps. From the moment you quit, your risk of heart attack begins to drop. And you will feel the benefits almost immediately.

### Know the risks of smoking

Smoking reduces the amount of oxygen in your blood, and damages and weakens artery walls.

Smoking can increase:

- your risk of stroke by three times
- your risk of peripheral arterial disease (e.g. clogging of the arteries in your legs) by more than five times
- the chance of an artery wall becoming weak and possibly rupturing by six to seven times.

Cigarette smoke has thousands of chemicals, including these dangerous ones:

- nicotine – an addictive drug that affects your brain and muscle activity, and increases your blood pressure, making your heart work harder
- carbon monoxide – a poisonous gas that replaces oxygen in your blood, making your heart beat faster than usual
- tar – a sticky substance that coats your lungs like soot in a chimney, making it hard for you to breathe, and that contains a variety of chemicals that cause cancer.



## What about second-hand smoke?

Try not to be around other people who smoke. Being exposed to second-hand smoke (passive smoking) on a regular basis increases your risk of coronary heart disease by about 30%.

## What about e-cigarettes?

The Heart Foundation does not support using e-cigarettes. It's better to stop smoking altogether.

## You can learn to quit

Quitting smoking can be hard at first. But the benefits of quitting outweigh any temporary difficulties or symptoms you may feel.

## Plan to quit

- Set a date for quitting. While in hospital is a good time to start.
- Begin to change your habits.
- Learn how to handle stress and urges to smoke.
- Think about who and what can help you through the tough times.

## Don't give up

Many people slip up after they quit and start smoking again. Don't see this as a failure. Instead think about what made you smoke again. How can you deal with this situation next time? What worked and what didn't work? Learn from this and try quitting again. You become better at quitting each time you try.





## Things to help you quit

- Talk with your doctor and other health professionals about quitting smoking. They can tell you what options are available to help you to quit, and can check your progress.
- Talk to your doctor about using nicotine replacement products (e.g. nicotine gums, patches or lozenges), or bupropion or varenicline tablets. These products can double your chances of quitting successfully.
- Ask your family and friends for support and encouragement.
- Read about how to quit and do quit smoking courses.
- Call the Quitline on 13 78 48 for information and advice about quitting smoking.
- Make sure your home and car are smoke free.

## Manage diabetes

Diabetes is a condition that affects the way body cells take up and use glucose from the blood. If you have high blood glucose levels you may have diabetes. This increases your risk of cardiovascular disease; for example, heart attack, angina or stroke.

There are two main types of diabetes - type 1 and type 2.

People with cardiovascular disease often have type 2 diabetes. This makes up 90% of diabetes cases.

Diabetes is on the rise. The best way to manage diabetes is to be physically active, eat a healthy diet and achieve and maintain a healthy weight. Talk to your doctor about screening for diabetes.

### Our recommended diabetes goals

Manage your diabetes long term. Ask your doctor to check your blood glucose levels with a regular HbA1c (glycosylated haemoglobin) blood test. This shows your average blood glucose levels over the past 10 to 12 weeks.

Generally, aim for an HbA1c level of less than or equal to 7%. These goals can vary for different people. Find out from your doctor or accredited diabetes educator what your blood glucose and HbA1c goals should be.

Keep a record of your blood glucose levels. This will help you and your doctor to best manage your diabetes together.

- **Having diabetes puts you at a higher risk of heart attack or stroke.**
- **Ask your doctor about screening for diabetes.**
- **If you have diabetes, work with your doctor to manage it. Use the action plan on page 126 to set goals.**



## How to manage diabetes

Work with your doctor to make a plan for managing diabetes.

Your doctor will advise lifestyle changes like being physically active, eating healthy foods and staying at a healthy weight.

You should also:

- stop smoking (see pages 80–82)
- manage your blood pressure (see pages 85–88)
- manage your cholesterol (see pages 89–90)
- regularly see your doctor for diabetes reviews.

If you have type 2 diabetes, you may need to take medicines to help you to maintain normal blood glucose levels.

Your doctor may also refer you to an accredited diabetes educator or clinic.

For more information, visit the Diabetes Australia website at [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au).



# Manage high blood pressure

## What is blood pressure?

Blood pressure is the pressure of your blood on the walls of your arteries as your heart pumps it around your body.

As your heart pumps, your blood pressure rises and falls in a regular 'wave' pattern. It peaks when your heart pumps and falls when your heart relaxes. The pressure in your arteries when your heart beats is called 'systolic pressure'. The pressure between beats is called 'diastolic pressure'.

A blood pressure reading is usually shown as the systolic pressure over the diastolic pressure, as in 130/80.

Having normal blood pressure matters. Over time, high blood pressure can overload your heart and blood vessels and speed up the artery-clogging process. This can cause a heart attack, heart failure or stroke. It can also affect other vital organs, like your kidneys and brain.

Your blood pressure can vary. It can be affected by things like your breathing, body position, emotional state, physical activity, sleep, medicines and stimulants (like alcohol or coffee).

Blood pressure is usually lowest when you are sleeping and highest when you are excited, upset or physically active.

Temporary rises are normal and your blood pressure should return to its usual level when you are resting. Because these changes can make it hard for your doctor to get a 'true' reading of your blood pressure, he or she may need to measure your blood pressure several times over several visits.

