

Understanding Heart Disease

AN ACTIVE PARTNERSHIP
for the Health of Your Heart™



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**American Heart
Association**



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Understanding Heart Disease

In this section we will cover:

- Symptoms of angina, and what to do
- Heart attack, and how to respond
- Communicating with your doctor
- Understanding your risk factors
- Going back to work
- Returning to your usual sexual activity
- Understanding your medications

Angina Pectoris

Angina pectoris, or “angina” for short, is the pain or discomfort you feel when your heart muscle is temporarily deprived of oxygen. This happens because the coronary arteries are too narrow to deliver an adequate supply of oxygen-rich blood.

Although most of you will be free of angina, some of you may experience it as you return to your normal lifestyle. We’ll help you recognize angina, and learn how to treat it. We’ll also help you decide when you should call your doctor, and when you should seek immediate care.

How Does Angina Feel?

Angina usually feels like a squeezing, burning, tightness, heaviness or pressure sensation in the center of the chest, the neck, the arms, the jaws or between the shoulder blades. It can also take the form of unusual shortness of breath, when you haven’t been exerting yourself.

When Is Angina Likely To Occur?

Angina can occur any time, but is most common after meals, during physical activity, when you are exposed to cold weather, or when you are emotionally upset.

What Should I Do?

If you think you are having angina, you should follow these steps:

1. Stop what you are doing, and rest.
2. If your angina is not gone within 2–3 minutes, place a nitroglycerine tablet under your tongue, and let it dissolve. You might experience a slight sense of stinging or burning under your tongue, or a sense of “fullness” in your head. This means that the nitroglycerine is fresh, and should help to relieve your angina.
3. If you still have angina five minutes later, take another tablet, and continue to rest.
4. Take a third nitroglycerine tablet if you still have angina five minutes after your second tablet.
5. If you still have angina after resting for 15 minutes and taking three nitroglycerine tablets spaced five minutes apart, go to the nearest emergency room for evaluation. You might be having a heart attack.

Be Prepared

Here are some important tips to help you plan ahead:

- Post the emergency number (usually 911), the number of the nearest hospital, and your doctor’s phone number where all members of your household can find them. Make sure everyone knows where the numbers are located. Keep these phone numbers handy at work also.
- Keep supplies of nitroglycerine tablets wherever you might need them—at home and at your place of work. In addition, always carry nitroglycerine with you.

- **Important:** Keep the nitroglycerine tablets in the bottle they came in. Keep them at room temperature, and out of direct sunlight.

When To Call the Doctor About Your Angina

Call the doctor within 24 hours if:

- You've never had angina before, and you think you are having it.
- You have angina while you are resting.
- You feel that your angina is getting more intense, or is occurring more often.
- The nitroglycerine doesn't help as quickly or as effectively as it used to.
- Your angina is waking you up at night.

What To Tell the Doctor

The doctor will want to know where you feel the angina (for instance, is it in the chest? the shoulders?) The doctor will also want to know what it feels like (for instance, does it feel like burning, squeezing, heaviness, pressure, stabbing or a tightening sensation across your chest?)

You should also be prepared to tell your doctor how often you experience the angina, and its intensity. For instance, is the angina mild? Is it the worst you've ever felt? Is it something in between?

Heart Attack

We hope you won't have a heart attack—but it's smart to be prepared, to know what to do, and to understand what is happening.

What Causes a Heart Attack?

Like all the muscles in your body, your heart muscle needs oxygen to survive. When the blood supply to the heart muscle is cut off completely by a blockage in a coronary artery, permanent damage can result.

What Are the Symptoms of a Heart Attack?

A heart attack may feel like angina, but with more severe discomfort, such as an intense burning or pressure sensation, or severe

tightness in the center of the chest. These sensations may travel to the neck, shoulders, arms, jaw or back. You may also experience sweating, shortness of breath, nausea (with or without vomiting) and general weakness.

How Can I Tell That It's Not Just Angina?

Heart attack symptoms are usually more severe than angina, usually last longer, and usually don't respond to nitroglycerine. Severe chest discomfort that lasts more than twenty minutes, or that isn't relieved by rest and nitroglycerine, may be a heart attack.

If you're not familiar with angina, don't try to guess whether your discomfort is angina or a heart attack. Call your doctor. If he or she is not there, don't wait for the call to be returned. Leave a message that you are going directly to the hospital, and follow the directions below.

What To Do

If you think you are having a heart attack:

1. Stop what you are doing.
2. Sit or lie down.
3. Take your nitroglycerine.
4. Have someone call the emergency number (usually 911). If you don't have an emergency number in your town, have someone drive you to the nearest emergency room. Don't drive yourself.

DON'T DELAY!

Far too many people put off calling the emergency number because they are afraid it might be a false alarm. That can be a fatal mistake because:

- Early care can help to prevent a heart attack.
- If you're having a heart attack, immediate medical attention can save your life!

Communicating With Your Doctor

If you have any questions about your symptoms, or if anything else concerning your recovery is bothering you, call your physician or another health care professional. They need to know what's going on and want to help you.

