My heart, my life

2nd edition

A guide for people living with coronary heart disease
This booklet is based on:

- *My heart, my life*, originally developed by the Heart Foundation’s WA office with contributions from local healthcare providers
- *Managing my heart health*, developed by the Heart Foundation’s NSW office.

This booklet belongs to:

________________________________________________________________________

My telephone number:

________________________________________________________________________

My cardiac rehabilitation program:

________________________________________________________________________

My doctor:

________________________________________________________________________

My doctor’s telephone number:

________________________________________________________________________

Emergency number: Triple Zero (000)

For personalised information on heart health, nutrition and how to lead a healthy lifestyle, call the Heart Foundation’s Health Information Service on 1300 36 27 87 (local call cost) and speak to a trained health professional. You can also email us at health@heartfoundation.org.au.

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Foreword

I am delighted to provide you with your copy of the Heart Foundation’s My heart, my life which has been designed specifically to help you understand and better manage your heart health. My heart, my life will help you on your road to recovery so you can enjoy a better quality of life after your heart attack or heart surgery.

Much can still be done to prevent unnecessary disability and early deaths from heart conditions, and to improve people’s heart health. The people most at risk, and with the most to gain, are those who have already had a heart attack or heart surgery – people like you.

You are likely to be feeling much better and your heart symptoms will no doubt be greatly reduced following your surgery and recovery. It is important, however, to acknowledge that you are living with a chronic condition. You will need to actively manage your condition to reduce your risk of another heart event or a stroke in the future.

You can now make a big difference to your own quality of life and reduce your risk of further heart events or surgery by following medical advice, making some simple changes to your lifestyle, taking your medications as directed, and taking an active role in managing your own heart health.
My heart, my life provides you with practical advice and assistance to understand how to manage your heart health and lifestyle. We have worked with many health professionals and consumers to develop this booklet and I thank your hospital and health service for their commitment to provide you and your family with My heart, my life as a useful reference booklet when you return home.

The information in this booklet supports the advice and guidance given to you by your cardiologist, general practitioner and other health professionals who have been working with you during your treatment and will support you in your recovery.

I wish you all the very best with your recovery and for continued good health for many years to come.

Mary Barry
Chief Executive Officer – National
National Heart Foundation of Australia
How to use this booklet

This booklet will help you and your family/carer understand more about your heart condition and what you will need to do when you leave hospital.

It gives you information about:
- how the heart works
- what coronary heart disease is
- things called ‘risk factors’ that contribute to heart conditions
- medicines your doctor will prescribe
- why early cardiac rehabilitation is important.

This booklet also gives you important information about how to reduce your risk of more heart problems by doing things like:
- attending cardiac rehabilitation
- taking your medicines
- enjoying healthy eating
- being physically active
- achieving and maintaining a healthy weight
- quitting smoking
- looking after your mental health
- managing diabetes, blood pressure and cholesterol.

Want to speak with a health professional? Call 1300 36 27 87
You can play an active part in planning your recovery and improving your long-term health by:

• building a strong relationship with your health professionals
• asking questions
• having your say
• working with your doctor to develop a plan for your recovery that is right for you.

When you have agreed to a plan of action, start it right away. Follow the plan and talk with your doctor, cardiologist or cardiac rehabilitation team member about any problems you have.

Use the action plans in the back of this booklet to record your goals, progress and other important information like appointment times.
My heart

This section at a glance

- This section explains how your heart works and provides information on heart disease and its causes.
- We cover both heart attack and angina and, importantly, what you need to do if you have another heart event.
How your heart works

Your heart is a muscle that pumps blood to all parts of your body. The blood gives your body the oxygen and nourishment it needs to work properly.

- The heart has two sides – left and right, separated by a muscular wall.
- There is an upper and lower chamber on each side connected by valves that direct the flow of blood.
- The smaller upper chambers are known as the atria and the larger lower chambers are the ventricles.
- The pumping of the heart is controlled by special fibres that conduct electrical signals to the various chambers.
- The right side of the heart pumps the blood to the lungs, where it receives oxygen.
- Blood then enters the left side of the heart from the lungs and the heart pumps the oxygen-rich blood around the body.
Coronary arteries

Coronary arteries supply the heart muscle with blood.

The left and right coronary arteries receive blood from a major artery (the aorta) and divide many times to give all parts of the heart muscle wall the blood and oxygen it needs.

Coronary heart disease

Coronary heart disease is a chronic (long-term) condition that affects many people.

Coronary heart disease is when coronary arteries become narrowed by fatty material called ‘plaque’ or ‘atheroma’. Plaque slowly builds up on the inside wall of the arteries, making them narrow. This process is called ‘atherosclerosis’. It can start when you are young and be well advanced by middle age.

If your arteries become too narrow, less blood can reach your heart muscle. This may lead to symptoms such as angina (see page 7 for more information).

If a blood clot forms in the narrow artery and blocks the blood supply to part of your heart, it can cause a heart attack.

For more free information on this topic please call 1300 36 27 87
What is a heart attack?

A heart attack is sometimes called:
• ‘myocardial infarction’ or ‘MI’
• ‘acute myocardial infarction’ or ‘AMI’
• ‘coronary occlusion’ or ‘coronary thrombosis’.

A heart attack occurs when there is a sudden complete blockage of an artery that supplies blood to an area of your heart.

The usual cause of a heart attack is coronary heart disease (CHD).

Some people may not know they have CHD until they have a heart attack. CHD is the slow build-up of fatty deposits on the inner wall of the arteries that supply your heart muscle with blood. These fatty deposits, called plaque, gradually narrow the inside channel of the arteries. This process begins early in life and continues over the years.

A heart attack usually begins when an area of plaque cracks, leading to the formation of a blood clot. This clot can stop the blood reaching your heart and causing areas of the heart muscle to die. Without early medical treatment, this damage can be permanent.
Remember DRSABCD
Before commencing CPR, remember DRSABCD:
D – check for danger; R – check for responsiveness;
S – send for help; A – open airway; B – check breathing;
C – start CPR; D – attach defibrillator.

What are the warning signs of heart attack?
The most common warning signs of a heart attack are outlined below. You may have just one of these symptoms, or you may have a combination of them. Symptoms can come on suddenly or develop over minutes and get progressively worse. Symptoms usually last for at least 10 minutes.

- **Discomfort or pain in the centre of your chest** – this can often feel like a heaviness, tightness or pressure. People who have had a heart attack have commonly described it as like “an elephant sitting on my chest”, “a belt that’s been tightened around my chest” or “bad indigestion”. The discomfort may spread to different parts of your upper body.

- **Discomfort in these parts of your upper body:** arm(s), shoulder(s), neck, jaw or back.

You may have a choking feeling in your throat. Your arms may feel heavy or useless.

- **You may also experience other signs and symptoms:**
  - feel short of breath
  - feel nauseous
  - have a cold sweat
  - feel dizzy or light-headed.

Some people have also described feeling generally unwell or “not quite right”.

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Heart Foundation  
*My heart, my life*
If you experience the warning signs of heart attack:

1. **STOP** what you are doing and rest.
2. **TALK** – if someone is with you tell them how you are feeling.
3. **CALL** Triple Zero (000) and ask for an ambulance. Acting quickly can reduce the damage to your heart muscle and increase your chance of survival.

If calling Triple Zero (000) doesn’t work on your mobile phone, try calling 112, a secondary emergency number that can be dialled from mobile phones in Australia. It is advisable for people travelling into remote areas, where mobile coverage may be a problem, to carry an alternative safety device (e.g. personal locator beacon).

**Be prepared:** Learn the warning signs and keep your action plan in a handy place so you can refer to it if and when you need it. See page 119 for a *Will you recognise your heart attack?* action plan.

- **Why is a heart attack an emergency?**

With a heart attack, every minute counts. Too many people die because they take too long to call Triple Zero (000) for an ambulance.

Getting to hospital quickly can reduce the damage to your heart muscle and increase your chance of survival. In hospital, staff will give you treatments that help to reduce this damage.

- **Why call Triple Zero (000)?**

  - To get an ambulance fast
  - To be treated as soon as possible

Calling Triple Zero (000) gets you advice on what to do while the ambulance comes.
Ambulances have special lifesaving equipment to begin to treat a heart attack on the spot. You can get immediate medical help.

The ambulance is the safest and fastest way to get you to hospital. Driving yourself or being driven can be dangerous for both you and other people on the road.

It is always better to go to hospital and be told it’s not a heart attack than to stay at home until it is too late.

**What is angina?**

Angina is temporary chest pain or discomfort that happens when your heart muscle can’t get enough oxygen due to poor blood supply. In most cases, the lack of blood flow is due to a narrowing of the coronary arteries. Angina is a symptom of an underlying heart disease. Therefore, it is important that you visit your doctor and get proper treatment.

- **What causes angina?**

  Angina is caused by plaque narrowing your coronary arteries. It does not happen all of the time because the blood supply to your heart muscle, although reduced, can usually keep up with your heart’s needs. The chest pain or discomfort usually occurs during exertion, severe emotional stress, or after a heavy meal. During these periods, the heart muscle demands more blood oxygen than the narrowed coronary arteries can deliver. Angina is not the same as a heart attack as there is generally no permanent muscle damage. The pain usually fades away with rest.

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**Call Triple Zero (000) fast!**

Lower the risk of damage to your heart and improve your chances of survival.

**Having one heart attack puts you at risk of another**

If you’ve had one heart attack, you are more at risk of having another attack. But the symptoms might be different.

**Be prepared – learn CPR**

Knowing CPR can help save a life – maybe the life of someone close to you. Everyone should learn this lifesaving skill.

**Contact our Health Information Service on 1300 36 27 87 for information on CPR courses in Australia.**
What are the symptoms of angina?

Angina causes pain or discomfort that usually feels tight, gripping or squeezing. It can vary from mild to severe.

You may feel angina in the centre of your chest. It may spread to your back, neck, jaw, shoulder(s), arm(s) or hand(s). Or you may feel it in other areas of your body, but not in your chest. You may not even have pain, but instead get an unpleasant sensation or discomfort in your chest, or feel short of breath.

Angina can affect people in different ways. People can experience different symptoms at different times. You may get it early in the morning only, or you may get it when you are resting or even sleeping. Some people get it in cold weather, after a heavy meal or after physical activity.

Managing angina symptoms

Angina symptoms can usually be relieved within a couple of minutes by resting and putting a dose of your angina medicine (nitrate spray or tablet prescribed by your doctor) under your tongue.

If you know when you might get angina, you can use your nitrate medicine before those times. However, talk with your doctor about this first.

If your symptoms don’t go away within 10 minutes of rest and using your angina medicine, or if it is severe or gets worse quickly, you may be having a heart attack. Call Triple Zero (000)* immediately and ask for an ambulance.

*If calling Triple Zero (000) does not work on your mobile phone, try 112.
Talk to your doctor if your angina:
- becomes more severe
- happens more often
- lasts longer
- doesn’t respond as well to medicine
- happens with less exertion
- happens at night or when you are resting.

**What to do if you have angina**

1. As soon as you feel angina symptoms, immediately stop and rest.
2. If rest alone does not relieve the symptoms, take a dose of your angina medicine.
   
   **Sit or lie down before using your spray or tablet, because it can make you feel dizzy.**
   
   Use the smallest dose you normally take (e.g. a full, a half or even a quarter of a tablet).

   **Spray:** one spray under the tongue will relieve angina quickly in most people.

   **Tablets:** place a tablet under your tongue – do not swallow it. When your angina symptoms stop, spit out what is left of the tablet.

3. Wait 5 minutes.
4. If the angina is not relieved within 5 minutes, take another dose of your angina medicine.
5. Wait another 5 minutes.
6. Talk – if someone is with you tell them how you are feeling or call a relative or friend.
7. If the angina:
   - is not completely relieved within 10 minutes **or**
   - is severe **or**
   - gets worse quickly

   **Call Triple Zero (000)** now! Ask for an ambulance. Don’t hang up. Wait for advice from the operator.

   *If calling Triple Zero (000) doesn’t work from your mobile phone, try 112.

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**Don’t ignore the warning signs!**

Get help fast. Every minute counts.

**Remember, don’t delay!**

It is always better to go to hospital and be told it’s not a heart attack than to stay at home until it is too late.

**Act fast**

If you are having a heart attack, getting to hospital quickly can reduce the damage to your heart and increase your chance of survival.
What causes coronary heart disease?

Heart attacks and angina are both outcomes of coronary heart disease. There is no single cause for coronary heart disease, but there are ‘risk factors’ that increase your chance of getting it. The more risk factors you have, the more likely you are to have a heart attack.

The risk factors that you can change include:
• unhealthy eating (see pages 34–55)
• being physically inactive (see pages 56–63)
• being overweight or obese (see pages 63–66)
• smoking – either being a smoker or inhaling other people’s smoke (passive smoking) (see pages 67–68)
• having diabetes (see pages 69–70)
• having high blood pressure (see pages 71–73)
• having high cholesterol (see pages 74–75)
• not having quality social support (see pages 76–81).

Risk factors that you can’t change include:
• getting older
• being male
• having a family history of coronary heart disease
• being a post-menopausal woman.

Aboriginal and Torres Strait Islander peoples also have a higher risk of coronary heart disease, and at a younger age, than other Australians.

Reduce your risk of further heart problems by taking your medicines as your doctor has advised and changing your lifestyle to reduce as many risk factors as you can. The next two sections give you information about how to do this.
In hospital

This section at a glance

- This section covers everything you need to know while you’re in hospital.
- Information on medical tests and procedures, medicines, and cardiac rehabilitation is included.
- We also provide advice to help you with the emotional side of having a heart event.
- Information to help you prepare to return home is included; for example, a checklist of things you need to arrange and do before leaving hospital.
In hospital

Some questions to ask your doctor or other health professional:
• How long do I have to stay in hospital?
• How long will it take me to recover?
• What can I do to help me recover more quickly?
• How will I feel about leaving hospital?

Common medical tests

Your doctor may order different medical tests to help find out what your heart condition is and the best way to treat it.

Some of these tests are explained below.

► Blood tests

When your muscle has been damaged, as in a heart attack, your body releases substances in your blood. Blood tests can measure the levels of these substances and show if, and how much of, your heart muscle has been damaged.

Blood tests are also done to measure the level of other substances in your blood, such as blood fats (e.g. cholesterol and triglycerides) and minerals.

Your blood sample is taken from a vein in your arm. A laboratory then tests it and sends the results to your doctor, who will explain the results to you.

► Electrocardiogram (ECG)

An ECG reads your heart’s electrical impulses. It shows how well your heart is beating.

Small sticky dots and wire leads are put on your chest, arms and legs. The leads are attached to an ECG machine which records the electrical impulses and prints them out on paper.

Your doctor may use an ECG to diagnose a heart attack or abnormal heart rhythms (called ‘arrhythmias’).
Exercise stress test

A stress test, sometimes called a ‘treadmill’ or ‘exercise’ test, is a type of ECG that is done while you are exercising. It helps your doctor to find out how well your heart works when you are physically active.

Echocardiogram (ultrasound)

An echocardiogram is a common test. It gives a picture of your heart using ultrasound, a type of X-ray. It uses a probe either on your chest or down your oesophagus (throat).

