

HEART SERIES H2

REDUCING THE RISK OF HEART DISEASE





Chest, Heart & Stroke Scotland, is an independent medical charity which aims to improve the quality of life for people in Scotland affected by chest, heart and stroke illnesses, through medical research, advice and information and support in the community.

FUNDRAISING

CHSS is an independent Scottish medical charity. We receive no Government funding and rely entirely on the Scottish public to raise the £5 million a year we need to help people with chest, heart and stroke illness throughout Scotland.

RESEARCH

We are one of Scotland's largest charitable funders of medical research, with a programme worth over £600,000 a year. We fund research projects throughout Scotland into all aspects of the prevention, diagnosis, treatment and social impact of chest, heart and stroke illness.

PERSONAL SUPPORT GRANTS

We provide small grants to people in financial difficulty, because of chest, heart or stroke illness, for items ranging from disability equipment and household goods to respite care and holidays. Applications are submitted through local Social Work Departments, or health professionals.

VOLUNTEER STROKE SERVICE (VSS)

We give support to people whose communication skills are impaired after a stroke. The VSS provides weekly group meetings and home visits for patients.

CHSS NURSES

Our nurses provide independent practical advice and support to those who have chest, heart and stroke illnesses, their families, carers and health professionals. There are dedicated nursing services in Fife, Grampian, Highland, Lanarkshire, Lothian and Dumfries and Galloway. There is also a Scotland wide nurse led Advice Line (0845) 077 6000. Calls are charged at a local call rate (out of hours answerphone). We have a wide range of booklets, factsheets and videos on chest, heart and stroke illnesses.

COMMUNITY SUPPORT NETWORK

CHSS provides support to affiliated chest, heart and stroke clubs through the Community Support Network. The clubs are independent and are run by local volunteers. The groups provide a range of activities and offer people support, stimulation and companionship in a friendly and relaxed environment. Please ask for more information.

FOR FURTHER INFORMATION ABOUT ANY OF THE SERVICES ABOVE PLEASE CONTACT HEAD OFFICE BY PHONING 0131 225 6963 OR VISIT THE CHSS WEBSITE: www.chss.org.uk

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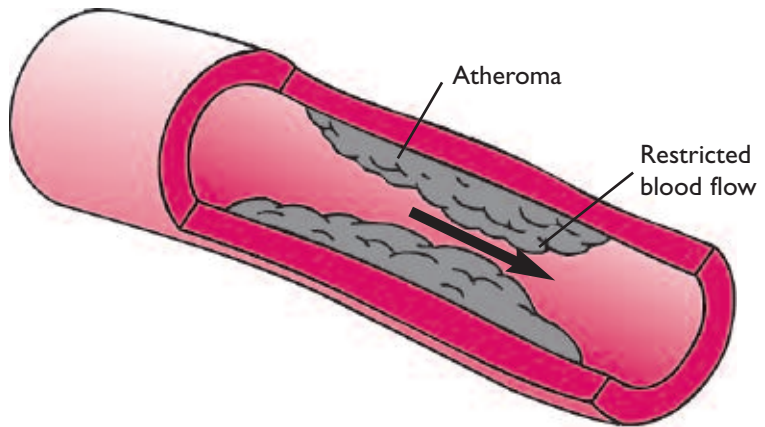
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REDUCING THE RISK OF HEART DISEASE

INTRODUCTION

The aim of this booklet is to look at how you can reduce the risk of heart disease.

This information is helpful to everyone: whether you have heart disease already and don't want it to get worse – secondary prevention, or are trying to avoid getting it – primary prevention.



CORONARY HEART DISEASE

The most common form of heart disease is known as coronary heart disease. A fatty substance, called atheroma, builds up in the lining of a blood vessel, over many years, narrowing it and causing a restricted blood flow.

If the coronary arteries (that supply the heart with its own blood supply) become narrowed or blocked the blood supply to the heart can become poor.