- Having high blood pressure over a long time can cause heart problems.
- Have regular blood pressure checks.
- Work with your doctor to manage your high blood pressure. Use the action plan on page 128 to set goals.





## Our recommended blood pressure goals

Aim to have a target blood pressure of less than 130/80. Talk with your doctor about what your blood pressure should be.

## Why does blood pressure stay too high?

The exact cause of high blood pressure is often not clear.

Your family history, eating habits, alcohol intake, weight and level of physical activity affect your blood pressure.

In some people, medicines, including the oral contraceptive pill, contraceptive 'depot' injections, steroids (cortisone-like medicines) and arthritis medicines, can also raise blood pressure.

The medical term for constantly high blood pressure is 'hypertension'.

## Have regular blood pressure checks

Often you won't have any symptoms to warn you that you have high blood pressure, so have your doctor check it regularly to stop it causing any serious health problems.

If you have coronary heart disease, blood pressure-lowering medicine is a common way to reach a good blood pressure level.

Your doctor also needs to check if all your medicines are working properly and change them if necessary.

### Did you know?

High blood pressure can be a sign that your kidneys are not working properly. Ask your doctor for a kidney health check.

## Why check your blood pressure at home?

Your blood pressure may be different at home to what it is in the hospital or at the doctor's. Home measurements can give more information and help your doctor decide about treatment.

Your doctor may show you how to measure your blood pressure yourself and ask you to bring the results to your next appointments. They may ask you to wear a special monitor that records your blood pressure over 24 hours.

## How to manage my high blood pressure

Even if you take a blood pressure-lowering medicine, you still need to change your lifestyle for better blood pressure and health.

### Ways to lower your blood pressure include:

- losing weight, if you're overweight
- being more physically active
- limiting your alcohol intake
- quitting smoking
- eating healthy foods, and reducing your salt (sodium) intake (see page 57).

### To help to decrease your salt intake:

- make fresh foods the main part of your diet – include a wide variety of fruit and vegetables, lean meat, poultry and fish, reduced fat dairy, plain unsalted nuts and legumes
- avoid high salt foods, such as potato crisps/chips, salted nuts, commercial sauces (e.g. tomato, soy and fish), processed meat and most take-away foods
- use food labels to choose low or reduced salt options of your favourite foods
- flavour meals with herbs and spices rather than salt
- aim for foods with less than 400 mg of sodium per 100 g. Foods with less than 120 mg of sodium per 100 g are considered low in salt.



Still got  
questions? Ask  
about your diet  
on 13 11 12



# Manage cholesterol

## What is cholesterol?

Cholesterol is a fatty substance that is carried around the body in the blood. The body produces most cholesterol naturally, and it is found in some foods. Lipoproteins carry cholesterol in the blood. The two main types that carry cholesterol to and from cells are called low density lipoproteins (LDL-C) and high density lipoproteins (HDL-C).

The lower the density of the lipoproteins the more fats it contains. High density lipoprotein (HDL cholesterol) is called the 'good cholesterol' because it helps to keep cholesterol from building up in the arteries. Low density lipoprotein (LDL cholesterol) is called the 'bad cholesterol' because it is the main source of cholesterol build-up and blockage in the arteries. Statin medication work to reduce this LDL-C.

Total cholesterol is a reading of the good and bad cholesterol. Triglycerides are another form of fat in the blood that can also raise the risk of heart disease. High triglycerides are often associated with low HDL cholesterol increasing risk, even though total cholesterol levels in the blood appear normal. When there is too much LDL-cholesterol in the blood, it builds up in the walls of the arteries (plaque). Over time, this build up causes 'hardening of the arteries'. This can cause chest pain and/ or a heart attack.

## What causes too much cholesterol?

Eating a lot of foods high in saturated and trans fat raises your cholesterol. Reducing saturated and trans fats, and replacing them with healthy fats can help lower your cholesterol.

The main sources of saturated fat include:

- deep fried take-away foods and bought pies, biscuits, buns and pastries

- Too much cholesterol in the blood over time can cause a heart attack or stroke.
- Work with your doctor to manage high cholesterol. Use the action plan on page 130 to set goals.



- fatty meats
- full fat dairy products and butter, coconut and palm oils.

Foods high in trans fat include bought pies, biscuits, buns and pastries, and deep-fried take-away foods.

Eating healthy foods can help to manage your cholesterol. See pages 55–56 for more information about replacing saturated and trans fats with healthier fats, and page 54 for our healthy eating checklist.

### Our recommended cholesterol goals

It is generally better if you have lower LDL cholesterol and triglycerides, and higher HDL cholesterol. This is especially true if you have coronary heart disease or are at risk of getting cardiovascular disease.

If you have coronary heart disease, we generally recommend:

- LDL cholesterol less than 1.8 mmol/L
- HDL cholesterol greater than 1.0 mmol/L
- fasting triglycerides less than 2.0 mmol/L.

Talk with your doctor about what your cholesterol and triglycerides should be.

### Keep your cholesterol low

1. Take cholesterol-lowering medicines as your doctor directs. Statins are recommended for almost everyone with heart disease, even if your cholesterol is not elevated. See page 33 for more information about statins.
2. Healthy eating, especially eating less saturated and trans fats and replacing them with healthier fats. See pages 53–68 for more information about healthy eating.
3. Be physically active. See pages 70–74 for more information.

