



British Heart
Foundation

Women and heart disease

Reducing your risk

Hina Shah
Survivor

**FIGHT
FOR EVERY
HEARTBEAT**

bhf.org.uk



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The women who appear in this booklet – whether as case studies, or in photographs – are all connected to the British Heart Foundation in different ways.

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REAL WOMEN, REAL STORIES

Whether you've lived with a heart condition all your life, just been diagnosed, or decided you want to make your heart health a priority, it can be a challenging and sometimes lonely road ahead.

In our new Women's Room you can find people just like you to talk to and share experiences with. Here, you can find the answers to difficult questions and solutions to everyday problems.

Visit [bhf.org.uk/women](https://www.bhf.org.uk/women)

**‘Man dies from heart attack.’
It’s a common enough story
in the news. But when was
the last time you heard about
a woman dying from heart
disease? Maybe never – which
must mean that women aren’t
at risk of heart problems... right?**

**“If it had been my husband having the pain,
not me, I’m sure someone might have thought
of a possible heart attack.”**

Karen, age 40

This booklet does not replace the advice your health professionals may give you, but it should help you to understand what they tell you.

Cardiovascular disease kills as many women as it does men – that’s over a quarter of men and women. Cardiovascular disease, or CVD for short, means all the diseases of the heart and circulation, including coronary heart disease (angina and heart attack) and stroke.

Just consider the facts:

- CHD kills nearly 3 times more women than breast cancer.
- There are over 900,000 women in the UK living with CHD.

Considering these figures, it’s worrying that some women don’t realise heart disease could happen to them. This can make them less aware of the risk factors for heart disease, less likely to recognise the symptoms of a heart attack, and slower to call 999 when they have a heart attack – which can dramatically reduce their chances of survival.

Unfortunately, because women tend to develop heart problems at an older age than men, they can take longer to recover after being admitted to hospital. Women are also less likely to attend a cardiac rehabilitation programme – which is very important for recovery and long-term health after a heart event.

As a woman, it’s vital to know how heart disease can affect you. The good news is, in many cases, it can be prevented. In this booklet we will look at the facts, stats and risk factors for heart disease, and at how you can reduce your risk of suffering from the disease.

Notes.

What is **CARDIOVASCULAR DISEASE?**

What is cardiovascular disease?

Cardiovascular disease (CVD) means all the diseases of the heart and circulation, including coronary heart disease (angina and heart attack), heart failure and stroke.

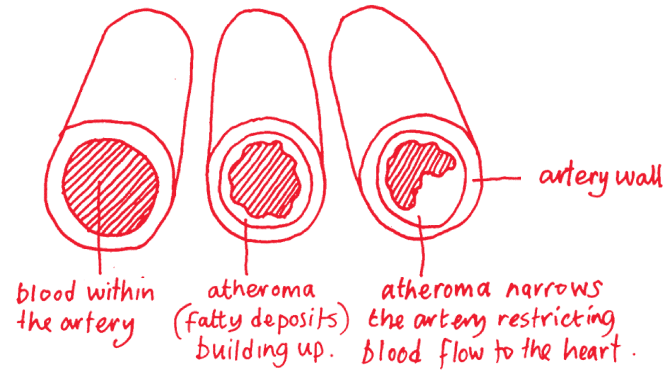
Coronary heart disease

Coronary heart disease (CHD) can cause angina or heart attack. CHD begins when your coronary arteries (the arteries that supply your heart muscle with blood and oxygen) become narrowed by a gradual build-up of fatty material within their walls. This condition is called atherosclerosis and the fatty material is called atheroma.

In time, your arteries may become so narrow that they cannot deliver enough oxygen-rich blood to your heart muscle. This can cause angina (page 8).

Are you at risk?

There are certain factors that increase your risk of developing CHD. We list them on page 22. If you have one or more of these risk factors, don't despair – there are many things you can do to reduce your risk (pages 28-52). Even if you don't have any of these risk factors, you can help keep your risk of CHD low by following the same advice.



Fact:

There are more than 900,000 women in the UK living with coronary heart disease. Over 30,000 women die from it each year.

Angina

Angina is a symptom of coronary heart disease. It is the chest pain or discomfort you feel when your arteries cannot deliver enough blood and oxygen to your heart.

Angina often feels like a heaviness, tightness or dull persistent ache in your chest. It may spread to the arms, neck, jaw, back or stomach – or you may feel it in just one or some of these places.

Symptoms are not the same for everyone. For some women the pain or discomfort is severe, while others may feel only a mild discomfort. Some women may also feel breathless.

Angina is often triggered by physical activity or emotional upset. It can also come on during cold weather or after a meal.

If you are diagnosed with angina, you will be prescribed medicines to prevent or relieve your symptoms. Symptoms usually subside after a few minutes of rest or after taking your medicines. If your symptom pattern changes, you should speak to your doctor immediately.

Fact:

Over 700,000 women in the UK suffer from angina.

For more information
Order our booklet *Angina* (HIS6).

Case study: Jean

Jean first experienced chest pains in November 2004. The pain accelerated down her arm and up to her jaw, and continued no matter whether she rested, sat, lay down or stood up. At the time, her cholesterol level was high. She was overweight and took no exercise, smoked 40 cigarettes a day, and had a very stressful job working up to 65 hours per week. Both her parents had died of a heart attack.

Jean was diagnosed with unstable angina, and underwent two coronary artery bypass grafts. She says: “My life has changed beyond recognition. I have had no angina attacks since my surgery.” She now eats healthily, doesn’t smoke and exercises regularly. She swims five days a week, goes hill-walking weekly, and even climbed Ben Nevis on her birthday. And on the fifth anniversary of her surgery, she competed in a triathlon, raising £432 for the BHF!

