Cardiac Rehabilitation

Information for patients

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Introduction

Having a heart attack can be a distressing and frightening experience and this information booklet aims to provide you and your family with the necessary guidance, clarification and reassurance to support you through your recovery.

The information in this booklet has been written in accordance with the most recent myocardial infarction clinical guideline recommendations.¹

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What is cardiac rehabilitation?

Cardiac rehabilitation can be defined as a process which encourages, supports and helps in the achievement and maintenance of optimal physical and psychological and social health after diagnosis with coronary artery disease.

Cardiac rehabilitation is generally divided into four phases and each represents a different component of the journey of care. Involvement from family and carers is encouraged throughout the cardiac rehabilitation process.

Phase 1

Usually occurs in hospital following diagnosis of myocardial infarction, angioplasty/stent or heart surgery. You will receive a visit from the cardiac rehabilitation nurse who will discuss/explain your diagnosis with you, and any misconceptions about your diagnosis/recovery can be addressed. An assessment of your cardiac risk factors will be carried out and appropriate lifestyle advice will be given.

Phase 2

This occurs when you are back at home where you will be contacted at home by your cardiac rehabilitation nurse within approximately a week after discharge from hospital. At this time the phase 3 programme options will be discussed.
**Phase 3**

The aim of this phase is to continue with the promotion of exercise and healthy living advice. We offer a structured programme which includes these elements either in a group session or individually at your home depending on your personal preference, other commitments such as work and your specific medical needs.

This programme includes an individually designed exercise plan consisting of heart strengthening exercises together with a series of health topics covering coronary risk factors, treatments for coronary heart disease, healthy eating, medication, benefits of exercise, stress, basic life support and relaxation.

This usually starts approximately 4-6 weeks following a heart attack, 6-8 weeks following heart surgery and 2 weeks following angioplasty/stent.

**Group programmes**

Run weekly for eight sessions at local leisure centres – Macclesfield, Poynton, Knutsford and Wilmslow.

**Home Based Programme**

Our physical activity and healthy lifestyle facilitator will provide a programme for you to do at home and will visit you to monitor your progress.

**Phase 4**

This is the long term maintenance of your healthier lifestyle. Cardiac rehabilitation isn’t a quick fix and hopefully the advice and support you have received throughout the cardiac rehabilitation process has helped you to make the necessary adjustments to your lifestyle and reduce your risks of further health problems in the future.
What is coronary artery disease?

The heart is a muscle, which pumps blood into arteries (blood vessels) which take the blood around the body and like all muscles it requires a supply of oxygen rich blood which is supplied by the coronary arteries.

In coronary artery disease there is a gradual ‘furring up’ of the walls of the arteries. Fatty deposits made by cholesterol mainly cause this, which build up on the inner walls of the arteries. If the arteries become narrowed, the blood flow is reduced and therefore less oxygen, which is carried in the blood, will reach the heart muscle. These fatty deposits usually only occur in patches.
What is a heart attack?

Sometimes a narrowed part of the artery may become inflamed or damaged. A small crack may appear in the lining of the artery where it narrows and the body tries to repair this by covering the damaged area with a small clot made from special cells called platelets.

If one of the coronary arteries becomes blocked suddenly, part of the heart muscle will be starved of oxygen and become damaged. This is termed a myocardial infarction or more commonly called a heart attack.

How a heart attack is diagnosed

A heart attack can be diagnosed by changes which occur on an electrocardiograph tracing (ECG) which can show that a blood clot has suddenly and completely blocked one of the coronary arteries, or show that a blood clot is partly blocking one of the coronary arteries. However, an ECG may show no changes whatsoever.

A blood sample is also taken to detect an enzyme called troponin which is normally present in heart muscle but if there is any damage to the heart muscle the troponin leaks into the blood stream.

Angina

Angina is a pain or discomfort in the chest, usually caused by coronary heart disease – the narrowing of one or more of the coronary arteries reducing the blood supply to the heart. Angina is a temporary reduction in the blood flow and does not cause any permanent damage to the heart muscle.

What does angina feel like?

Angina usually feels like a heaviness or tightness in your chest which may spread to your arms, neck, jaw, back or stomach. Symptoms usually subside after a few minutes and while some patients report a severe tightness, others say it’s more like a dull ache. It’s often brought on by physical activity or an emotional upset, cold weather or after a meal. If your angina pattern changes in any way, you should speak to your doctor immediately. Some patients experience no chest discomfort at all but may still have discomfort in the shoulders, arms or jaw on exertion.
Difference between heart attack and angina

Angina is a temporary reduction in the blood supply to the heart usually occurring as a result of exertion (for example walking or climbing stairs) and does not cause any damage to the heart. A heart attack is caused by a blockage in one of the coronary arteries which causes damage to the heart muscle around the area supplied by that affected artery, which does not recover.

The pain can be similar for both angina and a heart attack and therefore can be difficult to know the difference, use the information overleaf as a guide.

What to do if you get chest pain

Sometimes you may experience chest pain or discomfort. Often this will be angina that you can manage at home with your GTN, but it could be a heart attack.

If you have:

- A crushing pain, heaviness or tightness in your chest, or a pain in your arm, throat, neck, jaw, back or stomach. You might also become sweaty; feel light-headed, sick or short of breath at the same time.

Step one: stop what you are doing and sit down and rest

Step two: take 1-2 puffs of GTN spray (if prescribed – if not, go to Step three). If symptoms not relieved after 5–10 minutes, repeat with a further 1-2 puffs of GTN spray

Step three: if the pain has not eased within 15 minutes from onset, CALL 999 immediately

Step four: if you are not allergic to aspirin and it’s easily available, chew 300mg. If you don’t have any aspirin nearby, rest until the ambulance arrives (try to make sure the door is left unlocked). Inform the ambulance staff if you’ve taken aspirin
Treatments and investigations for a heart attack and angina

Primary Percutaneous Coronary Intervention (PPCI – often referred to as a primary angioplasty)

This is a surgical treatment for heart attack patients, which mechanically unblocks the arteries carrying blood to the heart. This is now considered to be the gold standard for treatment.

Thrombolysis ‘Clot busting drug’

Occasionally PPCI cannot be performed and in these cases thrombolysis will be offered. This is a treatment that helps to dissolve the clot that is blocking the artery and aims to prevent any further damage to the heart muscle. It involves injecting the clot busting drug into the bloodstream and is ideally given in the first few hours following a heart attack and only if the doctors are certain that the heart is being damaged.

Over the next few days a scar will start to form over the damaged area of your heart. It takes 6-8 weeks for a strong scar to form.

Angiogram

This is a test which involves taking x-ray pictures of your coronary arteries and will help the doctor decide what, if anything needs to be done to improve the blood supply to the heart.

