

Heart Matters

Inspiration | Information | Support

Winter 2022/23



Overstretched?

How you can navigate waiting lists,
cancelled appointments, and ambulance delays

Old drugs, new tricks

Could existing medicines help
us develop new treatments?

Keep well in winter

Tried and tested reader tips
to beat winter sickness

Should you count calories?

And can it help with weight
loss? Our expert weighs in

British Heart Foundation

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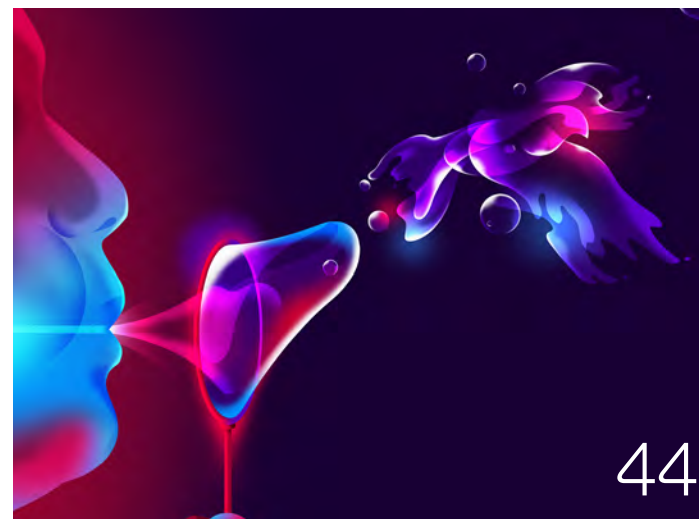
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Content you can trust

We put together every issue of Heart Matters with the help of experts, such as doctors, cardiologists, psychologists and specialist nurses.

Everything in the magazine is checked three times over by our specialist cardiac nurses and senior dietitian, as well as by research and statistics experts.

So you can feel confident that what you're reading is accurate and up to date.

Editor's letter



How was 2022 for you? How are you feeling about the year ahead? I hope that you have things to be hopeful about in 2023.

If one of your new year goals is to get more active, don't miss our guide to easy ways to exercise indoors on page 42. And if you're trying to lose weight, you might be wondering whether calorie counting is the answer. Our expert dietitian's in-depth guide to what calories really mean, and the ways in which they can and can't help you lose weight, is a great read – turn to page 21.

I know that long waiting times for appointments and heart treatments are a problem for many of you. We're fighting for better services for heart patients. Read about the scale of the problem, what you can do if you're affected, and what action is being taken, on page 10.

You might notice some advertising in the magazine this issue. This helps us to keep producing Heart Matters, to support you and other people with heart-related conditions. Don't worry, we've still got all the same great content that you're used to.

While it helps, advertising doesn't anywhere near cover the cost of printing Heart Matters and sending it to you. So, if Heart Matters has helped you and you'd like to make a donation, we'd be really grateful. You can visit bhf.org.uk/HMdonate, or send a cheque payable to British Heart Foundation addressed to BHF, 2300 The Crescent, Birmingham, B37 7YE. Please mention Heart Matters with your cheque.

Rising bills are hitting many of us hard this winter, so if you can't donate, please don't worry. Our feature on staying well (page 14) has lots of cost-effective tips. And if you have a home monitor for your pacemaker or ICD and are wondering how much it's costing you, find the answer on page 41. And we've got lots more information to support you at bhf.org.uk/costofliving.

Wishing you a happy and healthy new year.

Sarah B

Sarah Brealey, Editor



Have your say on Heart Matters

Go to bhf.org.uk/heartsurvey to tell us what you thought of this issue. You could win a £50 John Lewis or Amazon voucher! Or post comments to Editor Sarah Brealey at the address on page five. Our last survey winner was Teresa Donoghoe from Ackworth, West Yorkshire. She said: "It really cheered me after a long shift at work and a dark, gloomy walk home. I chose John Lewis because I'm hoping to see something lovely to buy for my first grandchild due early March."

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What we've learned this issue



Every issue of Heart Matters teaches us things we didn't know before. Here are a few of the nuggets we found interesting this time

Keeping active doesn't just benefit your long-term heart health – studies have shown moderate-intensity exercise can help strengthen your immune system.

Stay well this winter, page 14



Cooking food in an air fryer is healthier than deep frying, but if you're using it to cook food like burgers, bacon or breaded chicken, it's no more or less healthy than if you use the oven or grill.

Ask the expert, page 24



If you suffer from urinary tract infections, drinking plenty of liquid can help, but there's very little evidence that the popular home remedy of drinking cranberry juice makes any difference.

Ask the expert, page 40

It's been estimated that around one in three people over 65 in the UK have a problem with a heart valve, but only a third of those will develop more severe valve disease that needs treatment.

5 big questions in heart disease research: how we're helping to answer them, page 32



Sildenafil, better known as Viagra, was originally intended as a treatment for high blood pressure and angina. Thanks in part to BHF-funded research, it's now used to treat pulmonary hypertension, a potentially life-threatening condition causing high blood pressure in the lungs.

Old drugs, new tricks, page 18



If you do just one thing...

Bread is the second-biggest source of salt in our diets – in fact it's the single food that contributes the most salt, since the biggest category (processed meat and meat dishes) includes a range of foods. So check the labels and choose the wholegrain bread that's lowest in salt, and think about switching some of the bread you eat for unsalted foods like wholegrain pasta, rice, porridge oats, or a jacket potato.

Which foods add the most salt to our diets, page 28



Your letters



We love to read your emails, letters and tips, so keep writing: **HMeditor@bhf.org.uk** or **Heart Matters**, British Heart Foundation, 180 Hampstead Road, London NW1 7AW

Constant companion

Since my heart attacks in 2009-10 there have been three constants in my life: my wife and BFF Janet, exercise, and Heart Matters. Janet supports me, exercise keeps me fit, and Heart Matters keeps me informed and inspired. This year I started playing basketball again after a break of 25 years (I'm 58 now), and I'm chuffed that I've been offered a place on a team! A dicky ticker isn't always the end of what you enjoy, or going to stop you finding something new.

Andrew Bennett, Corby, Northamptonshire

A change for the better

I read with interest a letter in the Autumn issue on 'clean eating'. My brother had a heart condition and I decided to reduce my risk by changing my lifestyle. I lost four stone, my energy increased, and my aches and pains

decreased. I now check what's in the packet and mostly eat 'basic natural' foods – lean meat, fish, vegetables, fat free yogurt, eggs, nuts, fruits, oats and the like.

I always encourage people to make a few simple changes to their diet, see how their whole body feels, and enjoy the benefits.

I was in my early 60s when I started, so it's never too late.

Christine Hinds, Woodford Green, London

Picture perfect

I opened my Heart Matters and was immediately impressed by the "cut out pattern" for the Personalised Medicine article



(Summer 2022, page 40). I've cut this out and intend to stick it on my individual medicine tin. Very well done for providing an unusual and unique pattern for me to use!

Claudia Dawe, Shepshed, Leicestershire

Takotsubo syndrome

I was so interested to read in your Autumn 2022 edition, a small piece on Takotsubo syndrome.

I have been suffering with this since March this year. I was having a stressful situation following my sister's death due to dementia and Covid, and dealing

with everything that follows. I was diagnosed and had excellent treatment in St Peter's Hospital, Chertsey and really helpful follow-up phone consultations. I have one more booked.

I found it difficult discussing my symptoms with family and friends and my GP, as very few people had heard of Takotsubo.

I'm glad to say I'm getting very few symptoms now but annoyingly I've had two episodes just recently, possibly because of a recent stressful situation in our family.

Please do go into the subject in more depth in future articles and keep spreading the word!

Sally Chaplin, East Molesey, Surrey

Have you taken part in our survey?

We'd like your feedback on this issue of the magazine, with a short survey that should take no more than 15 minutes to complete, and will help us make the magazine better for readers. As a thank you, all replies received by 20

March 2022 will be entered into a prize draw to win a

£50 voucher to spend either at John Lewis or Amazon.

Our latest winner, Teresa Donoghoe from Ackworth, West Yorkshire, says: "It really cheered me after a long shift at work and a dark, gloomy walk home. I chose John Lewis because I'm hoping to see something lovely to buy for my first grandchild due early March." Take the survey at bhf.org.uk/heartsurvey.

WIN
a £50 voucher
to spend at either
John Lewis or
Amazon

Blood pressure drugs work at any time of day

Blood pressure medication works equally well whether taken in the morning or evening, according to research we've funded.

