

HEART SERIES H5

LIVING WITH HEART FAILURE





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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LIVING WITH HEART FAILURE

PERSONAL INFORMATION

Name	
DOB	
Medical History	
Notes	

Useful Contact Numbers

NHS 24	0845 4 24 24 24
Heart Failure Nurse	
GP Surgery	
Chemist	
Emergency Contact	

Vital Signs

Date										
Pulse										
BP										

Date										
Pulse										
BP										

Date										
Pulse										
BP										

Blood Results

Date										
Total Cholesterol										
Urea										
Creatinine										
Potassium										
Sodium										
eGFR										
Hb										
WCC										
Platelets										

Echocardiogram Results

	Diagnostic: / /	Review: / /	Review: / /
Findings			

WHAT IS HEART FAILURE?

Heart Failure is a rather alarming term but it is commonly used to describe the condition where the heart muscle has become weakened and is unable to pump blood around the body as efficiently as before. In other words the heart muscle fails to supply enough blood to the body, quickly enough, leading to different symptoms. These symptoms may become noticeable when doing something active but can progress to being noticeable even at rest.

Is there a cure for heart failure?

It is unlikely for heart failure to be completely cured; it can depend on the reason for it occurring in the first place. What is more important is careful monitoring, taking the right medication and prompt reporting of changes in your symptoms. This can improve your quality of life and may make you live longer.

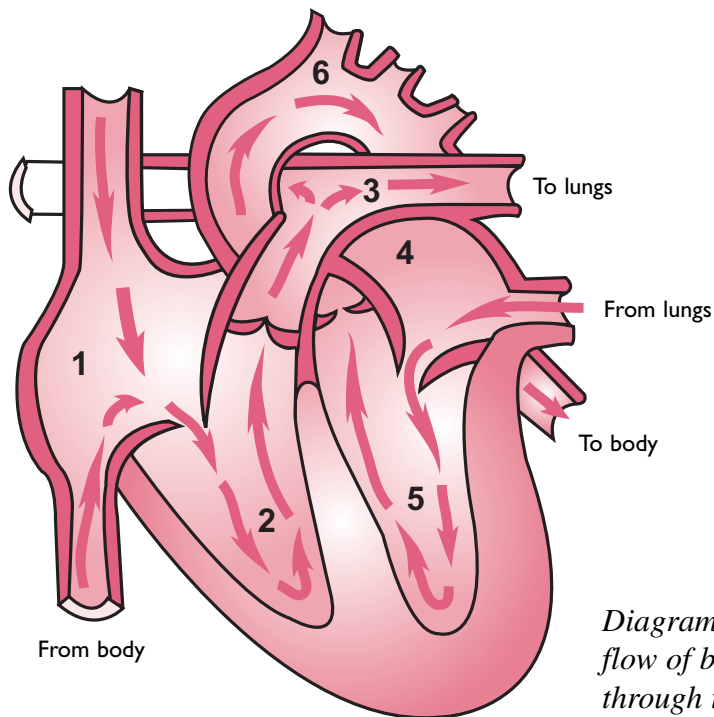
How the heart works

The heart is a muscular pump, made up of four chambers.

They are the left and right atria and the left and right ventricles.

These chambers have to pump regularly and in sequence to ensure an adequate blood supply to the whole body.

A series of valves keeps the blood moving in the right direction. The pumping action of the four chambers is co-ordinated by electrical signals telling the heart when to contract and relax.