A fine tube called a catheter is threaded up from the artery in your arm or leg into your heart. A special dye which shows up on x-ray is injected into the coronary arteries, and is filmed using the x-ray machine which is positioned over your chest. A local anaesthetic is given to numb the area prior to the test, so you won’t feel the tube inside you.
Angioplasty and stent

This is sometimes called the “balloon” treatment and it is often done at the same time as an angiogram under local anaesthetic. This treatment allows the cardiologist to stretch out any narrowings that are found. A fine flexible hollow tube (catheter) with a small balloon at the tip is passed into the artery at the top of your leg or your arm. X ray screening is used to direct the catheter to the artery which is narrowed. The balloon is inflated with enough pressure to stretch the artery.

The doctor may then decide to put a small metal tube called a stent into the artery to keep it open after the angioplasty. The catheter contains the stent and as the balloon is inflated the stent expands.

Once it is stretched, it acts like a scaffolding to hold the artery open. The balloon is deflated and the catheter removed leaving the stent in place. Eventually, the stent becomes embedded in the lining of the artery, helping to prevent it from becoming narrowed in the future.
Coronary artery bypass graft (CABG)

If your coronary angiogram shows severe blockages or narrowing of more than one of the coronary arteries, then coronary artery bypass grafts (CABG) may be the best solution of improving the blood supply to your heart muscle.

The operation is done under general anaesthetic. An incision (a cut) is made down the middle of the breast bone. In most cases at least one of the blood vessels used for the bypass is made using an artery inside the chest wall called the internal mammary artery. There are two mammary arteries. They help to supply blood to your ribs. The other option is using a piece of vein which can be removed from your leg. This can be used to replace the narrowed length of artery.

Exercise tolerance test

An exercise tolerance test is an electrocardiogram (ECG) recorded whilst you are walking on a treadmill.

It is a structured exercise test which helps see how well your heart can cope during exercise, when the body's need for oxygen puts extra demands on the heart. A doctor or specialist trained technician will carefully check your ECG reading, blood pressure and pulse.

The test usually takes between a few minutes and half an hour. The staff will tell you to stop when they have the information they need. They will also tell you to stop if you are getting any chest pain or if you are tired or short of breath.

Echocardiogram

The echocardiogram (ECHO) can give accurate information about the pumping action of the heart. A transducer (probe) is placed on your chest. Lubricating gel is rubbed on your chest first to help to make good contact with the probe.

The probe picks up echoes reflected from various parts of the heart. Recording these images can take up to one hour. The test allows doctors to assess the pumping action of your heart, the structure of your heart and also its valves.
Risk factors for heart disease

There are a number of risk factors which can affect the likelihood of developing heart disease. Some of these are outside our control e.g. family history, others we have control over, e.g. smoking and yet others we have some control over e.g. cholesterol levels. No one single factor has been demonstrated to cause heart disease, but research demonstrates that certain factors will increase the risk of getting heart disease. We will explore each set of risk factors in turn.

Risk factors we can change

1. Smoking

Cigarettes and inhaling smoke from cigars or pipes is the most significant preventable risk factor. People who smoke have twice the risk of developing heart disease as those who do not. Therefore to give up smoking after a heart attack is one of the most helpful things you can do. It is never too late to give up. For further information about how to quit, ask your Cardiac Rehab nurse or call Kickstart 0800 085 8818.

- Nicotine increases the resting heart rate and the amount of oxygen the heart muscle requires and raises the blood pressure
- Nicotine encourages narrowing of arteries by increasing the formation of atherosclerosis
- Carbon monoxide in smoke combines with haemoglobin in the red blood cells and reduces the amount of oxygen the blood can carry
- Carbon monoxide increases stickiness of blood and increases the risk of blood clots
2. Alcohol intake

No amount of alcohol is completely safe as everyone reacts differently to its effects. Your height, weight and gender are some of the factors that can play a part in how alcohol affects you.

The Department of Health recommends that a safe limit of alcohol intake for adults is no more than 14 units a week on a regular basis and that it is best to spread your drinking evenly over 3 or more days.\(^1\)

It is important not to “save” units or to have them all at once in a “binge”. You should aim to have at least two alcohol free days each week.

Drinking in excess of these guidelines can increase your risk of developing:

- Hepatitis (inflammation of the liver)
- High blood pressure
- Cardiomyopathy (heart muscle disease)
- Stomach disorders
- Some cancers (breast, mouth, liver and colon)

How to have a drink and enjoy life

<table>
<thead>
<tr>
<th>Drink Type</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pint of regular beer/lager/cider</td>
<td>2.2</td>
</tr>
<tr>
<td>Alcopop or can of lager</td>
<td>1.5</td>
</tr>
<tr>
<td>Glass of wine (250ml)</td>
<td>3</td>
</tr>
<tr>
<td>Single measure of spirits (25ml)</td>
<td>1</td>
</tr>
<tr>
<td>Bottle of wine</td>
<td>9</td>
</tr>
</tbody>
</table>

**NB:** The size of the drink and % alcohol volume effects how many units of alcohol it will provide.
3. Healthy Eating
More detailed information can be found in the section “Guide to healthy eating” which covers all aspects of healthy eating after a heart attack.

The key points are:-
- Eat at least 5 portions of fruit or vegetables daily
- Eat more fibre
- Eat less fat especially saturated fat
- No added salt to cooking or at table
- Eat less sugar

You can ask to see the dietitian for further advice or see your cardiac rehabilitation nurse.

4. Weight
Body weight is determined by what you eat and how much exercise you do. Waist measurement is an indicator of body weight. A healthy waist measurement is 32” for women and 37” for men. Carrying excess weight gives your heart more work to do as it has to pump more blood to more tissues. Weight is gained because more calories are taken in than are used up. In order to lose weight the amount of food taken in must be less than the energy expended. Eating healthily as above, in combination with increased activity levels when you are ready to do so, can assist in losing excess weight.

How to measure your waist

To measure your waist size (circumference), place a tape measure around your bare abdomen just above your hip bone. Be sure that the tape is snug, but does not compress your skin, and is parallel to the floor. Relax, exhale, and measure your waist.

5. Activity
When you commence your cardiac rehabilitation programme, which starts with gentle walking as described later, you can gradually begin to increase your activity levels. Not exercising regularly increases your chances of developing heart disease. See section on “Physical activity“
Risk factors we have some control over

1. Blood pressure

This is the pressure of blood in your arteries which is needed to maintain blood flow. When your heart contracts the blood pressure is at its highest (systolic pressure) and when it relaxes between beats pressure is at its lowest (diastolic). The two pressures are written as two numbers – for example, 120/80 mmHg (‘mmHg’ stands for millimetres of mercury). The first number is the systolic pressure and the second is the diastolic pressure.

The target for the general population is to have a blood pressure below 140/85. For people who have had a heart attack or a stroke, or who have coronary heart disease or diabetes, the target is to have a blood pressure below 130/80.  

Can I get my blood pressure down without taking medication?

Sometimes there is quite a bit you can do with some lifestyle changes, and for some people this may help them to avoid medication. In particular, the following help:

- Losing weight if you are overweight.
- Reducing the salt you have in your food.
- Taking regular exercise.

Stopping smoking doesn't reduce your blood pressure as such, but smoking and high blood pressure put you at risk of the same conditions. So if you can quit smoking, you'll reduce your risk of strokes, heart attacks, etc.
2. What if I need pills?