# Alcohol

Drinking too much alcohol increases your risk of high blood pressure. It also increases your risk of coronary heart disease, stroke, and many other problems.

We recommend that healthy men and women drink no more than two standard alcoholic drinks a day. If you have high blood pressure, chronic heart failure, cardiovascular disease, coronary heart disease, liver disease or diabetes, or are obese, you may need to drink less than the above recommended limits. Alcohol causes high triglycerides and low HDL cholesterol. Talk with your doctor to find out what is right for you.

If you don't already drink alcohol, or drink less than these limits, don't drink more.

## Tips to lower your alcohol intake

- Alternate your alcoholic drinks with low kilojoule drinks, such as tap water or plain mineral water.
- Dilute your alcoholic drinks with plain mineral water or soda water when you can.
- Use only half-measures of spirits.
- Choose a low alcohol or light beer.
- Choose a low alcohol wine.
- When you are thirsty, drink cold water instead of alcohol. Keep a jug of water on the table with your meals.

## What's a standard drink?

Examples of a standard drink are a can of mid-strength beer, a small glass of wine or a nip of spirits.



Examples of a standard drink. Note: options in the table vary depending on the amount (mL) and alcoholic strength.

## Tables of standard drink measures

Use the following charts to check how many standard drinks you have a day or in a week. The number beneath each container gives the number of standard drinks.

RTD = ready-to-drink

Reproduced with permission: National Health and Medical Research Council

### NUMBER OF STANDARD DRINKS – BEER



## NUMBER OF STANDARD DRINKS – WINE



## NUMBER OF STANDARD DRINKS – SPIRITS



\* Ready-to-Drink

- Depression and a lack of social support can slow your recovery. They can also increase your risk of more problems.
- Monitor how you're feeling and talk to your doctor if you think you might have depression.
- Use the action plan on page 134 to set goals for looking after your emotional health.

## Manage your emotional and social life

After a heart attack or other heart problem, it is normal to feel sad, angry, anxious, guilty, lonely, confused or stressed.

You may have one or more of these feelings. They may last a few hours, days or a couple of weeks. We recommend that you talk with your doctor if they last longer than two weeks.

Some emotional and social factors, like depression, being socially isolated or not having social support, can affect your recovery and future health. It's important for you to take care of your emotional and mental health, as well as your physical health.

### What is depression?

Depression is more than just feeling sad or having a low mood – it's a serious illness.

If you have depression you can find it hard to do everyday things. You may not want to be with friends or family, or enjoy working or playing sport. Depression also affects your relationships and overall sense of wellbeing.

You might get depression for different reasons. This may be to do with your heart problem, family or work problems, or feeling overwhelmed by having to change your lifestyle. It can also be caused by a chemical imbalance in your brain. Some medicines may cause depression as a side effect.

Know the signs of depression. Ask for help when you need it. Your doctor can tell you different ways of treating it.

## Depression and coronary heart disease

Depression and coronary heart disease often go together.

Evidence shows depression can be a risk factor for coronary heart disease.

Depression can also slow your recovery – and increase your risk of more heart problems.

Managing depression will help you recover better. It can reduce your risk of more heart problems and help you stay healthy.

## Depression can be treated

### ▶ Checklist: How to tell if you're depressed

You may be depressed if for more than two weeks you have felt sad, down or miserable most of the time, or you've lost pleasure in usual activities, and you've also experienced some of these signs and symptoms:

- not going out
- not speaking with or seeing close family members and friends
- using alcohol, sedatives or other drugs
- not doing things you once enjoyed
- not being able to concentrate
- feeling overwhelmed, guilty or irritable
- feeling disappointed, miserable or sad
- feeling frustrated, unhappy or indecisive
- having headaches and muscle pain
- not sleeping properly or sleeping too much
- loss or change of appetite.





Depression is just like any other illness; there are treatments for it.

Medical treatments include anti-depressant medicines to relieve the physical symptoms.

If you have mild depression and heart disease, cardiac rehabilitation programs and regular physical activity can help. You may also benefit from psychological therapies and, if necessary, medication.

### ► Checklist: Managing depression

If you think you have depression or you have been diagnosed with it, there are different ways to manage it. These things may also help to lower your risk of coronary heart disease.

- Talk with your doctor and health professionals about your concerns and what treatments you can get.
- Ask for and accept help, support and encouragement from family and friends.
- Spend time with people to feel less isolated by joining support groups, doing social activities, or visiting or calling family and friends.
- Be active; this will improve both your physical and mental health.
- Eat different types of healthy foods.
- Achieve and maintain a healthy weight.
- Get enough sleep.
- Take time to relax and reduce your stress levels.
- Have regular check-ups and take your medicines as directed.



## Social isolation and lack of social support

### What is social isolation and lack of social support?

Social isolation can occur when you live alone or if you feel lonely (isolated) for other reasons.

Social support is when you have friends and family who listen to you and understand how you feel. They give you emotional support and you share activities with them like dinners, drinks, sports, picnics and other outings.

### Social isolation, social support and coronary heart disease

People who live alone or are lonely may have a higher risk of coronary heart disease than people who have support from family and friends.

### Why being connected and having social support is important

You will get well faster and more easily when other people, like your family, friends, health professionals, and support groups, help you.