It helps your doctor check if there are any problems with your heart’s valves and chambers, and see how strongly your heart pumps blood.

Nuclear cardiac stress test

This test is sometimes called an ‘exercise thallium scan’, a ‘dual isotope treadmill’ or an ‘exercise nuclear scan’.

A radioactive substance called a ‘tracer’ is injected into your bloodstream. It goes to your heart and releases energy. Special cameras take a picture of this energy from outside your body.

Your doctor uses this picture to see how much blood flows to your heart muscle and how well your heart pumps blood when you are resting and doing physical activity. This test also helps your doctor to see if your heart muscle is damaged.

Coronary angiogram

A coronary angiogram, sometimes called ‘cardiac catheterisation’, may be done after a heart attack or angina.

A catheter (a small tube) is put into an artery in your groin, arm or wrist. The catheter is moved up inside the artery until it reaches your heart.
A special dye is injected into your coronary arteries and an X-ray is taken.

The X-ray shows your doctor where and how much your coronary arteries are clogged or blocked. It also shows how well your heart is pumping.

Coronary angiograms help your doctor decide the best treatment for you.

- **Magnetic resonance imaging (MRI)**

An MRI uses very strong magnets and radio waves to create detailed images of your heart on a computer. It can take still or moving pictures of your heart. Sometimes a special dye is used to make parts of the heart and coronary arteries easier to see.

This test shows your doctor the structure of your heart and how well it is working, so they can decide the best treatment for you.

- **Coronary computed tomography angiogram (CCTA)**

This is a specialised type of computed tomography (CT) scan that may be used to help diagnose coronary artery disease. It is a non-invasive test for people who may be experiencing unusual cardiac symptoms.

Have you got questions? Speak with a health professional. Call 1300 36 27 87
Common medical procedures

Once your doctor knows what your heart condition is, he or she will then decide what treatments or procedures you may need.

Some of these procedures and treatments are explained below.

- **Coronary angioplasty and stent implantation**

Coronary angioplasty is a procedure that helps to improve blood flow to your heart.

A small balloon is inflated inside one or more of your coronary arteries to open up an area that has become narrow.

After this, a special expandable metal tube (a ‘stent’) is usually put into the artery, expanded, and left there to keep the artery open.

There are two types of stents:
- bare metal stents (BMS)
- drug-eluting stents (DES).

Coronary angioplasty is not a cure for coronary heart disease. It only treats the part of the coronary artery that has become very narrow.

For more free information on this topic please call 1300 36 27 87
Thrombolytic therapy

Thrombolytic therapy is a treatment in which you are given medicines through a drip to dissolve a blood clot that is narrowing or blocking a coronary artery. This improves blood flow to your heart muscle and around your body.

Coronary artery bypass graft surgery (CABG)

Coronary artery bypass graft surgery is also called bypass surgery or ‘CABG’ (pronounced ‘cabbage’). In this operation a blood vessel is taken from your chest, leg or arm and attached (‘grafted’) to your coronary artery. This lets blood detour (‘bypass’) around a narrowing or blockage in this artery.

During this operation, your surgeon will cut down the midline of your chest, through your breastbone, to reach your heart.

Bypass surgery improves blood flow to your heart muscle and reduces angina.
Artificial pacemaker surgery

An artificial pacemaker is a small device that is put under the skin of your chest, below your collar bone. One or two wires connect the pacemaker to the chambers of your heart.

A pacemaker makes small electrical currents that stimulate your heart muscle and help it pump regularly.

A pacemaker’s battery can last up to 10 years. Your doctor can check the battery every year, and replace it when needed.

Defibrillation

Defibrillation helps to restore a normal heart rhythm when your heart stops beating properly during cardiac arrest. It may also be used to treat other heart rhythm problems (like if your heart beats too slowly or too fast).

Paddles or pads are put on your chest. A regulated electrical current is applied to your heart to make it start beating regularly again.

You may be given an implantable cardiac defibrillator (ICD). This small device is put into your chest and connected to your heart by one or more wire leads. It monitors your heart rhythm and corrects it if it beats too slowly, too fast or stops beating.

Heart valve surgery

Heart valve surgery fixes a damaged or faulty heart valve and helps your heart to pump blood properly.

Your surgeon cuts down the midline of your chest, through your breastbone, to reach your heart. The faulty heart valve will then be repaired or replaced.
Medicines

There are many medicines that treat heart attack, angina, high blood pressure, high cholesterol and other heart conditions.

Your cardiologist, along with your doctor, will decide the best medicines for you to take at home to help you manage your heart condition.

When you leave hospital, you will only have a short supply of medicines. It is important that you keep taking these medicines and see your doctor for more prescriptions.

Ask your doctor or pharmacist if you have any questions or want more information about your medicines.

Why are medicines important?

You may be given several different medicines to help:
- reduce your risk of a heart attack, angina, heart failure and stroke
- manage your symptoms
- improve your quality of life
- keep you out of hospital
- you live longer.

Refer to pages 19–24 for more information about medicines.
What do heart medicines do?

The medicines you take depend on your heart condition and symptoms. For a heart attack or angina, it is normal to take different kinds of medicine.

Below is a list of medicines commonly used to:

- stop blood clots
- manage high blood pressure
- manage high cholesterol
- manage and stop angina.

**Anti-clotting (blood-thinning) medicines**

**Aspirin**

You may have to take a small dose of aspirin every day. It can stop blood clots from forming in a narrow artery and reduce the risk of heart attack and stroke.

If you can’t take aspirin, you might take another antiplatelet medicine.

**Anticoagulant medicines**

Anticoagulant medicines are anti-clotting drugs like clopidogrel, prasugrel or ticagrelor. They can be used with, or instead of, aspirin. They help to stop blood clots forming in your blood vessels.

If you’ve had coronary angioplasty and stent implantation, or have had recurring heart attacks or angina, you usually need antiplatelet medicines.

If you take an antiplatelet medicine, **you must not stop taking it** unless your cardiologist or doctor tells you to. This is even more important if you have had a stent implanted.

**Warfarin**

Warfarin helps to prevent blood clots forming and treats existing clots.

If you are taking warfarin you need to have regular blood tests to check you’re taking the right dose of medicine and that it’s working properly.
Warfarin can interact with other medicines, including herbs and vitamins. Tell your doctor or pharmacist about any other medicines you take or plan to start taking.

**Blood pressure medicines**

*Angiotensin converting enzyme (ACE) inhibitors*

ACE inhibitors widen (‘dilate’) your blood vessels and reduce strain on your heart. They are used to lower blood pressure, make your heart work better and to improve your chance of surviving after a heart attack.

*Angiotensin II receptor blockers (ARB)*

ARBs are sometimes used instead of ACE inhibitors if you get side effects, such as a persistent cough, from taking ACE inhibitors. ARBs work like ACE inhibitors; they widen (‘dilate’) your blood vessels and reduce strain on your heart.

**Beta-blockers**

Beta-blockers can make your heart beat more slowly, and lower your blood pressure and risk of a heart attack. You may sometimes be given a beta-blocker for arrhythmias (abnormal heart rhythms) and angina.

**Cholesterol medicines**

*Statins*

Statins reduce your risk of heart attack and stroke by helping to lower your cholesterol. They also sometimes lower your triglycerides (a type of fat in the blood).

Statins help to stabilise plaque in arteries. They are often given to people after they have had a heart event (e.g. heart attack, stroke or angina) – even if the person’s cholesterol is in the ‘normal’ range.
Statins are recommended for almost everyone with coronary heart disease.

You will usually be given a statin when you are in hospital. You will need to keep taking it when you go home.

Your doctor may change the dose or type of statin you are taking, to make sure it is working properly and not causing side effects.

**Anti-anginal medicines**

**Nitrates**

Nitrate medicines increase blood flow to your heart by widening blood vessels in your body. They prevent or treat angina. Refer to *What to do if you have angina* on page 9 for more information.

There are two types of nitrate medicines.

- **Short-acting nitrate medicines** relieve angina symptoms within a few minutes. These medicines are a spray or tablet that goes under your tongue. They are absorbed through the lining of your mouth into your bloodstream. The most common short-acting nitrate medicine is glyceryl trinitrate (sometimes called ‘GTN’).

- **Long-acting nitrate medicines** prevent angina symptoms. They do not relieve an angina episode within a few minutes. These are usually tablets that you swallow whole (you do not put them under your tongue like short-acting nitrate medicines).

Nitrate medicines may also come as patches, and you gradually absorb the medicine through your skin.

**Men should not take erectile dysfunction drugs with nitrate medicines.**
Other medications

There are a number of other drugs you may be prescribed by your cardiologist or doctor. These medications may be for a range of conditions such as high blood pressure or irregular heart beats.

Know your medicines

Medicines often come with an information sheet called ‘consumer medicines information’ (CMI). If they do not, ask the pharmacist or doctor for it and read all about your medicines. It will tell you important things like possible side effects and what to do if you miss a dose.

The internet is a handy source of information about medicines. But it is not as reliable as what your doctor or pharmacist can tell you.

Want to know more? For more information about your medicines, talk to your doctor or pharmacist.

You can also call the Medicines Line on 1300 633 424.
Checklist for taking medicines

- Talk with your doctor about possible side effects.
- Don’t stop taking or change medicine doses unless advised to by your doctor.
- Take your medicines at the same time every day, as your doctor advises.
- Don’t take medicines if they have passed their ‘use by’ or ‘best before’ date.
- Check if you need to take your medicines with food.
- Keep a list of your medicines, doses and instructions for taking them with you.
- Check how to store your medicines (such as away from direct sunlight).
- Don’t run out of your medicines – keep enough of a supply at home.
- If you miss a dose, check what the information sheet says to do or ask your pharmacist or doctor.
- Check if any of your medicines might affect you before driving, operating machinery or doing jobs for which you need to be alert.
- Know that some medicines have more than one brand name.
- Ask your doctor or pharmacist if there are cheaper brands of medicines available for you.
- Visit your doctor regularly to check that your medicines are working properly.

Note: Check with your doctor or pharmacist before taking over-the-counter or complementary medicines with your other medications.
In hospital

Do you use over-the-counter medicines?

Many people take over-the-counter medicines that are widely available from a pharmacy or supermarket. These can interact with your prescription medicines. You need to discuss with your cardiologist, doctor or pharmacist which over-the-counter medicines are safe for you to take.

▶ Good questions to ask your doctor

- What’s the name of the medicine?
- Is it the brand name or the drug name?
- Why am I taking this?
- What is it supposed to do?
- How and when do I take my medicine – and for how long?
- How will I know my medicine is working?
- What are the risks of taking this medicine?
- Will I have side effects? If so, what should I do?
- How often should I visit my doctor or other health professional?
- Do I need to avoid any foods, dietary supplements, other prescription or over-the-counter medicines while I’m taking this medicine? (See Do you use over-the-counter medicines? in the box.)

Take your medicine list with you to your medical appointments so your doctor can answer any questions.
Doing cardiac rehabilitation

What is cardiac rehabilitation?

Cardiac rehabilitation is a valuable part of your recovery. Cardiac rehabilitation is a supervised program usually lasting between 6 and 10 weeks to help support you with managing your heart disease.

Programs can be run in several different ways and places. For example:

• over the telephone
• on the internet
• face-to-face
• in a group
• in hospitals, community centres and clinics
• in your home.

Although health professionals run these programs, a rehabilitation program won’t replace your regular visits to your doctor.

What does cardiac rehabilitation cover?

Cardiac rehabilitation supports you and your family, friends and carer/s in living with coronary heart disease. A rehabilitation program covers the various physical, emotional, psychological, sexual and work-related changes you may go through.

It can help you to better understand:

• what coronary heart disease is
• how it’s treated
• what your risk factors are
• the best ways to manage your risk factors
• why you may feel fear, stress, depression and anxiety
• why you have to take medicines
• what medical tests and procedures you need
• what to do in an emergency, including understanding the warning signs of a heart attack
• how to do the practical things, like going back to work, returning to driving, taking holidays and being sexually active
• how to have a healthy lifestyle by eating well, being physically active and not smoking.

What are the benefits of cardiac rehabilitation?
Cardiac rehabilitation will help you to have a more satisfying life, make you feel better faster and help prevent further problems.

Some of the benefits of being in a program include:
• knowing the warning signs of a heart attack
• knowing how to respond quickly
• getting back to your usual activities more quickly
• increasing your social independence and confidence
• reducing depression and anxiety
• increasing your ability to be physically active
• making you less likely to start smoking again, if you smoked before
• increasing your social support and helping you meet other people in a similar situation.

Ask if you can bring your partner or carer along to your rehabilitation sessions. It can help your family, friends and carer/s understand what you have gone through and what you need to do to get better.

Finding a cardiac rehabilitation program
Ask your hospital or doctor to refer you to a cardiac rehabilitation program in your local area or call our Health Information Service on 1300 36 27 87 (cost of a local call). See the Services and support section on pages 83–92 for more information.
Managing your emotions

It is normal to have a lot of different feelings after a heart attack or other heart condition. For example, you might feel sad, worried, stressed, angry, lonely or guilty. These feelings are normal and don’t usually last long. Talking to others, such as your doctor, cardiac rehabilitation team, family and friends, will help you to feel better.

Depression happens in people with coronary heart disease more than other people. People with depression usually feel sad, down or miserable most of the time, and find it hard to do normal activities. For more information on depression, see page 76.

If you have symptoms of depression for more than two weeks, talk to your doctor about treatments to help you feel better.

▷ Ways to help you cope

• If you have been diagnosed with heart disease recently, be kind to yourself.
• Think about how you have handled other stresses in your life. Remember what got you through the hard times – and what didn’t.
• Get support from friends and family and learn as much about heart disease and its management as you can.
• Find others who have gone through a heart attack or heart surgery as well, to share the experience.
• Join a cardiac rehabilitation program to learn more about your heart, risk factors, medications and lifestyle changes that you will need to make.
Personal accounts

“Unless you’ve had a heart attack and survived you really honestly don’t know how painful the experience is. And I don’t mean just the physical pain – it’s the emotional pain. I was a mess because everyone was saying ‘Oh, at 45 you’re very young to have a heart attack, let alone two’. So I got to the stage where for a long time I didn’t even get out of bed. I never went outside my front door because I was frightened – what if I have another heart attack?”

– Kathleen, 52

“I was working pretty hard, I knew I was stressed, I knew the depression was there. I was eating poorly. I had a silent heart attack – there was no pain, no symptoms. I had artery blockages just near the heart and I had three stents inserted over a two-year period.”

– Richard, 64

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Have you got questions? Speak with a health professional. Call 1300 36 27 87
Leaving hospital

When can I go home?

Your doctor will let you go home when:
• you feel better
• your symptoms have gone
• your condition is being well managed.

This usually happens within two to seven days after your treatment or operation. But it can be longer and it’s different for everyone. It depends on how serious your heart condition is, what treatment you need to have and what your tests results are.

Leaving hospital can be hard

Many people feel a little anxious and depressed about leaving the care of their hospital to go home. But your doctor will only let you leave hospital if you are well enough to continue your recovery at home.