There are lots of different medicines for high blood pressure. They work in various different ways. Your doctor will advise on the best one for you. If it doesn't work, or you get side-effects, there are plenty of other options. The idea is to get you on one or more pills which suit you, and which control your blood pressure. Once taking medication for high blood pressure you'll need to keep taking it long term to make sure you stay protected. Your blood pressure will be checked regularly and medication adjusted if need be.  

3. Blood cholesterol

Cholesterol is a fatty substance necessary for cells in the body to work. It is made in the liver. Cholesterol is carried around the body by proteins. These combinations of cholesterol and proteins are called lipoproteins. There are two main types of lipoproteins:

**HDL** – High density lipoprotein, is a protective type of cholesterol

**LDL** – Low density lipoprotein is the harmful type of cholesterol which is more likely to be deposited in the artery walls, causing hardening or atheroma which increases blood pressure and the likelihood of a clot forming.

**Triglycerides** – are another type of fatty substance in the blood. They are found in foods such as dairy products, meat and cooking oils. They can also be produced in the body, either by the body's fat stores or in the liver. People who are very overweight, eat a lot of fatty and sugary foods, or drink too much alcohol are more likely to have a high triglyceride level. People with high triglyceride levels have a greater risk of developing cardiovascular disease than people with lower levels.

**What causes high cholesterol?**

One of the causes of high blood cholesterol levels in people in the UK is eating too much saturated fat.
The cholesterol which is found in some foods such as eggs, liver, kidneys and some types of seafood e.g. prawns, does not usually make a great contribution to the level of cholesterol in your blood. It is much more important that you eat foods that are low in saturated fat.

There's also an inherited condition called familial hypercholesterolaemia which can cause high cholesterol even in someone who eats healthily.

**How can I reduce my cholesterol levels?**

- To help reduce your cholesterol level, you need to cut down on saturated fats and trans fats and replace them with monounsaturated fats and polyunsaturated fats. You should also reduce the amount of total fat you eat.

- Eat a high-fibre diet. Foods that are high in 'soluble fibre' such as porridge, beans, pulses, lentils, nuts, fruits and vegetables, can help lower cholesterol.

**Will eating sterol-enriched foods help reduce my cholesterol level?**

There is evidence to show that substances called ‘plant sterols’ and ‘stanols’ may help reduce cholesterol levels. They are added to certain foods including margarines, spreads, soft cheeses and yoghurts.

Doing regular physical activity can help increase your HDL cholesterol (the 'protective' type of cholesterol).

**Will I need to take medication?**

Whether you need to take cholesterol-lowering drugs or not depends not just on your total cholesterol and HDL and LDL levels, but also on your overall risk of coronary heart disease.

Cholesterol-lowering medicines such as statins are prescribed for people who are at greatest overall risk of suffering from coronary heart disease. Please see our information on statins in the “Heart medication” section.
4. Diabetes

Diabetes is a condition in which your body does not produce enough insulin to deal with carbohydrates and sugars ingested. There are two types:-

- Type I: No insulin at all is produced and insulin must be injected
- Type II: Some insulin is still produced; sugar levels are controlled either by reducing the amount of sugar ingested or tablets are taken to control glucose levels

Diabetes significantly increases the risk of developing heart disease. High blood glucose levels over time can lead to increased deposits of fatty materials on the insides of the blood vessel walls. These deposits may affect blood flow, increasing the chance of clogging and hardening of blood vessels (atherosclerosis). It is believed that the risk can be reduced by maintaining good control of blood sugar levels, eating healthily and exercising regularly.

5. Stress

Many people believe that stress is what precipitated their heart attack but the relationship between stress and heart disease is not proven. Often it is not the stress itself which causes a problem, but our reaction to it. When we are stressed we often do things which may not be helpful to our hearts, e.g. smoke, drink to excess, not exercise. Therefore it is a good idea to learn relaxation techniques which can help in dealing with stress. We will give you a CD/tape with a relaxation session which you can use to help you relax.

How do I know if I am stressed?

Some possible sign and symptoms

- Dry mouth
- Feeling sweaty and shaky
- Tearful
- Forgetful
- Difficulty in sleeping
- Loss of interest in things you used to enjoy
- Change in appetite (eating too much or too little)
- Headaches
- Palpitations (heart pounding)
- Minor problems causing you to feel impatient or irritable
What can help to reduce stress?

- Look at main sources of stress – are there any patterns you can avoid/change?
- Cut out unhealthy behaviour or habits (smoking, alcohol, caffeine, overeating). In the long term they will not help you cope well with stress
- Have a balance of time spent alone and with others
- Have a balance of physical (exercise) and mental (thinking/relaxing) activities
- Divide any difficult tasks into smaller steps. In a rut? Plan a change

Common feelings after cardiac illness

- Denial/shock/overwhelmed
- Anxiety
- Anger/irritable
- Sad/depressed
- Loss of confidence
- Positive life change

How to question and get rid of negative thoughts

- Part of your recovery will be to fight against negative thoughts. Keep practising, it will get easier
- What might you say to someone else if they told you the same worry? Is there another way to look at things?
- What might a friend say to you about this worry? Talk it over
- Does worrying help me or does it stop me doing what I want? Do not let yourself stay upset
- Do you need to ask your cardiac rehabilitation nurse/doctor for more information/help?

How to keep your feelings positive

- Do at least one thing each day that you enjoy
- Improve relationships at home and at work
- Stay in the present. We spend too much time thinking about the past and worrying about the future
- Be assertive. You cannot please everyone all the time
- Use relaxation and slow breathing techniques to cope with anxiety, anger and fear
Factors which we have no control over

1. Family history

If your parents or brothers or sisters have had heart attacks or heart disease you are more likely to have one yourself. Coronary heart disease can run in families, as can the tendency for some risk factors such as high cholesterol, high blood pressure and diabetes. In addition we may follow similar eating patterns to our families.

2. Gender

Men are more likely to develop heart disease at a younger age than women. This is because women are protected to a certain degree by their hormones until they reach menopause when their risks begin to increase.

3. Ethnicity

Certain races are more susceptible to heart disease, e.g. people born in South Asia and living in the UK have an increased incidence of coronary heart disease. Specific mechanisms are not known. Living a healthy lifestyle will help to reduce risk.
Physical activity

Physical activity is an essential part of your recovery following a heart attack or heart surgery. The following information should give you some ideas on what you should be doing in the early weeks of being home and advice on increasing your activity long term.

Why is physical activity and exercise so important for my heart?

- Helps prevent more heart problems in the future
- Reduces stress and makes you feel happier
- Helps to reduce your blood pressure
- Helps you to lose weight or maintain a healthy weight as part of a healthy eating plan
- Helps lower your cholesterol level
- Helps reduce angina and breathlessness

Exercise is also important for the rest of our body

- Reduces aches and pains from joints and muscles
- Improves balance and co-ordination (this is really important as we get older)
- Reduces risk of falls and injuries
- Increases energy levels
- Reduces risk of other health problems such as a stroke/some cancers (i.e. colon cancer)/dementia
- Improves independence in later life

Is it really for me?

