

How to Keep Your Heart Healthy – Long Term Management

What Happens Next?

- Most heart conditions are considered to be “long term conditions” – they cannot be cured, but can be managed
- Once your heart condition has been diagnosed and any treatment or surgery is complete, it is important you know what to expect and what to look out for in the future

Cardiology Follow Up

- You will probably have at least one clinic appointment with the cardiac team
- If all is well you will then be discharged back to the care of your GP
- You may have a yearly check with the GP/nurse at your surgery
- Long term it is left to you to get on with doing as you have been advised!

Long Term

- You should continue to lower the risk of further heart problems – “reduce your risk factors”

What are Risk Factors?

- These are things that can increase the chance of having heart problems.
- Some are called non-modifiable as you can do little to change them
- Some are modifiable as you can have an impact and reduce them.

Non-Modifiable Risk Factors

- Age
- Gender
- Family History
- Cultural background
- Having sugar diabetes

Modifiable Risk Factors

- Smoking
- High cholesterol
- High blood pressure
- Being overweight/high waist circumference
- Physical inactivity
- Excess alcohol
- Stress
- Sugar diabetes

Smoking

- Don't!
- If you decide to give up – involve the practice nurse at your surgery who can help with nicotine replacement products and advice
- You are twice as likely to succeed with long term quit with help

Cholesterol

- Watch your diet and try to reduce the amount of saturated fat you eat
- Have your cholesterol checked once a year if on statins/pills
- Lipid profile – your GP can request a breakdown of your total cholesterol to see the levels of HDL, LDL and triglycerides

Blood Pressure

- Have it checked at least twice a year – more often if high and if your pills have been altered.
- Use machine in GP practice or buy your own
- A series of measurements are better than one or two.

Watch Your Weight

- Assess whether you feel you need to lose weight – BMI – waist measurement
- If not try to avoid allowing your weight to increase to unhealthy levels

Exercise

- Aim to do some regular exercise at least 5 times a week
- This can be as simple as going for a walk
- Start with something manageable and build on that
- Aim for 30 minutes of continuous exercise 5 times a week

Alcohol

- Try to avoid binge drinking
- Keep intake within recommended limits
- Make sure you know your units
- Remember alcohol contains calories!

Small glass 125ml 11%abv wine = 1.4 units and 100 calories

Standard glass 175mls 13% wine = 2.3 units and 140 calories

Stress

- Try to develop healthy ways of coping with stress!

Diabetes

- Aim to keep your blood sugars within the ranges given to you

Approximately:

- Between 4 and 7 on your own machine or
- HbA1c 6.5% to 7.5% (48-59mmol/mol) from blood test

Take the Pills!

- Aspirin, clopidogrel, ticagrelor
- Beta Blockers (bisoprolol)
- ACE Inhibitors (ramipril)
- Statins (simvastatin, atorvastatin)

- These have been proven to improve the long term outcome for patients who have had a heart attack

Yearly “MOT” at GP for CHD patients

- BP check – target 140/85 or 130/80 if diabetic
- Cholesterol check – target below 4.0 (If CHD) or below 5.0
- Blood tests to check kidney and liver function if taking ACE inhibitors and statins
- Flu jab
- Pneumonia jab (once only)

Diabetes Checks

- If you have diabetes you should be followed up at least once every 6 months by your GP/nurse with a blood test to check your sugar levels (HbA1c)
- These checks may be combined with the yearly “MOT”

What Can You Do To Reduce Your Risk?

- Don't smoke
- Get cholesterol and BP checked regularly
- Keep weight and waist in the healthy range
- Follow a healthy diet
- Exercise regularly
- Keep alcohol within recommended limits
- Review your response to stress
- If diabetic, keep your blood sugars within the recommended range
- Take the medications you have been prescribed

What Can You Do To Reduce Your Risk?

- Attend Cardiac Rehab!
- We offer telephone advice – 01273 446019 (non-emergency)
- Buddy service – helpline – 01903 550084
- Education/information sessions
- 1:1 appointment
- Exercise classes – attend once a week for up to 8 weeks
- Southlands hospital, Worthing hospital, Palatine Park, Angmering

Signs that Your Condition May be Changing

Angina symptoms

- You start to get some when previously you didn't
- You get angina more frequently than you used to
- You get angina at a lower level of exercise than you used to
- You need your spray to relieve the angina (or 2 puffs instead of 1)

Signs that Your Condition May be Changing

Shortness of Breath (SOB)

- SOB worse than normal
- SOB at lower levels of exercise
- Takes longer to get your breath back
- Unable to lie flat/needing more pillows at night
- Increasing swelling of ankles
- HF patients – increase of 2lb or more in weight on 2 consecutive days

What Should You Do?

- Contact GP
- Contact heart failure nurse
- Contact cardiac rehab team
- Mention symptoms at any follow up appointments you do have

- Any questions?