Your cardiac rehabilitation program is an important way to give you support and comfort. You get the advice and care of health professionals while sharing experiences with others who have similar heart problems. See page 35 for more information about cardiac rehabilitation.

Joining groups such as walking groups and clubs where you can get support and meet new people can also be an important part of your recovery.

Websites such as [www.heartfoundation.org.au/aftermyheartattack](http://www.heartfoundation.org.au/aftermyheartattack) can also offer support.

## Strategies that may help your relationships

Coming to terms with a long-term health condition, such as a heart attack or heart surgery, and all that goes with that can put a strain on you, your family and your friends. It can be difficult to talk with people about your condition, even if they are close to you. Be open about how you feel and let your family and friends know what they can do to help.

The way you feel about yourself will probably change and coping with any physical and emotional changes can affect how you feel and interact with others. It is very likely that some of the roles you played in a relationship will change. Recognising this and accepting this can be a way to move forward.

If you have a partner, think about things from their perspective as well. Your heart attack or heart surgery has affected them too so try to be understanding about what they are going through. Don't rush or expect things to be the same straight away. Adjustments take time for everyone.

### *beyondblue*

*beyondblue* is an independent, not-for-profit organisation working to increase awareness and understanding of depression and anxiety in Australia and to reduce the associated stigma.

Some of the information in this section was reproduced with permission from *beyondblue*. For more information on depression and anxiety, available treatments and where to get help, visit [www.beyondblue.org.au](http://www.beyondblue.org.au) or call 1300 22 46 36.

## ► A letter from one person with coronary heart disease to another

*You will often hear the phrase 'coping with coronary heart disease', but 'coping' seems to mean 'getting by'. You and your carer will need to do more than 'get by' to deal with the situation that has entered your lives, in so many instances without warning.*

Thinking 'heart condition' will help you to 'own' the condition – for now it is very much a part of your life.

From now on, start thinking 'managing'. By doing so, you are saying you are in control; you are 'managing your heart condition'.

However, before you learn to manage, you need to know what it is you are managing. It is now that you and your carer learn how similar the path that you both need to travel is.

You may have one or more of a range of emotions.

Anger, sadness or anxiety are the most common emotions. You may feel them from the moment you are first diagnosed as having a heart condition, through to post-operative recovery.

*Anger* may come from a sense of intrusion, of the inconvenience to not only your lifestyle, but also to plans for your future. You may also feel angry at yourself for 'getting into this situation'. Anger fades with time, but if it lasts, you may want to talk to your doctor.

*Sadness or feeling 'down'* is probably the most common emotion. Perhaps your main question is, 'Why me?'. If you can't answer this question, you might ignore or even deny the issue. Again, if this emotion doesn't ease with time, talk with your doctor.

*Anxiety* nearly always relates to the future: What about my work? What about my family? Anxiety affects everyone at some time, but it is very strong when you are concerned about your health.

A heart condition casts a darker shadow than most, for underlying all of the above is fear.

As well as questions about family, friends and work, other questions may tumble through your mind. How much pain can I stand? How far can I push myself physically? What is the danger of doing too much or too little? How much can I expect of others and of myself? Can I cope and how much of my burden do I share?

And always sitting in a deep recess of your mind are the questions – Will it happen again? What if it happens again?

The level of your emotion depends on you and your circumstances, but take some comfort in knowing that these emotions usually fade with time.

Any patient or carer who reads this may have experienced all or some of these emotions. Rest assured they are quite common. You are not alone. These are the many emotions you may come across before you set about managing your heart condition.

Printed with kind permission – Gerry Atkinson, board member, Heart Foundation (WA).

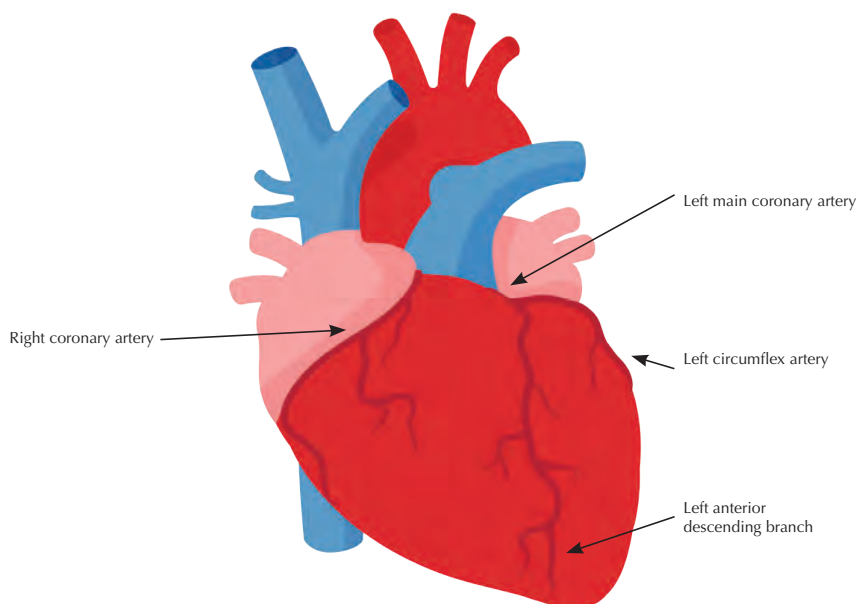


# Take action

- ▶ Use this section to plan and track your recovery and journey to a healthier heart.
- ▶ Share your progress with your healthcare team and always seek advice from your doctor before changing any medication.