Long gone are the days when complete rest is advised following your heart attack or surgery. We know that by starting to build your activities slowly as soon as possible will speed up your recovery and help reduce your risk of further problems. However you should avoid activities that may be too intense particularly in the first 6 weeks. Make sure you follow the advice given to you in this book or from the doctors or nurses to make sure you are getting all the benefits without putting yourself at risk.
## Dos and Don’ts

<table>
<thead>
<tr>
<th>Do try to do some activity everyday</th>
<th>Do not lift heavy weights that make you strain or hold your breath whilst lifting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do make time to rest everyday</td>
<td>Do not exercise straight after a meal. Give yourself about 2 hours before you start</td>
</tr>
<tr>
<td>Do gradually increase your activity – trying to do too much too soon can actually delay your recovery</td>
<td>Do not exercise if you feel unwell, have a cold or fever</td>
</tr>
<tr>
<td>Do listen to your body. We are all different and if you are unsure about any activity or feel you are pushing yourself too far, stop and discuss this with your rehab team</td>
<td>Do not exercise in extremes of temperature</td>
</tr>
<tr>
<td>Do stop exercising if you get chest pain – remember to sit, relax and take your GTN spray. If it doesn’t ease in 15 minutes, call 999</td>
<td>STOP exercising if you feel dizzy, have pain or become too breathless to speak</td>
</tr>
</tbody>
</table>

## Making exercise and physical activity part of life

Hopefully you are now feeling more like your normal self and over the last few weeks you have managed to build up your activity and are now doing something most days. To retain the benefits of exercise it needs to become part of your lifestyle. Now is a good time to start planning your future exercise.

Consider which types of activities you would enjoy and would accommodate or help any other conditions you have, for example if you have arthritis or joint problems non-weight bearing activities such as swimming, cycling or seated exercise may be more appropriate than higher impact activities such as aerobics or jogging.

## Getting started on increasing your activity or trying something new

Changing our behaviour and sticking to it can be difficult. To ensure you make the right choices and get the most out of exercise it is worthwhile spending some time thinking about how being more physically active will affect you and those around you.

It is normal for some people to be naturally more active than others and there are many different reasons for this. Discovering what your barriers to exercise are is the first step to finding the right solution to overcome them.
Do any of those sound familiar?

If so, think about ways in which you could overcome them:

Asking family and friends to join in – it’s a great way to keep motivated and make exercise more enjoyable. You may also feel less embarrassed if you are with someone you know. If you have no-one to ask try joining a group; it’s a great way to meet people and make new friends.

If exercising in a group doesn’t appeal there are plenty of ways of exercising on your own. Walking, cycling and swimming are good examples.

It is very important that we take time for ourselves to relax and do things we enjoy. Prioritising work and others above ourselves is a common routine to fall into. Consider what you would say to a friend or relative in the same situation.

Finding time - there’s no easy way to extend the hours in the day so planning when to do your exercise is important. Set aside time and stick to it. Remember it is important for your recovery and health so reassess where exercise sits in your list of priorities.
Gather as much information as possible. Local leisure centres and your rehab team can advise you which activities are suitable for you. Most leisure centres have classes and special offers for older people as well as the younger and fitter amongst you. Age UK also has a good range of activities aimed at older people. Remember exercise is good for you! Have a read back through all the benefits at the beginning of this section. The fitter you become the more energy you will have and less likely you are to have further health problems.

Exercise is very personal. We aren’t designed to all like the same thing, but if you try something and you don’t enjoy it don’t worry, just make sure you try something else and eventually you will find what’s right for you.

Being generally active with work or our daily lives has some benefit but unless you work hard enough to get moderately breathless and work up a bit of a sweat it will not be keeping you ‘Fit’.

**Staying FITTA**

**F** Frequency - try to do some activity most, if not every, day

**I** Intensity - aim to work at a moderate intensity this means feeling a little warmer and slightly breathless, but you should be able to talk comfortably

**T** Time - at least 30mins a day, at least 5 times a week. This can be broken into shorter bouts if necessary i.e. 3x10min 2x15min

**T** Type - ‘aerobic exercise’ such as walking, cycling, swimming is great for improving the fitness of your heart and endurance. This type of exercise should form the major part of your exercise programme. However ‘strength exercises’ such as weight training or resistance exercises are also good for improving balance, power and muscle tone and healthy fit muscles mean less demand on your heart and joints!

**A** Adherence – Make exercise/activity part of your daily routine.
Goal setting
We all set goals in life; think back to your new year’s resolutions “to get fitter”, “to lose weight”, “to run a marathon” but often these don’t actually help us plan how to achieve them. Spending some time and effort planning your goals will help you be more successful to stay motivated and keep focused. There are some simple rules which really help:

S - Be Specific on what you want to achieve
M - Choose something you can Measure so you know if you achieved it or whether you are getting closer
A - Achievable goals are vital to keep motivation high. Better to have 10 successful small goals than 1 big failure
R - It’s important to be Realistic - realise your limitations and work with them
T - Set a Time that you want to achieve it by to keep focused

For Example:

“On Wednesday next week I will start walking for 20mins a day, I will aim to increase it by 5mins each week. By next spring I hope to join in the 8 mile cardiac rehab sponsored walk”

“On Saturday I will go to the leisure centre and get the details about the over 50’s exercise class so I can ask Fred when he comes round on Sunday if he would go with me”

Okay so what’s next? Set a date you wish to start your new activity. It doesn’t have to be right away? (But the sooner you start the quicker you’ll see results)

Date: __________________________

Set a time that will fit into your day and can become part of your routine, what about in the morning before work or in your lunch break?

Time: __________________________

Write down any concerns you may still have and discuss them with one of our team or your doctor?

__________________________________________________________

__________________________________________________________

How might being fitter benefit you in the near future and long term?

__________________________________________________________

__________________________________________________________
### Rate of Perceived Exertion

'How you feel scale'

<table>
<thead>
<tr>
<th>Level</th>
<th>How you feel</th>
<th>Intensity of exercise</th>
<th>You are able to</th>
<th>As a guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No problem</td>
<td>Very, very light</td>
<td></td>
<td>Keep to this in the early weeks</td>
</tr>
<tr>
<td>2</td>
<td>Very easy</td>
<td>Very light</td>
<td>Whistle/sing</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Easy, no problem continuing</td>
<td>Fairly light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Starting to feel puffed</td>
<td>Moderate</td>
<td></td>
<td>Acceptable after approx. 8 weeks</td>
</tr>
<tr>
<td>5</td>
<td>Feeling a bit puffed</td>
<td>Fairly hard</td>
<td>Talk</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Feeling puffed</td>
<td>Hard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Tiring, can carry on but need to push yourself</td>
<td>Very hard</td>
<td></td>
<td>Generally this should be avoided</td>
</tr>
<tr>
<td>8</td>
<td>Very tiring</td>
<td>Very, very hard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Out of breath</td>
<td>Exhausting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Shattered, exhausted</td>
<td>Maximum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This scale can be used as a guide to helping you to know how much effort is safe and effective while you are exercising. Your cardiac rehabilitation nurse will explain how to use it when you are in hospital but if you need any further clarification once you are at home you can contact the Cardiac Rehabilitation Department at the hospital. Contact details can be found at the front of this booklet.
How much and what exercise should I be doing?