Previous research had suggested that blood pressure lowering medication may work better to reduce the risk of heart attacks and strokes when taken in the evening. But now, a large clinical trial has shown that the time of day the medication is taken makes no difference to how well it works.

The Treatment in Morning versus Evening (TIME) trial involved over 20,000 people (including 249 Heart Matters readers) taking at least one medication to lower their blood pressure. Half took their medication in the evening and half took it in the morning.

During an average of five years of follow-up, the researchers found no significant difference between the two groups in the number of people who had a heart attack, stroke, or died from heart and circulatory diseases.

Lead researcher Professor Tom MacDonald, at the University of Dundee, said that based on these results people can "take their blood pressure medications at a time of day that is convenient and minimises undesirable effects". Check with your doctor before changing how you take your medication.

- Get tips on managing your blood pressure at bhf.org.uk/bloodpressureathome.



Over £2 million raised!



Over 800 BHF runners took part in the TCS London Marathon, supported by over 800 BHF volunteers, as we celebrated being the marathon's chosen Charity of the Year.

Our runners raised over £2 million. Among them was BHF-funded Professor Sanjay Sinha (featured in the last issue of Heart Matters). His bib number was 17,000 – which is how many people are diagnosed with heart failure in the UK every month. Professor Sinha is leading groundbreaking research at the University of Cambridge to develop the Heart Healing Patch. This patch of beating heart tissue, grown from stem cells, could one day be used to repair damaged areas of the heart. It's hoped that this could improve the lives of those living with heart failure. There's still time to donate and help make the Heart Healing Patch a reality – visit gosanjay.bhf.org.uk.

Remote alert system could prevent people being hospitalised

Remote monitoring of people with heart failure could help prevent them ending up in hospital, according to research we've funded.

Readers may remember our feature on Dr Joanne Taylor's research at the University of Manchester, in our Summer 2022 issue. Dr Taylor helped to develop TriageHF Plus, a new system where information from the pacemakers and ICDs of people with heart failure is streamed to the hospital while they're in their own homes. Doctors and nurses are alerted when the person becomes at high risk of being hospitalised within 30 days and give them a phone call. Some will be advised to change medication, make a lifestyle change such as reducing salt intake, or be called in for more tests.

The research followed 758 patients with an ICD or pacemaker made by medical device company Medtronic, for an average of just over a year. 443 were monitored with the new TriageHF Plus system, while 315 received standard care. They found that the rate of hospitalisation was more than halved in the patients who were monitored by TriageHF Plus.

Dr Taylor said: "People with heart failure tend to come for checks every six months, but some people's condition may decline rapidly between appointments. This remote system means we can intervene early. It's a no-brainer for helping to keep heart failure patients out of hospital."

- Read more about Dr Taylor's work in our Summer 2022 issue, or at bhf.org.uk/joannetaylor.



Dates for your diary

January onwards
Live & Ticking: online events. Each one-hour event reveals the latest BHF science, and personal stories of people affected by heart and circulatory disease, who stand to benefit from the research. Book your place at bhf.org.uk/liventicking.

1 February
2023 Heart Heroes Awards nominations open. Our annual Heart Hero Awards recognise the incredible people who help to support our lifesaving research into heart and circulatory diseases. Nominate researchers, fundraisers, advocates, patients, CPR Heroes, Young Heart Heroes (for those aged 18 and under), and more, at bhf.org.uk/heartheroes.

2 April
2023 London Landmarks Half Marathon. Take to London's streets and run a half marathon past the city's iconic sights. Sign up at bhf.org.uk/londonlandmarks2023 or call 0300 222 5719.

16 April
2023 Manchester Marathon. Take part in the UK's fastest, flattest and friendliest major marathon. Sign up at bhf.org.uk/manchestermarathon or call 0300 222 5719.

News bites

Ambulances across the UK now on The Circuit
In October, the London Ambulance Service joined The Circuit, the nationwide database for publicly accessible defibrillators that we developed. Now, for the first time, all 14 ambulance services in the UK are using the same defibrillator database.
The Circuit's aim is to map all public access defibrillators, so that when

someone has a cardiac arrest, 999 call handlers can direct bystanders to the nearest registered defibrillator while they wait for the ambulance to arrive. Early defibrillation and CPR can double the chances of surviving an out-of-hospital cardiac arrest in some cases.
The Circuit recently celebrated mapping 50,000 defibrillators – that's around half of the estimated 100,000 defibrillators in the UK.

We're asking everyone responsible for a defibrillator to register it onto The Circuit. Find out more at thecircuit.uk or call 0300 330 5482.
Artificial intelligence could help end the heart attack gender gap
BHF-funded researchers have made a mobile app that can help doctors to rule out heart attacks more accurately. The tool, called CoDE-ACS uses

artificial intelligence to combine patient information (including sex, age, ECG findings, and medical history) with blood test results. It can rule out a heart attack with 99.5 per cent accuracy, for both men and women.
This is particularly important because previous BHF-funded research has shown that women in the UK are 50 per cent more likely than men to receive a wrong initial

diagnosis after having a heart attack.
Professor Nick Mills, from the BHF Centre for Cardiovascular Science, University of Edinburgh, said: "We hope our app will be rolled out in emergency departments across the UK to deliver more personalised care and better outcomes."
Thank you for standing by us
Over 1,600 BHF supporters wrote to

their MP this September, urging them to visit our stands at the recent Labour and Conservative Party conferences. Thanks to your support, we were able to speak to 125 MPs about how eating too much salt can lead to high blood pressure, which puts you at a greater risk of heart attack or stroke. Find out why we're asking the Government to take action to cut the amount of salt in our foods at bhf.org.uk/saltreport.

You changed the world.

We need you to do it again.

Leave a gift in your Will to help fund groundbreaking research and save lives.
Search BHF Wills.

For more information please contact by email
heretohelp@bhf.org.uk
or phone us on
0300 330 3322



Registered charity numbers 225971 & SC039426



**British Heart
Foundation**

Behind the headlines

Daily Mail, 2 November 2022

“Young adults who have just one drink a day could raise their risk of stroke by a fifth”

People aged 20-39 who drank larger amounts of alcohol had a higher risk of stroke than those who drank less, according to a study published in the journal *Neurology*.

The study looked at whether people regularly drank more than 105g of alcohol per week on average. This equates to nearly 19 units of alcohol, eg eight pints of medium-strength beer (4% alcohol), or eight standard glasses of wine, or 19 single measures of spirits.

The Korean study adjusted for the participants' age, sex, and income, as well as for factors associated with stroke. The study included responses from more than 1.5 million participants. Men made up nearly three-quarters of the sample. During the six-year study, 1,773 people had an ischaemic stroke (the most common type, caused by a blockage cutting off the blood supply to the brain), and 1,535 people had a haemorrhagic stroke (caused by bleeding in or around the brain).

The people who regularly drank 19 units or more per week for two or more years had a 19-23 per cent higher overall risk of stroke, compared to the participants that drank less.

THE BHF VERDICT

This research suggests a link between moderate to heavy drinking and the risk of stroke in young adults. Alcohol can raise your blood pressure and contribute to weight gain, increasing the risk of a stroke and heart attack, as well as that of type 2 diabetes. So there are many reasons, not just stroke risk, why it's best not to go above recommended limits. In the UK this is 14 units, spread evenly over three days or more.



Alcohol appeared to increase the risk of haemorrhagic stroke more than ischaemic stroke. The risk of stroke increased over time in the participants that continued to drink.

While the Mail article was mostly accurate, the headline (“Just ONE wine or beer a day can raise your risk of a stroke by a FIFTH”) might imply that any individual drink may result in this increase in risk, whereas the study looks at the effects of moderate to heavy drinking over several years. The Mail headline also gives the impression that nearly 19 units a week is low to moderate drinking, when in fact it is above recommended limits.

The Independent, 6 November 2022

“A faster pace showed positive outcomes for heart disease [...], over and above the total number of steps taken”

Taking 10,000 steps a day is often recommended as a way to improve your health. But walking faster could make an even bigger difference to your health, according to new research.

The researchers wanted to understand how the number of steps walked and speed of walking could affect the risk of early death from any cause, or diagnosis or death from cancer or cardiovascular disease (including coronary heart disease, stroke and heart failure).

This study, published in the journal *JAMA Internal Medicine*, used UK Biobank data on adults aged 40-79, living in England, Scotland, and Wales. Up to about 10,000 steps a day, walking more was associated with a lower risk of developing cardiovascular disease or cancer, or dying prematurely. Walking faster was linked to an even greater risk reduction.