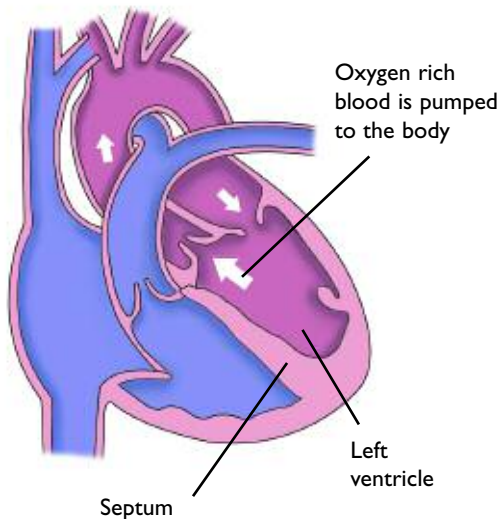


*Diagram of the
flow of blood
through the heart*

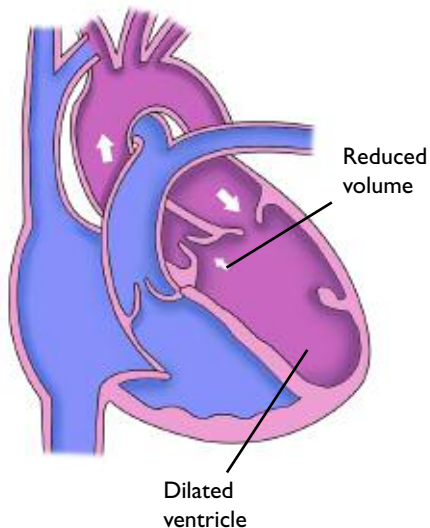
Blood from the legs and arms and organs of the body enters the right side of the heart into the right atrium (1). It is pumped to the right ventricle (2) and from there the heart pumps the blood to the lungs, where it takes up oxygen and gets rid of the carbon dioxide it has been carrying (3). This oxygen rich blood then enters the left side of the heart into the left atrium (4). It is pumped into the left ventricle (where the biggest muscle is) (5) and from there it is pumped into the aorta (6) to all parts of the body including the heart muscle itself.

These diagrams show how the muscle in the left ventricle is affected in heart failure and so reduces the flow of blood to the rest of the body.

Normal



Heart Failure



WHAT CAUSES HEART FAILURE?

Heart failure can be caused by a number of conditions, the commonest causes include:

Heart attack

Blood vessels that supply blood to the heart muscle itself can become blocked. This can lead to a heart attack (Myocardial Infarction or MI) which damages the heart muscle leaving scar tissue. This may prevent the heart muscle from working as efficiently. It may be many years before you develop symptoms of heart failure as a result of a heart attack.

High blood pressure (Hypertension)

Sustained high blood pressure makes the heart work harder. The heart muscle gets thicker and enlarged and so can not pump as efficiently.

Valvular Heart Disease

Valves in the heart may not be working properly. Blood does not move through the heart in the right direction and builds up in the heart and lungs. The heart gets bigger but does not pump as efficiently.

Disease of the heart muscle itself

This is known as ‘dilated’ or ‘hypertrophic’ cardiomyopathy. This can be caused by an infection of the heart, alcohol excess, passed on in families. It can also happen without a known cause.

HOW DOES HEART FAILURE MAKE YOU FEEL?

When the heart muscle is weakened and less efficient at pumping blood around the body, fluid may accumulate in the lungs or in the ankles and legs. This is called fluid retention. Build-up of this fluid can worsen the symptoms of heart failure. The reduced blood flow in heart failure also means less blood and oxygen is being provided to all muscles and organs in the body. This can affect the body in different ways.

Typical physical symptoms of heart failure are:

- shortness of breath at rest or during exertion
- waking up at night feeling short of breath
- fluid retention – ankle, feet or leg swelling
- lack of energy
- palpitations (a sensation of the heart pounding or racing)
- chest discomfort or tightness on exertion

These symptoms may appear quickly (over a few days) or develop more slowly (over weeks or even months).

Shortness of breath

Shortness of breath is common, especially on exertion (such as walking or climbing stairs) but can also occur when lying flat in bed. This can make you anxious, making your breathing even more difficult.

Waking up in the night short of breath or with a dry cough is a common symptom of heart failure because the heart is not pumping efficiently.

Having a cough with a lot of white frothy sputum can also cause shortness of breath, caused by the lungs becoming congested with fluid.

These symptoms must be reported.

Ankle swelling/ fluid retention

Extra fluid in the tissues causes swollen feet and ankles. It can also gather in the abdomen (stomach) and legs. This is because sometimes the kidneys cannot clear the fluid properly if it does not have a good blood supply.

Carrying extra fluid causes an increase in body weight. This is why many people are asked to weigh themselves daily and keep a record of it.

Early reporting of sudden weight gain is vital!

For example a gain of over 2lbs two days running or 3- 4 lbs in a week should be reported to your doctor or nurse.