## My coronary arteries



This image may be used by your health care professional to explain your diagnosis.

### ► Checklist

- Have you been prescribed the following medicines?
  - statin
  - ACE inhibitor
  - aspirin
- Are you taking your medicines as directed?
- Does your doctor suggest taking these medicines indefinitely or for a limited time?
- Have you experienced any new symptoms since you started your medication that could be a side effect?
- Have you discussed any side effects or other concerns with your doctor?



# Which risk factors can I change to improve my health?

Tick your risk factors and write down the changes you will make:

**Smoking** – *How I will make a change:*

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**Sitting less often** – *How I will make a change:*

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**Being physically inactive** – *How I will make a change:*

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**Being overweight** – *How I will make a change:*

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**Having high cholesterol** – *How I will make a change:*

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**Having diabetes** – *How I will make a change:*

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**Having high blood pressure** – *How I will make a change:*

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**Unhealthy eating** – *How I will make a change:*

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**Being depressed, socially isolated and having a lack of social support** – *How I will make a change:*

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**Drinking more than the recommended amount of alcoholic drinks each day** – *How I will make a change:*

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## My risk factor readings

	Aim for*	Date:	Date:	Date:	Date:
LDL cholesterol	< 1.8 mmol/L				
HDL cholesterol	> 1.0 mmol/L				
Triglycerides	< 2.0 mmol/L				
Total cholesterol	< 4.0 mmol/L However, focus more on LDL cholesterol rather than total cholesterol				
Blood pressure	< 130/80 mmHg Your doctor may want it lower				
Fasting blood sugar	Generally < 5.5 mmol/L				
HbA1c (This will be measured if you have diabetes)	≤ 7%				
Weight	Waist measurement < 94 cm (males) < 80 cm (females)				
	BMI 18.5–24.9 kg/m <sup>2</sup>				

\*Please note that these targets are a general guide. Work with your doctor to set your personal goals.

## Nutrition action plan

Tick the relevant column after each review.

Actions	Already doing this	Ready to do now	Not ready yet	
Eat two serves of fruit everyday				
Eat plenty of vegetables (aim for five serves every day).				
Choose wholegrain breads, cereal, pasta, rice and noodles.				
Select lean meat (meat trimmed of fat and poultry without skin).				
Have two to three serves (150 g serve) of fish and seafood every week.				
Include legumes in two meals a week. Choose from dried peas (e.g. split peas), dried beans (e.g. haricot beans, kidney beans), canned beans (e.g. baked beans, three bean mix) or lentils.				
Eat up to six eggs every week.				
Choose reduced fat milk, yoghurt or cheese.				
Use a variety of oils for cooking – some healthier choices include canola, sunflower, soybean, olive, sesame and peanut oils.				
Instead of butter, use spreads and margarines made from canola, sunflower or olive oil.				

*Continued over...*

	Start date	Review regularly and note your progress here
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## Nutrition action plan *(continued)*

Tick the relevant column after each review.

Actions	Already doing this	Ready to do now	Not ready yet	
Use salad dressings made from oils such as canola, sunflower, soybean, olive, sesame and peanut oils.				
Snack on plain, unsalted nuts and fresh fruit (aim to eat two serves of fruit and one handful of nuts every day).				
Avoid processed meats, including sausages, and deli meats, such as salami.				
Avoid take-away foods, such as pastries, pies, pizza, hot chips, fried fish, hamburgers and creamy pasta dishes.				
Avoid salty, fatty and sugary snack foods, such as crisps, cakes, pastries, biscuits, lollies and chocolate.				
Drink water, plain mineral water or soda water.				
Avoid soft drinks, fruit juices and fruit juice drinks.				
Limit how much alcohol you drink.				
Ask your doctor for a referral to an accredited practising dietitian.				

Start date	Review regularly and note your progress here
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# Physical activity action plan

Tick the relevant column after each review.

Actions	Already doing this	Ready to do now	Not ready yet	
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## Getting started

Talk with your doctor or health professional about how to increase your physical activity levels.

## Start slowly and gradually build up your activity

Do everyday tasks, like light gardening and housework. Walk around your house and garden, or out on your street.

Gradually increase your physical activity to 30 minutes on most, if not all, days of the week. See page 72 as a guide.

As your fitness increases, try activities such as cycling, swimming, tennis or golf.

## Ways to be more active every day

Spend less time sitting down, e.g. watching TV or at the computer.

Be more physically active at home, e.g. vacuum, do some gardening, mow the lawn.

Try walking, cycling or taking public transport.

Take the stairs instead of the lift.

Buy a pedometer and keep a record of your steps.

Get support by joining a local walking group. See page 107 or call 13 11 12.

Start date

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## Healthy weight action plan

Tick the relevant column after each review.

Actions	Already doing this	Ready to do now	Not ready yet	
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### For everyone

Do at least 30 minutes of moderate-intensity physical activity on most, if not all, days of the week.

Choose a wide variety of fruit and vegetables, lean meat, poultry and fish, reduced fat unflavoured dairy and plain unsalted nuts and legumes.

Sit less.

### If you need to lose weight

Choose a wide variety of fruit and vegetables, lean meat, poultry and fish, reduced fat unflavoured dairy and plain unsalted nuts and legumes.