Jean says: “I cannot believe my life has changed so much and how active my life now is.”



Heart attack

A heart attack happens when a coronary artery becomes blocked by a blood clot. If the atheroma in your arteries becomes unstable, a piece of it may break off and lead to a blood clot forming. If the blood clot blocks your coronary artery and cuts off the supply of blood and oxygen to your heart muscle, your heart muscle may become permanently damaged. This is known as a heart attack (or myocardial infarction).

The symptoms of a heart attack vary from person to person. They include

- Chest pain or discomfort, which may spread to the arms, neck, jaw, stomach or back.
- A dull pain, ache or 'heavy' feeling in your chest.
- Chest pain or discomfort which feels like indigestion but makes you feel generally unwell.
- Feeling sick, sweaty, breathless, lightheaded, dizzy or generally unwell, as well as having chest pain or discomfort.

Fact:

Over 450,000 women in the UK have had a heart attack.

Don't gamble with your life

During a heart attack, you could develop a life-threatening heart rhythm, which may lead to a cardiac arrest. This is when you lose consciousness, you stop breathing and your heart stops pumping. This is why, if you think you may be having a heart attack, you must call 999 immediately for an ambulance.

Women tend to wait longer than men before calling 999 after first experiencing heart attack symptoms. This might be because women are less likely to recognise the symptoms, they're reluctant to cause a fuss, or they don't want to be embarrassed if it turns out that their situation isn't serious. But this delay can dramatically reduce your chance of survival.

If you think you are having a heart attack, don't delay. The quicker you call 999 for an ambulance, the better your chance of survival.

You wouldn't take a chance if a loved one's life was at risk, so why gamble with your own life? If in doubt, call 999. It could save your life.!!

For more information

Order our booklet *Heart attack* (HIS7) and our leaflet *Heart attack? Know these symptoms* (G499).

Case study: Jacqueline

Jacqueline was only 39 when she suffered a heart attack. She had always been fit and so was completely shocked when she found out. It started with three days of chest pain that felt like indigestion. She also experienced a brief moment of dizziness, sweating and nausea. Realising that something was wrong, she asked her brother to take her to hospital. There she was discovered to have had a heart attack and, fortunately, was given vital treatment.

Since then, Jacqueline has been making a conscious effort to keep her weight and cholesterol levels down. She walked every day and gradually got back to her previous level of physical fitness. She says: "I'm feeling on top of the world – I've had a second chance."

Don't ignore the symptoms.

If you get chest pain or any of the symptoms we describe on page 12, **call 999 immediately for an ambulance**. Your symptoms may turn out to be harmless, but you could also be having a heart attack. Don't risk it – **call 999 straight away**.





Heart failure

Heart failure happens when your heart muscle becomes less efficient at pumping blood around the body. One of the most common reasons this happens is damage to your heart muscle caused by a heart attack.

Heart failure can also be caused by high blood pressure, problems with the valves in your heart, a congenital heart condition (something you are born with), cardiomyopathy (a disease of the heart muscle) and drinking too much alcohol.

The symptoms vary from person to person, but the main ones include:

- unusual tiredness
- breathlessness
- swollen ankles and feet.

Sadly, heart failure is a long-term illness. But with medical treatment and by making lifestyle changes, many people with heart failure are able to have a good quality of life and carry on with their everyday activities.

Fact: 415,000 women in the UK are living with heart failure.

For more information

Order our booklet *Living with heart failure* (HIS8) and our DVD *One step at a time – living with heart failure* (DVD5).

Stroke

Research shows that women are at greater risk of having a stroke than men. Women also tend to be more seriously affected by stroke and more likely to need long-term care.

A stroke happens when the blood supply to part of your brain is cut off – for example, if a blood clot blocks an artery that carries blood to your brain. Without a blood supply, brain cells can be damaged or destroyed, so a stroke may affect the way your body or mind functions.

If you suspect that you or someone is having a stroke, you need to act FAST. To remember the signs of a stroke and what to do, think 'FAST':

- **Facial weakness** – can you smile? Has your mouth or eye drooped?
- **Arm weakness** – can you raise both arms?
- **Speech problems** – can you speak clearly and can others understand what you are saying?
- **Time to call 999.**

If these symptoms have gone away after a few minutes or hours and disappear within 24 hours, it may have been a Transient Ischaemic Attack or TIA (sometimes called a mini stroke) – but they still must not be ignored. If you experience these symptoms or see them in someone else, call 999 immediately.

For more information

Contact The Stroke Association on 0303 3033 100 or visit www.stroke.org.uk

Fact:

Over 555,000 women in the UK have had a stroke.



Notes.

How can **I REDUCE MY RISK?**

Risk factors

A risk factor is something that increases your likelihood of getting a disease. There are several risk factors for coronary heart disease (CHD) and stroke. These are:

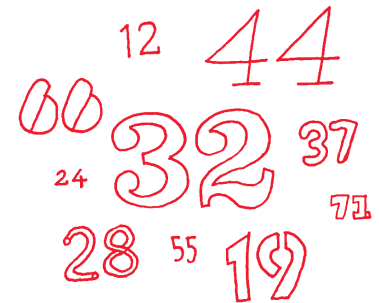
- Smoking
- High blood pressure
- High cholesterol
- Physically inactive
- Being overweight or obese
- Having diabetes
- Having a family history of heart disease
This means if your father, mother, brother or sister has, or had, coronary heart disease at a young age (under 65 for women and under 55 for men).
- Age
Your risk increases as you get older.
- Ethnic background
People from South Asian or black African backgrounds are at a higher risk of CHD and stroke. Some risk factors appear to have a greater effect on these people. For example, those from South Asian backgrounds tend to put on weight around their middle, increasing their risk of CHD, stroke and diabetes. See page 46.