THE BHF VERDICT

Daily activity can benefit your heart health and overall health. The NHS recommends that adults aged 19-64 do at least 150 minutes a week of exercise that raises the heart rate (moderate intensity). This can be achieved by brisk walking, dancing, swimming, water aerobics, or moderate cycling, or a combination of activities.

If you have a health condition, check with your GP before starting a new exercise regime.

Are heart services in crisis?

Our new report reveals where heart care has recovered from the pandemic's impact and where it's still falling behind

The Covid-19 pandemic might not dominate our lives in the way it used to, but the pressure that it placed on health services across the UK hasn't gone away. The effects are still being felt by people with heart and circulatory diseases.

Our new report Tipping Point reveals the current disruption, and how things could be improved.

Dangerously long ambulance waiting times

Health services in England, Northern Ireland, Scotland and Wales have different targets and ways of measuring outcomes, so direct comparisons are difficult. But the pandemic has taken its toll across the UK.

In England, the target response time for serious conditions such as strokes

and heart attacks (known as 'Category 2' calls) is an average of 18 minutes. Before the pandemic (in December 2019) the average wait was 28 minutes. In 2022, the average waiting time for these calls (as of September) has been 48 minutes, peaking at just over an hour in March 2022.

In Northern Ireland, wait times for Category 2 calls peaked in the second half of 2021, averaging at 42 minutes, though they improved slightly in early

“**Dangerously long ambulance waiting times would have once been unthinkable.**”

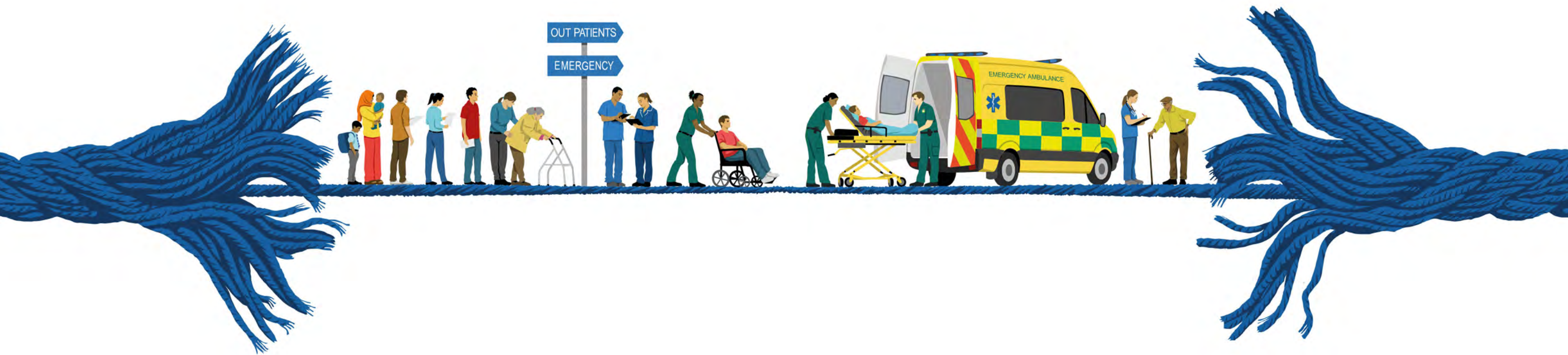
2022, to around 35 minutes.

In Scotland, in the year before the pandemic, the average (median) response time to 'Amber' calls (which include suspected heart attacks and strokes) was just under 13 minutes. As of October 2022, it's risen to just over 18 minutes.

In Wales, 32 per cent of Amber calls were responded to within 18 minutes in 2019. So far in 2022, this was down to 12 per cent.

Our Chief Executive, Dr Charmaine Griffiths, says: "Dangerously long ambulance waiting times would have once been unthinkable. This is now a grim reality for so many heart patients."

? What's being done to help?
In September, the Government published a new 'Plan for Patients' ▶



for England. As well as adding more call handlers for 111 and 999, the plan includes £500 million for care packages for people leaving hospital. This should free up beds, and so reduce ambulance handover delays – a key reason for long ambulance times.

The Scottish Government has committed £8 million to recruit 1,000 new staff to help tackle A&E waiting times and reduce ambulance turnaround times. They have also committed £45 million for new staff in the Scottish Ambulance Service.

The Welsh Government is putting £2.6 million into non-urgent patient transport, to ease pressure on the ambulance service.

In Northern Ireland, the ‘No More Silos’ plan, published in October 2020, set out ways to lower the number of people turning up at emergency centres who could be treated elsewhere. They include ‘Phone First’, a telephone service that helps people understand whether they should go to an emergency department, urgent care centre, their GP, or elsewhere.

Dr Sonya Babu-Narayan, our Associate Medical Director, says, “Despite NHS staff working flat out and some targeted funding to address

“If you experience symptom changes while on a waiting list, tell your doctor or nurse.

specific problems, current efforts are not enough to meet the scale of the challenge.”

What should you do? Despite the delays, if you need emergency help, it’s still better to call 999 rather than just go to hospital.

Calling an ambulance means the hospital will know you are coming and can get ready to treat you quickly. And you may be given some initial tests or treatment on the way. If the call handler thinks that you should do something different instead of waiting for an ambulance, they’ll tell you.

Growing waiting lists In England, cardiac waiting lists have grown every month since summer 2020. By the end of September 2022, a record 349,090 people were on a cardiac waiting list. 7,780 people had been waiting over a year – around 280 times

more than before the pandemic. In Scotland, by June 2022, the number of people waiting more than 16 weeks for an outpatient cardiac appointment increased to 5,083, which is nine times more than before the pandemic.

Cardiology services in Wales have improved in 2022 compared to the previous two years. But they are yet to recover to pre-pandemic levels. Figures from August 2022 show 37 per cent of people waited eight weeks or more for a test to diagnose a heart condition, compared to just 6 per cent of people in August 2019.

In Northern Ireland, the number of people waiting for cardiac treatment at the end of September 2022 was 3,271, up 43 per cent compared to the same period before the pandemic. Nearly one in four people on the waiting list had been waiting over a year.

What’s being done to help? In February 2022, a Government plan was set out to tackle the backlog in England. It included a target of 30 per cent more tests and surgeries over the next three years, compared with pre-pandemic levels. The plan included some important



Phil's story: "It's left me feeling stranded"

Phil Moore, 50, from Kent, had a heart attack in a supermarket car park in August 2022. He recalls having to wait 40 minutes for an ambulance.

“It came out of nowhere. I felt my chest tightening and was sweating so much my t-shirt was drenched. I managed to get back to my car and call 999. I made sure to quickly tell the call handler exactly where I was, in case things got worse.

Twenty minutes later I was still waiting. I called 999 a second time and as I was on the phone I started to blackout, drifting in and out of consciousness as the call handler tried to reassure me.

I don’t know if it was because I called them back, but 40 minutes after my first call, the ambulance arrived. I’d urge anyone waiting for an ambulance to call back if

their symptoms get worse.

I was taken to hospital, where I had a stent fitted as an emergency. I’m now recovering and managed to return to work six weeks after the heart attack. But it’s left me scared. I’m an active person and used to cycle several times a week. I’ve read a lot about recovery and the BHF website has been a helpful resource. But what I need is to chat to a doctor about my individual situation, which I haven’t been able to do. Three months after the heart attack, I had a follow-up ECG test but weeks later, I was still waiting for the results. During the ECG, I felt the nurse didn’t have time to answer my questions. It’s left me feeling stranded.”

• Have you had to wait for an ambulance or experienced appointment delays or cancellations? Email HMeditor@bhf.org.uk, or write into the address on page five.

BHF-backed recommendations, including rolling out surgical hubs and community diagnostic centres, along with a pledge to provide personalised support to people as they wait for care.

Meanwhile the Scottish Government has committed to increasing outpatient appointments by 10 per cent compared to pre-pandemic levels.

In Northern Ireland, the Elective Care Framework, published in June 2021, set out proposals to tackle the backlog, along with a proposed £700 million investment over five years.

A Welsh Government plan, set out in April 2022, promised an extra £60 million over the next four years to help clear waiting lists.

What should you do? If you’re experiencing changes in symptoms while you wait, tell your doctor or specialist nurse, so they can help you manage them, or bring your treatment forward. Get tips to look after your mental and physical health while you wait for surgery at bhf.org.uk/prepare-surgery. If you’re worried about delays and cancellations visit bhf.org.uk/waiting. Or call our

Heart Helpline (open weekdays, 9am-5pm) on 0300 330 3311 to get support from one of our cardiac nurses. You can also email hearthelpline@bhf.org.uk.