Small changes in medication could avoid an acute attack and a hospital admission.

Lack of energy

This can also be described as a feeling of weakness, exhaustion or fatigue. It can be overwhelming after only a modest amount of activity, sometimes making it difficult to carry out every-day tasks. Some of this lack of energy is caused by reduced blood flow to the muscles of the body by the heart not pumping properly.

Conserve your energy

Use your energy for things you really enjoy doing. Take things at a slower pace and break big jobs up into smaller more manageable pieces. It is important to pace your activities. Tell family and friends what your needs are and don't be afraid to ask for help. Plan rest periods in your day.

See CHSS factsheet: F18 'How to conserve your energy' for more detailed information.

<p>HOW TO CONSERVE YOUR ENERGY</p> <p>Many people with heart disease or stroke experience brain fog and lack of energy. Learning ways to conserve your energy can be very helpful.</p> <p>Try the following tips:</p> <p>Eat good quality sleep</p> <p>It is important to get a good quality of sleep as possible. A few hours sleep and excessive sleep is more harmful than sleep of poor quality sleep. Prepare your mind for getting into a routine before sleeping. Wake a couple hours before you and take a hot bath or shower first. Don't eat a lot before going to bed or that about things that upset or worry you. Avoid caffeine and alcohol in the evening.</p> <p>Energy giving foods</p> <p>Some healthy carbohydrates give you the energy gradually while no-carb carbohydrates give you a rush of energy that ends fast for a short time.</p> <p>Eating small meals more often is best, with 6 to 8 meals. Drink lots of water and you conserve energy when you eat.</p> <p>Organize how you go about things</p> <p>Try to be half as happy to gather things that you need from around the house to do something. This saves going back and forth to get things you need.</p> <p>Make your own calendar using your hands to do something.</p> <p>50% of the way to do things better than 100 days.</p> <p>Do for as long as you can as possible.</p> <p>Do it and be the fastest.</p> <p>Organize your time</p> <p>Do more things, something you do in the time of the week when you have more time for do things and plan your periods.</p> <p>Good planning in advance will prevent you having to rush.</p>	<p>F18</p> <p>Page 2/4</p> <p>FACTSHEET</p> 
<p>HEART FAILURE</p> <p>14 Nelson Street, Christchurch 8011 New Zealand Tel: 03 379 1221 (land) Fax: 03 379 0711 Email: info@heart.org.nz www.heart.org.nz www.facebook.com/heart.org.nz</p>	

Palpitations

This is the sensation of the heart pounding or racing in the chest and often occurs on exertion along with shortness of breath, if you develop this symptom you must tell your nurse/doctor.

Chest tightness or chest discomfort

Heart failure may make your angina worse. This usually occurs as a feeling of tightness or constriction across the centre of the chest. It can be an ache or heavy feeling. It can also radiate into the neck, jaw and arms.

See CHSS booklet: HI 'Living with angina' for more detailed information.



OTHER AFFECTS OF HEART FAILURE

Watch out for depression!

It is very common for people with heart failure to develop depression. This may happen when you notice that your quality of life is being affected by your symptoms. Depression affects your mood and how you feel about life.

Depression can make you feel as if you don't want to get up in the morning. Or as if you don't want to go out or see family or friends. It may make you feel short tempered or irritable. You may feel as if there is no point in anything. If you feel like this you should discuss these feelings with your nurse or doctor as they may be able to help you.





Coping with anxiety

Many people with heart failure find that some of their symptoms make them feel anxious and panicky. It can be reassuring to recognise exactly how anxiety affects you and know which physical symptoms are caused by what.

Learning breathing exercises and relaxation techniques can help you to cope. Talking to someone about how you feel can also make things a bit easier.

See CHSS Factsheet: F23 'Living with anxiety' for more detailed information.

Sleep disturbance

Sleep disturbance is very common for people with heart failure.

This can be because of breathlessness, anxiety or sleeping too much during the day.