The following factors may also increase your risk of developing CHD:

- Poverty
People on lower incomes are more exposed to the risk factors for CHD and stroke, and are less likely to make healthy lifestyle choices.
- High alcohol intake
- How you deal with stress. See page 52.

The more risk factors you have, the more likely you are to develop coronary heart disease or have a stroke. And even though you can't change all of your risk factors - for example you can't change your age - there is plenty you can do to reduce your risk of disease and protect your heart.

Whatever your situation, you can reduce the impact of your risk factors and improve your chances of preventing CHD by adopting healthy lifestyle habits.



For more information
Order our booklet *Keep your heart healthy* (HIS25)
or our DVD *Risking it* (DVD21).

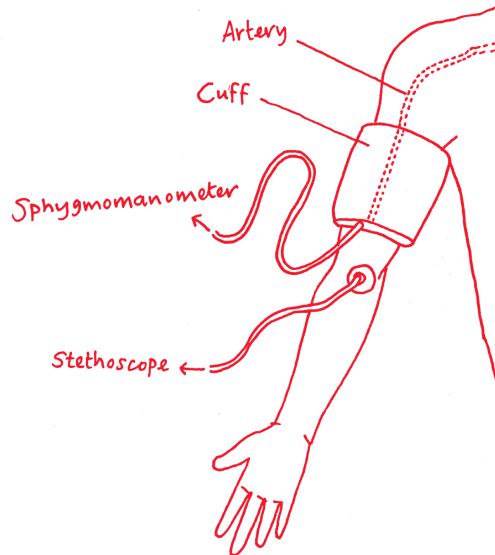


Health checks

If you're over 40 years old, you are entitled to a health check which is carried out by your GP or practice nurse.

A health check is an assessment to find out your risk of coronary heart disease. It is sometimes called a heart health assessment or a cardiovascular risk assessment.

Based on the results of your assessment, your GP or nurse will advise you on what you can do to keep your heart healthy. Your GP will also consider if you need treatment – such as medicine to protect your heart.



Smoking

Stopping smoking is the single most important thing you can do to improve your heart health. Research also shows that non-smokers who live with smokers have a greater risk of CHD than other non-smokers.

When you stop smoking, you lower your risk of developing CHD. And within one year of stopping, your risk is reduced by about half. You may also find that you feel healthier, your clothes and hair smell better, you enjoy the taste of food more, and your skin is less likely to suffer signs of ageing.

Some women may be unwilling to stop smoking if they think they will put on weight. Most people will put on some weight when they stop smoking, but this is a minor health risk compared to the much greater risks of continuing to smoke. You can lose the weight by being more active and reducing your calorie intake (see pages 38–41).

If you want to quit, getting support is vital. Ask your GP surgery if there is a nurse or counsellor who can help, look for a local smoking cessation service, or contact the organisations listed on pages 80–81. You could also ask your doctor or pharmacist about nicotine replacement therapy (NRT) or medication that could help you quit.

For more information
Order our booklet *Stop smoking* (G118).

Case study: Angela

Angela's mother was 59 when she died from coronary heart disease. Angela remembers her as "a 40-a-day smoker who lived on cigarettes, cheese and coffee". Ever since her mother's death, Angela has made a conscious effort to be as healthy as she can. She has given up smoking and she exercises regularly to keep her weight down.

Fact: **One in five women in the UK smoke. Women who smoke have nearly twice the risk of having a heart attack, compared with women who have never smoked.**



Blood pressure

High blood pressure, or hypertension, is when your blood pressure is constantly higher than the recommended level. For most women, the recommended level is below 140/85mmHg. (If you have diabetes or CHD, or if you've had a heart attack or stroke, it should be below 130/80mmHg.)

Having high blood pressure greatly increases your risk of having a heart attack or stroke. High blood pressure is said to be a silent threat because there are usually no symptoms. The only way of knowing if your blood pressure is high is to have it measured. Your GP or nurse can measure it for you. If you have a health check (see page 26), your blood pressure will be taken as part of the assessment.

To help prevent high blood pressure, or to reduce your blood pressure if it is already high:

- Do more physical activity (page 40).
- Keep to a healthy weight (page 38).
- Cut down on salt (page 49).
- Cut down on alcohol (page 50).
- Eat more fruit and vegetables (page 49).

If your blood pressure remains high, your doctor should prescribe medicines to reduce it, which will help protect your heart.

Fact: About 30% of women in the UK have high blood pressure.

For more information
See our booklet *Blood pressure* (HIS4).



Cholesterol

Cholesterol is a fatty substance in your blood. It plays a vital role in how every cell in your body works, but too much of it can increase your risk of heart problems.

Cholesterol is carried around the body by proteins. These combinations of cholesterol and proteins are called lipoproteins.

There are two main types:

- LDL (low-density lipoproteins) is the harmful type of cholesterol. It is sometimes called LDL cholesterol.
- HDL (high-density lipoproteins) is a protective type of cholesterol. It is sometimes called HDL cholesterol.

Your risk of heart problems is especially great if you have a high level of LDL cholesterol and a low level of HDL cholesterol.

One of the main causes of high blood cholesterol levels is eating too much saturated fat. However, some people have high blood cholesterol even though their diet is healthy. For example, they may have inherited a condition called familial hypercholesterolaemia (FH).

To help you reach a healthy cholesterol level and reduce your risk of heart disease:

- Reduce the total amount of fat you eat.
- Cut down on foods containing saturated or trans fats, such as fatty meats (e.g., sausages), cakes and biscuits.
- Go for lower fat milk and dairy products like yoghurt and cheese.
- Replace saturated fats with small amounts of olive, corn, sunflower or rapeseed oils – these contain healthier monounsaturated or polyunsaturated fats.

At the same time, do regular physical activity, which can help increase your protective HDL cholesterol.