When it affects the coronary arteries it can lead to angina and / or heart attacks.

This process not only happens to the blood vessels supplying the heart but it can also affect other blood vessels throughout the body and, therefore, lead to strokes and poor circulation.

See the CHSS booklet 'Understanding heart disease' for more information.

There are certain things that increase the risk of developing heart disease. These are called risk factors.

Heart disease and stroke are sometimes put together using the term 'cardiovascular disease' (CVD). As the risk factors for heart disease and stroke are the same they are referred to as cardiovascular risk factors.

Some of these cardiovascular risk factors you cannot alter. These include:

- strong family history of heart disease and /or stroke (i.e. father or brother who developed heart disease or a stroke before they were 55, or a mother or sister before they were 65)
- age: the risk of heart disease increases with age
- ethnic origin: people with an Afro- Caribbean or South East Asian ethnic background have an increased risk of heart disease
- sex: men have an increased risk of heart disease

For some things you will need the help of doctors and nurses to identify any particular problems you may have as well as making sure these things are controlled on an ongoing basis.

A history of heart attacks in the family may be an indicator that there is a risk of heart disease.

In particular:

- high blood pressure
- high blood cholesterol levels
- diabetes

Other cardiovascular risk factors are to do with the way you lead your life. These include:

- smoking
- what and how much you eat
- your weight
- how active you are
- how much alcohol you drink

Nowadays CVD screening is offered at doctors' surgeries and clinics to identify and address any specific cardiovascular risk factors found in 'well' individuals. This means that treatment and /or lifestyle changes can begin as soon as possible and hopefully prevent cardiovascular problems from happening later on.

More complex situations may need referral to specialist services.

CARDIOVASCULAR RISK ASSESSMENT

You should have an assessment of your CVD risk at least every five years if:

- you are 40 years old or above
- you have a close relative (parent, brother, sister or child) who has had heart disease and /or stroke illness before the age of 65 (women) or 55 (men) or has a genetic cholesterol problem (called familial dyslipidaemia)

Sometimes a risk assessment tool is used to work out your CVD risk. Various findings such as blood pressure, cholesterol, weight, smoking and diabetes may be looked at. These findings can be used to show your risk as a percentage.

e.g. 10% CVD risk means that there is a 1 in 10 chance of experiencing heart disease or stroke in the next ten years.



KNOW, CONTROL AND MONITOR BLOOD PRESSURE

If your blood pressure is consistently higher than it should be it is called high blood pressure (or hypertension). High blood pressure is not a disease in itself. However, it can lead to an increased risk of developing some serious conditions such as heart disease and strokes.

Over the years high blood pressure slowly damages the blood vessels by making them narrower and more rigid. This means that the heart has to work harder to push the blood through the vessels and the overall blood pressure rises. This in turn makes it easier for clots to get caught and for fatty debris (atheroma) to block the blood vessels. This is what happens in heart attacks and strokes.

Monitoring blood pressure

High blood pressure very rarely has any symptoms. Therefore, the only way to know what your blood pressure is to have it measured.

High blood pressure is more common as you get older so having it checked regularly is very important. Your doctor will be able to advise you how often you should have your blood pressure checked.

It is now possible to monitor your blood pressure at home using a home monitor. The Blood Pressure Association can provide information about recommended equipment. Please refer to the Useful Addresses and Websites section at the end of this booklet.

*Everyone
should have
their blood
pressure
checked every
five years.*

Measuring blood pressure

Blood pressure is measured in millimetres of mercury (mmHg) and is recorded as two readings: systolic pressure (higher reading) and diastolic pressure (lower reading).

Systolic records the pressure blood within the blood vessels as the heart contracts. Diastolic records the pressure when the heart fills up again.

These readings are recorded for example as 120/ 70mmHg.

What is normal / target range

Most doctors agree that normal blood pressure is about 120/70mmHg.

Up to 140/90mmHg is considered to be within the normal / target range.