Avoid discretionary/junk foods and drinks like cakes, biscuits, take away and fried foods, and sugar-sweetened drinks.

Choose smaller portion sizes.

Drink plain tap water, plain mineral water or soda water.

Avoid soft drinks, fruit juices and fruit juice drinks.

Limit how much alcohol you drink.

Ask your doctor for a referral to an accredited practising dietitian.



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## Smoking action plan

Tick the relevant column after each review.

Actions	Already doing this	Ready to do now	Not ready yet	
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### If you haven't quit smoking yet

Work out the benefits of quitting.				
Discuss quitting options, including nicotine replacement therapy. Talk with your health professional or call the Quitline on 13 78 48.				
Set a date to quit.				
Make sure your home and car are smoke-free.				

### If you have already quit

Avoid areas where you might be exposed to second-hand smoke.				
Call the Quitline on 13 78 48 if you are having problems with not smoking.				
Remind yourself of two benefits of quitting.				
Make sure your home and car are smoke-free.				

### If you are a non-smoker

Avoid areas where you might be exposed to second-hand smoke.				
Make sure your home and car are smoke-free.				

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## Diabetes action plan

Tick the relevant column after each review.

Actions	Already doing this	Ready to do now	Not ready yet	
Take your diabetes medicines as prescribed.				
Achieve and maintain a healthy weight.				
Be physically active.				
<p>Enjoy healthy eating (refer to the action plan on page 116):</p> <ul style="list-style-type: none"> <li>• Include a wide variety of fruit and vegetables, wholegrains, lean meat, poultry and fish, reduced fat unflavoured dairy, plain unsalted nuts and legumes.</li> <li>• Avoid discretionary/junk foods and drinks like cakes, biscuits, take away and fried foods, and sugar-sweetened drinks.</li> <li>• Choose smaller portion sizes.</li> <li>• Choose healthier fats and oils for cooking, spreads and dressings. Some suitable choices include canola, sunflower, soybean, olive, sesame and peanut oils. Avoid using butter, other dairy blends, lard, copha or cooking fats.</li> </ul>				
Find out more about diabetes.				
Ask your doctor about a referral to a diabetes educator services.				

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## Blood pressure action plan

Tick the relevant column after each review.

Actions	Already doing this	Ready to do now	Not ready yet	
Talk with your doctor about your blood pressure.				
Take blood pressure medicines as prescribed.				
See your doctor regularly to have your blood pressure checked.				
Be physically active.				
<p>Minimise salt intake.</p> <ul style="list-style-type: none"> <li>• Make fresh foods the main part of your diet – include a wide variety of fruit and vegetables, wholegrains, lean meat, poultry and fish, reduced fat unflavoured dairy and plain unsalted nuts and legumes. Avoid high salt foods, such as potato crisps/chips, salted nuts, commercial sauces (e.g. tomato, soy, fish), processed meat and most take-away foods.</li> <li>• Use herbs and spices instead of salt in cooking and at the table.</li> <li>• Choose low salt or salt reduced foods where available.</li> </ul>				
Healthy men and women – limit alcoholic drinks to two standard drinks per day.				
If you have high blood pressure or are taking blood pressure medicine, limit alcoholic drinks to two standard drinks per day (men) or one standard drink per day (women).				
Achieve and maintain a healthy weight.				

	Start date	Review regularly and note your progress here
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## Cholesterol and triglycerides action plan

Tick the relevant column after each review.

Actions	Already doing this	Ready to do now	Not ready yet	
Talk with your doctor about your cholesterol and triglycerides.				
Take your cholesterol-lowering medicines (e.g. statins) as prescribed.				
Choose a wide variety of fruit and vegetables, wholegrains, lean meat, poultry and fish, reduced fat unflavoured dairy and plain unsalted nuts and legumes.				
Choose healthier fats and oils for cooking, spreads and dressings. Some suitable choices include canola, sunflower, soybean, olive, sesame and peanut oils. Avoid using butter, other dairy blends, lard, copha or cooking fats.				
Be physically active.				
Ask your doctor for a referral to an accredited practising dietitian.				
Find out more information about cholesterol and triglycerides.				
Limit how much alcohol you drink.				



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## Alcohol action plan

Tick the relevant column after each review.

Actions	Already doing this	Ready to do now	Not ready yet	
Alternate your alcoholic drinks with low kilojoule drinks, such as water, plain mineral water or soda water.				
Where possible, dilute your alcoholic drink with plain mineral water or soda water.				
Use only half measures of spirits.				
Choose a low alcohol or light beer.				
When you are thirsty, drink cold water instead of alcohol. Keep a jug of water on the table when dining in or out.				
Establish one or two alcohol-free days per week.				
When stressed, take a walk or exercise instead of drinking.				
Healthy men and women – limit alcoholic drinks to two standard drinks per day.				
If you have high blood pressure or are taking blood pressure medicine, limit alcoholic drinks to no more than two standard drinks per day (men) or one standard drink per day (women).				

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## Psychological and social health action plan

Tick the relevant column after each review.