If necessary, your GP will prescribe medicines such as statins to lower your cholesterol level and help protect your heart. If your GP thinks you are at high risk of heart disease, he or she may recommend that you take a statin even if you don't have high cholesterol.

Fact: About 60% of women in the UK have high cholesterol levels.

For more information
See our booklet *Reducing your blood cholesterol* (HIS3).

Diabetes

There are two types of diabetes. People with type 1 diabetes do not produce any insulin. People with type 2 diabetes do not produce enough insulin, or the body is unable to properly use the insulin that is being produced.

Type 1 diabetes is less common than type 2 diabetes and it usually develops in children and young adults. The cause of type 1 diabetes is still not fully understood.

Most people have type 2 diabetes and your risk of getting it is greater if you're overweight, you're not physically active, or if you have a family history of diabetes. Ethnicity can also play a part – reports have shown that type 2 diabetes is two and a half times more likely in Black Caribbean and Pakistani women in England compared with other women in England.

If you have diabetes, it is very important to make sure you control your blood sugar, blood pressure and cholesterol.

The following things will help you to keep your risk of CHD as low as possible:

- Doing more physical activity (page 40).
- Eating a healthy, balanced diet (page 49).
- Controlling your weight and body shape (page 38).

If you don't have type 2 diabetes, you can greatly reduce your risk of developing it by controlling your weight and doing regular physical activity.

Fact: **Women with diabetes are three to five times more likely to get heart and circulatory disease than women without.**

For more information

See our booklet *Diabetes and your heart* (HIS22).

Weight and body shape

If you're overweight or obese, you have a higher risk of developing CHD. Keeping to a healthy weight and body shape can help to protect you against diabetes and high blood pressure, as well as lower your cholesterol.

Your shape matters too. If you're apple-shaped – with your excess weight concentrated around your waist – you are even more at risk of getting CHD. Women should have a waist size below 80cm (about 31.5 inches).

To lose weight or reduce your waist size:

- Reduce your calorie intake by cutting down on fat and sugar and by reducing portion sizes.
- Increase your daily physical activity.

Try not to lose weight too quickly. Slow and steady weight loss – about 1-2 pounds (½-1 kilos) a week – is healthier, and you're more likely to keep the weight off for good. Losing even a small amount of weight will benefit your health.

Fact: **More than half of all women in the UK are either overweight or obese.**

For more information

Order our booklet *So you want to lose weight for good* (M2).



Physical activity

Getting active is one way of cutting your risk of CHD. It can also help to lower your blood pressure, improve your cholesterol level, control your weight and reduce your risk of diabetes. Physical activity is also a good way of relieving stress.

To protect your heart, you should aim to be active every day. For health benefits, you should be doing at least 150 minutes of moderate intensity physical activity per week. Try to spread the 150 minutes across the week, 5 x 30 minutes is one example of how to do this but every 10 minutes counts. Moderate intensity activities will make you feel warmer, breathe harder and make your heart beat faster than usual, but you should still be able to carry on a conversation.

Sessions of at least 10 minutes moderate intensity activity throughout the day are a good way to start. Try to build up the number of 10 minute sessions you do each day. You can build activity into your daily routine without ever joining a gym or playing a sport. Walking, dancing, cycling and swimming are all good for heart health.

Why not try one of the following?

- Walking – at lunchtime, to the shops, taking your children or grandchildren to school.
- Using the stairs instead of the lift or escalator.
- Doing the housework or gardening.
- Getting a fitness DVD and using it at home.

Try to keep moving and limit the amount of time spent sitting still. If you have to sit for long periods break this up and try to find ways to increase the time you spend moving your body.

In addition to the 150 minutes of activity be sure to also include activities that help strengthen your muscles at least twice a week e.g. exercising with weights, working with resistance bands, heavy gardening or carrying heavy loads such as groceries. Strength activities require you to use your muscles against a force or extra weight and will make the muscles feel more tension than normal.

Whatever sort of exercise you do...

- Build up your activity level gradually. Start slowly at a level that suits you, and then gradually build up the time you spend on the activity and how often you do it.
- Each time you exercise, start slowly for the first few minutes and build up gradually. At the end, spend some time going more slowly and cooling down.
- If you feel very breathless, dizzy or unwell, or have any pain, stop exercising and see your GP.

If you have a long-term illness or high blood pressure, first check with your GP or practice nurse before you start doing regular physical activity.

Fact: **Less than a third of women in England do enough physical activity to protect their heart.**

For more information

Order our booklet *Get active, stay active* (G12) – or if you're aged over 50, *Be active for life* (G364).

Family history

If your father, mother, brother or sister developed cardiovascular disease at a young age (under 65 for women, and under 55 for men), you may be at an increased risk.

Family behaviour can be a factor too. Lifestyle habits, such as a poor diet or smoking, can sometimes be passed on.

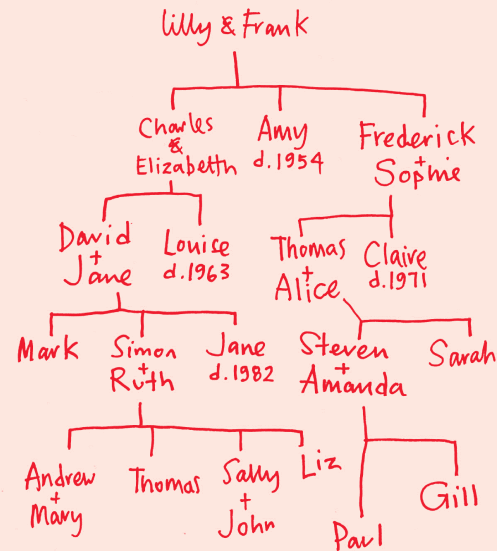
If cardiovascular disease runs in your family, you need to take more care with your risk factors. It's vital to watch your weight, eat healthily, take regular physical activity, and avoid smoking. You can't change your family background, but you can choose your lifestyle!