Preventing heart disease Due to the pandemic, there were around 5 million fewer face-to-face GP appointments each month in England in 2020 and 2021, compared with 2019. This, along with NHS Health Checks in England being suspended, meant fewer people with high blood pressure (hypertension) were found and given help to keep their condition under control. Anecdotal reports suggest a similar situation elsewhere in the UK, though we don’t have the same level of GP data available (and there isn’t a formal health check programme elsewhere in the UK).

What’s being done to help? In this area, things are improving. NHS Health Checks are returning in many parts of England and there are new ways for people to have their blood pressure checked.

One example is a programme, supported by the BHF, that uses

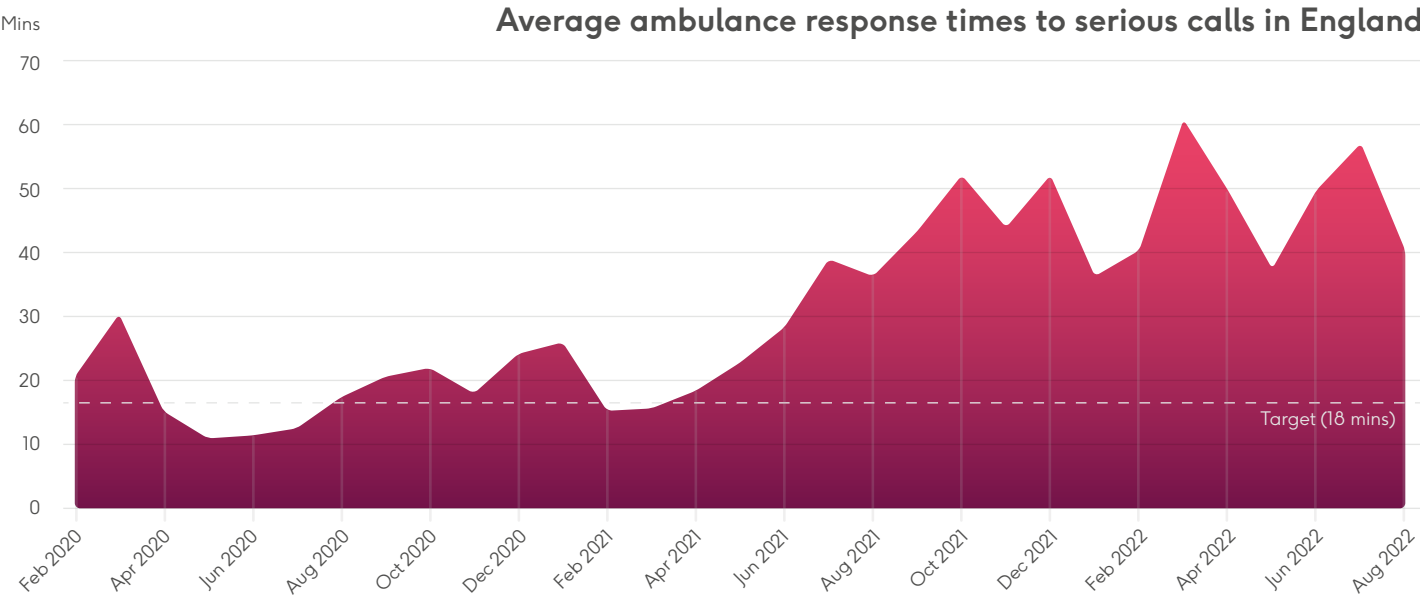
community pharmacies in England to spot people with undiagnosed high blood pressure, so they can be treated.

Another BHF-supported programme in England, BP@Home, has given free blood pressure monitors to 220,000 people who have uncontrolled high blood pressure. This means they can monitor their own blood pressure at home, share readings with their GPs, and control their blood pressure.

The BHF is also working with the Scottish Government to establish new community programmes to find people at risk of heart disease and help them reduce their risk. In Wales, an app is being piloted to help people with atrial fibrillation manage their symptoms at home.

What should you do? If you haven’t had your blood pressure checked for a while, ask your doctor or nurse – or you can get it checked for free at some pharmacies. Find out more about managing risk factors at bhf.org.uk/risk-factors.

• Read our full report at bhf.org.uk/tipping-point.



5 ways to stay well this winter

Winter can be a challenging time to stay healthy and feel at your best. So how can we protect our health at this time of year? We've selected our readers' top winter health tips

1 Keep warm, keep safe

Cold temperatures can put a strain on your heart, so it's important to try to stay warm this winter. With energy now more expensive than ever, our readers shared their cost-effective tips for how to keep warm in winter.

Irene Horsburgh said: "Layer your clothes, even inside. Get a warm pair of slippers and wear socks with them. Get an electric blanket or hot water bottle to heat your bed before you get in. Make sure you change your duvet and blankets to winter ones and that your pyjamas are warm."

Angela Mackoon said: "I heat one room and spend most of my time there. Hot drinks and meals also help."

Other readers suggested: "change the curtains from light summer ones to heavier materials", "put a draught excluder in front of the front door", and "pull the curtains before it gets dark".

Heart Matters readers also make sure to prepare for cold, snowy and icy spells when they might not be able to get outside. Sue Griffiths said: "I make sure we have plenty of food supplies and essentials such as toilet rolls." Others said: "I cook in bulk, putting meals in the freezer", "stay in contact with friends and neighbours who could be called on in an emergency", and "find someone who'll order food online for you if you don't know how".

- Get more tips for keeping warm at bhf.org.uk/keepwarm.

2 Eat healthy winter meals

Research shows that eating a healthy balanced diet that includes at least five portions of fruit and vegetables per day can help your immune system to work well. Many of you said that your favourite healthy winter meals are homemade soups, stews, curries and casseroles packed with lots of vegetables. Stewed or baked fruit for dessert, or warming porridge with fruit for breakfast, can also help you get your five-a-day in winter.

Remember that frozen or tinned fruit and vegetables (without added salt or sugar) are just as healthy as fresh, and can be more affordable if they're out of season in winter. One reader said: "I have packets of boiled beetroot, frozen cherries, and tins of pears all year."

Another reader, Katherine Goatley, said: "Eating healthy meals is essential to prevent me snacking on rubbish when I feel chilly. Homemade soup is satisfying when it's cold and grey."

Judi Vilkauskas said: "I know I crave chocolate and biscuits more during winter, so I bake healthier recipes from the BHF and Diabetes UK – I'm getting cake but without as much sugar and fat as the cakes I'd otherwise buy."

- Discover healthy winter recipes at: bhf.org.uk/wintermeals. ▶

“Eating healthy meals is essential to prevent me snacking on rubbish when I feel chilly.”



3 Boost your mood Physical and mental health are linked, and this can be a tough season for many of us. One reader told us: “We can all get down in winter. I try to get out of the house every day, even just for a short walk. Saying hello to people and starting a conversation helps.”

Similarly, Katherine Goatley said: “Talking and socialising helps me. Sharing troubles can help me keep things in perspective; listening to and supporting friends can help me get outside myself.”

Judi Vilkauskas suggested: “If you feel lonely, you could try to make friends with a neighbour or volunteer for a charity. If you struggle with your mental health, find someone to talk to: your doctor, a nurse, a helpline, a friend or family member.”

Some of you told us how signing up to walking groups, or courses such as learning a foreign language, helped you meet new people while keeping busy. The Ramblers has walking groups all around the UK. Your local college or, if you’re retired, organisations such as the u3A (u3a.org.uk), are great places to learn something new. Other readers kept their minds stimulated with painting, reading, playing cards, doing crosswords and puzzles, or looking after houseplants.

Since sunlight is thought to boost your levels of serotonin (a chemical linked with more positive moods), some readers shared ways they motivate themselves to get outside in winter, including feeding birds or making an effort to notice nature: “If winter starts to get to me, I look for beautiful things around me: a dramatic sky, glimpsed through tree branches, a little robin hopping around my patio – lovely things are there if I choose to see them.”

- Find out how you can join a local Heart Support Group or an online community at bhf.org.uk/support, or if you’re not online, find your nearest group by calling 0300 330 3300. The British Red Cross website offers help with loneliness (see tinyurl.com/RCloneliness) or call their helpline on 0808 196 3651.