Drug treatment

The aim of drug treatment is to try and get high blood pressure as close to the target range as possible. If you already have cardiovascular disease or diabetes the lower target of 130/80mmHg is used.

There are several groups of drugs used to treat high blood pressure, each of which work slightly differently. If you suffer from any troublesome side effects it is advisable to discuss these with your doctor as there may be a different medicine to choose from.

See the CHSS booklet 'Living with High Blood Pressure' for more information.



Lifestyle changes

Changes to lifestyle risk factors can significantly reduce high blood pressure in some people. These are the same as those for reducing your risk of heart disease in general and are looked at in more detail in a later section of this booklet.

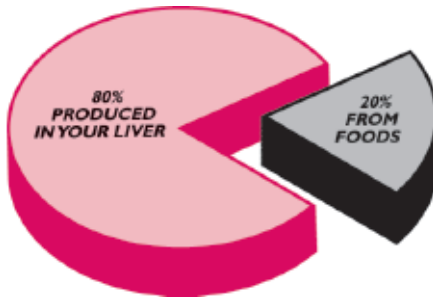
In particular:

- Stop smoking: nicotine raises your blood pressure.
- Control your weight: losing weight will help to lower your blood pressure.
- Keep active: exercising regularly can bring your blood pressure down by as much as many blood pressure lowering drugs.
- Moderate alcohol intake: cutting down on alcohol intake can bring blood pressure under control. Binge drinking, at any age, can cause a temporary, but significant, rise in blood pressure.
- Reduce salt in your diet: reducing a high salt intake can sometimes help to lower your blood pressure.

KNOW, CONTROL AND MONITOR CHOLESTEROL LEVELS

Cholesterol is a fatty substance (lipid), which is essential to healthy life.

Cholesterol is manufactured mainly in the liver but it is also present in saturated fats found in meat and dairy products and many processed foods.



Cholesterol in your blood

Some people produce more cholesterol than they need. This problem often runs in families and medication may be needed to lower it.

When the cholesterol level in blood is high it contributes to the fatty build up in the lining of the blood vessels, called atheroma, which contributes to the risk of heart disease and strokes.

Your cholesterol level will be checked as part of your CVD risk assessment. You may be able to get your cholesterol checked as part of a health screening programme at your local pharmacy shop.

See the CHSS factsheet 'Cholesterol' for more information.

Total cholesterol level

Initially your doctor / nurse will take a blood sample to test for the total cholesterol level.

This level will be looked at alongside your other CVD risk factors.

Your doctor may decide that you need a further blood test, called a lipid profile, which is taken after an overnight fast. This will help to decide what treatment, if any, you may need.

However, if you have a history of heart disease and /or stroke illness then your doctor may start treatment to lower your cholesterol level straight away.

What are the different fats?

A lipid profile gives a much more detailed breakdown of the different fats in your blood.

The three main fats in your blood are:

- Low density lipoproteins or **LDL**. This is referred to as '**bad** cholesterol'. It contributes to fatty tissue being laid down in the blood vessels. Ideally an LDL should be below 3mmol/l.
- High-density lipoproteins or **HDL**. This is referred to as '**good** cholesterol'. It helps to carry away bad cholesterol. Ideally an HDL level should be above 1.0mmol/l.
- **Triglycerides**. These make up about 90% of the fat in your body and are needed to store energy. Your triglyceride level should be less than 1.5mmol/l.

Lowering a high cholesterol level

Sometimes you can lower your cholesterol level by reducing the saturated fat and increasing the fibre in your diet as well as increasing your physical activity. If, however, after 3-6 months your cholesterol level remains high, your doctor may prescribe medicines to lower the amount of cholesterol your body makes.

As a general rule the lower your cholesterol level is then the better it is for you.

Drug treatment

Medicines to treat high cholesterol are mainly from the 'statin' family and usually have to be taken indefinitely. Though it is possible to buy some statin medicines over the counter it is always advisable to speak to your doctor before starting any new treatment.