- Trying to do some activity during the day, even a little, can help you sleep better at night.
- Try not to sleep too much during the day.
- If you are getting up to the toilet a lot during the night make sure you are not taking your water tablets too late in the day.
- Try and get into a routine that prepares you for sleep. Have a warm drink such as hot chocolate.
- Make sure you are warm enough especially if you have just come out of hospital. Put the heating on in your room to warm it up before you retire or use an electric blanket.
- Some people recommend sprinkling lavender on their pillow at night.
- Try relaxation and breathing techniques to calm yourself down.

Some people with heart failure also have a problem called Sleep Apnoea.

If you are a heavy snorer, sometimes feel like you stop breathing at night or fall asleep unexpectedly during the day you should let your nurse or doctor know.

Memory and concentration problems

It is quite common for people with heart failure to experience problems with memory. This can range from the commonest difficulty of short term memory to the more rare total memory loss (amnesia).

Also remembering new information such as names & addresses, medications & appointments can be difficult.

The reduced blood flow in heart failure means less blood and oxygen is being provided to all muscles and organs in the body. This can also affect brain cells and the complex processes involved in memory and concentration.

Heart Failure also commonly causes sleep and anxiety problems and both of these can also cause problems with memory & concentration. If your sleep is disturbed by anxiety, depression or shortness of breath then you need to talk to your nurse or doctor about these symptoms. Be honest with your family & friends about your memory problems and ask for their help in prompting you to remember things. Writing things down in a diary or notebook can help.

Leg cramps

Leg cramps are painful and distressing especially as they can be worse at night. They may be a side effect of your tablets so discuss with your nurse or doctor. Restless legs at night can also be troublesome and difficult to treat.

Gout

Gout is an inflammation of small joints such as in the feet & hands. This causes the area to be red and swollen and can be very painful.

Discuss with your nurse or doctor as it can be treated.

Effect on Sexual Activity

Lack of energy, shortness of breath and impotence are the commonest problems with sexual activity in people with heart failure. Making the most of a rested time and experimenting with positions may help to make things easier. Impotence in men is usually caused by the side effects of tablets but it can also be caused by fear or stress as well as diabetes or vascular problems. Mention this to your nurse or doctor as this can be helped.



CLASSIFICATION OF HEART FAILURE

Your doctor and nurse may use the way you feel, or symptoms you have, during activity, to assess the severity of your heart failure. This is called classifying heart failure according to your symptoms. It will vary depending on how you are feeling and so can change. For example during an acute worsening of your symptoms you may become Class III but with additional drug treatment you may go back to Class II again.

The table below is used by doctors and nurses to tell how your heart failure is classified.

Class	Classification
1	You have a problem with your heart but this does not result in any limitation in physical activity.
2	Your heart failure results in only slight limitation of your activities. You are comfortable at rest, but ordinary physical activity results in symptoms such as fatigue, shortness of breath or chest discomfort. (Mild heart failure)
3	You have marked limitation of your activities. You are comfortable at rest, but less than ordinary physical activity results in symptoms. (Moderate heart failure)
4	You have an inability to carry out any physical activity without symptoms. Your symptoms may occur at rest. (Severe heart failure)

UNDERSTANDING YOUR TREATMENT

The main aims of treatment are to:

- treat any underlying disorders e.g. anaemia, high blood pressure, diabetes
- alleviate symptoms
- avoid hospital admissions
- increase quality of life
- prolong life

Medical Treatment

These aims are mostly achieved by medical treatment which involves taking several different kinds of medicines.

Treatment may change quite often, under the guidance of your nurse or doctor, to give you the best benefit. Too little treatment can cause symptoms to come back, especially fluid retention and shortness of breath.

Taking your medicines

- Taking your medicines properly will make you feel better.
- All drug treatment must be taken regularly, as prescribed and should be carefully monitored by the nurse or doctor.

- Make sure you never run out of tablets
- Always keep a list of your current medications with you at all times
- Return any unused medicines to the chemist so that there is no confusion about what you are taking.
- If you are admitted to hospital take all your drugs with you so the doctor can see exactly what you have been taking.
- Report side effects to your doctor but do not stop taking any medicines without consulting with your nurse or doctor first.
- Some over-the-counter-medicines (such as pain killers like Ibuprofen) can interfere with the action of medicines so always check with the pharmacist before buying.