4 Avoid getting sick Getting outside is also a good way to boost our vitamin D levels, as it’s made through our skin when we’re outdoors in daylight. But sunlight levels in the UK are generally too low from October to March, so taking a daily supplement of 10mcg of vitamin D in these months can be helpful. Many of you said you are taking vitamin D supplements over winter. There’s good evidence that this can support your bone and muscle health, and there’s also some evidence that it could reduce your risk of respiratory infections – although more research is needed.

Some readers are reducing their risk of picking up winter bugs by wearing a mask in – or avoiding – crowded indoor spaces. “I wash my hands as often as possible and always have tissues with me while out,” said one reader. Another said: “I ask friends and family to let me know before meeting up if they’re unwell.”

Keeping up with prescriptions, doctors’ appointments, and vaccines is a tip shared by many. One reader said: “I get my flu and Covid boosters and chase up appointments. If you’re feeling very poorly, be vocal. After many years as a medical receptionist, I know if you’re polite and explain calmly, things can be done to help.”

Winter often increases pressures on the NHS, so readers had these tips for getting what you need. Angela Mackoon said: “I receive repeat prescriptions through an online pharmacy service.” Another reader joked that his pharmacist had become his “new GP”: “He is the one who helps me manage my blood pressure and he advises me on health issues.”

- See page 10 for our update on the difficulties of accessing heart services.



5 Get active Keeping moving doesn’t just benefit your long-term heart health – studies have shown moderate-intensity exercise can help strengthen your immune system. The cold, rain and shorter days can make it feel harder, but Heart Matters readers have tips to motivate you to get off the couch.

Many of you told us how waterproofs, warm boots and clothing keep you walking outdoors. Making plans to go with someone else also helps. Katherine Goatley said: “I walk with a friend so we can walk and talk. Going for walks in the park with my grandchildren, catching the falling leaves, also keeps me active and gives lots of joy.”

“I’ve signed up for a yearly subscription to my local leisure centre so I can swim or go to the gym if the weather is really bad,” said George Sneddon. Getting an off-peak or concessionary membership can be

a way to save money at your local leisure centre or gym – and having a membership can make you more likely to go regularly.

From hula hooping to dancing to your favourite music, readers have also found ways to get active indoors for free. Many of you enjoy following exercises online. Laraine Clarke said: “I started off finding seated exercises for seniors on YouTube and quickly increased my fitness. I’ve been able to reduce my blood pressure meds and also slowly lost 1½ stones. I recommend Fabulous Fifties, Thick Chick Fitness and Body Project, all on YouTube.” If you have a health condition, check with your doctor before taking up any new exercise programme.

“Studies show moderate-intensity exercise can help strengthen your immune system.”

It doesn’t have to be formal exercise for you to get active. Any movement is better than staying still for long stretches of time. One reader suggested that winter is a good time to do a bit of ‘spring’ cleaning at home, while another said, “I try to ‘potter’ every day – even just getting up and down to wander round the house.”

- Get more tips for exercising indoors on page 42. ●



Tried this at home?

Did you find any of the tips in this article useful? Want to share other suggestions for how to stay well? Email your thoughts to HMeditor@bhf.org.uk or write in to the address on page five.

Support with the cost of living

- Get our money-saving tips for staying well at bhf.org.uk/costofliving.
- Search online for “Help for Households” to find out what financial support you could get.
- If you pay for prescriptions, find out if you can get help with costs by calling 0300 330 1341.
- Make sure that you are claiming any benefits you’re entitled to. You can visit the Turn2us online benefits calculator (turn2us.org.uk) to check. If you’re over 50, Age UK offers help with claiming benefits – their Advice Line is 0800 678 1602.

Old drugs, new tricks

Developing new drugs to treat disease can be slow and expensive, so finding new uses for existing drugs can bring us new treatments more quickly. Shannon Quinney explains how BHF-funded researchers are doing this

Drug repurposing means taking an existing medicine which has been shown to work for one condition and using it to treat a different condition.

This can even happen by accident – perhaps most famously with sildenafil, commonly known as Viagra. Originally developed for the treatment of high blood pressure and angina, by chance it was found to treat erectile dysfunction. Less accidentally (and less famously), BHF-funded work by Professors Martin Wilkins and Lan Zhao at Imperial College London discovered the benefits of using sildenafil to treat pulmonary hypertension. It's now a treatment for this condition, which can be life-threatening.

Repurposed medicines have been important in the search for treatments for Covid-19. For example, an arthritis drug called tocilizumab was shown to support recovery from pneumonia associated with Covid-19.

There are many benefits of repurposing drugs. Firstly, it can be cheaper to repurpose a drug compared to making it from scratch.

“It can be cheaper to repurpose a drug compared to making it from scratch.”

On average, it costs over £1 billion to produce a new drug. Secondly, drug discovery takes time, because there are many steps that are needed before the drug ends up on the shelf. It typically takes 12 years to develop a new drug from discovery to approval for use in people. Repurposing drugs that have already been studied, and in some cases already approved, could potentially save the NHS billions of pounds every year (because lower development costs should mean lower prices to customers such as the NHS).

The BHF is funding scientists to investigate which drugs can be repurposed to treat people with heart and circulatory diseases. ▶

Making the incurable, curable

Vascular dementia is the second most common type of dementia (after Alzheimer's disease) and is caused by reduced blood flow to the brain. There's currently no cure. High blood pressure is known to be a major risk factor in developing the condition.

Research part-funded by the BHF found that amlodipine, a drug used to treat high blood pressure, could help treat vascular dementia or stop it in the early stages. The study, a collaboration between BHF-funded researchers at the University of Manchester and scientists in the USA, looked at what happened when mice with high blood pressure and vascular damage in the brain were given amlodipine.

They found that the treated mice had better blood flow to the brain. Their blood vessels widened, which allowed more oxygen and nutrients to reach parts of the brain that needed it most. The team also found that amlodipine can restore the activity of a protein called Kir2.1, which increases blood flow to active areas of the brain, protecting the brain from the harmful effects of high blood pressure. They now hope to trial amlodipine as an effective treatment for vascular dementia in humans.

Cancer drugs that could help heart patients

When a heart attack happens, the body's immune cells rush to the damaged heart. But rather than repairing the damage, this immune response can cause further harm

to the heart and increase the risk of future heart attack or stroke. A study part-funded by the BHF discovered that a cancer drug called aldesleukin could offer a potential solution, by boosting anti-inflammatory cells in patients' immune systems.

Aldesleukin is used to treat kidney cancer. It works by encouraging the immune system to attack cancer cells. A trial in patients at Addenbrooke's Hospital in Cambridge tested injections of low doses of aldesleukin in people who have had a heart attack. They found that it increased the activation of immune cells that calm inflammation. This could help protect the heart from damage caused by a heart attack. If proven to be effective in larger trials, the researchers hope it could be used to treat patients within the next five years.

BHF-funded research has helped prove the benefits of drugs that can give people with heart failure (a condition where the heart is not pumping blood as well as it should) longer, healthier lives. But there's currently no cure other than a heart transplant.

With BHF funding, Professor Kairbaan Hodivala-Dilke and her team at Queen Mary University of London are investigating the potential of another cancer drug, cilengitide. Previous work by this team suggested that a low dose of the cancer treatment could help tackle the effects of heart failure. Next, the team will test whether this drug can help encourage the growth of new blood vessels in injured mouse hearts. The hope is that

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Repurposing drugs could potentially save the NHS billions of pounds every year.

this can help prevent other changes in the heart's structure and function that are linked to heart failure. If Professor Hodivala-Dilke's team can show the benefits of this drug in mice, it may then be tested in people.

Preventing sudden cardiac death

Every day in the UK, someone under 35 dies unexpectedly from an undiagnosed heart condition, so there is a pressing need to develop treatments targeting the underlying genetic causes. BHF-funded research led by Dr Angeliki Asimaki at St George's, University of London, hopes to uncover existing drugs that could be used to treat arrhythmogenic cardiomyopathy (also called ACM or ARVC), an inherited heart muscle disorder that can cause sudden cardiac death. Previous research from the group identified an existing drug that could completely stop the disease – but it was found to be too toxic for use in humans. The drug was shown to reduce the action of a protein called GSK3-beta that plays a role in the development of arrhythmogenic cardiomyopathy. So with BHF support, Dr Asimaki's team will try different drugs that target the same protein. The researchers have also discovered that inflammation could play a role in the development of ACM.