Research has found that some people with heart disease, or who have already had a stroke, may benefit from taking these cholesterol-lowering medicines irrespective of their cholesterol level.



Reducing the fat in your diet

It is most effective to replace saturated fats with poly- and mono-unsaturated fats i.e. replacing fat that comes from meat and dairy products with fish and other healthier oils.

Saturated fat is usually 'solid' when cold e.g. butter, lard, fat on meat. Unsaturated fat is 'liquid' at room temperature e.g. olive oil, soft cheese.

By making several small changes in your daily routine you can get good results. For example try:

- choosing low fat varieties of cheese such as cottage cheese as the harder the cheese the higher the fat content
- switching from butter to reduced fat spreads
- switching from full fat milk to semi-skimmed or skimmed milk
- choosing low fat varieties of yoghurt and fromage frais
- choosing unsaturated oils such as rapeseed, sunflower or olive oil - remember being 'oily' is not necessarily bad for you
- replacing meat with fish, especially mackerel, herring, sardines, trout, salmon or pilchards
- trimming all visible fat from meat before cooking
- discarding any fat that comes out of food during cooking
- grilling instead of frying

- avoiding all pastry as it is high in fat
- eating fewer meat products such as pies, pasties, sausage rolls, hamburgers and sausages
- replacing snacks such as crisps, cakes and biscuits with fruit
- checking labels for hidden fats in processed foods and ready-made meals
- increasing the amount of carbohydrates in your diet e.g. pasta, cereals, rice, bread. This will replace the energy that you used to get from fat, unless you want to lose weight
- increase your fruit and vegetables to five portions a day – this increases your intake of fibre as well as A, C, and E vitamins.



CONTROL AND MONITOR DIABETES

Diabetes is a disorder, caused by the lack of the hormone insulin, which alters the body's ability to store or use glucose (the source of energy that comes from carbohydrates / sugars).

Diabetes also causes problems in metabolising fats and speeds up the degeneration of blood vessels.



There are two main types of diabetes, Type I and Type II, each of which require slightly different treatment. Usually some form of dietary control is needed. People with Type I diabetes do not produce any insulin and have to take regular insulin injections. People with Type II diabetes do not produce enough insulin and may have to take tablets.

Why is it important to control diabetes?

The main complication of diabetes is damage to blood vessels. This increases the risk of heart disease, strokes and poor circulation.

Other complications of diabetes include: nephropathy (kidney disease), retinopathy (damage to the eyes) and neuropathy (nerve damage).

Controlling your diabetes can minimise these complications throughout the body.

Monitoring diabetes

It is important to get your diabetes under the best possible control. Therefore you should:

- check your blood glucose levels and test your urine regularly
- take any prescribed medicines
- attend the doctor and /or clinic regularly

To minimise any other complications of diabetes it is recommend that you:

- have an annual eye examination
- take particular care of your feet and attend a chiropodist regularly
- report any problems as early as possible

See the CHSS factsheet 'Diabetes: the links with heart disease and stroke' for more information.

LIFESTYLE CHANGES

This section looks at changes you can make to your lifestyle which will improve your overall health and reduce your risk of heart disease.

The five important risk factors below have a particular impact on the areas already discussed and apply to everyone.

What can I do to help myself?

- stop smoking
- eat a healthy diet
- control your weight
- keep active
- moderate alcohol intake

Firstly, a word about stress

Stress is an inevitable part of everyday life and we all need a degree of stress in order to make us perform well. Stress has not been proven to cause heart disease. However, when it begins to affect our health e.g. tension pains in the neck or back, disturbed sleep or increased anxiety, stress can become a trigger for unhelpful behaviours such as smoking, drinking too much alcohol, eating poorly and not getting enough physical activity. These behaviours can increase your risk of heart disease.