In most cases 6 weeks after recovering from a heart attack the advice about exercise is the same as that which applies to anyone else to gain the health benefits! That is to build up to 30 minutes of moderate intensity exercise on 5 or more days of the week. If this seems like it is too much at once, you can break it down and try 3 lots of 10 minutes activity spread throughout the day.5

You should start off with short walks somewhere fairly flat and gradually increase the amount of walking you do over the first two or three weeks. After two or three weeks you should be able to walk longer distances, with the aim of building up to the recommended 30 minutes. If you have not been used to walking regularly before your heart attack or have any other conditions which may restrict you from increasing with your exercise your cardiac rehabilitation nurse can advise you on your specific needs.

Moderate intensity activity describes those activities that get you moving more and you will be breathing harder and feeling warmer. As a rule if you are doing a moderate intensity activity you will be able to talk and be active at the same time. The ‘How you Feel Scale’ (see previous page) is a useful guide to you knowing that what you are doing is beneficial and ultimately safe.

Below is a general guide to the type of things you should be doing in the first few weeks. Bear in mind what you were doing before though. It is only a guide and will vary for everybody!

Remember
- Increase your daily activities at your own pace
- First few weeks at home, avoid any heavy lifting, pulling or pushing e.g. heavy housework, gardening, vacuuming, painting and decorating, scrubbing or sweeping, mowing or digging
- Weeks 2 – 4 gradually build up household activities e.g. light shopping, cooking and vacuuming
- Weeks 4 – 6 continue to resume everyday/social activities avoiding any heavy lifting or anything over strenuous. Start a phase 3 cardiac rehabilitation programme
- For any further advice speak to your cardiac rehabilitation nurse
Home exercises

If you did not participate in any regular exercise previously then these exercises can be introduced gradually into your daily routine or may be used as an alternative if you are unable to get outside for your daily walk. **If you are unsure if it is safe to perform these exercises then speak to your cardiac rehabilitation nurse or exercise specialist for guidance.**

Before exercising it is important to ‘warm up’; gradually increasing your heart rate. Initially this could involve walking around the room for 1-2 minutes if you are planning to do about 5 minutes of exercises and should then be gradually increased as you build up the time you are exercising.

With all these exercises it is important to start off at a steady pace as the speed you do them will affect how difficult you find them. As your confidence and fitness improve, and you want to make the exercises harder, then you will be able to speed up but remember it is important to increase at your own pace. If you find any of the exercises painful, stop and seek advice from your cardiac rehabilitation nurse or exercise specialist.

**Marching on the spot**

Lift alternate knees to a height which is comfortable for 30 seconds, increasing gradually by 10 seconds as you are start to find it easier.

**Step ups**

Begin by standing in front of the step facing forward holding onto something steady if required.

Place one foot on the step and then the other so both feet are on the step. Then step down with the left leg first and continue on down with your right. Try for 2 sets of 10-12 repetitions for each leg.
Push-offs

Face the wall and place your hands flat on it, arms out straight and keep them at shoulder height. Have your legs comfortably apart for balance.

Bend your arms until your shoulders are almost touching the wall and then push back to the starting point. Aim to start with 10 of these and gradually build up increasing by 2 as you start to find them easy.

Sit to stand

Sit on a sturdy high chair (kitchen or dining) with your arms folded across your chest and stand up and then sit back down and do this 10 times increasing to 15 as you start to find it easier.

Once you have finished your exercises it is important to spend a couple of minutes (dependant on the amount of exercise you have done) ‘cooling down’ and this like the warm up should involve a gentle walk around the room. You should also aim to include some stretches (see below) to encourage your flexibility and minimise any injury.

Upper back stretch

Extend arms forward and link hands. Lower your head and hold for approximately 10 seconds.
Chest stretch

Place your hands on your lower back. Gently move your elbows towards each other. Keep your back straight and hold for approximately 10 seconds.

Calf stretch

Press the heel of the back leg into the floor until a gentle stretch is felt in the calf muscle in the back of the lower leg. Hold the stretch on each leg for approximately 10 seconds.

Hamstring stretch

With one leg in front of the other, lean forward slightly, placing both hands on the hips. Straighten the front leg and slightly bend the back leg. Keep the head up and continue to lean until a stretch is felt in the back of the forward straight leg. Hold the stretch on each leg for approximately 10 seconds.
General advice once discharged from hospital

You would usually leave the hospital after about 5-7 days following a heart attack. Sometimes it may be a little longer if it was thought that this would be of benefit to you. Once home you may wonder what to expect or have concerns about your health and capabilities. This section offers advice and guidelines to help you with this.

1. Driving

Unless you are told otherwise you can drive 4 weeks after a heart attack providing you have had no setbacks in that time e.g. on-going chest pain or readmissions. It isn’t necessary to inform the DVLA of your heart attack but you must inform your insurance company.

The British Heart Foundation has a list of “sympathetic” insurance companies should you have problems with your own.

If you hold an HGV/LGV or PSV/PCV licence you must inform the DVLA of your diagnosis. The DVLA will ask for various tests to be carried out which will include an exercise tolerance test. The results of these tests will help the DVLA decide whether you can keep your licence. Most people in these circumstances get their licence back within 9 months of the attack.

2. Work

This depends on your occupation but most people are fit to return to work after about 6-12 weeks. It is advisable to begin on part-time or light duties initially and build up over time. The more physically demanding or stressful a job is, the longer you will require off. Where possible, leave the decision until you feel able to cope with weighing up all your options – discuss your circumstances with your GP/consultant and employers.
3. Sexual intercourse

People after a heart attack may feel that this is the end of them having a normal sexual relationship, but, most people can return to a normal sex life. There are no specific guidelines on sexual activity after a heart attack. When you and your partner are ready is the best rule.

Like all physical activity, sexual intercourse increases the work of the heart but it is as safe as other equally energetic exercises. As a guide, studies have shown that sexual intercourse has a similar effect on the heart as walking briskly up two flights of stairs.

If you require any further advice please speak to your cardiac rehab nurse or doctor.

4. Holidays and flying

Most airlines will allow you to travel 10 days after a heart attack as long as you made an uncomplicated recovery.

However it is important to consider that the most stressful part of a holiday is getting to and from your destination. Therefore, when you are planning your holiday it may be worth waiting a few weeks until you feel fully recovered.

- Always ensure that you carry an up to date list of your medications and your Cardiac Health record
- Take enough medication to last the duration of your holiday and some extra in case of delays
- During a long flight or drive, try to have regular breaks where you can stretch your legs
- Check with the airline and your insurance company. If you have any problems with your insurance policies, the British Heart Foundation can provide you with a list of “sympathetic” insurance companies
Heart Medication

There are four main medicines you may be prescribed following your heart attack as these have been found to be beneficial and may help minimise your risk of any further heart problems. These medications may vary from person to person and may need to be altered over time depending on your recovery.