Using this new knowledge, they are testing anti-inflammatory drugs which are already safely used for patients, and which may help prevent and treat ACM. ●

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Researchers part-funded by the BHF hope to trial amlodipine, a drug used to treat high blood pressure, as an effective treatment for vascular dementia.

Should I count calories to lose weight?

Will counting calories help you to lose weight? Senior Dietitian Victoria Taylor gives her expert view on this controversial issue



Eating well

Calorie counting used to be the most widely used method of ‘dieting’ – but it fell out of favour as we learnt more about nutrition and the importance of a whole-diet approach.

Still, it’s true that to lose weight, you need to burn more calories than you take in. With the trend towards diet tracking apps, as well as smartwatches and other wearables that can help you monitor calories in and calories out, calorie counting is back in fashion.

So if losing weight is on your mind this January, might it be time to start calorie counting again?

What is a calorie?

Calories are the units that energy is measured in, similar to how we would talk about grams of fat or millilitres of water. When we talk about how many calories are in a food or how many calories we are burning during exercise, it means the amount of energy that the food contains or that we are using up.

One calorie is the amount of energy needed to increase the temperature of 1ml of water by 1°C. This is a tiny amount of energy. When we talk about calories, we usually mean kilocalories (kcal), which are 1,000 calories.

It’s kilocalories that are shown on food labels and restaurant menus and how our daily energy requirements are measured.

The average recommended daily calorie intake for men is 2,500kcal per day and 2,000kcal for women. However, how many calories we need

each day varies depending on a variety of factors including how active you are, your age, and whether your body is fighting an infection or healing a wound. It will also vary naturally from day to day. This means that when you see average calorie requirements, these are only a guideline.

Why count calories?

Calorie counting is mainly used as a way of losing weight. You estimate your energy requirement (either based on the average or with one of the online tools that can help you do this more accurately) and then decide how many calories less than this you will consume. This creates an energy or calorie deficit.

Evidence shows that weight loss programmes which create a deficit of around 600kcal (by changing your diet or doing more exercise, or both) can be used as a way of reducing weight. But we also know that the best approach to weight loss is one you can stick to. If you find a deficit of 600kcal per day leaves you very hungry or unable to balance your meals, then it’s fine to have a smaller deficit. You will still lose weight, it might just take longer.

It can be tempting to cut the amount of calories you eat more drastically, but while there can be a role for short-term very low-calorie diets, these should only be tried with medical supervision. They are difficult to stick to long-term, and it can be hard to ensure you get all of the nutrients you need.

What’s the problem with calories?

What a focus on calories alone doesn’t do is take into account the overall quality of the diet, what nutrients you are getting, and how full different foods make us feel. The overall balance and variety of your diet is just as important as the number of calories you are eating when it comes to health. The energy you get from 100kcal is the same whether it’s half an avocado

“**What a focus on calories alone doesn’t do is take into account the overall quality of the diet.**”

or half a bar of chocolate, but the difference is in their nutritional value. The same goes for ‘diet’ products that have been formulated to be low-calorie versions. Some people find these products useful, but you might be better off with a smaller amount of the standard version if that makes you feel more satisfied.

You might be surprised to know that food labelling laws allow for the numbers given for nutritional information to vary by up to 20 per cent (a fifth) from the amount stated on the label. A few calories here or there shouldn’t make much difference, but for higher-calorie foods, or foods you eat a lot of, this could affect your weight loss. This doesn’t have to stop you counting calories, but bear in mind that it isn’t as precise as you might think.

Should I stop counting calories?

Calorie counting works for some people, and can be a simple approach that means that no foods are off-limits. Self-monitoring is proven to be a method that can help with weight loss and help people stick to dietary plans. It can be as simple as noting down everything you eat and drink, whether that’s in a notepad or on your phone.

Ultimately, it depends on what works for you. Just bear in mind that calorie figures aren’t exact, and the amount that you need each day will vary too.

If you don’t want to calorie count

Set your own goals based on changes you want to make – like eating your five-a-day every day, cutting down on the sugar in your tea, cooking meals

from scratch instead of takeaways on weeknights – and measure your achievements against those, rather than the number of calories you’ve eaten.

Whether or not you calorie count...

Make sure your eating pattern allows you to include foods from all the main food groups and is not so restrictive you have to miss out, or feel guilty about eating certain foods now and then.

Be prepared by planning out your meals for the week and making sure you have the ingredients ready to go. Be realistic about what you might want to eat over the week, and also how much time you have to prepare the meals.

We know that the world we live in encourages us to eat more and be less physically active. You won’t be able to control this everywhere, but try to control what you can.

Think about places where you eat or snack and try to set up those areas to encourage yourself to eat healthily. For example, have your fruit bowl out on the kitchen counter and put the biscuit tin in a cupboard, have small bags of dried fruit or an apple in the car to snack on if you get hungry, and don’t go food shopping when you are hungry.

If you eat differently one day from what you intended, don’t see it as a failure, but a chance to think about why it happened and to plan how you can avoid that happening next time. ●

! Calorie counting and mental health

A focus on calories and calorie counting for weight loss can be difficult and distressing for people who are living with, or are vulnerable to, eating disorders. If this applies to you, or if you’ve tried counting calories and found that this had a negative impact on your mental health, then this approach is not right for you. If you would like help to make changes to your diet, talk to your doctor or dietitian who can help you with more personalised support.



Ask the expert

Send in your nutrition questions

✉ Email: HMeditor@bhf.org.uk

☎ Call our Heart Helpline: 0300 330 3311

✉ Write to: **Heart Matters, British Heart Foundation, 180 Hampstead Road, London NW1 7AW**

Q I've heard air fryers are a good way to lower energy costs. Is this true and are they a healthy way of cooking?

A While air fryers were originally marketed as a healthier way to cook chips, recently people have realised they can be used to bake or grill lots of foods. Most use less energy than an electric oven, because they are smaller and heat up more quickly. Whether air frying is healthier depends on what you cook and what you compare it to.

Air fryers work by rapidly circulating hot air, which gives food a crispy outer layer without having to add much, if any, fat. Turning 1kg of potatoes into air-fried chips for four people can be done with one tablespoon of oil, which would make them low in fat – lower than most oven chips



you can buy, and a lot lower than deep-fried chips. So if you often eat deep-fried foods, switching to an air fryer could be helpful.

If you're cooking a food that you wouldn't normally add fat to when you cook it, whether that's ready-made oven chips, bacon, sausages or breaded chicken, being cooked in an air fryer is unlikely to make it healthier.

Air frying or oven baking are both good ways to cook healthy foods such as fish, chicken without a coating, vegetables and baking potatoes. An air fryer is likely to save you money on your fuel bill compared with the oven, especially if you are cooking for one or two people. Air fryers can be expensive to buy, so if you don't have one already, consider how much you will use it. It could be worth checking whether your local BHF Home shop has any pre-owned models (all electrical appliances are tested before they go on sale). Microwaves are also a healthy way of cooking, and energy costs can be even lower than an air fryer.



Victoria Taylor is the BHF's Senior Dietitian with 20 years' experience

Q Nuts are often recommended as part of a balanced diet but they can be expensive, except for peanuts. Are they as good as other nuts?

A Yes, peanuts are as good as other nuts. What's different about peanuts is that they grow under the ground, not on trees like other nuts. They come from the same family as peas and beans, so are technically legumes. They are similar to tree nuts from a nutrition perspective and higher in fat than other legumes.

Peanuts are high in

unsaturated fat, mostly monounsaturated fat (the type that is also in olive and rapeseed oil). This means they're high in calories. But they're also a source of fibre, protein and a range of vitamins and minerals. To avoid too many calories, which can cause weight gain, keep an eye on your portion size. It's easy to get tempted to eat more nuts than you planned, so take a

small handful (around 30g/1oz), from a bag to have as a snack and put the rest away. Or you can use them to add protein to dishes such as vegetable stir fries and salads.

Unfortunately, the cheapest peanuts are often salted, dry roasted, or coated. The salt in these will undo the health benefits of the nuts, so try to choose plain unsalted peanuts.