In order to make the necessary lifestyle changes described in the following pages it is important to be well motivated and to learn to reduce and control the amount of stress in your life and to recognise if you are down or possibly depressed.

Speak to your doctor if you think you might need some help.

See the CHSS factsheet 'Living with Stress and Anxiety' for more information.

Stop smoking

Apart from the increased likelihood of heart disease and strokes, smoking also damages the lungs causing chronic lung disease and increases the risk of many cancers. Smoking multiplies other risk factors that you may have.

- Smoking makes the smooth lining of blood vessels rough. This encourages the build up of atheroma, the fatty material that narrows and blocks blood vessels.
- Smoking increases the amount of fibrinogen (blood-thickening agent) in the blood and makes it stickier. This increases the chance of blood clots forming that can cause heart attacks and strokes.
- Smoking also increases blood pressure and speeds up the heart.

Remember, from the moment you stop smoking the risks start to decline.

Table 3: Health benefits of stopping smoking. Adapted from material from Patient UK

Time stopped	Benefits to health
72hrs	Breathing becomes easier. Bronchial tubes begin to relax and your energy levels increase
1 month	Skin appearance improves due to improved skin perfusion
3-9 months	Cough, wheezing, and breathing problems improve and lung function may increase by up to 10%
1 year	Risk of a heart attack falls to about half that of a smoker
10 years	Risk of lung cancer falls to about half that of a smoker
15 years	Risk of heart attack falls to the same level as someone who has never smoked



Stopping smoking is not easy. There are all sorts of reasons why people smoke (apart from the addiction to nicotine) even though they know it is doing them harm. Benefits or reasons to stop could include: freedom from an addictive habit, poor health, smelly breath and a bad role model for children.

Try to get as much support as you can whilst stopping smoking.

How to stop smoking

Make the decision that you really want to stop.

- Prepare to stop: work out your smoking habits and be ready to make changes to your routine. Some people put on weight when they stop smoking so plan how you could manage this.
- Set a date and stick to it. Tell family and friends and ask for their support.
- When you feel the urge to smoke try to distract yourself. For example, brush your teeth, think about fresh air or do something to take your mind off it.
- Seek professional help. Ask your doctor about what is available to help you and seek smoking cessation support. Most areas have specialist smoking cessation nurses who run groups and /or offer one to one support.

You are four times more likely to quit smoking with professional support and prescribed medicines such as nicotine replacement therapy.

Free advice and support including the booklet ‘You can stop smoking’ is available from Smokeline: 0800 84 84 84 (open noon to midnight).

**Smoking
contributes to
heart disease,
heart attacks
and strokes.**

Eat a healthy, varied diet

We are always hearing publicity about what is good and bad for us.

The general healthy eating message is to eat a variety of high fibre, low fat foods, with saturated fats replaced with unsaturated oils and five portions of fruit and vegetables a day. This variety should include all foods groups including **carbohydrates** (such as pasta, rice, potatoes, vegetables and bread) **proteins** (such as meat, eggs, fish, poultry), **dairy products** and **fruit and vegetables**.



There are recommended key changes in current eating patterns which have been proven to be of benefit in reducing the risk of heart disease. Some changes particularly apply to people with contributing factors such as high blood pressure and high cholesterol.

Reduce saturated fat

Saturated fat in your diet contributes to high cholesterol levels. Replace saturated fat with unsaturated oils. (More detailed advice about reducing fat in your diet is covered in the section about cholesterol.)

Reduce the total amount of fat you eat by making several small changes.

Increase omega-3 fats

It may help to eat at least **two** portions of fish a week, one of which should be oily fish e.g. mackerel, herring, sardines, trout, salmon or pilchards.

Reduce your salt intake

Too much salt (sodium) in the diet can contribute to high blood pressure which increases the risk of heart disease.

Do not add salt at the table or during cooking. Instead try adding herbs and spices for flavour. In time your taste buds will adjust to the changes.