What to do before leaving hospital

Make sure that you have:
- enough medicines and information on how to take them
- talked with a pharmacist if you have any questions about your medicines
- a written plan of action to follow if you have any more symptoms (see the Warning signs action plan on page 119)
- follow-up appointments with specialists, your general practitioner (GP) or other health professionals
- instructions on how to look after your wound(s) if you have had any procedures or surgery
- information about lifestyle changes you need to make to reduce your risk of more heart problems
- a referral to a cardiac rehabilitation program.
What happens when I get home?

For the first few weeks, it may be helpful to have someone close by to support and help you.

If you live alone, someone may need to stay with you during this time, depending on how serious your health condition is. If you don’t have family or friends who can be with you, you can get help from a home care agency.

If you need extra community services, such as Meals on Wheels, ask your doctor or cardiac rehabilitation team for information.

You will need lots of rest, but try to get back into a normal routine as soon as possible, including:

- get up at a normal time
- have a bath or shower if possible
- get dressed for the day – don’t stay in your sleeping clothes during the day
- rest at mid-morning, mid-afternoon and after any physical activity.

You should be able to:

- do light work around the house
- go to places, such as a theatre, restaurant or church
- visit friends
- travel in a car but not drive a car until your doctor has given you approval to do so (for more information on driving see page 62)
- climb stairs slowly.

You may feel weak at first, but this isn’t usually serious. It is normally because you didn’t use your muscles very much when in hospital.
My recovery

This section at a glance

- This section explains how you can take charge and take steps towards a positive recovery.
- Information is included to guide you to make healthy choices and, importantly, provides ways to reduce your risk of more heart problems.
- Healthy eating and plans for a healthy weight are detailed, as well as advice on how to build up your physical activity over time.
- Also included is information on: quitting smoking, managing diabetes, managing high blood pressure, managing cholesterol, as well as managing your emotions and social life.
See your doctor regularly

See your doctor as soon as you can after leaving hospital. You will manage your health better by having regular check-ups.

Take your medicines list or discharge information, and any test results. Your doctor may already have this from the hospital as it is important: it tells your doctor about your medicines and the doses you must take.

Set priorities

Work with other health professionals to set goals and priorities for making lifestyle changes, such as quitting smoking, losing weight or eating healthier foods.

Remember:

• you may be more successful if you focus on one goal at a time
• your doctor, cardiologist or cardiac rehabilitation team member can help you set priorities
• don’t give up.

Take your medicines

Talk with your doctor about medicines. Don’t be afraid to ask questions. You need to understand the benefits, how and when to take your medication, and what the side effects might be.

Take your medicines exactly as directed. Try not to miss a dose. Don’t stop taking them just because you feel better.

See pages 18–24 for more information about medicines.
Care for your wounds

After cardiac-related surgery you should follow the directions from your doctor or hospital regarding care of your wounds. See a doctor if you notice any increase in tenderness, oozing, bleeding, the presence of an odour or you have a raised temperature.

Give your wounds the best chance of healing by eating a balanced healthy diet. Don’t do activities that include straining as this could damage the wound, or cause other problems. Exercise should be performed as directed by your doctor, physiotherapist or cardiac rehabilitation team member.

Keep up your cardiac rehabilitation

Cardiac rehabilitation will help you to get back on track, providing important information, social support and a physical activity program.

It will also help you to make lifestyle changes and reduce your risk of more heart problems.

See pages 25–26 for more information about cardiac rehabilitation.

Have good health goals

If you smoke, aim to quit.

If you have high cholesterol and/or blood pressure, aim to lower them.

If you are overweight, aim to reach a healthy weight and maintain it.

Enjoy healthy eating.

Be more physically active, sit less and aim for better fitness.

See pages 34–82 for more information about improving your health (from healthy eating to depression).
Enjoy healthy eating

Healthy eating and drinking is an important part of looking after your health. Eating healthy foods will help you recover and reduce your risk of more heart problems.

Healthy eating is easier than you think. You can usually find all the foods you need at your local supermarket. You just need to know what foods to buy to make healthier meals.

The Heart Foundation has set some goals to help you do this:

• reduce saturated and trans fat intake*
• enjoy a variety of foods
• eat vegetables, whole grains, fruit, nuts and seeds every day
• enjoy two to three serves of fish and seafood per week
• use healthier fats and oils. Limit fried or baked foods, especially chips, biscuits, cakes and other baked cereal products
• limit sugary, fatty and salty take-away meals and snacks
• avoid adding salt to food. Choose ‘no added salt’, ‘low-salt’ or ‘salt reduced’ foods where possible
• drink mainly water.

*Saturated fat is found in fatty meats, full cream dairy products, butter, coconut and palm oils, most fried foods and commercially baked products.

For healthier recipes see www.heartfoundation.org.au/recipes
Healthy eating tips

- Eat plenty of vegetables (aim for five serves of vegetables every day).
- Eat fresh fruit (aim to eat two serves of fruit every day).
- Choose wholegrain breads, cereal, pasta, rice and noodles.
- Select lean meat (meat trimmed of fat and poultry without skin).
- Have two to three serves (150 g) of fish and seafood every week. The fish may be fresh, frozen or canned.
- Incorporate dried peas (e.g. split peas), dried beans (e.g. haricot beans, kidney beans), canned beans (e.g. baked beans, three bean mix) or lentils into at least two meals a week.
- Include up to six eggs every week.
- Choose reduced fat milk, yoghurt, custard or calcium alternatives.
- Use a variety of oils for cooking – some suitable choices include canola, sunflower, soybean, olive, sesame and peanut oils.
- Use spreads and margarines made from canola, sunflower or olive oil, and dairy blends that have earned the Heart Foundation Tick.*
- Use salad dressings and mayonnaise made from oils such as canola, sunflower, soybean, olive, sesame and peanut oils.
- Snack on plain, unsalted nuts.

*The Heart Foundation Tick helps consumers make healthier food and drink choices. It doesn’t necessarily identify foods that are suitable for people with coronary heart disease.
Foods to limit

- Butter
- Try to limit processed meats, including sausages, and deli meats, such as salami.
- Try to limit take-away foods, such as pastries, pies, pizza, hot chips, fried fish, hamburgers and creamy pasta dishes, to once a week.
- Try to limit salty, fatty and sugary snack foods, such as crisps, cakes, pastries, biscuits, lollies and chocolate, to once a week.
- Try to limit foods such as liver, kidneys and pâté.
- Limit caffeinated drinks. Try to have no more than one or two cups of filtered coffee, tea or cola per day.

Talk to your doctor or dietitian about the diet that is best for you.

What about fat?

If you have coronary heart disease, you need to keep an eye on the foods you eat.

It is most important to change the types of fat you eat, particularly saturated fats and trans fats, because eating too much of these types of fat is the main cause of high cholesterol.
Saturated fats
Saturated fats raise cholesterol. To keep your cholesterol level low it’s important to eat fewer foods that are high in saturated fats. This means you should eat less fatty meats, full fat dairy products, butter, coconut and palm oils, and most deep fried take-away foods and commercially baked products, such as biscuits and pastries.

Trans fats
Trans fats not only raise your cholesterol but also decrease your high-density lipoprotein (HDL) (‘good’) cholesterol.

Trans fats are found in commercially baked products (pies, pastries, cakes and biscuits) and should be avoided. Trans fats are also found naturally in small amounts in dairy products, beef, veal, lamb and mutton.

Polyunsaturated fats
Polyunsaturated fats help to lower high cholesterol. Some oils, margarine spreads, nuts, seeds and fish contain polyunsaturated fats. Like all fats, however, polyunsaturated fats are high in kilojoules, so enjoy them in moderation.

Monounsaturated fats
Monounsaturated fats also help to lower cholesterol. Some oils, margarine spreads, avocado, nuts and seeds contain monounsaturated fats. Like all fats, however, monounsaturated fats are high in kilojoules, so enjoy them in moderation.
A guide to fats in food

Try to eat foods that contain less saturated and trans fat and replace some of these foods with foods that contain healthier fats that help to lower cholesterol.

Check the table below to see how many foods high in saturated and trans fats you eat.

<table>
<thead>
<tr>
<th>Saturated fat</th>
<th>Trans fat</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spreads</strong></td>
<td></td>
</tr>
<tr>
<td>Butter, cooking margarine, lard, dripping and copha.</td>
<td>Trans fats, also known as partially hydrogenated fats.</td>
</tr>
<tr>
<td><strong>Oils</strong></td>
<td></td>
</tr>
<tr>
<td>Coconut oil, coconut milk, palm oil and palm kernel oil (often used in making commercial foods).</td>
<td></td>
</tr>
<tr>
<td><strong>Fats</strong></td>
<td></td>
</tr>
<tr>
<td>Animal fats, such as in meats, poultry and processed meats, such as salami and sausages.</td>
<td></td>
</tr>
<tr>
<td><strong>Dairy</strong></td>
<td></td>
</tr>
<tr>
<td>Full fat dairy products, such as milk, cheese, cream, ice-cream and yoghurt.</td>
<td>Full fat dairy products, such as milk, cheese, cream, ice-cream and yoghurt.</td>
</tr>
<tr>
<td><strong>Processed food</strong></td>
<td></td>
</tr>
<tr>
<td>Processed foods, such as bought pies, biscuits, buns and pastries.</td>
<td>Processed foods, such as bought pies, biscuits, buns and pastries.</td>
</tr>
<tr>
<td>Many potato crisps and corn chips.</td>
<td>Many take-away and fast foods.</td>
</tr>
<tr>
<td><strong>Seeds</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nuts</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Polyunsaturated fat

- Polyunsaturated margarine spreads made from canola, soybean, sunflower, grape seed or peanut oils.
- Polyunsaturated oils, such as soybean, sunflower, grape seed and peanut oils.
- Oily fish, such as fresh and canned salmon, blue-eye trevalla, gemfish, sardines and canned tuna.
- Seeds including linseeds and sesame, Tahini.
- Plain unsalted nuts such as walnuts, hazelnuts and pecans.

### Monounsaturated fat

- Monounsaturated margarine spreads made from canola, olive or peanut oils.
- Monounsaturated oils, such as canola, olive and peanut oils.
- Avocado.
- Plain unsalted nuts including almonds, cashews, peanuts and macadamias, peanut butter.

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**Have you got questions? Speak with a health professional. Call 1300 36 27 87**
What about salt?

Salt is sometimes called ‘sodium’ and is hidden in lots of food. The amount of salt you eat should be less than 6 g per day. Six grams of salt is about one and a half teaspoons. Salt holds fluid in your body. If you eat too much salt, the extra water stored in your body raises your blood pressure.

Some salty foods include:

- meat, such as ham, bacon, sausages, hot dogs, tinned meat, corned meat and pies
- take-away foods, such as hamburgers, pizza, hot chips, noodles, potato chips, many Asian foods, pasta and fried chicken
- other foods, such as tinned and instant soup, packet seasoning, stock cubes, soy sauce, instant noodles, sports drinks, soda water, salted nuts, fish in brine, tomato sauce, pickles, olives and dips.

To reduce your sodium intake:

- choose foods normally processed without salt, or choose low salt foods
- avoid high salt processed foods
- avoid salty snacks and take-away foods high in salt
- avoid adding salt during cooking, and at the table.

Tips to reduce salt intake include:

- avoid adding salt to food. Choose ‘no added salt’, ‘low salt’ or ‘salt reduced’ foods where possible
- instead of adding salt, you can use lemon juice, garlic, herbs and spices to add flavour
- check the labels on food you buy for salt content
- aim for foods with less than 120 mg of sodium per 100 g.
How to make healthier meals

It’s easy to change your favourite recipes to reduce the energy (kilojoules) or saturated fat content.

- **Two steps to changing a recipe**
  1. Try healthier cooking methods.
  2. Reduce, replace or remove the less healthy ingredients.

<table>
<thead>
<tr>
<th>Method</th>
<th>Try these healthier ingredients or cooking methods</th>
</tr>
</thead>
</table>
| Deep-fry       | • Roast in the oven on a lined tray or grill tray.  
• Lightly steam or microwave food before roasting.  
• Brush food with canola, sunflower, soybean or olive oil to make it crisp.  
• Cook crumbed fish, chicken and oven fries in the oven instead of deep-frying them. |
| Shallow-fry/Sauté | • Stir-fry food using reduced salt stock and/or canola, sunflower, soybean, olive or peanut oil.  
• Use a non-stick frying pan so you use less oil. |
| Roast          | • Choose lean cuts of meat or trim all visible fat.  
• Put meat on a rack in a baking dish with 1 to 2 cm water.  
• Add herbs to the water for extra flavour.  
• Brush meat with a marinade to stop it drying out. You could also try covering it with a lid or aluminium foil for part of the cooking time.  
• Roasting meat on a spit or rotisserie lets the fat drip away.  
• Brush or spray vegetables with canola, sunflower, soybean, olive or peanut oil, and bake them in a separate pan from meat. |