Here are some tips to help you get the most out of those calls:

- Before you call, write down your symptoms, and any questions you need to ask.
- Have paper and a pencil ready, so you can write down what the doctor says.
- Don't be afraid to ask the doctor to repeat instructions, if you didn't understand them the first time.
- Don't be afraid to ask questions, even if you are afraid they are not important. The doctor needs to know what you don't understand.

Getting Better

As you will find from this program, there is a great deal you can do to speed your recovery and reduce your chances of future heart problems. This workbook will help you change the risk factors that may have contributed to your heart condition.

What Are My Main Risk Factors?

There are four main controllable risk factors that contribute to heart disease. These are:

- Smoking
- High blood cholesterol
- High blood pressure
- Physical inactivity

Other factors that can add to your risk of heart trouble include:

- Diabetes
- Advancing age
- Being male
- Excess weight
- Family history of coronary heart disease
- Frequent stress

All of the risk factors except age, sex and family history can be managed. This program will help you do that. For example:

High blood cholesterol can be reduced by following the advice of the *Food* and *Exercise* sections:

- The *Food* section will tell you how to reduce the amounts of cholesterol and saturated fat that you eat, since both can raise the level of cholesterol in your blood. The *Food* section will also help you to control weight, which can help to lower your blood cholesterol level.
- The *Exercise* section will help you to control weight. In addition, regular exercise can improve blood chemistry, helping your cholesterol and blood sugar levels.

High blood pressure can be controlled with the help of advice from the *Food*, *Exercise* and *Stress* sections:

- The *Food* section will help you control your sodium intake and weight, both of which affect blood pressure.
- The *Exercise* section will help you to control both weight and blood pressure. People who exercise regularly often find that their blood pressure improves significantly.
- Stress may increase blood pressure. The *Stress* section and audiotope will teach you relaxation techniques, and help you to avoid or change your response to stressful situations.

Quitting smoking is difficult. You can get help not only from the *Smoking* section, but from the others:

- The *Food* section will help you eat a low-fat diet that will keep you from gaining extra weight when you quit smoking.
- The *Exercise* section will help you control weight, get your mind off smoking, and make you glad you've quit.
- The *Stress* section will help you cope with difficult moments, as you adjust to life as a nonsmoker.

As you can see, the major risk factors are connected to each other in a variety of ways. This workbook will help you make the changes, one by one, that will reduce your risk of future heart problems and benefit your heart in many ways.

Getting Back to Normal

The thought of going home to your normal life can be exciting and frightening at the same time. You probably have many questions.

- If you were working before your hospitalization, when can you go back to work?
- When can you resume sexual activity?
- How can you keep track of your medications?

When Can You Return to Work?

This depends on the type of work you do, how you feel, the type of treatment you received, and the results of your tests. The treadmill test is particularly useful in giving your doctor guidance about when you can safely resume your normal activities (including any specialized tasks involving lifting, carrying, pushing, etc.).

Here are some estimates for patients whose treadmill tests are normal:

If you had a ...	You can safely return to work...
Heart attack	About four to five weeks after the heart attack
Balloon angioplasty	Very soon—probably within a week after the angioplasty
Coronary bypass surgery	For most people, six to eight weeks after the operation

Of course some people may not be ready to resume a full life this soon. If your treadmill test is not normal, your doctor will probably recommend more testing, and may want to try some medication. This may delay your return to work, but usually for only a week or so.

Planning Your Return to Work

The days or weeks you have before you return to work is the ideal time to plan a new, healthier lifestyle on the job. For example:

- Is your job stressful? Job stress is seldom the cause of a heart attack, but your recovery will be easier if you can avoid it. The *Stress* section will help you to make some adjustments—for instance, by learning how to take short relaxation breaks, cope with conflict, and manage your time.
- The *Exercise* section will give you ideas for fitting activity into your workday—for instance, by taking a walk in your lunch hour.
- Instead of a heavy lunch, you can plan low-fat meals for your heart, following the advice in the *Food* section.

In short, you have a golden opportunity to combine work and a healthier lifestyle.

You might also be wondering about how much lifting and carrying you can do, both at work and during your daily activities. If this is a concern for you, be sure to ask your doctor about it.

Note: Your doctor will tell you how soon you can resume activities like driving your car, going away on vacation, or flying in an airplane. Feel free to ask your doctor about these activities.

Resuming Sexual Activity

When can you resume sexual activity? That depends on a number of factors:

- Your symptoms
- The results of your treadmill test, which can give you important information about your heart's ability to resume sex and other physical activity
- How you feel

Most people who have had uncomplicated heart attacks or successful angioplasty can return to their usual sexual activity within a few days of their return home.

However, many people may feel fatigued and somewhat disinterested in sex when they return home from the hospital. If this is the case, talk to your partner, so he or she doesn't feel rejected. Assure him or her that it's not uncommon to feel this way in the early stages of recovery.

How Safe Is Sex?