Be aware that processed foods such as bread, meat products, vegetables, soups and sauces may contain a lot of salt. Read the labels on foods and look for low salt varieties.

Try not to use salt alternatives as these can be high in other minerals e.g. potassium.

Current guidelines are that the daily intake of salt should be less than 6g per day.

See the CHSS factsheet 'Salt' for more information.

Increase fruit and vegetables

Aim for a minimum **five** portions of a variety of fruit and vegetables a day.

- One portion could be a banana, two plums, a couple of broccoli florets, one carrot, a handful of strawberries or two tablespoons of peas.
- All dried, canned and frozen fruit and vegetables also count.

- Fruit juice counts as a serving once a day.
- Beans and pulses also count as a serving once a day. Potatoes do not count, they are carbohydrates.

Increase soluble fibre

Fibre is found in vegetables and cereals such as oats, corn, wheat and bran. Increase the amount of fibre rich foods and choose wholemeal bread and pasta. Fibre may help to lower cholesterol.

See the CHSS factsheet 'Healthy Eating' for more information.



Control your weight

Being overweight increases the work the heart has to do, causes high blood pressure, and leads to abnormal levels of fat in the blood. It is also associated with diabetes, respiratory disease, gall bladder problems and some cancers.



Losing weight and maintaining a healthy weight will help to lower your blood pressure and cholesterol level.

There are two accurate ways of assessing if you are overweight. These are both recognised as helping to identify weight as a risk factor. One is the Body Mass Index (BMI) the other is a measurement of waist size.

Body Mass Index (BMI)

Body Mass Index (BMI) is a measurement of body fat based on height and weight that applies to both **adult** men and women.

The number is calculated by dividing your weight in kilograms by your height in metres squared (m²). This is already done on some weight charts.

Weight (kg)

Height m²

What does your BMI mean?

In the UK the following levels apply. There are various website links to calculate your BMI for you e.g. <http://www.nhs.uk/> (search for 'BMI')

Table 4: Classification of BMI measurements

<18	underweight
<25	normal
25-30	overweight
>27	associated with high blood pressure
30-35	obese
>35	morbidly obese

Waist measurement

This method can also be used as an approximate guide to assess if you are overweight. These figures are a general indicator of a higher risk of health problems.

Table 5: Classification of waist measurements

	Waist measurement		Category
Men	37 – 40 inches	92.5 – 100 cms	Overweight
	>40 inches	>100 cms	Obese
Women	32 – 35 inches	80 – 87.5 cms	Overweight
	>35 inches	> 87.5 cms	Obese



What is the best way of losing weight?

You gain weight when you take in more calories from food than you use up (calories are a measure of energy). When this is balanced your weight remains stable. So, to lose weight you have to eat fewer calories and use up more energy i.e. by being more physically active.

Reduce the fat in your diet and avoid sugary foods like biscuits, cakes, soft drinks and confectionery as these are extra calories that do not keep away hunger or provide nutrients.

Speak to your doctor if you feel that you need professional help to lose weight. He/she can refer you to a dietician if necessary.

How quickly should I expect to lose weight?

The most effective way to lose weight is slowly. You should expect to lose 2lb (approximately 1kg) in the first week and about 1lb each week after that. If you lose weight too quickly you will be far more likely to put weight back on again. You are also more likely to be successful if you lose weight with other people e.g. by joining a slimming club. You can attend weekly classes or gain support on-line.

Keep active

It is recommended that we aim to be moderately physically active for at least 30 minutes per day.

However this does not have to be in one go. It can be divided into three ten minute sections or two fifteen minute sections.

Any increase in your level of physical activity brings benefit both physically and mentally. What and how much you can do will depend on your individual limitations.



Discuss with your doctor before you begin, how much and what kind of exercise would be suitable for you, especially if you are being treated for any medical condition.