*Continued over…*
<table>
<thead>
<tr>
<th>Method</th>
<th>Try these healthier ingredients or cooking methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casserole/Stew</td>
<td>• Trim fat off meat before cooking.</td>
</tr>
<tr>
<td></td>
<td>• Add legumes, such as kidney beans, chickpeas, soybeans or lentils, for extra fibre and flavour.</td>
</tr>
<tr>
<td></td>
<td>• After cooking, chill the food so the fat becomes solid on the surface. Skim the fat off the surface before reheating and thickening.</td>
</tr>
<tr>
<td>Milk/Yoghurt/ Cream</td>
<td>• Use reduced fat varieties.</td>
</tr>
<tr>
<td></td>
<td>• Use ricotta cheese whipped with a little icing sugar, fruit or reduced fat milk instead of cream.</td>
</tr>
<tr>
<td>Sour cream</td>
<td>• Blend cottage cheese and reduced fat milk and use this instead of sour cream.</td>
</tr>
<tr>
<td></td>
<td>• Add a little lemon juice or vinegar to the cottage cheese and milk mix to make it more ‘sour’ (acidic) if you like.</td>
</tr>
<tr>
<td></td>
<td>• Use reduced fat natural yoghurt instead of sour cream.</td>
</tr>
<tr>
<td></td>
<td>• Mix evaporated reduced fat milk and lemon juice and use this instead of sour cream.</td>
</tr>
<tr>
<td>Cheese</td>
<td>• Use smaller amounts of reduced fat cheese instead of full fat cheese.</td>
</tr>
<tr>
<td></td>
<td>• Use a little grated parmesan cheese instead of grated cheddar – it gives more flavour and you don’t need to use as much.</td>
</tr>
<tr>
<td></td>
<td>• Mix grated reduced fat cheese with oats, breadcrumbs or wheatgerm to make toppings for casseroles, gratins and baked dishes.</td>
</tr>
<tr>
<td>Butter/Margarine spreads</td>
<td>• Use margarine spreads made from canola, sunflower or olive oil, and dairy blends that have the Heart Foundation Tick.*</td>
</tr>
<tr>
<td></td>
<td>• Avoid using butter, other dairy blends, lard, copha or cooking fats.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> reduced fat or ‘lite’ spreads generally aren’t good for cooking.</td>
</tr>
<tr>
<td>Oil</td>
<td>• Use a variety of oils for cooking.</td>
</tr>
<tr>
<td></td>
<td>• Suitable cooking oils include canola, sunflower, soybean, olive and peanut oil.</td>
</tr>
<tr>
<td>Method</td>
<td>Try these healthier ingredients or cooking methods</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Mayonnaise/Dressing</strong></td>
<td>• Use salad dressings and mayonnaise made from canola, sunflower, soybean and olive oil.</td>
</tr>
<tr>
<td></td>
<td>• Make your own salad dressing and mayonnaise. Use ingredients such as reduced fat yoghurt, buttermilk, tomato paste,</td>
</tr>
<tr>
<td></td>
<td>balsamic or other vinegars, lemon juice, ricotta cheese, mustard and fruit pulp.</td>
</tr>
<tr>
<td><strong>Meat/Poultry</strong></td>
<td>• Choose lean meats and poultry.</td>
</tr>
<tr>
<td></td>
<td>• Remove all visible fat from meat and skin from poultry before cooking.</td>
</tr>
<tr>
<td></td>
<td>• Marinate or add flavour with ingredients such as wine vinegars.</td>
</tr>
<tr>
<td></td>
<td>• Sear meat quickly to keep in juices.</td>
</tr>
<tr>
<td><strong>Cakes/Biscuits</strong></td>
<td>• Cook with margarine spreads made from canola, sunflower or olive oil, or dairy blends that have earned the Heart</td>
</tr>
<tr>
<td></td>
<td>Foundation Tick* instead of butter.</td>
</tr>
<tr>
<td></td>
<td>• Cook with canola, sunflower or olive oil.</td>
</tr>
<tr>
<td></td>
<td>• The minimum fat required for biscuits is about 2 tablespoons per cup of flour – this will keeps biscuits crisp.</td>
</tr>
<tr>
<td></td>
<td>• Make plain sponges, yeast cakes, breads, muffins and scones because they generally use less fat.</td>
</tr>
<tr>
<td></td>
<td>• Use wholegrain or wholemeal flour to add some extra fibre.</td>
</tr>
<tr>
<td><strong>Pastry/Savoury</strong></td>
<td>• Use filo pastry. Brush every three to four layers with canola, sunflower, soybean or olive oil, egg white or</td>
</tr>
<tr>
<td></td>
<td>reduced fat yoghurt.</td>
</tr>
<tr>
<td></td>
<td>• Use pastry made with canola, sunflower or olive oil.</td>
</tr>
<tr>
<td><strong>Coconut cream/Coconut milk</strong></td>
<td>• Add a little coconut essence to evaporated reduced fat milk.</td>
</tr>
<tr>
<td></td>
<td>• Use evaporated reduced fat milk already flavoured with coconut essence.</td>
</tr>
<tr>
<td></td>
<td>• If you have time, soak desiccated coconut in warm reduced fat milk for 30 minutes. Strain the mixture, discard the</td>
</tr>
<tr>
<td></td>
<td>coconut and use the milk.</td>
</tr>
<tr>
<td></td>
<td>• Occasionally, use a reduced fat coconut milk.</td>
</tr>
</tbody>
</table>

*The Heart Foundation Tick helps consumers make healthier food and drink choices. It doesn’t necessarily identify foods that are suitable for people with coronary heart disease. For specific dietary advice, please talk to your health professional or an accredited practising dietitian.
Choose healthy foods and drinks

Small changes can make a big difference! Think about what changes you can make to the foods you eat, and the way you prepare and cook them, to make them healthier.

<table>
<thead>
<tr>
<th>Less healthy choices</th>
<th>Kilojoule (kJ) content</th>
<th>Healthier choices</th>
<th>Kilojoule (kJ) content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 plain large croissant (70 g) with 2 tsp butter and 2 tsp jam</td>
<td>1600</td>
<td>2 pieces wholemeal plain toast (30 g each) with 1 tsp margarine spread and 1 tsp jam per slice</td>
<td>970</td>
</tr>
<tr>
<td>2 breakfast wheat biscuits (30 g) and ⅔ cup full fat milk</td>
<td>887</td>
<td>2 breakfast wheat biscuits (30 g) and ⅔ cup skim milk</td>
<td>756</td>
</tr>
<tr>
<td>1 plain donut (70 g)</td>
<td>1045</td>
<td>1 medium banana (150 g)</td>
<td>365</td>
</tr>
<tr>
<td>1 packet potato crisps (50 g)</td>
<td>1045</td>
<td>1 medium apple (150 g)</td>
<td>270</td>
</tr>
<tr>
<td>2 choc-coated cream biscuits</td>
<td>743</td>
<td>2 plain sweet biscuits</td>
<td>277</td>
</tr>
<tr>
<td>1 chocolate bar (50 g)</td>
<td>1110</td>
<td>Small handful of almonds (about 20) 20 g</td>
<td>473</td>
</tr>
<tr>
<td>1 meat pie (175 g)</td>
<td>1880</td>
<td>Ham and salad sandwich (made with 2 tsp margarine)</td>
<td>1105</td>
</tr>
<tr>
<td>Hungarian salami (30 g)</td>
<td>535</td>
<td>Ham, plain fresh (30 g)</td>
<td>174</td>
</tr>
<tr>
<td>1 cappuccino (1 cup) with full cream milk</td>
<td>375</td>
<td>1 cappuccino (1 cup) with skim milk</td>
<td>210</td>
</tr>
<tr>
<td>1 glass cola soft drink (250 mL)</td>
<td>440</td>
<td>1 glass low sugar or diet cola soft drink</td>
<td>4</td>
</tr>
<tr>
<td>Orange juice (sweetened) (250 mL)</td>
<td>400</td>
<td>1 glass water</td>
<td>0</td>
</tr>
<tr>
<td>1 glass dry white wine (100 mL)</td>
<td>263</td>
<td>1 glass dry white wine – reduced alcohol (100 mL)</td>
<td>167</td>
</tr>
<tr>
<td>1 stubbie/can full strength beer</td>
<td>585</td>
<td>1 stubbie/can light beer</td>
<td>260</td>
</tr>
<tr>
<td>Less healthy choices</td>
<td>Kilojoule (kJ) content</td>
<td>Healthier choices</td>
<td>Kilojoule (kJ) content</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Pan-fried chicken parmigiana</td>
<td>2050</td>
<td>Pan-fried chicken breast, no skin (100 g)</td>
<td>795</td>
</tr>
<tr>
<td>1 medium T-bone steak with fat, grilled</td>
<td>1255</td>
<td>1 medium T-bone steak, trimmed of visible fat, grilled</td>
<td>960</td>
</tr>
<tr>
<td>Hamburger mince, 25% fat (100 g)</td>
<td>1230</td>
<td>Lean mince, 10% fat (100 g)</td>
<td>710</td>
</tr>
<tr>
<td>Chicken breast with skin, roasted without added fat</td>
<td>920</td>
<td>Chicken breast, without skin, roasted without added fat (100 g)</td>
<td>605</td>
</tr>
<tr>
<td>1 fillet white fish (e.g. whiting) fried in batter</td>
<td>1725</td>
<td>1 fillet white fish (e.g. whiting) steamed, poached or grilled (100 g)</td>
<td>630</td>
</tr>
<tr>
<td>Pasta carbonara (1 cup pasta with cream, bacon, cheese and egg)</td>
<td>1990</td>
<td>Pasta marinara (1 cup pasta with seafood and tomato sauce)</td>
<td>1358</td>
</tr>
<tr>
<td>1 large cob sweet corn with 2 tsp butter</td>
<td>820</td>
<td>1 large cob sweet corn (no butter)</td>
<td>520</td>
</tr>
<tr>
<td>½ cup green beans (60 g) plus 1 tsp butter</td>
<td>200</td>
<td>½ cup green beans (60 g)</td>
<td>50</td>
</tr>
<tr>
<td>1 medium baked potato with 1 tbsp sour cream</td>
<td>720</td>
<td>1 medium baked potato with 1 tbsp non-fat plain yoghurt</td>
<td>490</td>
</tr>
<tr>
<td>Small serve French fries (90 g)</td>
<td>1089</td>
<td>Small serve oven-baked potato wedges – about 6 wedges (90 g)</td>
<td>284</td>
</tr>
<tr>
<td>Lemon meringue pie (140 g)</td>
<td>1590</td>
<td>1 cup stewed fruit without sugar, with 1 scoop of reduced fat ice-cream</td>
<td>855</td>
</tr>
<tr>
<td>Full fat fruit yoghurt (200 g carton)</td>
<td>965</td>
<td>Diet/Non-fat (no sugar) fruit yoghurt (200 g carton)</td>
<td>380</td>
</tr>
<tr>
<td>Full fat ice-cream (2 scoops – 100 g)</td>
<td>750</td>
<td>Low fat ice-cream (2 scoops – 100 g)</td>
<td>590</td>
</tr>
</tbody>
</table>

Note: All figures are approximate values. Source material: Borushek A, Allan Borushek’s Pocket Calorie, Fat & Carbohydrate Counter, 33rd edition, 2006.
What to check for on food labels

When you know how to read nutrition panels on food labels, you will know how to choose healthier foods and drinks.

Compare the nutrients in different brands of similar foods using the ‘quantity per 100 g’ column. Read the ‘per serving’ value for how much of the nutrient is in each serve.

The nutrients listed on panels are:
- energy (kilojoules)
- protein
- fat (total)
- saturated fat
- carbohydrate (total)
- sugars
- sodium (salt).

A label may also list other nutrients like vitamins and minerals.

The four main nutrients to look for to help you choose healthier food and drinks are:
- energy (kilojoules)
- sodium (salt)
- fibre
- saturated fat and trans fat (note that not all foods will list how much trans fat they contain).

It is important to look at the overall food, instead of choosing a food based on just one nutrient.

The ingredient list on the label can also help you see if the food is high in energy (kilojoules).

Ingredients are listed in order by weight. The main ingredient by weight will be listed first and the ingredients that weigh less at the end. If the first few ingredients in the ingredients list are high in fat and/or sugar, then the food/drink is probably high in energy (kilojoules).
What’s the Heart Foundation Tick?

Shopping with the Heart Foundation Tick is the easiest way to give your shopping trolley a health makeover.

It’s on more than 1,800 foods in the supermarket. You might already be buying Heart Foundation approved foods for you and your family including bread, breakfast cereals, margarine spreads, frozen vegetables, yoghurt, milk, lean meat, nuts, avocados and eggs.

Because changing your eating patterns is not always easy, the Heart Foundation Tick is also included on some ‘occasional’ foods too, to help you to make healthier choices.

These approved foods meet strict nutrition and labelling standards – no exceptions! We test for different combinations of saturated fat, trans fat, salt, fibre and kilojoules, and regular random testing ensures that foods continue to meet the strict standards.

High fat and high sugar ingredients

<table>
<thead>
<tr>
<th>High fat</th>
<th>High sugar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetable oil</td>
<td>Vegetable fat</td>
</tr>
<tr>
<td>Animal fat</td>
<td>Animal oil</td>
</tr>
<tr>
<td>Shortening</td>
<td>Copha</td>
</tr>
<tr>
<td>Lard</td>
<td>Tallow</td>
</tr>
<tr>
<td>Coconut oil</td>
<td>Palm oil</td>
</tr>
<tr>
<td>Chocolate chips</td>
<td>Milk solids</td>
</tr>
<tr>
<td>Monoglycerides</td>
<td>Diglycerides</td>
</tr>
<tr>
<td>Chocolate</td>
<td>Butter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High sugar</th>
<th>High fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sucrose</td>
<td>Vegetable oil</td>
</tr>
<tr>
<td>Lactose</td>
<td>Animal fat</td>
</tr>
<tr>
<td>Fructose</td>
<td>Shortening</td>
</tr>
<tr>
<td>Molasses</td>
<td>Lard</td>
</tr>
<tr>
<td>Raw/Brown sugar</td>
<td>Coconut oil</td>
</tr>
<tr>
<td>Corn syrup</td>
<td>Chocolate chips</td>
</tr>
<tr>
<td>Disaccharides</td>
<td>Monoglycerides</td>
</tr>
<tr>
<td>Polysaccharides</td>
<td>Chocolate</td>
</tr>
<tr>
<td>Invert sugar</td>
<td>Note: the words ‘creamed’ or ‘toasted’ may also indicate added fat.</td>
</tr>
</tbody>
</table>

Note: the words ‘creamed’ or ‘toasted’ may also indicate added fat.
The Heart Foundation Tick helps consumers make healthier food and drink choices. It doesn’t necessarily identify foods that are suitable for people with coronary heart disease. If you need to follow a specific diet, check what you can eat with your doctor or dietitian.

Learning to read labels as well as making comparisons between Tick products and other products will help you enjoy healthy eating.

Remember, there is only one Heart Foundation Tick and it will only ever look like this.

Healthy eating and drinking ideas

Make healthier, lower energy (kilojoule) meals and snacks with these ideas.

▶ Breakfast

Toast

• Use wholegrain or wholemeal bread.
• Try toppings such as a small serve of baked beans, tomatoes, creamed corn, mushrooms or cottage cheese.
• Spread toast thinly with jam, honey or peanut butter.
• Use margarine spreads made from canola, sunflower or olive oil, or dairy blends that have earned the Heart Foundation Tick* instead of butter.

*The Heart Foundation Tick helps consumers make healthier food and drink choices. It doesn’t necessarily identify foods that are suitable for people with coronary heart disease. For specific dietary advice, please talk to your health professional or an accredited practising dietitian.
Cereal
- Choose an untoasted, high fibre, wholegrain cereal, such as rolled oats, wheat biscuits or bran cereals.
- Use reduced fat milk, or ‘added calcium’ soy beverages.
- Add fruit – fresh, stewed or canned fruit (choose fruit canned in natural or unsweetened juice, or drain the liquid from the fruit).
- Add reduced fat yoghurt.

Cooked breakfast
- Poach, boil or scramble eggs (use reduced fat milk).
- Serve with tomatoes, spinach, mushrooms and salmon or lean, reduced salt ham.
- Serve on wholegrain or wholemeal bread.

Lunch
Sandwiches
- Fill sandwiches with lots of salad vegetables and a small serving of lean meat, skinless chicken, canned fish, hommus or a low fat cheese, such as cottage cheese.
- Use wholemeal or wholegrain bread or rolls.
- Use margarine spreads made from canola, sunflower or olive oil, or dairy blends that have earned the Heart Foundation Tick* instead of butter.

*The Heart Foundation Tick helps consumers make healthier food and drink choices. It doesn’t necessarily identify foods that are suitable for people with coronary heart disease. For specific dietary advice, please talk to your health professional or an accredited practising dietitian.
Salads
- Include lots of different vegetables.
- Try adding fresh fruit or plain, unsalted nuts.
- Add legumes, such as four bean mix or chickpeas.
- Try pasta (preferably wholemeal), rice (preferably brown), couscous or noodle salads.
- Add lean meats, skinless poultry or fish.

Soup
- Try vegetable- or legume-based soups.
- Serve with crusty wholemeal bread to make a meal.
- Use evaporated skim milk instead of cream or full fat milk for ‘creamy soups’ (note: tinned or instant soups may contain high levels of salt).

Dinner

Stir-fry dishes
- Include lots of vegetables and use lean meat, skinless chicken or fish.
- Serve with pasta (preferably wholemeal), rice (preferably brown), couscous or noodles.
- Use canola, sunflower, soybean, olive, sesame and peanut oil.
- Add legumes, such as chickpeas, or some chopped plain, unsalted nuts, such as cashews or peanuts.*
- Flavour with herbs and spices (e.g. garlic, onion, chilli or ginger).