Age

The older you get, the more likely you are to develop CHD. As a woman, your hormones may give you some protection against CHD before you reach your menopause, so up to this point you're less likely than a man to develop the condition. But in the years following your menopause, your risk rises significantly. And by the time you reach your 60s, the gap between men and women narrows.

Case study: Laura

When Laura's mother died from a heart attack, the coroner explained that her mother had coronary heart disease, so Laura and her immediate family should see a doctor for a health check. Laura visited her doctor, who carried out a health check which included having her blood pressure and cholesterol measured. Her doctor advised her that it was really important to take regular exercise, eat healthily and keep to a healthy weight to protect her heart. Laura says: "If heart disease is in your family history, talk to your doctor. This has been the biggest wake-up call I've ever had."





Ethnicity

Women from certain ethnic groups have a higher risk. For example, in England and Wales, women from certain South Asian groups are more than twice as likely to die from CHD early, compared to other women.

As with age and family history, this is another factor you can't change, but you can keep your risk as low as possible by tackling the modifiable risk factors you may have.



For more information

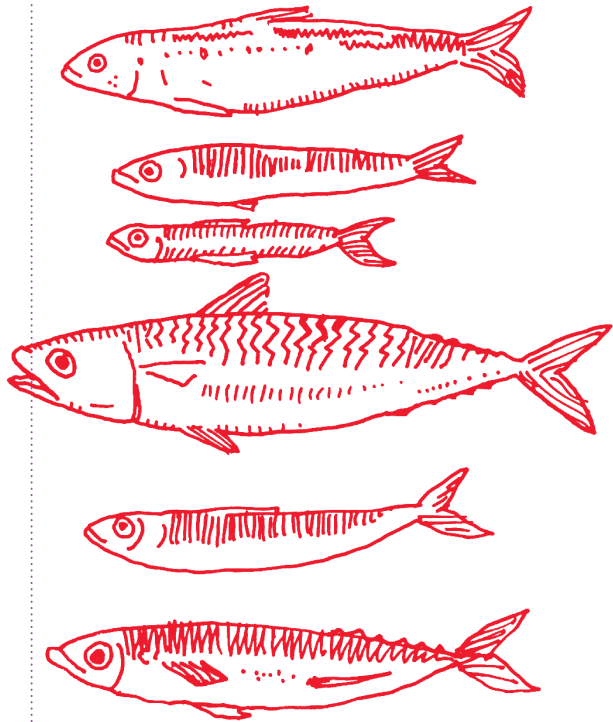
Visit our web pages to explore how ethnicity can affect your heart health [bhf.org.uk/ethnicity](https://www.bhf.org.uk/ethnicity)

Case study: Hina

Hina was making rice krispie chocolates for her family when she had her heart attack. It was completely unexpected – she had no previous medical symptoms, no family history and no symptoms. Luckily she was treated promptly and managed to recover quickly.

Our Heart HelpLine has helped her understand more about her condition and medication and how to return to a normal life. Worried about the misconception that young people and especially women don't suffer from heart-related diseases, Hina wants people to know the truth.

“Heart disease can strike anyone at any time. We need to be conscious of what we eat, what we do and how much exercise we do on a regular basis. I can't do certain things like scary rides in amusement parks, but generally I am able to live a very fulfilling life.”



Other things that can affect your heart health

Healthy diet

Eating a healthy, balanced diet will help you to protect your heart.

The main points are:

- Eat a diet low in saturated fat and choose healthier fats.
- Eat fish at least twice a week. (One of these portions should be oily fish.)
- Eat at least five portions of fruit and vegetables a day.
- Keep your salt intake to below 6g a day.

When you're busy, it's tempting to skip meals or eat convenience food. Some people try to make up for a poor diet by taking vitamins, minerals or food supplements. But taking supplements doesn't necessarily have the same benefits as eating a healthy balanced diet, which should provide all the vitamins and nutrients that most people need.

For more information
Order our booklet *Eating well* (G186).

Alcohol

If you drink alcohol, make sure you stick to the recommended limits. Women should not regularly drink more than 2–3 units of alcohol a day.

1 unit of alcohol =

- Half a pint (300ml) of beer, bitter, lager or cider (3.5% alcohol by volume)
- or a pub measure (25ml) of spirits such as gin, vodka, whisky or rum
- or a small glass (100ml) of wine (10% alcohol by volume)

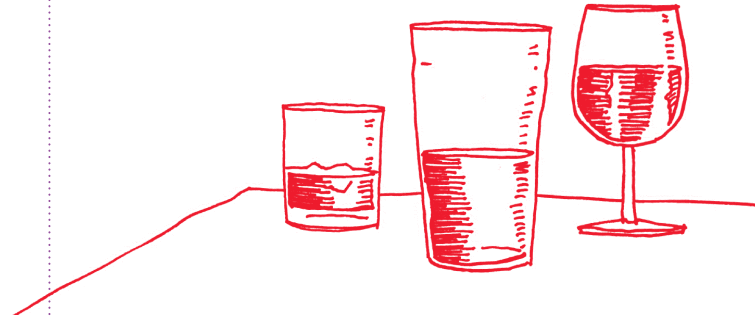
Moderate drinking – between 1 and 2 units of alcohol a day – may offer some protection against coronary heart disease in women who have gone through the menopause. However, if you don't already drink alcohol, there is no need for you to start, as there are much healthier ways to look after your heart.

Drinking more than the recommended limits does not protect the heart and can actually lead to damage to the heart muscle, high blood pressure, stroke and some cancers. Alcohol is high in calories too, and so it can lead to weight gain.