The benefits of keeping active:

- increases exercise tolerance - this enables you to do more as you become fitter
- helps to lower cholesterol levels
- helps to lower high blood pressure
- helps to lose weight
- keeps supple and more mobile
- strengthens muscles, joints and bones
- reduces tension, encouraging relaxation and promoting sleep
- gives you a sense of well being and confidence
- helps to reduce anxiety and depression

Try to build physical activity into your daily routine e.g. walk part of the way to work, use the stairs instead of taking the lift.

Exercise can be enjoyable!

If you are able to do some form of regular exercise, choose something that keeps your limbs moving and makes you breathe in more air (dynamic and aerobic exercise) e.g. swimming, walking, cycling or dancing.

In order to prevent injury it is advisable to spend five to ten minutes warming up gently/cooling down before and after you exercise. This is especially important if you have underlying heart disease.

Remember that you are aiming to gradually increase what you do in small stages.

Joining a club or exercise class can help to keep you motivated. If you chose an activity that you enjoy you are more likely to keep exercising.

See the CHSS factsheet 'Just move!' for more information.

Moderate alcohol intake

Drinking heavily:

- increases your blood pressure
- affects your cholesterol level
- can make you gain weight
- drinking large amounts of alcohol over a short period of time (i.e. binge drinking) is particularly harmful

The recommended daily limit for adults is measured in units.

If you have had a stroke or have heart disease you should stick to the lower recommended limit.

Recommended maximum alcohol intake		
	per day	per week
Women	2-3 units	14-21 units
Men	3-4 units	21-28 units

One unit is equivalent to 8gm or 10ml of pure alcohol.



One unit of alcohol is either:



or



or



One small
(125ml)
glass of wine

Half a pint of
ordinary (3.5%)
strength beer or
lager (beware:
strong beer will
count as more than
one unit)

One single
(25mls)
measure of
spirits

There is some evidence that men over 40 and post menopausal women may get some protection from heart disease and strokes by drinking a small amount of alcohol. It is not recommended that you drink alcohol in order to protect your heart

Remember that the strength of drinks vary a lot and home measures are often more generous than those in a pub or restaurant.

If you have a problem with the amount of alcohol you drink, speak to your doctor or contact Alcohol Focus Scotland.

Active Scotland Website

www.activescotland.org.uk

Interactive website with details of physical activity opportunities in your area.

Alcohol Focus Scotland

166 Buchanan Street

Glasgow G1 2LW

Tel: 0141 572 6700

Fax: 0141 333 1606

Email: enquiries@alcohol-focus-scotland.org.uk

Website: www.alcohol-focus-scotland.org.uk

Alcohol Focus Scotland is committed to improving the quality of people's lives by changing Scotland's drinking culture - promoting responsible drinking behaviour and discouraging drinking to excess

Blood Pressure Association

60 Cranmer Terrace

London SW17 0QS

Blood Pressure Information line

Call 0845 24 0989

Line open 11am to 3pm Monday to Friday.

Email information service through website.

Website: www.bpassoc.org.uk

The Blood Pressure Association is the UK-wide charity dedicated to lowering the nation's blood pressure. Their aim is to prevent unnecessary death and disability from heart disease, heart attacks and stroke caused by high blood pressure

Free on line membership and a full subscription membership available.

USEFUL ADDRESSES AND WEBSITES

British Heart Foundation Scotland

Ocean Point One

94 Ocean Drive

Edinburgh EH6 6JH

Tel: 0131 555 5891

Heart Information Line: 08450 70 80 70

(open Monday to Friday 9am-6pm)

Website: www.bhf.org.uk

The British Heart Foundation Scotland provides free, confidential information, help and support on all heart health issues. They invest in pioneering research and support and care for heart patients.

Chest Heart & Stroke Scotland

65 North Castle Street

Edinburgh EH2 3LT

Tel: 0131 225 6963

Fax: 0131 220 6313

Advice Line: 0845 077 6000

E-mail: advice@chss.org.uk

Website: www.chss.org.uk

CHSS aims to improve the lives of people in Scotland with chest, heart and stroke problems through medical research, advice and information, training and support in the community.