*Nuts can contribute to an excess energy (kilojoule) intake so limit the quantity and frequency of eating them.
Rice or noodle dishes
- Try brown rice.
- Add lots of vegetables.
- Use lean meats, skinless poultry or fish.
- Use canola, sunflower, soybean, olive or peanut oil.

Meat
- Use lean cuts of meat, skinless poultry or fish.
- Serve meat with vegetables or salad and a grain-based food, such as pasta (preferably wholemeal), rice (preferably brown), couscous or polenta.
- Use herbs, spices and garlic to add flavour.

Other ideas
- Make burritos, tacos or tortilla wraps using lean meat, skinless chicken or red kidney beans. Add plenty of vegetables to the mixture and use reduced fat natural yoghurt instead of sour cream.
- Try making a vegetable frittata or quiche. Use reduced fat milk and margarine spreads made from canola, sunflower or olive oil, or dairy blends that have earned the Heart Foundation Tick* instead of butter to make the quiche. Serve with a garden salad.

*Dessert
- Fresh fruit salad, stewed, poached or canned fruit served with reduced fat yoghurt. Choose fruit canned in natural or unsweetened juice, or drain the liquid from the fruit.
- Low fat ice-cream or diet jelly. Serve with fruit.
- Fruit pie or strudel made with filo pastry. Serve with reduced fat yoghurt.

*The Heart Foundation Tick helps consumers make healthier food and drink choices. It doesn’t necessarily identify foods that are suitable for people with coronary heart disease. For specific dietary advice, please talk to your health professional or an accredited practising dietitian.
Snacks

- Snack on fruit – fresh, stewed or canned (choose fruit canned in natural or unsweetened juice, or drain the liquid from the fruit).
- Choose reduced fat yoghurt (plain or flavoured).
- Crunch on a small handful of plain, unsalted nuts.*
- Snack on wholegrain or wholemeal crisp bread with sliced tomato and pepper.

*Nuts can contribute to an excess energy (kilojoule) intake so limit the quantity and frequency of eating them.

Drinks

Plain water is the best drink for you, because it has no energy (kilojoules). It’s also cheap and quenches your thirst.

Other suitable choices to include in moderation are:
- plain mineral water
- soda water
- reduced fat milk
- herbal tea
- tea
- coffee.

If you have milk in tea or coffee, use reduced fat varieties or ‘added calcium’ alternatives.
Alcohol

Reducing the amount of alcohol you drink can substantially lower your blood pressure.

Too much drinking increases your risk of high blood pressure, coronary heart disease and stroke, as well as many other problems.

If you have abnormal cholesterol, high blood pressure, chronic heart failure, cardiovascular disease, coronary heart disease, liver disease or diabetes, or are obese, you need to drink less than the above recommended limits. Talk with your doctor to find out what is right for you.

If you don’t already drink alcohol, or drink less than these limits, don’t drink more.

Tips to lower your alcohol intake

- Alternate your alcoholic drinks with low kilojoule drinks, such as tap water, plain mineral water or diet soft drink.
- Dilute your alcoholic drinks with plain mineral water, soda or diet soft drink when you can.
- Use only half-measures of spirits.
- Choose a low alcohol or light beer.
- Choose a low alcohol wine.
- When you are thirsty, drink cold water instead of alcohol. Keep a jug of water on the table with your meals.

What’s a standard drink?

Examples of a standard drink are a can of mid-strength beer, a small glass of wine or a nip of spirits.

(Above) Examples of a standard drink. Note: options in the table vary depending on the amount (mL) and alcoholic strength (see pages 54–55).
• Have at least one or two alcohol-free days per week.
• Limit alcoholic drinks to two a day for healthy people.
• If you have high blood pressure or are taking blood pressure medicine:
  – men should have no more than two drinks per day
  – women should have only one drink per day.

▶ Tables of standard drink measures

Use the following charts to check how many standard drinks you have a day or in a week. The number beneath each container gives the number of standard drinks.

### NUMBER OF STANDARD DRINKS – BEER

<table>
<thead>
<tr>
<th>Number</th>
<th>Size</th>
<th>Alc Vol</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>285ml</td>
<td>48%</td>
</tr>
<tr>
<td>0.8</td>
<td>285ml</td>
<td>35%</td>
</tr>
<tr>
<td>0.6</td>
<td>285ml</td>
<td>2.7%</td>
</tr>
<tr>
<td>1.6</td>
<td>425ml</td>
<td>48%</td>
</tr>
<tr>
<td>1.2</td>
<td>425ml</td>
<td>35%</td>
</tr>
<tr>
<td>0.9</td>
<td>425ml</td>
<td>2.7%</td>
</tr>
<tr>
<td>1.4</td>
<td>375ml</td>
<td>48%</td>
</tr>
<tr>
<td>1</td>
<td>375ml</td>
<td>35%</td>
</tr>
<tr>
<td>0.8</td>
<td>375ml</td>
<td>2.7%</td>
</tr>
<tr>
<td>1.4</td>
<td>375ml</td>
<td>48%</td>
</tr>
<tr>
<td>1</td>
<td>375ml</td>
<td>35%</td>
</tr>
<tr>
<td>0.8</td>
<td>375ml</td>
<td>2.7%</td>
</tr>
<tr>
<td>34</td>
<td>24 x 375ml</td>
<td>48%</td>
</tr>
<tr>
<td>24</td>
<td>24 x 375ml</td>
<td>35%</td>
</tr>
<tr>
<td>19</td>
<td>24 x 375ml</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

RTD = ready-to-drink

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### NUMBER OF STANDARD DRINKS – WINE

<table>
<thead>
<tr>
<th>Volume</th>
<th>Description</th>
<th>Alcohol %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.6</td>
<td>150mL Average Restaurant Serving of Red Wine</td>
<td>13.5% Alc. Vol</td>
</tr>
<tr>
<td>1</td>
<td>100mL Standard Serve of Red Wine</td>
<td>13.5% Alc. Vol</td>
</tr>
<tr>
<td>0.9</td>
<td>60mL Standard Serve of Port</td>
<td>11.5% Alc. Vol</td>
</tr>
<tr>
<td>1.4</td>
<td>150mL Average Restaurant Serving of White Wine</td>
<td>11.5% Alc. Vol</td>
</tr>
<tr>
<td>1</td>
<td>100mL Standard Serve of White Wine</td>
<td>11.5% Alc. Vol</td>
</tr>
<tr>
<td>1.4</td>
<td>150mL Average Restaurant Serving of Champagne</td>
<td>12% Alc. Vol</td>
</tr>
<tr>
<td>7.5</td>
<td>750mL Bottle of Champagne</td>
<td>12.5% Alc. Vol</td>
</tr>
<tr>
<td>8</td>
<td>750mL Bottle of Red Wine</td>
<td>13.5% Alc. Vol</td>
</tr>
<tr>
<td>43</td>
<td>4 Litres Cask Red Wine</td>
<td>13.5% Alc. Vol</td>
</tr>
<tr>
<td>21</td>
<td>2 Litres Cask White Wine</td>
<td>12.5% Alc. Vol</td>
</tr>
<tr>
<td>7.5</td>
<td>750mL Bottle of White Wine</td>
<td>12.5% Alc. Vol</td>
</tr>
<tr>
<td>39</td>
<td>4 Litres Cask White Wine</td>
<td>12.5% Alc. Vol</td>
</tr>
<tr>
<td>19.5</td>
<td>2 Litres Cask White Wine</td>
<td>12.5% Alc. Vol</td>
</tr>
<tr>
<td>28</td>
<td>2 Litres Cask Port</td>
<td>17.5% Alc. Vol</td>
</tr>
</tbody>
</table>

### NUMBER OF STANDARD DRINKS – SPIRITS

<table>
<thead>
<tr>
<th>Volume</th>
<th>Description</th>
<th>Alcohol %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30mL High Strength Spirit Nl</td>
<td>40% Alc. Vol</td>
</tr>
<tr>
<td>22</td>
<td>700mL High Strength Bottle of Spirits</td>
<td>40% Alc. Vol</td>
</tr>
<tr>
<td>1.1</td>
<td>125mL Full Strength RTD*</td>
<td>5% Alc. Vol</td>
</tr>
<tr>
<td>1.2</td>
<td>330mL Full Strength RTD*</td>
<td>5% Alc. Vol</td>
</tr>
<tr>
<td>2.6</td>
<td>600mL Full Strength RTD*</td>
<td>7% Alc. Vol</td>
</tr>
<tr>
<td>1.5</td>
<td>330mL High Strength RTD*</td>
<td>7% Alc. Vol</td>
</tr>
<tr>
<td>1.8</td>
<td>330mL High Strength RTD*</td>
<td>7% Alc. Vol</td>
</tr>
<tr>
<td>3.6</td>
<td>660mL High Strength RTD*</td>
<td>7% Alc. Vol</td>
</tr>
<tr>
<td>1.2</td>
<td>250mL Full Strength Pre-mix Spirits</td>
<td>5% Alc. Vol</td>
</tr>
<tr>
<td>1.5</td>
<td>375mL Full Strength Pre-mix Spirits</td>
<td>5% Alc. Vol</td>
</tr>
<tr>
<td>1.7</td>
<td>440mL Full Strength Pre-mix Spirits</td>
<td>5% Alc. Vol</td>
</tr>
<tr>
<td>1.4 – 1.9</td>
<td>250mL High Strength Pre-mix Spirits</td>
<td>7% – 10% Alc. Vol</td>
</tr>
<tr>
<td>1.6</td>
<td>300mL High Strength Pre-mix Spirits</td>
<td>7% Alc. Vol</td>
</tr>
<tr>
<td>2.1</td>
<td>275mL High Strength Pre-mix Spirits</td>
<td>7% Alc. Vol</td>
</tr>
<tr>
<td>2.4</td>
<td>440mL High Strength Pre-mix Spirits</td>
<td>7% Alc. Vol</td>
</tr>
</tbody>
</table>
Be physically active

Keep up any physical activity program you started while you were in hospital.

You should be able to return to your usual activities a few weeks after your heart attack or other heart problem. Talk to your doctor or cardiac rehabilitation team about when you can start different activities again and how to pace your program.

▶ Do regular activity

Regular, moderate-intensity physical activity is good for you, especially if you have coronary heart disease.

It will help you:
• recover better from a heart attack or other heart problems
• reduce your risk of more heart problems
• improve your long-term health
• feel more confident, happy and relaxed
• have more energy
• manage your weight more easily
• improve your cholesterol
• have lower blood pressure
• have stronger bones (and lower your risk of osteoporosis)
• manage your blood glucose levels if you have diabetes.

You won’t get all of these benefits at once, or all of the same benefits. But doing regular physical activity and reducing the amount of sitting time will improve your health – even if you have coronary heart disease.
The Heart Foundation’s recommended activity goals

Aim to build up to doing at least 30 minutes of moderate-intensity physical activity on most, if not all, days of the week. You can do this in three lots of 10 minutes each if it’s easier. For example; 10 minutes of walking, 10 minutes of gardening and 10 minutes of light housework.

Keep on walking

Walking is a good type of physical activity for people with coronary heart disease because:

- it is gentle on your body as it is a low-impact activity
- you can go at your own pace
- you can walk and talk with other people which can help with motivation and confidence
- it doesn’t cost anything.

Start slowly

- Do some easy walking around your house and garden, or out on your street.
- Start by walking on flat ground each day.
- Have a destination in mind, such as the local shop or the end of the block.
- Walk at a pace you find comfortable (a good guide is a pace at which you can still have a conversation).
- Build up gradually – over a few weeks, walk longer distances and then uphill.

Join your local Heart Foundation Heartmoves program or Heart Foundation Walking group. This will help you to keep fit and make new friends. For more information see pages 86–87.
Guidelines for walking after you leave hospital

<table>
<thead>
<tr>
<th>Stage</th>
<th>Minimum time (minutes)</th>
<th>Times per day</th>
<th>Pace</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5–10</td>
<td>2</td>
<td>Stroll</td>
</tr>
<tr>
<td>2</td>
<td>10–15</td>
<td>2</td>
<td>Comfortable</td>
</tr>
<tr>
<td>3</td>
<td>15–20</td>
<td>2</td>
<td>Comfortable</td>
</tr>
<tr>
<td>4</td>
<td>20–25</td>
<td>1–2</td>
<td>Comfortable/Stride out</td>
</tr>
<tr>
<td>5</td>
<td>25–30</td>
<td>1–2</td>
<td>Comfortable/Stride out</td>
</tr>
<tr>
<td>6</td>
<td>30+</td>
<td>1–2</td>
<td>Comfortable/Stride out</td>
</tr>
</tbody>
</table>

Build up your walking gradually over time. Start at stage 1. Walk up to 10 minutes twice a day. Do this at least two days in a row. If you find this tiring, stay at Stage 1 until you feel stronger. You may need to stay at Stage 1 for a few weeks.

Talk to your doctor or other health professional if you aren’t sure whether you are doing too much or too little walking.

Only move to the next stage when you meet your walking target without discomfort.

As you advance and are doing more walking, you may take longer getting used to how much walking you need to do before you move to the next stage.

If you don’t feel well enough to walk one day, miss walking that day – or at least drop back one or two stages – so your body gets some rest.
Take the stairs?

If there are stairs where you live, you can climb them slowly as soon as you come home.

As a general rule, if you can walk normally at your usual pace, you can also climb two flights of stairs at your usual pace.

Gradually increase how many stairs you can climb, and how fast you climb them.

Do sport and other recreational activities

Do the sort of activities you like to do regularly. Start with walking and everyday tasks, like light gardening and housework. Aim to limit the amount of time you sit each day. Gradually add other activities such as cycling and swimming that need more effort.

You can usually start cycling, swimming, tennis, golf and bowls again after six weeks, as your fitness and confidence increases. Ask your doctor or cardiac rehabilitation team about specific sports.

The strain of lifting heavy weights and some other activities can raise your blood pressure, so don’t do these in the short term.

You may later include resistance (weight) training with light weights in your activity program. But talk with your doctor or cardiac rehabilitation team before you start this sort of training.

How much activity should you do?

How you feel is your best guide to doing physical activity at a safe level.

It is normal to worry about what you should and shouldn’t do. Slowly build up your activity level based on what your doctor or health professionals tell you. You may feel more comfortable exercising with a friend or family member for increased motivation as well as confidence or safety concerns.
Increase your physical activity slowly. Your doctor will advise you about this when you leave hospital. Also use the walking guidelines on page 58.

### How to stay safe during physical activity

- Do the activity gradually and at a low level of intensity.
- Find the level of activity that suits you.
- You should be able to talk without getting short of breath while you’re doing physical activity.
- If you want to do more intensive physical activity, build up slowly over a number of weeks.
- As you start to feel better and fitter while being active, increase the intensity so you start to ‘puff’ a little during the activity.
- Be active when you’re feeling well.
- Don’t overdo it.
- Don’t do physical activity if you feel unwell, tired or sore – take a day off to recover.
- Don’t do physical activity straight after meals or alcohol.
- Stay comfortable while you are active – you should never find the activity very hard.
- Drink lots of water before, during and after the activity (you will lose water through sweating).
- Share the activity with a friend – you may feel more confident and motivated, and enjoy it more too!
- Carry a mobile telephone with you while walking, if you have one.
- Talk with your doctor if you want to do more intensive activity or competitive sports.
- If you need to take angina medicine, keep it with you when you do the activity.
› Having sex again?