It is important to carry an up to date copy of your medication with you at all times.

**Do not** stop taking any of the medication prescribed to you unless you have discussed this with your doctor

1. **Anti Platelets**
   Aspirin, Clopidogrel (Plavix), Prasugrel (Efient), Ticagrelor (Brilique)

   These medicines make the platelets in the blood less ‘sticky’ and therefore reduce the likelihood of clots forming and blocking diseased coronary arteries.

   After a heart attack or after an angioplasty/stent you may be prescribed Dual Antiplatelet therapy (DAPT). This involves taking Aspirin as well as either Clopidogrel, Prasugrel or Ticagrelor. You should continue taking anti platelet medicines until your doctor tells you otherwise.

   Always take with or after food.

   Possible side effects: Aspirin can cause stomach irritation but is very rare on the low doses prescribed with coronary heart disease. You should not take anti-inflammatory medicines if you are taking Aspirin.

2. **Beta-blockers**
   Bisoprolol, Atenolol, Carvedilol, Sotalol

   These medicines are another risk reducer, particularly during the first year after a heart attack.

   They work by blocking the effects of adrenaline and will slow down your heart rate and reduce the work of the heart muscle. They may also be used to help control symptoms of angina or to treat high blood pressure.

   Possible side effects: Beta-blockers can cause tiredness, cold fingers and toes, vivid dreams and impotence.
3. Statins
Atorvastatin, Pravastatin, Simvastatin, Rosuvastatin

Statins work by reducing the amount of cholesterol made by the liver. This will help stop the build-up of cholesterol in the blood vessels which cause the narrowing of the arteries. Target cholesterol is less than 4 mmols/l or 50% of initial cholesterol, whichever is lower. Avoid eating or drinking grapefruit when taking Simvastatin or Atorvastatin.

Possible side effects: Statins can cause muscle pains, tiredness, stomach upsets and headache. Report any new muscle pains/aches to your doctor.

4. Angiotensin-converting enzyme (ACE) inhibitors
Ramipril, Lisinopril, Enalapril Perindopril

These medicines relax the arteries leading from the heart and lower your blood pressure. After some types of heart attack, they can improve the pumping action of the heart. Usually commenced at low doses and increased gradually to target dose. You will be monitored by checking your blood pressure and kidney function (blood test).

Target doses
- Ramipril 10mg
- Perindopril 8mg

Possible side effects: These medicines can cause dizziness, dry cough, nausea, alteration in taste and diarrhoea.

5. Glyceryl Trinitrate (GTN)
You may also be prescribed GTN. This medication comes as a spray or tablet form and is used as a reliever of angina pain. It is mostly prescribed as a spray as tablets expire very quickly once bottle opened. GTN works by causing the coronary arteries to relax and widen which increase the flow of blood to the heart muscle.

Take 1-2 puffs under your tongue 'as required' when a pain or discomfort develops. Try to sit down when using it as can sometimes cause lightheadedness. GTN is absorbed quickly into the bloodstream from under the tongue. If symptoms not relieved after 5-10 minutes repeat with a further 1-2 puffs. If symptoms still present after 15 minutes from onset, call 999. If prescribed you should carry GTN spray with you at all times.

Possible side effects: Headaches, dizziness and flushing to the face.
Guide to Healthy Eating

The following picture shows the types and proportions of foods which make up a well-balanced, healthy diet. For most of us this means a change towards more fruit, vegetables, bread, breakfast cereals, potatoes, rice and pasta. We should aim to eat smaller helpings of meat, cheese, fatty and sugary foods. Choose a variety of foods and aim to eat three meals daily. Changing your diet can be positive. It is not about giving up everything you like. It is about getting the amount and balance right.

Aim to have 8 cups of fluid or more daily.

The “Eat Well Plate”

Fruit and vegetables

Bread, rice, potatoes, pasta and other starchy food

Meat, fish, eggs, beans and other non-dairy sources of protein

Food and drinks high in fat and/or sugar

Milk and dairy foods

Fruit and Vegetables

Fruit and vegetables are important. They provide vitamins, minerals and fibre. Soluble fibre found in fruit and vegetables helps to lower blood cholesterol. A good intake of fruit and vegetables helps to reduce your risk of heart disease, e.g. antioxidants and factors like lycopene have been shown to be beneficial and can be found in red fruit/vegetables. Antioxidants are also found to be beneficial in counteracting the damage caused by free radicals which damage the body cells and are thought to be a contributing factor to the development of cancer and heart disease.
**Aim for at least 5 portions of fruit and vegetables per day**

**NB** Potato should not be counted as a portion.

Fresh, frozen, chilled, canned, 100% juice and dried fruit and vegetables all count.

A portion is 80 grammes (about 3 ounces): -

<table>
<thead>
<tr>
<th>Item</th>
<th>Portion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables - raw, cooked, frozen or canned</td>
<td>2-3 tablespoons</td>
</tr>
<tr>
<td>Salad</td>
<td>1 dessert bowlful</td>
</tr>
<tr>
<td>Grapefruit, avocado pear</td>
<td>½ fruit</td>
</tr>
<tr>
<td>Apples, oranges, bananas</td>
<td>1 fruit</td>
</tr>
<tr>
<td>Plums, satsumas and other similar sized</td>
<td>2 fruits</td>
</tr>
<tr>
<td>fruit</td>
<td></td>
</tr>
<tr>
<td>Grapes, cherries and berries</td>
<td>1 cupful or handful</td>
</tr>
<tr>
<td>Fresh fruit salad, stewed or canned fruit</td>
<td>2-3 tablespoons</td>
</tr>
<tr>
<td>Dried fruit</td>
<td>½ -1 tablespoon</td>
</tr>
<tr>
<td>100% juice (fruit or vegetable)*</td>
<td>1 glass (100-150mls)</td>
</tr>
</tbody>
</table>

* only counts as one of your 5 a day

Enjoy a wide variety of fruit and vegetables each day.

**Types of fat in the diet**

Change the types of fat you eat and eat less fat overall. There are two main types of fat to think about:

**Saturated fats** - these are usually found in animal products and tend to be solid at room temperature e.g. lard, butter, suet, cream, fatty cuts of meat, full fat cheeses and dairy products, hard margarines, pastry, pies, biscuits, cakes and crisps.

These should be kept to a minimum as they can cause blood cholesterol levels to rise, increasing the risk of further cardiovascular illness.

**Unsaturated fats** - these can be divided into two groups - monounsaturated and polyunsaturated fat

**Monounsaturated fats** - found in olive oil, olive oil spreads, rapeseed oil, peanut and groundnut oil
Polyunsaturated fats - found in sunflower, corn, soya and safflower oils, and oily fish

Unsaturated fats will not cause an increase in blood cholesterol levels and can be beneficial in small amounts. When possible, replace a saturated fat with a monounsaturated one e.g. olive oil spread rather than butter (but use sparingly)

Trans fats - these are produced when vegetable oils are hydrogenated, a chemical process that hardens vegetable oils. These are referred to as hydrogenated fats and oils. Found within bakery products such as biscuits, pies, cakes and fried food. They cause blood cholesterol and triglyceride to rise and should be kept to a minimum.