Diabetes UK Scotland

The Venlaw

349 Bath Street

Glasgow G2 4AA

Telephone 0141 245 6380

Fax 0141 248 2107

Email scotland@diabetes.org.uk

Website: www.diabetes.org.uk/In_Your_Area/Scotland/

Diabetes UK Scotland is dedicated to putting the interests of people with diabetes first, through the best in campaigning, research and care.

Drinkline

Helpline: 0800 917 8282
(9am -11pm Mon –Fri)

Drinkline offers free, confidential advice and support, information and self-help materials.

Heart UK

7 North Road
Maidenhead SL6 1PE
Tel:0845 450 5988
Email:ask@heartuk.org.uk
Website: www.heartuk.org.uk

HEART UK is a national charity for patients and their families which combines the rich skills of research scientists and the caring and knowledgeable attention of doctors, nurses and dietitians, in order to support all those at risk of inherited high cholesterol and cardiovascular disease.

NHS 24

Tel: 0845 424 2424
Textphone: 18001 0845 424 2424
Website: www.nhs24.com

This phone service is designed to help you get the right help from the right people at the right time. The service is now running throughout Scotland and works in conjunction with General Practitioners, Accident and Emergency, Ambulance and Community Pharmacy services.

Smokeline

Tel: 0800 84 84 84

Smokeline offers initial and ongoing support and encouragement to callers wishing to stop smoking or who have recently stopped and want to stay stopped.

The information contained in this booklet is based on current guidelines and is correct at time of printing. The content is also put out to peer, patient and expert review. If you have any comments about this booklet please contact Lorna McTernan, Health Information Manager, at the address on the facing page.

HEART PUBLICATIONS

Booklets	
H1	Living with Angina
H2	Reducing the Risk of Heart Disease
H3	Understanding Heart Disease
H4	Living with High Blood Pressure
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H6	Living with a Pacemaker Device
H7	Heart Attack: A Guide to your Recovery
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F17	Diabetes: links with heart disease and stroke
F18	Coping with tiredness
F19	Managed Clinical Networks and You
F20	Illustrated risk factors (ethnic target)
F21	Illustrated risk factors (general target)
F22	How to make the most of a visit to your doctor
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F24	Healthy eating
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F30	Just move!

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WHERE TO FIND US

Head Office

Tel: 0131 225 6963

Fax: 0131 220 6313

65 North Castle Street

Edinburgh EH2 3LT

Open Mon – Fri

Glasgow

Tel: 0141 633 1666

Fax: 0141 633 5113

103 Clarkston Road

Glasgow G44 3BL

Open Mon – Fri

Inverness

Tel: 01463 713 433

Fax: 01463 713 699

5 Mealmarket Close

Inverness IV1 1HT

Open Mon – Fri

Coffee shop open

Mon – Sat

Chest, Heart & Stroke Scotland is an autonomous Scottish Charity. We receive no government funding and rely entirely on public subscription to fulfil our programme of activities.

We need £5 million a year to fulfil our commitment to improving lives for Scottish people. We need your help and your money to help others. You can help by volunteering your time as a fundraiser, VSS volunteer or support your local Regional office. You can send a donation, remember us in your Will, take out a Deed of Covenant or organise a fundraising event.

If you would like to speak to one of our Advice Line nurses, in confidence, phone/minicom Chest, Heart & Stroke Scotland Advice Line

Monday – Friday

9.30am - 12.30 and 1.30pm - 4.00pm

0845 077 6000

Fax us: 0131 220 6313

Email us: adviceline@chss.org.uk

**Text us: text chss followed by your message to
07766 40 41 42**

Chest, Heart & Stroke Scotland and CHSS are operating names of The Chest, Heart & Stroke Association Scotland, a registered Charity No. SCO18761

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