Actions	Already doing this	Ready to do now	Not ready yet	
Take your medicines as prescribed.				
Regularly monitor yourself for depression using the self-assessment checklist on page 95 and take action as recommended.				
Talk with your partner/family/friends about how you feel.				
Talk with your health professional about how you feel.				
Attend a cardiac rehabilitation program.				
Join a local heart support group.				
Join a social group.				
Join a walking group.				
Be physically active every day.				
Ask your doctor for a referral to a registered clinical psychologist.				
Find out more about depression and social isolation.				
Limit how much alcohol you drink.				

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# My notes

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# Will you recognise your heart attack?



Do you feel any

pain

pressure

heaviness

tightness

In one or more of your

chest

neck

jaw

arm/s

back

shoulder/s

You may also feel

nauseous

a cold sweat

dizzy

short of breath

Yes

**1 STOP** and rest now

**2 TALK** tell someone how you feel

**If you take angina medicine**

- Take a dose of your medicine.
- Wait 5 minutes. Still have symptoms? Take another dose of your medicine.
- Wait 5 minutes. Symptoms won't go away?

Are your symptoms severe or getting worse?

or

Have your symptoms lasted 10 minutes?

Yes

**3 CALL 000\*** and chew 300mg aspirin, unless you have an allergy to aspirin or your doctor has told you not to take it

\*Triple Zero

- Ask for an ambulance.
- Don't hang up.
- Wait for the operator's instructions.

\*If calling Triple Zero (000) does not work on your mobile phone, try 112.

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# My notes

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# CPR

## Cardiopulmonary resuscitation

**D** **R** **S** **A** **B** **C** **D**

### **D**anger

- ▶ Check for danger.



### **R**esponse

- ▶ Check for response.
- ▶ If no response...



### **S**end for help

- ▶ Call Triple Zero (000)\* and ask for an ambulance.
- \*If calling Triple Zero (000) does not work on your mobile phone, try 112.



### **A**irway

- Check the airway is open and clear.



### **B**reathing

- ▶ Check for breathing.
- ▶ If not breathing or not breathing normally...



### **C**PR

- ▶ Start CPR.
- ▶ Give 30 chest compressions: 2 breaths.
- ▶ Continue CPR until responsiveness or normal breathing return.



### **D**efibrillation

- ▶ Attach a defibrillator (AED\*) if available and follow its voice prompts.

\*Automated External Defibrillator



# My notes

A series of horizontal dotted lines for writing notes.

# Services and support

In this section you'll find:

- ▶ important phone numbers
- ▶ information and services to support you in your heart health recovery.



# Important phone numbers

## Emergency phone number

Dial **Triple Zero (000)** for an ambulance at any time, for 24-hour service (if you have heart attack warning signs).

## Health information and services

**Heart Foundation Helpline** 13 11 12

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A telephone service for heart health information.

[heartfoundation.org.au](http://heartfoundation.org.au)  
[health@heartfoundation.org.au](mailto:health@heartfoundation.org.au)

## Information about medicines

**NPS Medicines Line** 1300 63 34 24

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[nps.org.au](http://nps.org.au)

**Australia MedicAlert Foundation** 1800 88 22 22

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A service for people with heart conditions, particularly people who are prescribed ongoing medicines. Medical ID bracelets and wristbands provide critical information in case of emergency.

[www.medicalert.com.au](http://www.medicalert.com.au)

Free fax: 1800 64 32 59

## Quitting smoking

**Quitline** 13 78 48

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[quitnow.gov.au](http://quitnow.gov.au)

## Health information

**beyondblue** 1300 22 46 36

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[beyondblue.org.au](http://beyondblue.org.au)

**Diabetes Australia** 1300 13 65 88

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[diabetesaustralia.com.au](http://diabetesaustralia.com.au)

**Kidney Health Australia** 1800 45 43 63

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[kidney.org.au](http://kidney.org.au)

**Stroke Foundation** 1800 78 76 53

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[strokefoundation.com.au](http://strokefoundation.com.au)

**Commonwealth Respite and Carelink Centre** 1800 05 22 22

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[dss.gov.au](http://dss.gov.au)

**Find an accredited practising dietitian**

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[daa.asn.au](http://daa.asn.au)

**Find an exercise physiologist**

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[essa.org.au](http://essa.org.au)

**Find a physiotherapist**

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[physiotherapy.asn.au](http://physiotherapy.asn.au)

**Financial issues**

**Money Smart**

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[moneysmart.gov.au/life-events-and-you/life-events/dealing-with-illness](http://moneysmart.gov.au/life-events-and-you/life-events/dealing-with-illness)

**Centrelink**

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[humanservices.gov.au/customer/services/centrelink/](http://humanservices.gov.au/customer/services/centrelink/)

**Concession and health care cards**

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[humanservices.gov.au/customer/subjects/concession-and-health-care-cards](http://humanservices.gov.au/customer/subjects/concession-and-health-care-cards)

**Commonwealth Home Support Programme** 1800 200 422

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[www.agedcareguide.com.au/information/home-care/commonwealth-home-support-programme](http://www.agedcareguide.com.au/information/home-care/commonwealth-home-support-programme)

# Money, insurance and other support

## Money matters

For some people, a heart attack or heart surgery can lead to money worries. Costs can add up, especially if you can't work for a while, or you are a pensioner. When you're already coping with recovery, this can add more stress.

There's help available, and places you can go for advice.