COMMONLY USED MEDICINES IN HEART

Medicine Group and Examples	How they work/ action
<p>Diuretics:</p> <ul style="list-style-type: none"> • furosemide • bumetanide • spironolactone • epleronone • bendroflumethiazide • metolazone 	<p>Rids your body of excess fluid. Diuretics work by making you pass more urine.</p>
<p>Angiotensin Converting Enzyme Inhibitor (ACE) and Angiotensin Receptor Blocker (ARB):</p> <ul style="list-style-type: none"> • ramipril - ACE • lisinopril - ACE • enalapril - ACE • perindopril - ACE • losartan - ARB • candesartan - ARB • valsartan - ARB 	<p>These relax your blood vessels, making it easier for the heart to pump blood through them. They also help to prevent progressive enlargement of the heart.</p>
<p>Betablockers:</p> <ul style="list-style-type: none"> • carvedilol • bisoprolol • nebivolol 	<p>These help to slow your heart rate and reduce the work the heart has to do. They can improve the general symptoms of heart failure.</p>
<p>Anti- arrhythmics:</p> <ul style="list-style-type: none"> • digoxin • amiodarone 	<p>These help regulate your heart rhythm and are commonly used if it is too fast or irregular (atrial fibrillation).</p>
<p>Opiates:</p> <ul style="list-style-type: none"> • morphine 	<p>Used in heart failure to improve symptoms of increased shortness of breath. Can relieve pain and distress.</p>
<p>Antiplatelets:</p> <ul style="list-style-type: none"> • aspirin 	<p>Interferes with the clotting mechanism of blood.</p>
<p>Anticoagulants:</p> <ul style="list-style-type: none"> • warfarin 	<p>Prevents clot formation by interfering with the clotting mechanism of blood.</p>
<p>Statins:</p> <ul style="list-style-type: none"> • pravastatin • simvastatin • atorvastatin 	<p>Used to lower cholesterol level.</p>

FAILURE

Additional info	Tips / advice
<p>Can make the body lose potassium so supplements are sometimes necessary as well.</p> <p>Report diarrhoea & vomiting lasting over 24 hours.</p>	<p>Taking diuretics first thing in the morning gets having to go to the toilet out of the way and avoids having to get up through the night. (Can take later in day if suits better.), although some people need to take them twice per day. If getting to the toilet is a problem, ask your nurse or doctor for advice.</p>
<p>ACE inhibitors can cause a dry tickly cough, if this occurs tell your doctor or nurse and an ARB can be used which does not cause a cough.</p>	<p>ACE inhibitors are usually started with a small dose and increased gradually to prevent dizziness from the blood pressure being lowered. Sometimes taking this at night can help if you have dizziness.</p>
<p>Can cause dizziness, tiredness, impotence and cold hands and feet. It may be a few months before you see any real benefit from this tablet.</p>	<p>Sometimes taking them at night can help symptoms of dizziness. Please discuss impotence with your nurse/doctor.</p>
<p>Can cause nausea and a slow heart rate if too high a dose.</p>	<p>Levels need to be monitored to achieve best dose. Warfarin may also be given as a precaution against strokes- see warfarin below.</p>
<p>Can cause constipation, and tiredness.</p>	
<p>Reduces the risk of developing blood clots used to prevent heart attacks and strokes.</p>	
<p>This is often used if the heart is found to be beating irregularly (atrial fibrillation) which is common in people with heart failure, to reduce the risk of strokes.</p>	<p>Problems: regular blood tests are needed to establish the dose. Refer to CHSS Warfarin factsheet. Avoid cranberry juice.</p>

RESPONDING TO TREATMENT

Keeping stable

It is the fine-tuning or balance of taking these different drugs that gets the best possible function of the heart. A small adjustment can make all the difference. Some people, when they start to feel the benefit from their drug treatment, think they don't need the drugs anymore when in fact it is the drugs that have stabilised the condition.

Worsening symptoms of heart failure

Sometimes the condition can suddenly deteriorate, without any apparent cause, to such an extent that admission to hospital is vital and emergency treatment is needed. This is what you are trying to avoid by reporting any changes or deterioration in symptoms to your nurse or doctor. Sudden worsening of symptoms including increased feet or ankle swelling, new palpitations and breathlessness, should be reported as soon as possible to your nurse or doctor.