Salt
There is a link between a diet high in salt and high blood pressure. Having high blood pressure is a major risk factor for cardiovascular or heart disease. Therefore, you should try to reduce the amount of salt in your diet. Here are some ways of achieving this:

- use less salt in cooking
- don’t add salt to food at the table - instead use other flavourings such as pepper, herbs, spices, garlic, to add flavour to your food
- cut down on salty snack foods e.g. crisps and salted nuts
- decrease amounts of salty meats eaten e.g. bacon, ham, tinned meats and salami
- processed foods and ready meals are usually very high in salt e.g. tinned and packet soups, stock cubes. Also cheese, soy sauce, smoked mackerel and smoked kipper are all high in salt and should only be eaten occasionally
- choose lower salt options where possible, look at food labels (pages 37 and 38 will help you).

On a food label salt is often called sodium. 1g of sodium is roughly the same as 2.5g of salt.

To convert salt to sodium divide by 2.5
To convert sodium to salt multiply by 2.5

NB Sea salt is the same as table salt so is not a suitable alternative. Salt substitutes e.g. Lo-salt are not recommended as they are high in other minerals that are not beneficial for your health.
Soya Protein
Research has shown "the inclusion of at least 25g Soya protein per day as part of a diet low in saturated fat can help to reduce blood cholesterol".

Eggs
Eggs contain dietary cholesterol but this does not significantly affect blood cholesterol levels. Therefore they may be included as part of a varied Mediterranean diet.

Try and have them poached, boiled or scrambled with skimmed milk rather than fried, to avoid adding extra fat.

Weight Control
It is important to achieve and maintain a healthy weight to help keep your heart healthy. We gain weight because we eat more calories than we use up, which means our body stores the extra energy as fat.

You can start losing weight by:

- Eating and drinking fewer calories
- Using more energy by being more active
- Better still, do both

Remember you did not gain weight quickly and you should not lose it quickly. You need to make long-term lifestyle changes to your food and drink and be more active. You should aim for a weight loss of 0.5 – 1kg (1 – 2lbs) per week.

Aim to eat healthily and move more to lose weight:

- Have 3 regular meals per day
- Eat 5 portions of fruit and veg/salad per day
- Avoid sugary drinks
- Reduce salty foods
- Increase your activity level

If you are finding it difficult to lose weight and require more advice please ask your cardiac rehabilitation nurse or GP to refer you to see a dietitian.
Food Labelling

Nutrient is usually shown as per 100g (3½ oz.) per serving. The amount of nutrient you get will depend on the amount of food that you eat.

There are guidelines to tell you if a food is high in fat, saturated fat, salt or sugar, or not. These are:

**Total fat**
High: more than 17.5g of fat per 100g  
Low: 3g of fat or less per 100g

**Saturated fat**
High: more than 5g of saturated fat per 100g  
Low: 1.5g of saturated fat or less per 100g

**Sugars**
High: more than 22.5g of total sugars per 100g  
Low: 5g of total sugars or less per 100g

**Salt**
High: more than 1.5g of salt per 100g (or 0.6g sodium)  
Low: 0.3g of salt or less per 100g (or 0.1g sodium)

For example, if you are trying to cut down on saturated fat, limit your consumption of foods that have more than 5g of saturated fat per 100g.

For foods you eat in large amounts, like readymade meals, look at the 'amount per serving' on the label. For snacks and other foods you eat in smaller amounts look at the 'per 100g' information.
Red, amber and green colour coding

Some front-of-pack nutrition labels use red, amber and green colour coding.

![Nutritional Labelling Image](image)

Colour-coded nutritional information, as shown in the image above, tells you at a glance if the food has high, medium or low amounts of fat, saturated fat, sugars and salt.

- **red** means high
- **amber** means medium
- **green** means low

In short, the more green on the label, the healthier the choice. If you buy a food that has all or mostly green on the label, you know straight away that it's a healthier choice.

Amber means neither high nor low, so you can eat foods with all or mostly amber on the label most of the time.

But any red on the label means the food is high in fat, saturated fat, salt or sugars, and these are the foods we should cut down on. Try to eat these foods less often and in small amounts.
Eating Out

Many of us enjoy eating out and this should be a pleasant experience but try:

<table>
<thead>
<tr>
<th>Italian</th>
<th>Best choices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plain Italian bread or pizza base (no fat)</td>
</tr>
<tr>
<td></td>
<td>Melon and ham starters</td>
</tr>
<tr>
<td></td>
<td>Minestrone soup</td>
</tr>
<tr>
<td></td>
<td>Fish salad and vegetables</td>
</tr>
<tr>
<td></td>
<td>Pasta with Napolitano sauce, pesto or tomato based sauces</td>
</tr>
<tr>
<td></td>
<td>Risotto (check for cheese)</td>
</tr>
<tr>
<td></td>
<td>Ravioli</td>
</tr>
<tr>
<td></td>
<td>Sorbet</td>
</tr>
<tr>
<td></td>
<td>Zabaglione</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indian</th>
<th>Best choices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Steamed or basmati rice</td>
</tr>
<tr>
<td></td>
<td>Pickles, raita and onion salad and other vegetable side dishes e.g. lentil</td>
</tr>
<tr>
<td></td>
<td>soup, Dhal</td>
</tr>
<tr>
<td></td>
<td>Indian breads, plain naan (no butter), roti or chapati</td>
</tr>
<tr>
<td></td>
<td>Tomato or yoghurt curry dishes, tandoori chicken, tikka</td>
</tr>
</tbody>
</table>

**Ask if meals can be cooked with less oil/ghee – many takeaways will do this nowadays**

<table>
<thead>
<tr>
<th>Chinese</th>
<th>Best choices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clear soups with wonton, noodles and vegetables e.g. hot and sour, chicken</td>
</tr>
<tr>
<td></td>
<td>and sweetcorn</td>
</tr>
<tr>
<td></td>
<td>Steamed dim sums and dumplings</td>
</tr>
<tr>
<td></td>
<td>Boiled rice, Chow mein, Chicken and vegetable dishes (no nuts)</td>
</tr>
<tr>
<td></td>
<td>Fruit (no batter), small portion plain ice cream</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Traditional Fayre</th>
<th>Best choices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vegetable salad or fruit based starters e.g. corn on cob (with butter/</td>
</tr>
<tr>
<td></td>
<td>margarine served separately), melon, soup (no cream), salad with dressing</td>
</tr>
<tr>
<td></td>
<td>“on the side”</td>
</tr>
<tr>
<td></td>
<td>Grilled food e.g. chicken, small steak, fish. (Ask for small serving</td>
</tr>
<tr>
<td></td>
<td>tomato/ vegetable sauce served separately)</td>
</tr>
<tr>
<td></td>
<td>Plain jacket potato (butter separate)</td>
</tr>
<tr>
<td></td>
<td>Ask for vegetables without butter (or butter separate)</td>
</tr>
<tr>
<td></td>
<td>Ice cream (for special occasion) meringue nests and fruit served with a</td>
</tr>
<tr>
<td></td>
<td>little single cream or ice cream rather than double cream</td>
</tr>
</tbody>
</table>
### Fast Foods