Most people can have sex again soon after a heart attack or other heart problems.

If you can walk up two flights of stairs without getting chest pain or feeling short of breath, you are probably well enough to have sex.

If you have had heart surgery, wait until your breastbone has healed (about six to eight weeks after the operation). Do not put any pressure or stress on your chest. Some positions may be more comfortable than others.

Stop if you feel any pain or discomfort in your chest.

Try not to have sex after eating a large meal, drinking alcohol or when you are very tired.

Take things slowly – it can take time for a sexual relationship to get back to normal. It’s common to lose interest in having sex for a little while. Some heart medicines can also reduce your interest or capacity for sex.

Talk with your partner or doctor about your feelings and worries about having sex.

› Travelling again?

You can travel straightaway by train, tram or bus, or as a passenger in a car, but make sure that you have a seat, so that you do not get too tired.

Long trips may make you feel tired, so try to have regular breaks. You may also get car sick more easily than usual.

Check with your doctor if you can travel by plane. You may also need to get a medical clearance form. Ask the airline about any air travel requirements if you’re unsure.
Driving again?

Talk with your doctor about when you can drive again as you will need your doctor’s approval. If you’ve had heart surgery, or drive a commercial vehicle, it may take longer and you may need to follow specific instructions. This may be within two to four weeks, but it depends on your recovery.

The following are suggested times to wait before you begin driving again:

- cardiac arrest – at least six months
- coronary artery bypass graft (CABG) surgery – at least four weeks
- heart attack (myocardial infarction) – at least two weeks
- cardiac pacemaker – at least two weeks
- coronary angiogram – at least two days
- coronary angioplasty and stent insertion – at least one week.

Check with your car insurance provider, as you may not be covered for a specified time after a stay in hospital.

If you feel insecure or your family is worried about driving:

- don’t drive alone
- only drive routes you know
- avoid peak hour traffic.

It’s the law that all drivers must report a permanent or long-term medical condition that might affect their driving. To check if you should report your condition, contact the Transport Authority in your state or territory.
Going back to work again?

Returning to work is a very important part of your overall recovery.

Decide with your doctor, cardiac rehabilitation team and other health professionals when to go back to your job. They will tell you how to best prepare for returning to it.

You can usually go back to work a few weeks after you go home from hospital. But this depends on how fast you recover and how physically active your job is.

If you do physically demanding work, you may need to build up your strength first. Think about asking your workplace for lighter work or shorter work days.

Whatever your job, make sure you are ready to go back to it. Give yourself time to settle into your work routine again.

Be a healthy weight

It’s important to be a healthy body weight because it lowers your risk of more heart problems and developing diabetes (see pages 69–70).

If you carry extra weight around your middle (being ‘apple-shaped’) it’s a bigger health risk than if you are just overweight. It’s very important for you to lose weight if this is the case.
To lose weight, you need to use up more energy (kilojoules) than you take in by:
• reducing your energy (kilojoule) intake by having lower energy (kilojoule) foods and drinks
• increasing your energy (kilojoules) use by doing more physical activity and sitting less.

Once you have a healthy body weight, keep it there by balancing the energy (kilojoules) you get from your food and drinks with the energy (kilojoules) you use doing physical activity.

▶ The Heart Foundation’s recommended goals

The Heart Foundation recommends you aim for a waist measurement of less than:
• 94 cm for males
• 80 cm for females.

Body mass index (BMI) provides an estimate of your fat based on your weight and height. We also recommend a BMI of less than 25 kg/m².

A healthy BMI should be between 18.5 and 25 kg/m².

To calculate your BMI, measure your body weight (in kilograms) and divide it by the square of your height (in metres). For example, if you weighed 75 kg and were 1.7 m tall, your BMI would be:

\[
\text{BMI} = \frac{75 \text{ kg}}{(1.7 \text{ m} \times 1.7 \text{ m})}
\]

= 75 kg ÷ 2.89 m
= 25.95 kg/m²

Visit www.heartfoundation.org.au/BMI to calculate your BMI online.

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**Watch your weight**

Being a healthy body weight will help you lower your blood pressure and cholesterol.

**Enjoy being healthy**

Reach and stay at a healthy weight by enjoying healthy eating and being physically active.

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My recovery
Lose weight healthily

Losing weight the healthy way is not quick. Many weight loss books and crash diets are often unhealthy ways to lose weight and won’t help you keep weight off in the long term.

It comes down to the type and amount of food and drinks and the type and amount of physical activity you do. Don’t think about it as ‘going on a diet’ which is a short-term thing, but as a choice to be healthy for life!

People generally put weight on over a period of time, sometimes several years. Losing it will not happen overnight and you should not lose it too quickly or ignore what a health professional tells you. If you are making lifestyle changes, then generally the weight loss will follow.

As an easy first step to losing weight, you can:
- change the types and amount of foods and drinks you consume
- increase your physical activity levels – every little bit helps
- reduce the amount of time you spend sitting, stand up more often and move around your home, workplace or when you are out and about.

Do a weight loss plan

If you and your doctor agree that you need to lose weight, plan for how to do it together. This will help you decide on the lifestyle changes you will make. It will also help you to be realistic about what you can achieve.

Make a list of things to help you lose weight. Include ways of having better eating habits, doing more physical activity and sitting less often like:
- only have take-away foods once a week
- go for a 30-minute walk at least three times a week
- watch less TV or spend less time in front of a computer each day.

Lose weight the healthy way

Lower your energy (kilojoules) intake by:
- choosing foods and drinks with less energy (kilojoules) – make these the main part of your meals and snacks
- limiting how many high energy (kilojoule) foods and drinks you have
- watching your overall food and drink intake.

Ask your doctor if you need to do more than 30 minutes of physical activity on most days of the week to lose weight.
Weight loss plan steps

Step 1 Set realistic weight loss or lifestyle goals.

Step 2 Identify what you eat and drink, your level of physical activity and amount of sitting time.

Step 3 Make changes to what you eat and drink.

Step 4 Do more physical activity and sit less often. Be as active as you can in as many ways as possible. Do this on most, if not all, days of the week.

Step 5 Keep going with your weight loss plan.

Make weight loss last

To lose weight, keep it off and be healthy, you need to change your eating habits, raise physical activity levels and sit less often. Doing only one of these is usually not enough.

See pages 34–66 for more information on keeping a healthy body weight by healthy eating and doing physical activity.
Quit smoking

People who have already developed smoking-related health problems, like heart disease, can still benefit from quitting.

- Quitting smoking is the most important way to lower your risk of more heart problems.
- Smoking reduces the amount of oxygen in your blood, and damages and weakens artery walls.
- You feel the benefits of quitting almost immediately.
- From the moment you quit smoking, your extra risk of heart attack begins to drop.

Know the risks of smoking

Smoking can increase:
- your risk of stroke by three times
- your risk of peripheral arterial disease (e.g. clogging of the arteries in your legs) by more than five times
- the chance of the wall of your abdominal aortic artery becoming weak (and possibly rupturing) by six to seven times.

What about second-hand smoke (passive smoking)?

Try not to be around other people who smoke. Being exposed to second-hand smoke (passive smoking) on a regular basis increases your risk of coronary heart disease by about 30%.

You can learn to quit

Quitting smoking can be hard at first but, like learning to ride a bike or drive a car, you can do it with planning, practice and help.

The benefits of quitting outweigh any temporary difficulties or symptoms you may feel.
What’s in tobacco?
Cigarette smoke has thousands of chemicals, including these dangerous ones:
- **nicotine** – an addictive drug that affects your brain and muscle activity, and increases your blood pressure, making your heart work harder
- **carbon monoxide** – a poisonous gas that replaces oxygen in your blood, making your heart beat faster than usual
- **tar** – a sticky substance that coats your lungs like soot in a chimney, making it hard for you to breathe, and that contains a variety of chemicals that cause cancer.

**Plan to quit**
- Set a date for quitting.
- Begin to change your habits.
- Learn how to handle stress and urges to smoke.
- Think about who and what can help you through the tough times.

**Don’t give up**
Many people slip up after they quit and start smoking again. Don’t see this as a failure. Instead think about what made you smoke again. How can you deal with this situation next time? What worked and what didn’t work? Learn from this and try quitting again. You become better at quitting each time you try.

**Things to help you quit**
- Talk with your doctor and other health professionals about quitting smoking. They can tell you what options are available to help you to quit, and can check your progress.
- Consider using nicotine replacement products (e.g. nicotine gums, patches or lozenges), or bupropion or varenicline tablets. These products can double your chances of quitting successfully.
- Ask your family and friends for support and encouragement.
- Read about how to quit and do quit smoking courses.
- Call the Quitline on 13 78 48 for information and advice about quitting smoking.
- Make sure your home and car are smoke free.

**Note:** The safety of e-cigarettes is unclear at this time; please talk to your doctor.
Manage diabetes

Diabetes is a condition that affects the way body cells take up and use glucose from the blood. If you have high blood glucose levels you may have diabetes. This increases your risk of cardiovascular disease; for example, heart attack, angina or stroke.

There are two main types of diabetes:
- **type 1:** previously known as insulin dependent or juvenile onset diabetes
- **type 2:** previously known as non-insulin dependent or mature onset diabetes.

People with cardiovascular disease often have type 2 diabetes. This is the most common type of diabetes and makes up 90% of cases of diabetes.

Diabetes is on the rise. The best way to manage diabetes is to be physically active, eat a healthy diet and achieve and maintain a healthy weight. Talk to your doctor about screening for diabetes.

► The Heart Foundation’s recommended diabetes goals

Manage your diabetes long-term. Ask your doctor to check your blood glucose levels with a regular HbA1c (glycosylated haemoglobin) blood test. This shows your average blood glucose levels over the past 10 to 12 weeks.

Generally aim for an HbA1c level of less than or equal to 7%. These goals can vary for different people, so find out from your doctor or accredited diabetes educator what your blood glucose and HbA1c goals should be.
How to manage diabetes?

Manage your diabetes by being physically active, enjoying healthy eating and staying at a healthy weight.

You should also:

• stop smoking if you smoke (see pages 67–68 for more information)
• manage your blood pressure (see pages 71–73 for more information)
• manage your cholesterol (see pages 74–75 for more information)
• regularly see your doctor for diabetes reviews.

If you have type 2 diabetes, you may need to take medicines to help you to maintain normal blood glucose levels, as well as make these lifestyle changes.

Work with your doctor to make a plan for managing diabetes. This will usually include healthy eating, physical activity and taking medicines as directed. Your doctor may also refer you to an accredited diabetes educator or clinic for more information and guidance.

For more information, visit the Diabetes Australia website at www.diabetesaustralia.com.au.
Manage high blood pressure

▷ What is blood pressure?

Blood pressure is the pressure of your blood against the inner walls of your arteries as it is pumped around the body by your heart.

As your heart pumps, the flow of blood in your arteries and your blood pressure rises and falls in a regular ‘wave’ pattern. Blood pressure peaks when your heart pumps (called ‘systole’) and falls when your heart relaxes (called ‘diastole’).

A blood pressure reading is usually expressed as the systolic pressure over the diastolic pressure, as in 130/80.

Having normal blood pressure matters. Over time, high blood pressure can overload your heart and blood vessels and speed up the artery-clogging process. This can cause a heart attack, heart failure or stroke. It can also affect other vital organs, like your kidneys and brain.

Your blood pressure can vary. Things like your breathing, body position, emotional state, physical activity, sleep, medicines and stimulants (like alcohol or coffee) affect it.

Blood pressure is usually lowest when you are sleeping and highest when you are excited, upset or physically active.

Temporary rises are normal and your blood pressure should return to its usual level when you are resting. Because these changes can make it hard for your doctor to get a ‘true’ reading of your blood pressure, he or she may need to measure your blood pressure several times over a number of visits.

What is hypertension?
The medical term for constantly high blood pressure is ‘hypertension’. Hypertension does not mean nervous tension. It means you have high arterial blood pressure.
The Heart Foundation’s recommended blood pressure goals

Aim to have a target blood pressure of less than 130/80. Talk with your doctor about what your blood pressure level should be.

Why does blood pressure stay too high?

The exact cause of high blood pressure is often not clear.

Your family history, eating habits, alcohol intake, weight and level of physical activity affect your blood pressure level.

In some people, medicines, including the oral contraceptive pill, contraceptive ‘depot’ injections, steroids (cortisone-like medicines) and arthritis medicines, also raise blood pressure.

Have regular blood pressure checks

Often you won’t have any symptoms to warn you that you have high blood pressure, so have your doctor check it regularly to stop it causing any serious health problems.

If you have coronary heart disease, blood pressure–lowering medicine is a common way to reach a good blood pressure level.

Your doctor also needs to check if all your medicines are working properly and change them if necessary.

Did you know?

High blood pressure can be a sign that your kidneys are not working properly. Ask your doctor for a kidney health check.

Have you got questions? Speak with a health professional. Call 1300 36 27 87
Why check your blood pressure at home?

Your blood pressure may be different at home to what it is in the hospital or at the doctor’s surgery.

Your doctor may show you how to measure your blood pressure yourself and ask you to bring the results to your next appointments. In some cases your doctor may recommend that you wear a special monitor that will record your blood pressure over 24 hours.

These home measurements will help your doctor to make better decisions about your treatment by giving him or her more information about your blood pressure.

How to manage my high blood pressure?

Even if you take a blood pressure–lowering medicine, you probably still need to change your lifestyle for better blood pressure and health.

Ways to lower your blood pressure include:
• losing weight, if you’re overweight
• being more physically active
• limiting your alcohol intake
• quitting smoking
• reducing your salt (sodium) intake (see below)
• modifying your potassium intake after discussion with your doctor.

To help to decrease your salt/sodium intake:
• choose low or reduced salt food
• flavour meals with herbs and spices rather than salt
• avoid high salt foods, such as potato crisps/chips, salted nuts, commercial sauces (e.g. tomato, soy and fish), processed meat and most take-away foods.

Note: Foods with less than 120 mg of salt (sodium) per 100 g are recommended.
Manage cholesterol

› What is cholesterol?

Cholesterol is a fatty substance produced naturally by your body and found in your blood.

Cholesterol is used for many different things in the body, but causes health problems when there is too much of it in the blood.

There are two main types of cholesterol:

- low-density lipoprotein (LDL) cholesterol (called ‘bad’ cholesterol because it increases your risk of coronary heart disease)
- high-density lipoprotein (HDL) cholesterol (called ‘good’ cholesterol because it helps protect you against coronary heart disease).

› What causes too much cholesterol?

Eating foods high in saturated and trans fat is the main cause of too much cholesterol.

Foods high in saturated fat include fatty meats, full fat dairy products, butter, coconut and palm oils, and most deep fried take-away foods and commercially baked products, such as pies, biscuits, buns and pastries.

Foods high in trans fat include commercially baked products, such as pies, biscuits, buns and pastries, and most deep fried take-away foods.