Try to avoid binge-drinking. It is better to have just a small amount regularly rather than large amounts in one go.

For more information

Keep tabs on how much you're drinking – use our interactive alcohol unit calculator on bhf.org.uk/alcohol



Fact:

Over a quarter of all women in Great Britain regularly drink more than the recommended amount of alcohol.

Stress

We all need challenges to keep us motivated, but when we feel unable to cope with the high demands that are placed on us, we experience stress.

The way you deal with stress can encourage unhealthy behaviours, such as smoking, drinking too much alcohol, eating unhealthily or being less physically active. These can all increase your risk of developing CHD.

If you're struggling to balance work, family or relationships and social life, it's tempting to ignore your own needs. But remember that your health is important – that includes your mental health. It's important to learn how to relax and deal with stress effectively.

- Try to identify situations that make you feel stressed, and avoid them if you can.
- Be realistic about what you can achieve and learn to say 'no' to unnecessary demands.
- Doing something active – such as going for a brisk walk or run – can help you burn off steam.
- Or, try relaxation techniques or join a yoga class.
- If you feel overwhelmed, talk to a friend or a partner, or ask your GP for advice. Feeling isolated can make you feel even more stressed.

For more information
Order our booklet *Coping with stress* (G187).



Notes.

What if I HAVE HEART DISEASE?



What if I have heart disease?

If you are diagnosed with coronary heart disease (CHD) or angina, or if you've had a heart attack, there are medicines, treatments and rehabilitation programmes to help you feel better and live as full and active a life as possible. Controlling your risk factors and living a healthy lifestyle are vital to keep your heart healthy and protect it from further problems, so do read pages 28-52 as well.

Medicines

If you have CHD, you are likely to be prescribed medicines to help control your symptoms and keep your heart as healthy as possible. Your medicines are likely to include a low dose of aspirin or something similar to help prevent blood clots from forming, which helps to reduce your risk of having a heart attack or stroke. (However, if you don't have CHD, you shouldn't start to take aspirin regularly as a way of preventing it. This is because, for people who don't have CHD, the risks of bleeding – as a side effect of taking aspirin – outweigh the benefits.)

If you have CHD, you may also be prescribed other medicines, such as statins. Statins help to lower your blood cholesterol level and reduce your risk of a heart attack or stroke. You are likely to be prescribed statins even if you don't have a high cholesterol level, as they still help to reduce your risk of further heart problems.

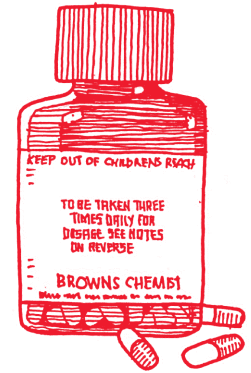
If you are taking vitamins, supplements or natural 'herbal' medicines, always check with your GP, nurse or pharmacist if it is safe to do so. There isn't enough evidence to say that supplements or herbal remedies can prevent or treat CHD. Most herbal remedies have not been tested in large controlled drug trials in the same way that conventional medicines have been. They can also interact with your prescribed medicines.

For more information

Order our booklet *Medicines for your heart* (HIS17).

Remember

Don't stop taking medicines that have been prescribed for you without medical advice, even if you start feeling better - stopping suddenly can be dangerous. If you get any side effects or new symptoms, talk to your doctor.



Treatments

If you are taking medicines but your symptoms are still giving you trouble, you may be considered for other treatments, such as an angioplasty or coronary artery bypass surgery.

For more information

Visit bhf.org.uk/treatments or order our booklets *Coronary angioplasty* (HIS10) or *Having heart surgery* (HIS12).



Cardiac rehabilitation

If you have had a heart attack, or a treatment such as heart surgery or angioplasty, you should be offered a place on a cardiac rehabilitation (rehab) programme. Cardiac rehab has been found to reduce your risk of dying from CHD and improve your long-term health. It helps you to recover and get back to your usual activities.

Many cardiac rehab programmes include heart health education and supervised exercise sessions, and will teach you relaxation techniques. You can learn how to change your lifestyle to protect your heart in future, so that you can enjoy as full a life as possible. You'll also meet other people who have been through similar experiences and you'll receive professional advice and support. All this can improve your confidence and help you to feel better.

Worryingly, women are less likely than men to attend cardiac rehab. Some women find it off-putting if there are fewer women than men in the group. Others may feel that they are too busy with family or other commitments. But cardiac rehab is very important for your recovery and its benefits far outweigh any inconvenience or embarrassment you may feel.

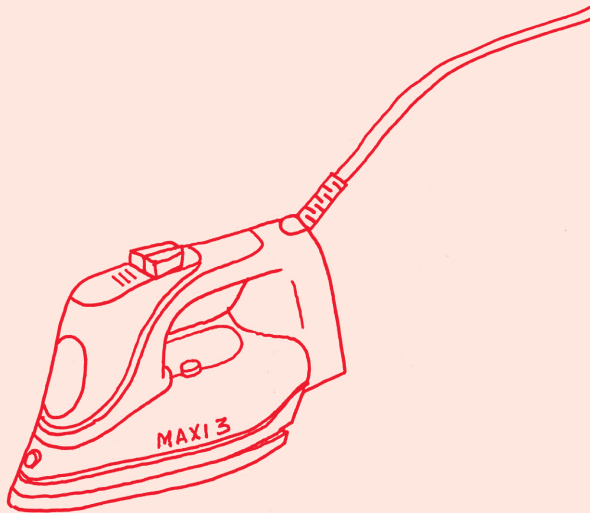
As a woman, you're more likely to develop a heart problem at an older age, which could mean that you have other health conditions that may affect how quickly you recover. So it's all the more important that you attend cardiac rehab and benefit from as much support as possible to help your recovery.