If you don't respond well to treatment

Heart failure is a chronic condition and the episodes of worsening symptoms may not always respond well to treatment.

Consideration of other options may be discussed, such as a heart transplant or use of devices such as pacemakers or defibrillators.

Death & dying

Some people may die of their heart failure. Sometimes people may die suddenly without any warning, but this is very difficult to predict.

It may be that heart failure advances to the point where worsening symptoms no longer respond to conventional treatment, complications arise and recurrent hospital admissions are unavoidable. The doctor or Heart Failure nurse may at this time consider a referral to palliative care team for further specialist advice although this will be discussed with you and your family.

Palliative Care Services are generally known for caring for patients with cancer but they also provide support for other conditions such as heart failure. Their expertise will ensure you are getting the best possible care.

CONTROLLING YOUR SYMPTOMS

Report any changes

Report any changes to your symptoms such as increased puffiness in ankles or abdomen, increase in weight or increase in breathlessness to your nurse or doctor.

By knowing about your symptoms small changes can be made to your tablets which could help avoid an acute attack and possible hospital admission.

Weigh yourself daily

An increase in weight can be due to fluid retention and be a sign that your heart is not working efficiently enough.

- Weigh yourself daily and keep a record of it- use the chart at the back of this booklet.
- Weigh yourself every morning after going to the toilet and use the same set of scales.
- It is vital to report any changes in weight early.



2lbs gain for two days running or 3-4lbs gain in a week should be reported to your doctor or nurse.

Eat less salt

Too much salt in the diet encourages fluid retention and may worsen the symptoms of heart failure.

Less salt means less fluid retention
Less fluid means less strain on the heart
Less strain on the heart means fewer/ less severe symptoms

How to eat less salt:

- Try to keep your salt intake less than 2 grams per day.
- Avoid foods high in salt such as cheese, bacon, sausages, processed foods, salted snacks.
- Check the packaging of food to work out the salt content.
- Avoid adding salt to food when cooking.
- Avoid adding salt to your food at the table.
- Avoid using salt substitutes such as Lo-salt as this can interfere with your medications.
- Effervescent or fizzy medicines can have a high salt content.
- Use herbs, garlic, lemon and other flavourings. In time you will get used to a less salty taste and prefer it.



See the CHSS Factsheet: F2 'Salt' for more detailed information

Fluid restriction

Some people are advised to limit the amount of fluid they take in every day. Your nurse or doctor will tell you how to do this. If you feel thirsty try:

- sucking on ice cubes
- freezing fruit juice to make a drink last longer



KEEPING WELL

Stop smoking

It is very important that you stop smoking. Nicotine replacement therapy might help. Ask your doctor or nurse about smoking cessation classes near you.

Call Smokeline: 0800 84 84 84

Eat a healthy diet and lower cholesterol

Enjoy a healthy, varied diet, low in saturated fat. You may need to take cholesterol lowering tablets as well as watching your diet.

See the CHSS Factsheet F3 'Cholesterol' for more detailed information.

Keep as active as possible

As the heart is a muscle, exercising it will help make it stronger. You may be limited in what you can do but start slowly and pace yourself. Any increase in activity is good, from simple exercises from your armchair to short walks. Some hospitals and heart failure services can offer specialised, individual exercise programmes to do at home or at a class. In time, you may actually be able to do more. **The less you do the less you will be able to do.**

See the CHSS Factsheet 'F30 Just Move' for more information

Alcohol

Limit your alcohol intake to 1-2 units a day. If alcohol has contributed to your heart failure you should not have any.

Maintain a sensible body weight

This applies to those who are underweight as well as those who are overweight. Ask your doctor or nurse about this. Sometimes as your heart failure worsens you can lose too much weight and you may need some supplements to your diet.

Vaccinations and avoiding infections

It is advisable to have the annual flu immunisation and the pneumonia immunisation (only needed once) to give yourself protection against infection. Ask your nurse or doctor or nurse about this.

Green / yellow spit might indicate a chest infection. Prompt treatment with antibiotics is very important.

Preserve skin health

Your skin can become fragile from being stretched, especially over the shins. Keeping the skin lubricated with a cream or oil may help to keep the skin from breaking.