### ► Checklist: Find out what financial help you can get

- Find out from your employer how much paid sick leave you are entitled to.
- Check your insurance and superannuation policies to see if they could cover some bills or replace some income (e.g. health insurance for medical costs not covered by Medicare, or income protection insurance).
- Contact Centrelink to find out if you qualify for a concession or health care card, or for benefits (like Sickness Allowance or the Disability Support Pension).
- Talk with your doctor or pharmacist about ways to save money on medicines without compromising your health (e.g. using generic brands and making sure you are receiving all available subsidies).
- If transport to appointments is difficult, ask your hospital about transport services. You can also check if you qualify for Mobility Allowance.
- Don't be afraid to seek emergency financial help from local charities for things like food, transport, chemist vouchers, and help with bills and budgeting.

## Insurance

If you have had a heart attack, it can affect your health, income protection and life insurance. A heart attack is classed as a pre-existing condition. That may affect premiums and require special conditions or exclusions. Some companies might ask you to do a medical assessment. Contact your insurance company to find out if your policy is affected.

Talk with your doctor before buying health insurance. Insurance companies often ask for detailed medical information. Shop around to get the best value insurance. You can still get cover with a pre-existing condition, but there could be a waiting period before you can claim.

You should also think about ambulance cover. Your private health insurance may cover you for ambulance, but only for emergencies, so it's important to check. (If you live in Queensland or Tasmania, ambulance cover is automatically provided.)

## Other support

Some people need support to get back to independent living. You may be eligible for help with nursing and allied health care in the home, meals and social activities. There are also support services that can help with things like cleaning, showering, shopping, transport and home maintenance.

Talk with your doctor, social worker and local council about what help you are eligible for.



## Cardiac rehabilitation service providers

You will find cardiac rehabilitation or heart health information services in some hospitals, health services or private practices.

There may also be a pharmacist or dietitian who can give you helpful information to aid your recovery.

### ► My cardiac rehabilitation service

Service name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

To find out what is available in  
your area, call the Heart Foundation  
Helpline on 13 11 12



# Heart Foundation Walking

Heart Foundation Walking is a network of free community-based walking groups. Groups are led by volunteer organisers. These groups are a great way to be active, have fun and meet new people. There's probably a group in your area!

By walking for at least 30 minutes a day, you get many health benefits including:

- maintaining a healthy weight
- increasing your fitness and strength
- improving your self-esteem and mental health.

We are helping Australians lead active, healthy lives by encouraging them to join or start Heart Foundation Walking groups in their area.

Heart Foundation Walking members receive special offers, regular newsletters, incentives and prizes to help keep them motivated.

To find out about your nearest Heart Foundation Walking group, or how you can start a new group, call the Heart Foundation Helpline on 13 11 12 or visit [www.walking.heartfoundation.org.au](http://www.walking.heartfoundation.org.au)



## Your help can save more lives

The Heart Foundation is here to save lives, keep families together and help you enjoy your best possible health following your heart attack or surgery.

For close to 60 years, the generous support of everyday Australians has produced advances that have saved the lives and improved the heart health of hundreds of thousands of people. The Heart Foundation Research Program's ongoing investment in research in heart disease has led to major advances in preventing heart attacks and improving the diagnosis, treatment and management of people living with heart conditions. These achievements include:

- the national emergency Triple Zero (000) number
- intensive care ambulances
- coronary care units in hospitals
- cardiac rehabilitation
- technology like the pacemaker
- improved medicines for high cholesterol and high blood pressure.

Information developed by the Heart Foundation informs the treatment you receive in hospital, your cardiac rehabilitation, and the ongoing management of your heart condition.

To help you manage your heart health, we have put our most trusted information in this booklet. Our Helpline health professionals are also ready to talk to you about your heart health questions or concerns. We can do this because of the financial support of everyday Australians, like you.

We want you to make a great recovery and enjoy

your best possible heart health. When you are ready, we would also like you to consider how you might help others. You can become a regular supporter by volunteering with us, or consider making a lasting contribution by donating or leaving a gift in your will. In fact, two out of every three research projects we fund are because of wonderful Australians who have left a gift to the Heart Foundation in their will.

To find out about how you can help to save more lives, please call us on 13 11 12 or visit [www.heartfoundation.org.au](http://www.heartfoundation.org.au) to find out more.

“I had two heart attacks at the age of 53. The Heart Foundation has been wonderful to me, with information when I’ve needed it. I am grateful for the work of the Heart Foundation and the research it has supported. After ensuring that our children are looked after, my husband and I have included a bequest to the Heart Foundation in our wills. We think this is a special way of saying thanks for the past 33 years of my life.”

– Val, 86



To find out how  
to support us,  
call 13 11 12



Call the Heart Foundation Helpline **13 11 12**

**Free health information is within reach**



Heart Foundation Helpline provides free personalised information on heart health, nutrition and living a healthy lifestyle.



**13 11 12** 9am - 5pm weekdays



**health@heartfoundation.org.au**



**heartfoundation.org.au/support**



If you need an interpreter, call TIS National on 131 450.



For heart health information  
13 11 12  
[heartfoundation.org.au](http://heartfoundation.org.au)

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#### Key points to remember about managing your heart health

- Take charge of your recovery.
- Visit your doctor regularly.
- Set priorities.
- Be informed.
- Take your medicines as prescribed by your doctor.
- Continue your cardiac rehabilitation.
- Talk to your doctor about reducing your modifiable risk factors.
- Don't give up.