See page 37 for more information about saturated and trans fats.

Three ways to lower your high cholesterol

1. Take cholesterol-lowering medicines as your doctor directs.
2. Enjoy healthy eating.
3. Be physically active.

What about margarine?

Most margarine in Australia contains less than 1% trans fat, so they are ‘virtually trans fat-free’.
What’s wrong with too much cholesterol?

Too much cholesterol in the blood causes fatty deposits to gradually build up in blood vessels. This makes it harder for blood to flow through, which can cause a heart attack or stroke.

The Heart Foundation’s recommended cholesterol goals

It is generally better if you have lower LDL cholesterol and triglycerides, and higher HDL cholesterol. This is especially true if you have coronary heart disease or are at risk of getting cardiovascular disease.

If you have coronary heart disease, we generally recommend:

• LDL cholesterol less than 1.8 mmol/L
• HDL cholesterol greater than 1.0 mmol/L
• triglycerides less than 2.0 mmol/L.

It is important that you talk with your doctor about what your cholesterol and triglycerides should be.

Keep your cholesterol low

The key to lowering your cholesterol is to take cholesterol-lowering medicines (particularly statins – see page 20 for more information about statins).

You need to eat foods low in saturated and trans fats. See pages 34–55 for more information about healthy eating.

What are triglycerides?

Triglycerides are another type of fat in the blood. Their role in coronary heart disease is not as clear as it is for cholesterol. But some people with high blood triglycerides do have an increased risk of coronary heart disease.

Why eat omega-3 fatty acids?

Omega-3 fatty acids can improve your outcomes after a heart attack and can help manage your cholesterol and triglycerides. All Australians should aim to include 2–3 serves of fish or seafood per week as part of a healthy diet.
Manage your emotional and social life

After a heart attack or other heart problem, it is normal to feel sad, angry, anxious, guilty, lonely, confused or stressed.

You may have one or more of these feelings. They may last a few hours, days or a couple of weeks. We recommend that you talk with your doctor if they last longer than two weeks.

Some emotional and social factors, like depression, being socially isolated or not having social support, can affect your recovery and future health. So it’s important for you to take care of your emotional and mental health, as well as your physical health.

▶ Coping with depression

What is depression?
Depression is more than just feeling sad or having a low mood – it’s a serious illness.

If you have depression you can find it hard to do everyday things. You may not want to be with friends or family, or enjoy working or playing sport. Depression also affects your relationships and overall sense of wellbeing.

You might get depression for different reasons. This may be to do with your heart problem, family or work problems, or feeling overwhelmed by having to change your lifestyle. It can also be caused by a chemical imbalance in your brain. Some medicines may cause depression as a side effect.

Know the signs of depression. Ask for help when you need it. Your doctor can tell you different ways of treating it.
Depression and coronary heart disease
Depression and coronary heart disease often occur together.

Evidence shows depression can be as big a risk factor for coronary heart disease as other known risk factors, such as smoking, high cholesterol and high blood pressure.

Depression can also slow your recovery if you have coronary heart disease – and increase your risk of more heart problems.

Managing depression will help you recover better, reduce your risk of more heart problems and be healthy.

How to tell if you’re depressed and not just sad
A sign of depression is when you have felt mainly sad, down or miserable most of the time, or lost pleasure in doing most of your usual activities, for more than two weeks.

These can include:
• not going out
• not speaking with or seeing close family members and friends
• using alcohol, sedatives or other drugs
• not doing things you once enjoyed
• not being able to concentrate
• feeling overwhelmed, guilty or irritable
• feeling disappointed, miserable or sad
• feeling frustrated, unhappy or indecisive
• having headaches and muscle pain
• not sleeping properly or sleeping too much
• loss or change of appetite.
Depression can be treated

Depression is just like any other illness; there are treatments for it.

Medical treatments include anti-depressant medicines to relieve the physical symptoms.

If you have mild depression and heart disease, cardiac rehabilitation programs and regular physical activity can help. You may also benefit from psychological therapies and, if necessary, medication.

How to manage depression

If you think you have depression or you have been diagnosed with it, there are different ways to manage it. These things may also help to lower your risk of coronary heart disease.

- Talk with your doctor and health professionals about your concerns and what treatments you can get.
- Ask for and accept help, support and encouragement from family and friends.
- Spend time with people to feel less isolated by joining support groups, doing social activities, or visiting or calling family and friends.
- Be active; this will improve both your physical and mental health.
- Eat different types of healthy foods.
- Achieve and maintain a healthy weight.
- Get enough sleep.
- Take time to relax and reduce your stress levels.
- Have regular check-ups and take your medicines as directed.
Helpful strategies for people with coronary heart disease

- Be kind to yourself.
- Seek help early – the sooner the better.
- Think about how you handled other stresses in your life. Remember what got you through the hard times and what didn’t.
- Get support from friends and family.
- Learn as much as you can about heart disease and how to manage it.
- Find people to talk to who have gone through a similar experience. Feelings of sadness and loss are common in people who have had a heart attack or heart surgery.
- Join a cardiac rehabilitation program, to learn about your heart, risk factors, medications and lifestyle changes you need to make. See page 25 for more information about cardiac rehabilitation.
- Ask for help – depression can be treated just like coronary heart disease. Follow your doctor’s advice about prescribed medicines and lifestyle changes to help you to manage both conditions.

Social isolation and lack of social support

What is social isolation and lack of social support?

Social isolation can occur when you live alone or if you feel lonely (isolated) for other reasons.

Social support is when you have friends and family who listen to you and understand how you feel. They give you emotional support and you share activities with them like dinners, drinks, sports, picnics and other outings.
Social isolation, social support and coronary heart disease

People who live alone or are lonely may have a higher risk of coronary heart disease than people who have support from family and friends.

Why being connected and having social support is important

You will get well faster and more easily when other people, like your family, friends, health professionals, and support groups, help you.

Your cardiac rehabilitation program is an important way to give you support and comfort. You get the advice and care of health professionals while sharing experiences with others who have similar heart problems. See page 25 for more information about cardiac rehabilitation.

Joining groups such as walking groups and clubs where you can get support and meet new people can also be an important part of your recovery.

Websites such as Heart Support Australia (www.heartnet.org.au) can also offer support.

Some of the information in this section was reproduced with permission from beyondblue. See the beyondblue fact sheet ‘Depression and heart disease’ at www.beyondblue.org.au for more information.

For more information please call 1300 36 27 87 (and speak with a health professional)
You will often hear the phrase ‘coping with coronary heart disease’, but ‘coping’ seems to mean ‘getting by’. You and your carer will need to do more than ‘get by’ to deal with the situation that has entered your lives, in so many instances without warning.

Thinking ‘heart condition’ will help you to ‘own’ the condition – for now it is very much a part of your life.

From now on, start thinking ‘managing’. By doing so, you are saying you are in control; you are ‘managing your heart condition’.

However, before you learn to manage, you need to know what it is you are managing. It is now that you and your carer learn how similar the path that you both need to travel is.

You may have one or more of a range of emotions.

Anger, sadness or anxiety are the most common emotions. You may feel them from the moment you are first diagnosed as having a heart condition, through to post-operative recovery.

Anger may come from a sense of intrusion, of the inconvenience to not only your lifestyle, but also to plans for your future. You may also feel angry at yourself for ‘getting into this situation’. Anger fades with time, but if it lasts, you may want to talk to your doctor.

Sadness or feeling ‘down’ is probably the most common emotion. Perhaps your main question is, ‘Why me?’.

If you can’t answer this question, you might ignore or even deny the issue. Again, if this emotion doesn’t ease with time, talk with your doctor.

Anxiety nearly always relates to the future: What about my work? What about my family? Anxiety affects everyone at some time, but it is very strong when you are concerned about your health.

A heart condition casts a darker shadow than most, for underlying all of the above is fear.

As well as questions about family, friends and work, other questions may tumble through your mind. How much pain can I stand? How far can I push myself physically? What is the danger of doing too much or too little? How much can I expect of others and of myself? Can I cope and how much of my burden do I share?

And always sitting in a deep recess of your mind are the questions – Will it happen again? What if it happens again?

The level of your emotion depends on you and your circumstances, but take some comfort in knowing that these emotions usually fade with time.

Any patient or carer who reads this may have experienced all or some of these emotions. Rest assured they are quite common. You are not alone. These are the many emotions you may come across before you set about managing your heart condition.

Printed with kind permission – Gerry Atkinson, board member, Heart Foundation (WA).
Services and support

This section at a glance

- This section details organisations and services that are available to support you in your heart health recovery.
- We have included information about cardiac rehabilitation services and important phone numbers.
About the Heart Foundation

The Heart Foundation is the leading organisation in the fight against cardiovascular disease. Our purpose is to reduce premature death and suffering from heart, stroke and blood vessel disease.

For more than 50 years, the Heart Foundation has been dedicated to saving lives by making a difference to the heart health of all Australians. Donations from the community help us to fund vital research, develop guidelines for health professionals, support patient care and help Australians to live healthier lifestyles. There is much more to do, and we are determined to save as many lives as we can in our quest to beat cardiovascular disease, Australia’s leading cause of death.

While our work has helped to reduce the number of deaths from cardiovascular disease, it remains one of Australia’s most devastating health problems. It claims a life almost every 12 minutes – 30% of all deaths in 2013. It also adversely affects the quality of life of nearly one in six Australians – an astounding 3.72 million people.

Our four main goals are:

- **healthy hearts** – we want to help create environments that give Australians healthy options and provide information and support to promote their heart health
- **heart care** – we want to help all Australians have access to quality healthcare and to ensure risk factors are well managed and cardiovascular disease is well treated
- **health equity** – we want to address disparities in heart health so all Australians can live longer, healthier lives
- **research** – we want to generate and translate research evidence, to help all Australians have better heart health.
Cardiac rehabilitation service providers

You will find cardiac rehabilitation or heart health information services in some hospitals, health services or private practices.

There may also be a pharmacist or dietitian who can give you helpful information to aid your recovery.

- My cardiac rehabilitation service

  Service name: 
  
  Address: 
  
  Telephone: 

To find out what is available in your area, call our Health Information Service on 1300 36 27 87
Heart Foundation Walking

Heart Foundation Walking is a network of free community-based walking groups led by volunteer walk organisers. These groups are a great way to be active, have fun and meet new people. There’s probably a group in your area!

By walking for at least 30 minutes a day, you get many health benefits including:
- maintaining a healthy weight
- increasing your fitness and strength
- improving your self-esteem and mental health.

We are helping Australians lead active, healthy lives by encouraging them to join or start Heart Foundation Walking groups in their area.

Heart Foundation Walking members receive special offers, regular newsletters, incentives and prizes to help keep them motivated.

To find out about your nearest Heart Foundation Walking group, or how you can start a new group, call our Health Information Service on 1300 36 27 87 or visit www.heartfoundation.org.au/walking.
Fundraising

▶ Your help can save more lives

The Heart Foundation is here to save lives, keep families together and help you enjoy your best possible health following your heart attack or surgery.

▶ We are here for you

For more than 50 years, the generous support of everyday Australians has produced ground-breaking advances that have saved the lives and improved the heart health of hundreds of thousands of Australians. That generosity has led to the wonderful treatment and care that you receive today.

Through research and advocacy, the Heart Foundation has achieved major advances in preventing heart attacks and improving the diagnosis, medical treatment and management of people living with heart conditions. These achievements, which we now take for granted, include:

• the national emergency Triple Zero (000) number
• intensive care ambulances
• coronary care units in hospitals
• cardiac rehabilitation
• technology like the pacemaker
• improved medications for high cholesterol and high blood pressure.

The treatment you now receive in hospital, in your cardiac rehabilitation, and through the ongoing management of your heart condition by your cardiologist, general practitioner and other health professionals is based on clinical guidelines developed by the Heart Foundation. Examples include the diagnosis, treatment and management of heart attack, heart failure, and rheumatic heart disease.
To help you manage your heart health, we have put together the best of our most trusted information into this booklet, *My heart, my life*. Our health professionals at our Health Information Service are also ready to talk to you about any of your heart health issues or concerns.

We are able to do all of this almost entirely because of the financial support of everyday Australians, like you.

We want you to make a great recovery and enjoy your best possible heart health for many years to come. When you are able, we would also like you to consider how you might help others like you by becoming a Heart Foundation supporter. You can become a regular supporter, make a major gift or consider the most lasting contribution by leaving a gift to the Heart Foundation in your Will. In fact, two out of every three research projects we are able to fund are as a result of wonderful Australians who have left a gift to the Heart Foundation in their Will.

“I had two heart attacks at the age of 53. The doctor told me I was going to die, but I told my family, ‘I’ve got a long way to go, and a lot to do’. The Heart Foundation has been absolutely wonderful to me, with recipe books and any other information when I’ve needed it.

Why have I left a gift in my Will? I am grateful for the work of the Heart Foundation and all the research it has supported. After ensuring that our children are looked after, my husband and I have included a bequest to the Heart Foundation in our Wills. We think this is a special way of giving hope to the future and saying thanks for the past 33 years of my life.”

– Val, 86
Important phone numbers

Emergencyp phone number
Dial **Triple Zero (000)** for an ambulance at any time, for 24-hour service (if you have heart attack warning signs).

*If calling Triple Zero (000) does not work on your mobile phone, try calling 112.

Health information and services

**The Heart Foundation’s Health Information Service**
1300 36 27 87†
A telephone service for heart health information.
www.heartfoundation.org.au
health@heartfoundation.org.au

Information about medicines

**NPS Medicines Line**
1300 63 34 24†
www.nps.org.au

**Australia MedicAlert Foundation**
1800 88 22 22
A service for people with heart conditions, particularly people who are prescribed ongoing medicines. Medical ID bracelets and wristbands provide critical information in case of emergency.
www.medicalert.com.au
Free fax: 1800 64 32 59

Quitting smoking

**Quitline**
13 78 48†
www.quitnow.gov.au
### Other information

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<td>Diabetes Australia</td>
<td>1300 13 65 88†</td>
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<td>Stroke Foundation</td>
<td>1800 78 76 53</td>
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<td>Commonwealth Respite and Carelink Centres</td>
<td>1800 05 22 22</td>
<td><a href="http://www.commcarelink.health.gov.au">www.commcarelink.health.gov.au</a></td>
</tr>
</tbody>
</table>

Find an accredited practising dietitian

www.daa.asn.au

Find an exercise physiologist

www.essa.org.au

Find a physiotherapist

www.physiotherapy.asn.au

†All numbers that start with 13 are the cost of a local call.
My other important phone numbers
Free health information within reach
– The Heart Foundation’s Health Information Service

The Heart Foundation’s Health Information Service provides free* personalised information on heart health, nutrition and a healthy lifestyle.

Call 1300 36 27 87 during business hours, email health@heartfoundation.org.au or visit www.heartfoundation.org.au/healthinfo

*cost of a local call
Take action

This section at a glance

- This is an interactive section. Plans, charts and tables are included for you to fill in and track your progress towards a healthier heart.
- It is recommended that you share your progress with your healthcare team and always seek advice from your doctor before changing any medication.
My coronary arteries

Aorta

Coronary arteries

© 2009–2012 National Heart Foundation of Australia. No further reproduction allowed.
My recovery

Write information below about your recovery, such as appointment times and locations, driving restrictions, and instructions for looking after your wounds.
Which risk factors can I change to improve my health?