Chicken tikka masala



Preparation time: 15 mins

Cooking time: 35 mins

Serves: 2

Suitable for home freezing

Each portion contains

Energy	Carbo- hydrate	Fibre	Sugars	Fat	Saturates	Salt
1221kj 290kcal 15%	19g	3.4g 11%	14.9g Low 17%	6.4g Low 9%	1.2g Low 6%	0.40g Low 7%

% = of an adult's reference intake (Traffic light colours are based on per 100g)

Ingredients

2 tsp vegetable oil

1 small onion, finely chopped

2 chicken breasts (or chicken thigh fillets), skin removed and cut into bite-size pieces

2 cloves garlic, crushed

1 tsp garam masala

1 tsp ground cumin

1 tsp ground coriander

¼ tsp hot chilli powder

1 tsp freshly grated ginger

400g (14oz) can chopped tomatoes

1 tsp cornflour

4 tbsp low-fat Greek-style yogurt

Fresh coriander leaves to serve (optional)



How we made it healthier

This recipe is lower in salt and saturated fat than most ready-made or restaurant chicken tikka masala dishes, because it uses low-fat yogurt, no cream, and individual spices rather than spice pastes or mixes, which can be salty. When using low-fat yogurt, it's important to stir the cornflour into the yogurt to prevent it from curdling. You can make this without the yogurt, but it does help give it a richness.

Method

1 Heat the oil in a medium pan, add the onion and cook over a low heat for 5 minutes until the onion is transparent. Add the chicken, turn up the heat and fry the chicken for about 5 minutes until browned. Stir in the garlic, spices and ginger and cook, stirring, for 1 minute.


2 Add the chopped tomatoes, bring to the boil, then reduce the heat, cover with a lid and simmer for 20 minutes.

3 Mix the cornflour into the yogurt and

stir it into the curry, and cook for 1 minute, then scatter with coriander leaves, if using. Serve with wholegrain rice and an extra spoonful of yogurt, if you like.



Vegetable balti

 **Preparation time:** 15 mins
Cooking time: 25 mins
Serves: 2
Suitable for home freezing (without yogurt sauce)

Each portion contains

Energy 1502kj 358kcal 18%	Carbo- hydrate 44.1g 55%	Fibre 16.6g 65%	Sugars 21.6g Low 24%	Fat 7.9g Low 11%	Saturates 1.3g Low 7%	Salt 0.23g Low 4%
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% = of an adult's reference intake (Traffic light colours are based on per 100g)

Ingredients

- 1 tsp vegetable oil
- 1 onion, chopped
- ½ tsp ground coriander
- ¼ tsp cayenne pepper
- Pinch of cinnamon
- ½ tsp freshly grated ginger
- 1 clove garlic, crushed
- 2 tbsp tomato puree
- ½ small cauliflower, cut into small pieces (you can use the stem)
- 1 parsnip, peeled and diced
- ½ red pepper, deseeded and sliced
- 400g (14oz) can chopped tomatoes
- 400g (14oz) can chickpeas, drained
- 100g (4oz) kale, shredded and with any tough stalks removed

For the coriander sauce:

- 150ml (5fl oz) low-fat Greek-style yogurt
- 15g (½ oz) fresh coriander, plus a few extra leaves to garnish
- 1 clove garlic, crushed
- 1 tsp lime juice



How we made it healthier
This balti curry is cooked in vegetable oil, not ghee, which many curries use and which is high in saturated fat. And the coriander sauce adds a real creaminess, despite being made with low-fat yogurt. For a vegan option, use a low-fat (3g or less per 100g) plant yogurt.


Method

- 1 Heat the oil in a large pan. Add the onions and cook over a medium heat until soft. Add the spices, ginger, 1 clove of garlic and tomato puree, fry for 1 minute.
- 2 Add the cauliflower, parsnip, pepper, tomatoes and chickpeas, along with 100ml (3fl oz) water, and bring to the boil. Lower the heat and simmer for 15-20 minutes, while you make the sauce.
- 3 Put the yogurt, coriander, garlic and lime juice in a food processor or blender until the sauce turns green and the leaves are finely chopped.
- 4 Stir the kale into the curry and cook for 2 minutes more. Serve with the coriander sauce.

Cook's tip

Add extra cayenne pepper or a little chopped red chilli if you like it hotter.

Rice pilaf

 **Preparation time:** 5 mins
Cooking time: 30 mins
Serves: 2
Suitable for home freezing

Each portion contains

Energy 2364kj 563kcal 28%	Carbo- hydrate 50.7g 13%	Fibre 3.9g 13%	Sugars 10.7g Low 12%	Fat 22.2g High 32%	Saturates 3.1g Low 16%	Salt 0.23g Low 4%
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% = of an adult's reference intake (Traffic light colours are based on per 100g)

Ingredients

- Pinch of saffron threads, or ½ tsp ground turmeric (or both if you want a stronger colour and flavour)
- 1 tsp vegetable oil
- 1 small onion, chopped
- 250g (9oz) minced chicken or turkey (or 1 tin of chickpeas, drained)
- Half a cinnamon stick
- 1cm piece fresh root ginger, cut into matchsticks
- 4 green cardamom pods, cracked
- 1 tbsp sultanas
- 100g (4oz) wholegrain rice
- 50g (2oz) unsalted nuts such as almonds, pistachios or cashews (or you can use unsalted mixed nuts)
- 1 tbsp lemon juice

Method

- 1 If using saffron, place it in a measuring jug and pour over 200ml (7fl oz) boiling water.
- 2 Heat the oil in a medium saucepan and fry the onion and mince (if using) for 5 minutes until the onion has softened and the mince is lightly browned.
- 3 Add the cinnamon, ginger, cardamom, sultanas, rice, chickpeas (if using) and turmeric (if using), stir well then add the saffron water (or 200ml water).
- 4 Bring to the boil, then cover, reduce the heat and simmer for 20-25 minutes, stirring occasionally until the



How we made it healthier
The nuts in this recipe provide healthy unsaturated fats. Although it's high in total fat, it's low in saturated fat. This is because we've used chicken instead of red meat, and vegetable oil instead of butter or ghee. Instead of using spice pastes or mixes, which can be salty, we've used a range of warming spices to keep it full of flavour but low in salt.

Tried this at home?



Tell us what you thought of any Heart Matters recipes you've made, and share any things you did differently. Email us your thoughts and any photos to HMeditor@bhf.org.uk.

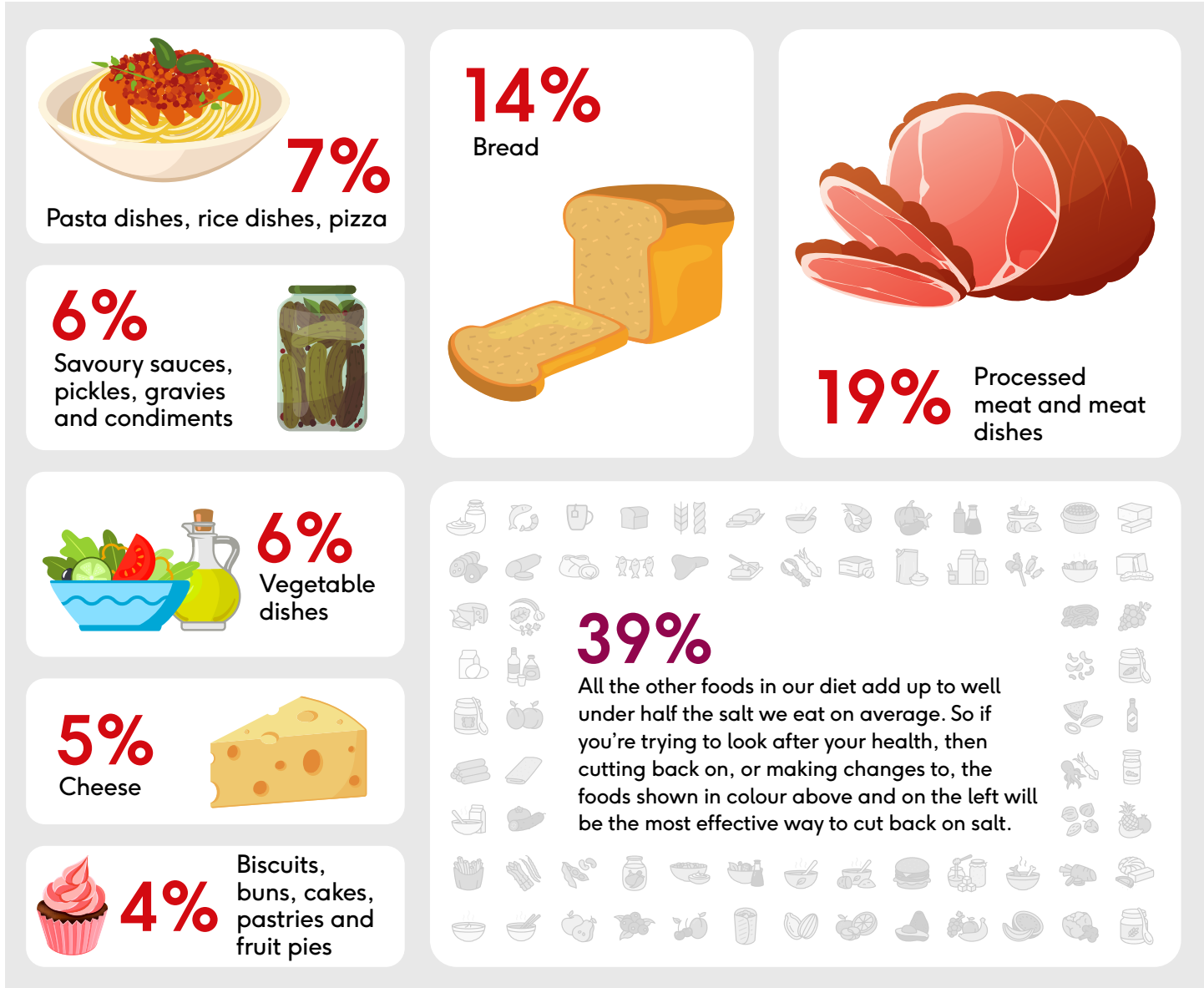
rice is tender. Serve sprinkled with the nuts and a squeeze of lemon juice.