If you are not referred to a cardiac rehab programme, find out where your nearest one is by asking your GP, visiting www.cardiac-rehabilitation.net or calling our Heart HelpLine on [0300 330 3311](tel:03003303311).

For more information
Order our booklet *Cardiac rehabilitation* (HIS23).

Case study: Maureen

Maureen had cardiac rehab following a heart attack and subsequent angioplasty. She says: "Mine was based in a local sports centre and was run by cardiac nurses with a qualified cardiac fitness instructor. Cardiac rehab set me on the right road, it was fantastic."



Returning to everyday life

After a heart attack, or after having heart surgery or angioplasty, you may be concerned about how soon you can get active again and when you can resume activities such as driving, housework or returning to work. You may be worried about having sex, or you may find that your sex drive is low. You may also experience feelings of depression, sleep badly, or have unusual mood changes.

It is perfectly normal to experience any of these things after being diagnosed or hospitalised with a heart problem. Whatever your concern, try not to be embarrassed or bottle up your feelings. Ask your GP, practice nurse or cardiac rehab team for advice. Our BHF Heart Helpline (**0300 330 3311**) can offer information and support, and there is also plenty of information about treatment and recovery on our website at bhf.org.uk/condition. Or, see pages 80–81 for other organisations that may be able to support you.

For more information

Order our booklet *Returning to work with a heart condition* (HIS21) or our *Looking forward: Life after a heart attack* (DVD19). Or, call our Heart Helpline on **0300 330 3311** and ask our Heart Health Advisers about our other resources that are relevant to your condition.



Notes.

What else do
I NEED TO KNOW?



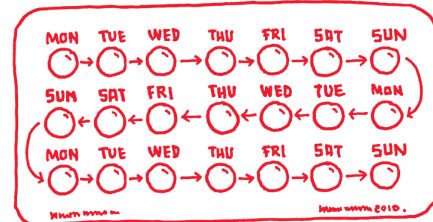
What else do I need to know?

The contraceptive pill

The contraceptive pill can slightly increase your risk of blood clotting problems, and can increase your risk of a deep vein thrombosis (DVT). A DVT occurs when a blood clot forms in one of the veins in your leg. It can cause pain and swelling, usually in the calf, and your leg may feel warm or tender. The risk of this happening is small, but it increases if you smoke, are overweight, or remain immobile for a long time – for example, while travelling on a plane, car, bus or train.

A DVT can go on to cause a pulmonary embolism (PE) – where the blood clot moves up to your lungs. A PE is life-threatening and needs emergency treatment. So, if you notice signs of a DVT, contact your GP immediately.

The contraceptive pill can sometimes increase blood pressure, so you should have your blood pressure checked regularly while you're taking it.



The menopause and HRT

As a woman, your hormones may give you some protection against coronary heart disease (CHD) in your pre-menopause years. But after your menopause, your risk of getting CHD rises – and it continues to rise as you get older.

If you're going through the menopause and suffer from unpleasant symptoms, you may be prescribed hormone replacement therapy (HRT) to help relieve these symptoms. In the past it was thought that HRT had the added benefit of helping to protect women against heart disease. However, more recent research suggests that this is not the case. Some types of HRT may even slightly increase the risk of CHD and stroke, and can also increase the risk of DVT and PE (see page 71), particularly in the first year of taking HRT. So, HRT is not currently prescribed for the purpose of protecting women against CHD. Research is being done to see if introducing HRT at an earlier stage may have some protective effect on the heart.

HRT can be very effective for relieving menopausal symptoms, and for most menopausal women – especially those under the age of 60 – the benefits of taking HRT outweigh the risks. However, each woman's situation is different and HRT may not be suitable for everyone, so please speak to your GP about whether HRT is appropriate for you.

Some women who are going through the menopause may be more aware of their heart beating (palpitations). If you experience this, see your GP. For the vast majority of women the palpitations are harmless and don't mean anything is wrong with the heart, but your GP may wish to give you a check-up to be sure.

For more information

Download our information sheet *HRT and heart disease* (IS63) from bhf.org.uk/publications

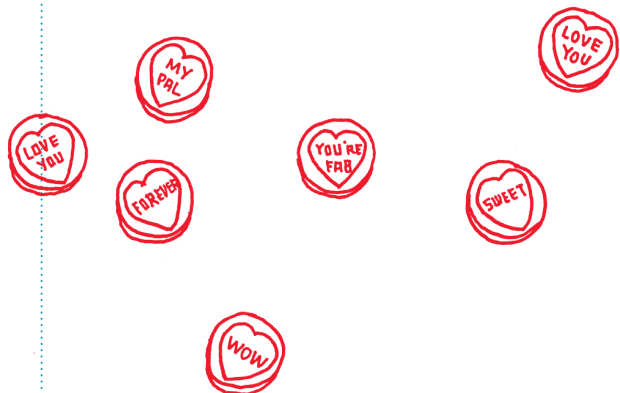


A final word

It's never too late to change your lifestyle and protect your heart – or to prevent your heart problem from getting worse. To begin with, if you are over 40, make an appointment with your GP or practice nurse today to have a health check. Also do see your GP if you suspect that you have any of the symptoms or risk factors we discuss in this booklet. And why not look back at the risk factors (pages 22–52) and start tackling the one thing you want to change the most?

Remember, your health is important. Over 30,000 women in the UK die from CHD every year. You don't have to be one of them. Take action to protect your heart now.

If you have further questions about any of the topics we discussed in this booklet, we're here to help. Please visit our website at bhf.org.uk or call our Heart HelpLine on 0300 330 3311.



Notes.