☑ Tick your risk factors and write down the changes you will make:

☐ Smoking – How I will make a change:

☐ Being physically inactive – How I will make a change:

☐ Drinking more than the recommended amount of alcoholic drinks each day – How I will make a change:

☐ Sitting less often – How I will make a change:

☐ Being overweight – How I will make a change:

☐ Having diabetes – How I will make a change:

☐ Unhealthy eating – How I will make a change:

☐ Being depressed, socially isolated and having a lack of social support – How I will make a change:
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<thead>
<tr>
<th>Factor</th>
<th>Aim for*</th>
<th>Date:</th>
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<tr>
<td>LDL cholesterol</td>
<td>&lt; 1.8 mmol/L</td>
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<tr>
<td>HDL cholesterol</td>
<td>&gt; 1.0 mmol/L</td>
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<tr>
<td>NHDL-C</td>
<td>&lt; 2.5 mmol/L</td>
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<tr>
<td>Triglycerides</td>
<td>&lt; 2.0 mmol/L</td>
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<tr>
<td>Total cholesterol</td>
<td>&lt; 4.0 mmol/L</td>
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<td></td>
<td>However, focus more on LDL cholesterol rather than total cholesterol</td>
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<tr>
<td>Blood pressure</td>
<td>&lt; 130/80 mmHg</td>
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<td>Your doctor may want it lower</td>
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<tr>
<td>Fasting blood sugar</td>
<td>Generally</td>
<td>&lt; 5.5 mmol/L</td>
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<td>HbA1c†</td>
<td>≤ 7%</td>
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<td>Weight</td>
<td>Waist measurement</td>
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<td></td>
<td>&lt; 94 cm (males)</td>
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<td>&lt; 80 cm (females)</td>
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<td></td>
<td>BMI</td>
<td>18.5–24.9 kg/m²</td>
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*Please note that these targets are a general guide. Work with your doctor to set your personal goals.
†This will be measured if you have diabetes.
Smoking action plan

☑ Tick the relevant column after each review.

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<th>Actions</th>
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- If you haven’t quit smoking yet
  - Work out the benefits of quitting.
  - Discuss quitting options, including nicotine replacement therapy, with your health professional or the Quitline.
  - Set a date to quit.
  - Make sure your home and car are smoke-free.

- If you have already quit
  - Avoid areas where you might be exposed to second-hand smoke.
  - Call the Quitline if you are having problems with not smoking.
  - Remind yourself of two benefits of quitting.
  - Make sure your home and car are smoke-free.

- If you are a non-smoker
  - Avoid areas where you might be exposed to second-hand smoke.
  - Make sure your home and car are smoke-free.
### Take action

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<th>Start date</th>
<th>Review regularly and note your progress here</th>
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### Nutrition action plan

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<tbody>
<tr>
<td>Eat plenty of vegetables (aim for five serves of vegetables every day).</td>
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<tr>
<td>Choose wholegrain breads, cereal, pasta, rice and noodles.</td>
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<td>Select lean meat (meat trimmed of fat and poultry without skin).</td>
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<tr>
<td>Have two to three serves (150 gram serve) of fish and seafood every week. Take fish oil supplements.</td>
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<td>Incorporate dried peas (e.g. split peas), dried beans (e.g. haricot beans, kidney beans), canned beans (e.g. baked beans, three bean mix) or lentils into at least two meals a week.</td>
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<td>Include up to six eggs every week.</td>
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<tr>
<td>Choose reduced fat milk, yoghurt or custard, or calcium added non-dairy food and drinks.</td>
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<tr>
<td>Use a variety of oils for cooking – some suitable choices include canola, sunflower, soybean, olive, sesame and peanut oils.</td>
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<td>Use spreads and margarines made from canola, sunflower or olive oil, and dairy blends that have earned the Heart Foundation Tick, instead of butter.</td>
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</table>

- Eat plenty of vegetables (aim for five serves of vegetables every day).
- Choose wholegrain breads, cereal, pasta, rice and noodles.
- Select lean meat (meat trimmed of fat and poultry without skin).
- Have two to three serves (150 gram serve) of fish and seafood every week.
- Take fish oil supplements.
- Incorporate dried peas (e.g. split peas), dried beans (e.g. haricot beans, kidney beans), canned beans (e.g. baked beans, three bean mix) or lentils into at least two meals a week.
- Include up to six eggs every week.
- Choose reduced fat milk, yoghurt or custard, or calcium added non-dairy food and drinks.
- Use a variety of oils for cooking – some suitable choices include canola, sunflower, soybean, olive, sesame and peanut oils.
- Use spreads and margarines made from canola, sunflower or olive oil, and dairy blends that have earned the Heart Foundation Tick, instead of butter.

Continued over…
Nutrition action plan *(continued)*

☑ Tick the relevant column after each review.

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<tr>
<th>Actions</th>
<th>Already doing this</th>
<th>Ready to do now</th>
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<tbody>
<tr>
<td>Use salad dressings and mayonnaise made from oils such as canola, sunflower, soybean, olive, sesame and peanut oils.</td>
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<tr>
<td>Snack on plain, unsalted nuts and fresh fruit (aim to eat two serves of fruit every day).</td>
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<tr>
<td>Try to limit processed meats, including sausages, and deli meats, such as salami. Choose deli meats with the Heart Foundation Tick.</td>
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<tr>
<td>Try to limit take-away foods, such as pastries, pies, pizza, hot chips, fried fish, hamburgers and creamy pasta dishes, to once a week.</td>
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<tr>
<td>Try to limit salty, fatty and sugary snack foods, such as crisps, cakes, pastries, biscuits, lollies and chocolate, to once a week.</td>
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<tr>
<td>Try to limit foods such as liver, kidneys and pâté.</td>
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<tr>
<td>Limit caffeinated drinks. Try to have no more than one or two cups of filtered coffee, tea or cola per day.</td>
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<tr>
<td>Include two or three serves of plant sterol enriched foods every day (for example, plant sterol enriched margarine).</td>
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<tr>
<td>Ask your doctor for a referral to an accredited practising dietitian.</td>
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### Alcohol action plan

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<tbody>
<tr>
<td>Alternate your alcoholic drinks with low kilojoule drinks, such as tap water, plain mineral water or diet soft drink.</td>
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<tr>
<td>Where possible, dilute your alcoholic drink with plain mineral water, soda water or diet soft drink.</td>
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<tr>
<td>Use only half measures of spirits.</td>
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<tr>
<td>Choose a low alcohol or light beer.</td>
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<tr>
<td>When you are thirsty, drink cold water instead of alcohol. Keep a jug of water on the table when dining in or out.</td>
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<tr>
<td>Establish one or two alcohol-free days per week.</td>
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<tr>
<td>When stressed, take a walk or exercise instead of drinking.</td>
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<tr>
<td>Healthy men and women – limit alcoholic drinks to two per day.</td>
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<tr>
<td>If you have high blood pressure or are taking blood pressure medicine, limit alcoholic drinks to no more than two per day (men) or one per day (women).</td>
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### Take action

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Physical activity action plan

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¬ Getting started

Talk with your doctor or health professional about how to increase your physical activity levels.

¬ Start slowly and gradually build up your activity

Do everyday tasks, like light gardening and housework. Do some easy walking around your house and garden, or out on your street.

Gradually increase your physical activity to 30 minutes on most, if not all, days of the week. See page 58 as a guide.

As your fitness increases, try activities such as cycling, swimming, tennis or golf.

¬ Ways to be more active every day

Spend less time sitting down, e.g. watching TV or at the computer.

Be more physically active at home, e.g. vacuum, gardening, mow the lawn.

Try walking, cycling or taking public transport.

Take the stairs instead of the lift.

Buy a pedometer and keep a record of your steps.

Get support by joining a local group. See pages 86–87 or call 1300 36 27 87.
### Take action

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#### Getting started
- Talk with your doctor or health professional about how to increase your physical activity levels.
- Start slowly and gradually build up your activity by doing everyday tasks, like light gardening and housework. Do some easy walking around your house and garden, or out on your street.
- Gradually increase your physical activity to 30 minutes on most, if not all, days of the week. See page 58 as a guide.
- As your fitness increases, try activities such as cycling, swimming, tennis or golf.

#### Ways to be more active every day
- Spend less time sitting down, e.g. watching TV or at the computer.
- Be more physically active at home, e.g. vacuum, gardening, mow the lawn.
- Try walking, cycling or taking public transport.
- Take the stairs instead of the lift.
- Buy a pedometer and keep a record of your steps.
- Get support by joining a local group. See pages 86–87 or call 1300 36 27 87.
Healthy weight action plan

- Tick the relevant column after each review.

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- **For everyone**

Do at least 30 minutes of moderate-intensity physical activity on most, if not all, days of the week.

Enjoy healthy eating.

Sit less.

- **If you need to lose weight**

Choose foods lower in energy (kilojoules) and make these the main part of your meals and snacks.

Limit the amount of high energy (kilojoule) foods you eat.

Choose smaller serving sizes.

Drink plain tap water, plain mineral water or soda water.

Limit soft drinks, fruit juices and fruit juice drinks.

Limit how much alcohol you drink.

Ask your doctor for a referral to an accredited practising dietitian.
### Take action

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## Cholesterol and triglycerides action plan

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<tr>
<td>Talk with your doctor about your cholesterol and triglycerides.</td>
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<td>Take your cholesterol-lowering medicines (e.g. statins) as prescribed.</td>
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<tr>
<td>Enjoy healthy eating and eat less saturated and trans fats.</td>
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<td>Be physically active.</td>
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<td>Ask your doctor for a referral to an accredited practising dietitian.</td>
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<tr>
<td>Find out more information about cholesterol and triglycerides.</td>
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<td>Start date</td>
<td>Review regularly and note your progress here</td>
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</table>
### Blood pressure action plan

**Tick the relevant column after each review.**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Already doing this</th>
<th>Ready to do now</th>
<th>Not ready yet</th>
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</thead>
<tbody>
<tr>
<td>Talk with your doctor about your blood pressure.</td>
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<tr>
<td>Take blood pressure medicines as prescribed.</td>
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<tr>
<td>See your doctor regularly to have your blood pressure checked.</td>
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<tr>
<td>Be physically active.</td>
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<tr>
<td>Minimise salt intake</td>
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<tr>
<td>- Avoid high salt foods, such as potato crisps/chips, salted nuts, commercial sauces (e.g. tomato, soy, fish), processed meat and most take-away foods.</td>
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<tr>
<td>- Avoid using salt in cooking and at the table – use herbs and spices instead.</td>
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<tr>
<td>- Choose low salt or salt reduced foods where available.</td>
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<tr>
<td>Healthy men and women – limit alcoholic drinks to two per day.</td>
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<tr>
<td>If you have high blood pressure or are taking blood pressure medicine, limit alcoholic drinks to two per day (men) or one per day (women).</td>
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<tr>
<td>Achieve and maintain a healthy weight.</td>
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<td>Start date</td>
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## Diabetes action plan

- Tick the relevant column after each review.

<table>
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<tr>
<th>Actions</th>
<th>Already doing this</th>
<th>Ready to do now</th>
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<tbody>
<tr>
<td>Take your diabetes medicines as prescribed.</td>
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<tr>
<td>Achieve and maintain a healthy weight.</td>
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<tr>
<td>Be physically active.</td>
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<tr>
<td>Enjoy healthy eating</td>
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<tr>
<td>• Reduce the amount of saturated and trans fats that you eat.</td>
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<tr>
<td>• Avoid eating foods very high in sugar (e.g. soft drinks, sweets).</td>
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<tr>
<td>Find out more about diabetes.</td>
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</table>
### Take action

<table>
<thead>
<tr>
<th>Start date</th>
<th>Review regularly and note your progress here</th>
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</table>

- Take your diabetes medicines as prescribed.
- Achieve and maintain a healthy weight.
- Be physically active.
- Enjoy healthy eating
  - Reduce the amount of saturated and trans fats that you eat.
  - Avoid eating foods very high in sugar (e.g., soft drinks, sweets).
- Find out more about diabetes.
## Psychological and social health action plan

☑ Tick the relevant column after each review.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Already doing this</th>
<th>Ready to do now</th>
<th>Not ready yet</th>
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<tbody>
<tr>
<td>Take your medicines as prescribed.</td>
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<tr>
<td>Regularly monitor yourself for depression using the self-assessment checklist on page 77 and take action as recommended.</td>
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<tr>
<td>Talk with your partner/family/friend about how you feel.</td>
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<tr>
<td>Talk with your health professional about how you feel.</td>
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<tr>
<td>Attend a cardiac rehabilitation program.</td>
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<td>Join a local heart support group.</td>
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<td>Join a social group.</td>
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<tr>
<td>Join a walking group.</td>
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<tr>
<td>Be physically active every day.</td>
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<td>Ask your doctor for a referral to a registered clinical psychologist.</td>
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<tr>
<td>Find out more about depression and social isolation.</td>
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Take action

My notes
Will you recognise your heart attack?

Do you feel any

- pain
- pressure
- heaviness
- tightness

In one or more of your

- chest
- neck
- jaw
- arm/s
- back
- shoulder/s

You may also feel

- nauseous
- a cold sweat
- dizzy
- short of breath

Yes

1 STOP and rest now

2 TALK Tell someone how you feel

If you take angina medicine

- Take a dose of your medicine.
- Wait 5 minutes. Still have symptoms? Take another dose of your medicine.
- Wait 5 minutes. Symptoms won’t go away?

Are your symptoms severe or getting worse? 

Yes or

Have your symptoms lasted 10 minutes?

3 CALL 000* Triple Zero

- Ask for an ambulance.
- Don’t hang up.
- Wait for the operator’s instructions.

*If calling Triple Zero (000) does not work on your mobile phone, try 112.
CPR
Cardiopulmonary resuscitation

D R S A B C D

D anger
- Check for danger.

R esponse
- Check for response.
- If no response...

S end for help
- Call Triple Zero (000)* and ask for an ambulance.
  *If calling Triple Zero (000) does not work on your mobile phone, try 112.

A irway
Check the airway is open and clear.

B reathing
- Check for breathing.
- If not breathing or not breathing normally...

C PR
- Start CPR.
- Give 30 chest compressions: 2 breaths.
- Continue CPR until responsiveness or normal breathing return.

D efibrillation
- Attach a defibrillator (AED*) if available and follow its voice prompts.
  *Automated External Defibrillator

This information is to help you remember the important steps of CPR and is not a substitute for training in CPR.
Introducing the Heart Foundation mobile app

Available on iPhone, iPad or Android devices

The app will help you:

• manage your medicines
• manage your health stats including blood pressure and cholesterol
• learn about heart attack warning signs and what to do
• find healthier recipes.

Go to www.myheartmylife.org.au to download our app
To speak to a health professional, call 1300 36 27 87
Key points to remember about managing your heart health

• Take charge of your recovery.
• Visit your doctor regularly.
• Set priorities.
• Be informed.
• Take your medicines as prescribed by your doctor.
• Continue your cardiac rehabilitation.
• Talk to your doctor about reducing your modifiable risk factors.
• Don’t give up.