HOW TO GET HELP

Have access to help – keep the nurse or doctors phone number by the phone. Some areas provide heart failure nurses who will come and see you at home. District nurses may be also able to help. Regular contact with a health professional will give you reassurance and a chance to talk about how you feel.

Ask for help – Social Services may be able to arrange some help for you in the house. You might benefit from adaptations to the house such as extra banisters or a shower. It may be possible to arrange for you to get out regularly even for a few hours. Ask your friends and family to visit you if you can't get to them. Explain to them the things you have difficulty doing and get them to help.

You may also be eligible for benefits such as Attendance Allowance for the over 65's and Disability Living Allowance for the under 65's. Ask a health professional or social work department about this.

UNDERSTANDING HEART TESTS



Blood tests to check for anaemia, thyroid gland function, diabetes, cholesterol and chemical balance of salts in the blood.

Chest x-ray looks at the size and shape of the heart, and for infection and fluid in the lungs.

Electrocardiogram ECG - gives a read out of the electrical activity of the heart. It tells the doctor about the rate and rhythm of your heart as well as identifying any changes, such as a heart attack.

Echocardiogram is an ultrasound scan that gives clear information about the size of the heart and how well it is working.

Other scans, such as thallium scan, can be helpful in some cases.

Coronary angiogram this is sometimes needed to look for narrowings in the coronary arteries.

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 CHSS Head Office.

USEFUL HEART PUBLICATIONS FROM CHSS

A full Publications List and Order Form is available from the CHSS Head Office and on the CHSS website www.chss.org.uk

Booklets			
		F4	Warfarin
H1	Living with Angina	F6	Holidays
H2	Reducing the Risk of Heart Disease	F7	Insurance Companies
H3	Understanding Heart Disease	F8	Suggested Booklist
H4	Living with High Blood Pressure	F13	Air Travel for people affected by chest, heart and stroke illness
H5	Living with Heart Failure	F17	Diabetes: links with heart disease and stroke
H6	Living with Pacemakers	F18	How to conserve your energy
H7	Heart attack: A Guide to your Recovery	F19	Managed Clinical Networks and you
Videos and DVDs		F20	Illustrated Risk Factors (ethnic target)
H5V	Living with Heart Failure Video: £5.00	F21	Illustrated Risk Factors (general target)
H5D	Living with Heart Failure DVD: £5.00	F22	How to make the most of a visit to your doctor
H7V	Heart Attack: A guide Video: £5.00	F23	Living with Stress and anxiety
H7D	Heart Attack: A guide DVD: £5.00	F24	Healthy Eating
		F26	Understanding help in the community
Factsheets - Free		F28	Glossary
F2	Salt	F30	Just Move!
F3	Cholesterol		

USEFUL CONTACTS AND WEBSITES

Lothian Heart Failure Network website:

www.lhfn.scot.nhs.uk

Depression Alliance Scotland

3 Grosvenor Gardens, Edinburgh, EH12 5JU

Tel: 0845 123 2320 Fax: 0131 467 7701

Website: www.depressionalliance.org.uk

Email: ruthl@depressionalliance.org.uk

Provides information, support and understanding to those affected by depression.

Anxiety:

Stresswatch Scotland

Riccarton Community Centre, 23 Campbell Street

Kilmarnock KA1 4HL

Tel/Fax: 01563 570 886

Helpline: 01563 574 144

Email: info@StresswatchScotland.com

Website: www.StresswatchScotland.com

Offers practical help and advice on dealing with anxiety and panic attacks

No Panic

93 Brands Farm Way, Telford, England TF3 2JQ

Tel: 01246 275 921

Helpline: 0808 808 0545

Email: ceo@nopic.co.uk

Website: www.nopic.co.uk

Aims to aid the relief and rehabilitation of those suffering from anxiety disorders and panic attacks and offers support to sufferers and their families or carers.

WHERE TO FIND US

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Coffee shop open

Mon – Sat

Chest, Heart and 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.

Designed by Creative Link, North Berwick

If you would like to speak to one of our Advice Line nurses, in confidence, phone/minicom Chest, Heart and 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: advice@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

August 2008