Useful organisations

Medical information

Blood Pressure Association

0845 241 0989
www.bloodpressureuk.org

Diabetes UK

0845 120 2960
www.diabetes.org.uk

Heart UK (The Cholesterol Charity)

0845 450 5988
www.heartuk.org.uk

Stroke Association

0303 3033 100
www.stroke.org.uk

Women's Health Concern

01628 478 473
www.womens-health-concern.org

Stopping smoking

NHS Pregnancy Smoking Helpline

0800 169 9 169
For women who are pregnant and trying to stop smoking, or who are planning a pregnancy and want to stop smoking.

NHS SmokeFree

0800 022 4 332
www.smokefree.nhs.uk
Find your local NHS stop smoking service.
80–81 Other useful

Quit

0800 00 22 00
www.quit.org.uk
Quit offers a stop-smoking helpline in various languages.

Alcohol

Drinkline

0800 917 8282
Confidential information, advice and support around drinking and drinking problems.

Counselling, stress and anxiety

British Association for Counselling and Psychotherapy

01455 883300
www.bacp.co.uk
Can help you to find a suitable counsellor in your area.

No Panic

0808 808 0545
www.nopanic.org.uk
Support for people who experience panic attacks, phobias and other anxiety disorders.

Samaritans

08457 909090
www.samaritans.org
Confidential non-judgemental support, 24 hours a day, for anyone experiencing distress, despair or suicidal feelings.

Resources from the British Heart Foundation

The British Heart Foundation (BHF) produces a wide range of resources to help you and your family and friends look after your heart health – many have been mentioned throughout this booklet.

To order our booklets or DVDs:

- Call the BHF Orderline on **0870 600 6566**
- Email **orderline@bhf.org.uk**
- Visit **bhf.org.uk/publications**

You can also download many of our publications from our website bhf.org.uk. For information about all our resources, ask for a copy of *Our heart health catalogue* (G5).

How you can help

Our resources and services are free of charge, but we rely on donations to continue our vital work. If you'd like to make a donation, please call our donation hotline on **0300 330 3322** or visit our website at **bhf.org.uk/donate**. Or, please complete the form on the next page and send it to us at the address on the back cover. The British Heart Foundation is the nation's heart charity, saving lives through pioneering research, patient care and vital information.

Your support will help us in the fight against heart disease

Here is my gift to help more people recover from heart problems.

£10 £15 £20 Other £

Please make your cheque / postal order / CAF voucher payable to the **British Heart Foundation**

Title	<input type="text"/>
Full Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Email	<input type="text"/>

We would like to keep in touch with you, to let you know your support has made a difference. By supplying your email address you agree that the BHF may use this to contact you about work.

OR please debit the above sum from my:

CAF Card MasterCard Visa/Delta Maestro Amex

Card Number
(Maestro Only)

Valid from / Expiry date / Issue no.
(Maestro Only)

Signature

To make an instant donation, please call **0300 330 3322** with your credit card details. Lines are open Monday to Friday, 9am to 5pm. Or visit **bhf.org.uk**

giftaid it See reverse of this form for details

- Please tick here if you do not wish the BHF to contact you. (MP0059)
 From time to time we will allow other similar organisations to write to our supporters. If you do not wish to be contacted by them, please tick here. (MP0060)

The British Heart Foundation is the nation's heart charity, registered in England and Wales (225971) and in Scotland (SC039426)

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**Make your gift worth almost a third more
– at no extra cost to you?**

Are you a UK taxpayer?

If you are a UK taxpayer please tick the first box so we can claim back up to 25p for every £1 you give at no extra cost to you.

GAI

Yes, I am a UK taxpayer and would like the BHF to reclaim the tax on this donation, any donations I have made in the last 4 years and any future donations I may make.*

Date / /

GA2

No, I am a non-taxpayer.

*To qualify for Gift Aid, you must pay an amount of UK Income Tax and/or Capital Gains Tax at least equal to the tax that all the charities and Community Amateur Sports Clubs (CASC's) that you donate to will reclaim on your gifts for that tax year (6 April one year to 5 April the next). Other taxes such as VAT and Council Tax do not qualify. For more information about this, or the amount of tax that BHF is able to reclaim, please contact our Supporter Care team on 0844 847 2787.

Heart Matters

Heart Matters is our free, personalised service to help you live with a healthy heart.

Join Heart Matters today to access benefits including heart matters magazine, a Helpline and an online members' area with recipes, articles and lifestyle tools. Register online at bhf.org.uk/heartmatters or call **0300 330 3300** lines are open 9am-5pm Monday to Friday (similar cost to 01 or 02 numbers).

Heart Helpline

Our heart helpline provides information, support and guidance to all those affected by heart disease or anyone who wants to help their own heart health.

Call us on **0300 330 3300**, lines are open 9am-5pm Monday to Friday (similar cost to 01 or 02 numbers) or email hearthelpline@bhf.org.uk

Have your say

We would welcome your comments to help us produce the best information for you. Why not let us know what you think? Contact us via our website bhf.org.uk/contact

Acknowledgements

We would like to thank Dr E. Jane Flint for her help in producing this booklet. Dr Flint is Lead Consultant Cardiologist for the Dudley Group of Hospitals NHS Trust and chairs the British Cardiovascular Society Joint Working Group Recommendations for Women's Heart Health.



**British Heart
Foundation**

Coronary heart disease is the UK's single biggest killer.

For over 50 years we've pioneered research that's transformed the lives of people living with heart and circulatory conditions. Our work has been central to the discoveries of vital treatments that are changing the fight against heart disease.

But so many people still need our help.

From babies born with life-threatening heart problems to the many Mums, Dads and Grandparents who survive a heart attack and endure the daily battles of heart failure.

Join our fight for every heartbeat in the UK. Every pound raised, minute of your time and donation to our shops will help make a difference to people's lives.

**FIGHT
FOR EVERY
HEARTBEAT**

bhf.org.uk