From your heart's point of view, sex is roughly equivalent to climbing two flights of stairs. On the average, your heart rate will go up to a peak of about 115 beats a minute, which is usually well within the range of what is safe for your heart.

If you are concerned, ask your doctor whether there are any special circumstances you should consider. For example, will any of your medications affect your sex life? If you had bypass surgery, should you take any special precautions to avoid putting pressure on your chest incision? Should you take nitroglycerine if you get angina during sexual activity?

Here are some tips about resuming sexual activity safely:

- Choose a time when you feel rested and free from stress. Early morning or after a nap may be most appropriate.
- Wait 1–3 hours after a meal, since the heart has to work harder during digestion.

- Avoid drinking alcohol before having sex. Alcohol is a depressant which may make it harder to perform.
- Choose a position that is comfortable. For most people, the positions they used before their hospitalization are the most comfortable.
- Remember to take any medications that your doctor said you should have before intercourse. Most people will be free of angina during sexual activity. If you have angina during sex, talk to your doctor. He or she may suggest that you take one nitroglycerin tablet before intercourse.

Calming Your Fears

Many people are somewhat anxious and fearful about resuming sexual activity after a heart attack or surgery. For example, they may be afraid of chest discomfort, or uncertain about whether they can perform. It may be a good idea to start slowly. Touching, holding and caressing require little energy, and are ways of expressing love before returning to a full sex life.

Don't be afraid of telling your partner about your needs and feelings. Talking about these issues makes people less anxious.

If You Have a Problem...

If you have a problem with sexual functioning, it's important to try to identify the reason. It may not have much to do with your heart itself, but could result from fatigue, stress, your medication, or other medical problems.

Some couples have been known to wait years to talk with their doctor or another health professional about sexual problems, out of embarrassment or fear. You needn't be embarrassed: it may be that some medication or other medical condition has impaired your sexual response. If that is the case, your doctor should know about it. It might be easily fixed.

Your Medications

You will probably receive medications upon discharge from the hospital or during your early recovery. These medicines might be needed to:

- Regulate your heart rhythm
- Reduce your symptoms of angina
- Help prevent blood clots from forming
- Control high blood pressure
- Control high cholesterol or triglyceride levels

You might be taking several medications and it is easy to get confused. The Medication Chart on pages 18–19 will help you to:

- Understand what your medicines are for
- Remember how much of each medicine to take, and when to take it
- Know when to tell your doctor about side effects, or if a medication doesn't seem to be working
- Understand any special instructions about your medication

In addition to writing down practical information on your Medication Chart, ask your doctor these questions:

- How long will I be taking this medicine?
- Will I need any special tests or visits to find out whether the medicine is working?
- Are there any special instructions I need to know?
- Will the medication interfere with regular activities, including exercise or sexual activity?
- Do any of my medications interact with each other to produce side effects?
- Should I be aware of any unusual side effects?

Remembering Your Medicine

Your medication won't do you much good if you forget to take it. Here are some suggestions:

1. Buy a "medication organizer" at your drug-store. This device separates pills according to the time of day they should be taken. Fill the organizer once a week so all of your pills will be ready to take at the right times.
2. Place a reminder note in your bathroom or kitchen. Change the location of the reminders if they aren't helping.
3. Get a watch that beeps at pill-taking time.
4. Put the pills where you'll see them—for instance, on the table where you usually eat.
5. Enlist other members of the household to help you remember.
6. If you expect to travel, fasten a note to your luggage reminding you to pack your pills. Take an extra prescription when traveling, in case you lose your pills.
7. Make a note on your calendar to refill the prescription before it runs out.

Now turn to pages 18 and 19, and fill in the chart. If you can't complete the chart, take it along the next time you go in for a check-up. Or call your doctor or nurse and ask for some help.

Always keep your medication away from heat or sunlight.

Blood Pressure and Weight

Your physician may have told you to control your blood pressure or reduce your weight. This notebook has no separate sections for those two very important factors. Why?

Weight

- If you have a large amount of weight to lose (more than 25-30 pounds) your physician should guide you.
- If you have a moderate amount to lose, it should come off anyway, as you follow the advice on eating and exercise—getting fewer calories from fat, and burning more calories through regular physical activity.

Blood Pressure

- If you've been given pills to control your blood pressure, write information on them in the Medication Chart on the following pages.
- Keep track of your blood pressure: talk to your physician about how best to do this (for example, by using your own blood pressure device, or having it checked regularly by a health professional).
- Control your weight, salt intake and stress by following the advice in the *Food*, *Exercise* and *Stress* sections of this notebook.

By reading this far, you have already become an active partner in the health of your heart. The next step is to begin making the lifestyle changes that will help you avoid future heart problems. As soon as you can (today or tomorrow), start another video and workbook section:

- Start with the smoking video and workbook section if you are a smoker (or were smoking in the six months before your hospitalization).
- Otherwise, start with the video and workbook section about food.

The partnership will involve less reading, now, and more action. So get started soon.