<table>
<thead>
<tr>
<th>Best choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandwiches or tortilla wraps (no cheese or mayo)</td>
</tr>
<tr>
<td>(Look for sandwiches with less than 15g fat per pack)</td>
</tr>
<tr>
<td>Jacket potatoes (no butter or hard cheese)</td>
</tr>
<tr>
<td>Lean bacon roll (remove fat), plain hamburger</td>
</tr>
<tr>
<td>Grilled chicken burgers or wraps, pizza (ask for less cheese)</td>
</tr>
<tr>
<td>Salad bar (watch dressings)</td>
</tr>
<tr>
<td>Corn on the cob (no butter) or salad (watch dressing), a few chunky chips or wedges</td>
</tr>
<tr>
<td>Chicken kebab</td>
</tr>
<tr>
<td>Shish (lamb) kebab with salad</td>
</tr>
<tr>
<td>Soups (not creamy)</td>
</tr>
<tr>
<td>Chicken with skin removed</td>
</tr>
<tr>
<td>Small chips with peas or curry sauce (or share a portion)</td>
</tr>
<tr>
<td>Fish (remove batter) before eating</td>
</tr>
<tr>
<td>Fish cake (grilled)</td>
</tr>
<tr>
<td>Frankfurter (medium)</td>
</tr>
</tbody>
</table>

**NB** Many fast foods are high in fat so should not be eaten on a regular basis.

### Top tips for cooking and shopping

#### Cooking

- Use flavourings e.g. pepper, herbs, spices, garlic to add flavour
- Add vegetables to rice and pasta dishes e.g. pepper, tomatoes, sweetcorn, mushrooms, peas, pulses, courgettes
- “Dry” roast potatoes (in skins) by lightly scratching with a fork and placing on a baking tray without fat. You could coat with natural yoghurt or a small amount of seasoned olive oil or rapeseed oil, or spice/herbs of your choice
- Grill, bake, casserole, microwave, stir-fry. For stir-frying use a small amount of unsaturated fat
- Potatoes sprayed with unsaturated oil, dry fried using a ridged pan
- When cooking minced beef/lamb use a teaspoon of oil or dry fry then cool and remove excess fat before continuing the recipe
- Make up batches of your favourite meals to put in the freezer to reduce your need for ready meals

#### Shopping

- Don’t be tempted by special offers, stick to your list
- Avoid the sweet and biscuit aisle to reduce temptation
- Plan your meals in advance and make a list
- Buy fruit and veg that is in season as it often costs less and tastes better
- Never shop on an empty stomach as you will buy more
Changes that may help you put the dietary advice into action

**Spreading fats** Unsaturated fat used sparingly. Sometimes you can avoid using any spread, for example if using low fat cheese spread or beans on toast, or a sandwich with any moist filling

**Fish and meats**
- Chicken, turkey (with skin and visible fat removed), fish, lean cuts of beef, lamb and pork with fat removed (small portions: 75g-100g/3-4 oz)
- Add beans or lentils and vegetables so you can use less meat in a casserole or stew

**Dairy products** Skimmed or semi-skimmed milk. Low fat fruit yoghurts or fromage frais, half fat crème fraîche or low fat natural/greek-style yoghurt, low fat cheeses and cottage cheese

**Snacks**
- Twiglets, breadsticks, plain popcorn, fruit - tinned, fresh or dried (although this is high in calories), low fat or virtually fat free (diet) yoghurts, or fromage frais, plain biscuits (e.g. rich tea, gingernut), fig rolls, jaffa cakes, garibaldi, crispbreads, crackers, toast, fruit bread, tea cakes, malt loaf or crumpet with scraping of unsaturated spread or jam, marmalade or honey

**Sauces, marinades, dressings and dips**
- Fat free salad dressings, Olive oil salad dressings (if not overweight). Ready-made jars of sauces and marinades with less than 3g fat per 100g. Make white sauce using corn flour or sauce flour and gradually add skimmed or semi skimmed milk, and any herb of your choice

**Puddings and cakes**
- Fruit based puddings served with sorbets, meringue nests, ice cream (check total fat and saturated fat content, and choose lowest), malt loaf, whisked (fatless) sponges
References

1. NICE: National Institute for Health and Care Excellence. Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease Clinical guideline [CG172] Published date: November 2013


3. Department of Health - UK. Chief Medical Officers' Low Risk Drinking Guidelines August 2016


5. www.patient.info/health/high-blood-pressure-hypertension : High blood pressure/hypertension diagnosis, medication and advice


7. www.nhs.uk/Livewell/Goodfood/Pages/food-labelling : NHS Choices Food labelling explanation and advice
Useful contacts

Age UK Cheshire East
New Horizons Centre
Henderson Street
Macclesfield
Cheshire
SK11 6RA
Tel: 01625 612958
E-mail: enquiries@ageukcheshireeast.org
Website: www.ageuk.org.uk

British Heart Foundation
Tel: 020 7554 0000
Website: www.bhf.org.uk

British Heart Foundation Heart Help Line
Tel: 0300 330 3311 (lines open Mon-Fri 9-5 pm)

Citizens Advice Bureau
Citizens Advice Bureau Macclesfield, Wilmslow and District
Sunderland House
Sunderland Street
Macclesfield
Cheshire
SK11 6JF
Tel: 01625 432847 (Admin only)
0344 411 1444 (Advice)
E mail: advice@cecab-north.org.uk
Website: www.cecab-north.org.uk
DVLA
Drivers Medical Group
DVLA
Swansea
SA99 1TU
Tel: 0300 790 6806 (lines open Mon-Fri 8am-5.30pm, Sat 8am-1pm)
E-mail: go to www.gov.uk/contact-the-dvla

Kickstart Smoking cessation
0800 085 8818

Macclesfield and District Cardiac Support Group
Tel: 0161 542 6343
Email: cardiacsupport@virginmedia.com

Wilmslow Cardiac Support Group ‘Active Hearts’
Tel: 01625 532528

NHS Choices
www.nhs.uk
www.nhs.uk/Conditions/Coronary-heart-disease
Comments, compliments or complaints
We welcome any suggestions you have about the quality of our care and our services. Contact us: Freephone: 0800 1613997
Phone: 01625 661449
Textphone: 01625 663723 Customer Care, Reception, Macclesfield District General Hospital, Victoria Road, SK10 3BL
For large print, audio, Braille version or translation, contact Communications and Engagement on 0800 195 4194.

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(including e-cigarettes)

For advice on stopping smoking please contact the KICKSTART Stop Smoking service on 0800 085 8818.

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