Cook's tip

Add extra veg such as diced carrots or frozen peas if you like. Saffron gives this dish a subtle aromatic flavour and golden colour, but turmeric can be used as a cheaper alternative. ●

Which foods add the most salt to our diets?

Most of us eat too much salt, which is linked to high blood pressure, a risk factor for heart and circulatory diseases. But which foods are the biggest sources? Here are the foods which contribute most salt to the average UK diet and the percentage they contribute



You might think you don't need to worry about salt if you aren't adding it during cooking or at the table. But most of the salt we eat (up to 85%) is already in foods we buy. It's recommended we limit our daily salt intake to a maximum of 6g per day – about a teaspoon. But most of us are eating more than this.

The BHF wants to see manufacturers and the Government doing more to reduce the amount of salt in foods. And there are changes you can make, too:

Processed meat and meat dishes 19%
Bacon, sausages, ham, meat pies, sausage rolls and other meat dishes are among the foods that add the most salt (and saturated fat, too) to our diet. It's also recommended that we cut down on processed meats to reduce our risk of cancer. Try swapping ham sandwiches for tuna or egg sandwiches and swapping bacon or sausage in sandwiches or in a cooked breakfast for mushrooms or poached egg on toast.

Bread 14%
Bread isn't as high in salt as some foods, but most of us eat it often and so the amount of salt adds up. Use the nutrition labels to compare bread products, and try to choose the one that's lowest in salt (and also wholegrain). You can also reduce salt by swapping your breakfast toast for porridge, and lunchtime bread or toast for a jacket potato.

Pasta dishes, rice dishes, pizza 7%
It's not the pasta and rice themselves that are the problem, but the other things that go into these dishes: like salty sauces, processed meats, cheese, olives or anchovies. Making your own versions of these dishes means you can control how much salt you add as well as keeping a limit on salty additions.

Savoury sauces, pickles, gravies and condiments 6%
These may seem a small addition, but they can add a lot of salt to your meal. Try reduced-salt tomato sauce, brown sauce, or gravy granules. They might taste different at first, but you'll soon get used to the new flavour. You can also make easy alternatives like tzatziki-style dip (mix low-fat plain yogurt, garlic, and chopped or grated cucumber) or home-made hummus. Pickled vegetables like gherkins and onions can vary in salt content, so check labels and choose the ones with least salt. Try adding cherry tomatoes or radishes to your plate instead of pickles and chutneys, to add flavour.

Vegetable dishes 6%
Plain vegetables are naturally low in salt, but some vegetable dishes may have salt added, like salads with ready-made dressings, baked beans, and some tinned vegetables. Make your own dressings, and choose reduced-salt baked beans and vegetables tinned in water. Sun-dried tomatoes, olives, and peppers stuffed with cheese might seem like healthy Mediterranean foods, but are often salty. Use these sparingly, or make your own low-salt alternatives, like roasted peppers and courgettes.

Cheese 5%
Cheddar is the source of more than half of the salt we get from cheese, because it's the cheese we eat most of. Cheese contains healthy nutrients like calcium and protein, so you don't have to cut it out completely. Try to limit your portion to 30g (1oz). Using stronger-flavoured cheese and grating instead of slicing

helps it go further. Skipping cheese as an added extra – for example, grated cheese on pasta or baked beans, or in a burger – can be a good place to start cutting down. Other sources of calcium that won't come with added salt are low-fat milks, yogurt, or fromage frais.

Biscuits, buns, cakes, pastries and fruit pies 4%
Don't assume that sweet foods won't come with a salty surprise. Salt is often added to baked goods like biscuits, cakes and pastries – which also contain sugar and saturated fat, so there are lots of reasons to cut down. Fresh fruit, a couple of dates, or a small handful of unsalted nuts and dried fruit would make a healthier sweet treat and will help you cut down on salt. ●

How to spot salt on food labels
If there is a front-of-pack traffic light label, it's easy to know if the product is high, medium, or low in salt. Low in salt (green) means the product has 0.3g or less per 100g, medium (amber) means more than 0.3g to 1.5g per 100g, and high (red) means more than 1.5g per 100g, or if the product contains more than 1.8g per portion.

If you can only find information for sodium, not salt, work out how much salt this is by multiplying the amount of sodium by 2.5.

Salt is often near the end of the ingredients list, which might give the impression there isn't much salt in the product. But the maximum recommended intake is only 6g a day (just over a teaspoon) so even small amounts add up.

Tried cutting down on salt?
Followed any of the tips in this article? Have other suggestions for how to cut back on salt? Tell us, for your chance to be featured in the next magazine, by emailing HMEditor@bhf.org.uk.



A day in the life: Dr Harry Ahmed

"I'm researching whether having a UTI increases your risk of a heart attack or stroke"



Meet the BHF-funded researcher looking into what might be a surprising trigger for heart attacks and strokes



I'm usually in the gym by 5:30am. My family has a terrible history of cardiovascular disease: I lost my granddad when he was 60, two paternal uncles in their 40s, and my dad had a heart attack when he was 43. This was through lifestyle factors – no exercise, and high-fat diets – and also people of a South Asian background have a greater risk of cardiovascular disease. That family history put the bejeebers into me – it made me health-conscious and focused on my fitness.



After the gym, I head back home to have breakfast with my nine-month-old and my nine-year-old while my wife gets ready for work. We all love peanut butter on toast, so it's usually that and some fruit.

I work one day a week as a GP. On those days I'm at the surgery from 8am to 6.30pm. The rest of the time I'm a lecturer and researcher at Cardiff University. My research focuses on using medical records, which have been anonymised, to answer questions about how common infections might affect people's health and what treatment might help with these effects.

The BHF is funding me to research whether having a urinary tract infection (UTI) increases your risk of having a heart attack or stroke. Other research has previously suggested you're more likely to have a heart attack or stroke after having flu or pneumonia. This is because inflammation, triggered by the infection, can affect the heart and circulatory system.

If we find evidence that having a UTI means a greater risk of having a heart attack or stroke, we could do clinical trials to see if giving people drugs like aspirin or statins for a short time after the infection might bring that risk down. In the long run, the hope is to prevent more heart attacks and strokes.



On the days I'm at the university, I usually drop my eldest off at school before heading to my office. My mornings are typically spent looking through students' work, or in meetings.

For the BHF study, I'm working with colleagues at the SAIL databank at Swansea University, which contains anonymised data from GP practices and hospitals across Wales. We're looking at the medical records of roughly 35,000 people who had a UTI and a heart attack or stroke between 2010 and 2020. We map out their medical timeline so we can see how many had a stroke or heart attack within 90 days of having a UTI, and how many had a stroke or heart attack outside of this 90-day period. Then we can compare the rate between the two groups.

“The hope is to prevent more heart attacks and strokes from happening.”

We are also looking at how long after having a UTI people's risk might remain higher. That might help us decide how long we recommend a preventative treatment should go on for.



Lunch is usually a sandwich in front of the computer, or I'll have a quick walk around the building. I try not to spend more than 15 minutes on

lunch, since I try to have my work for the day done by 5:30.



I usually clear the afternoon to focus on the data work. We have a huge amount of information that we can break down in different ways. For example, some people have a UTI diagnosis confirmed by a urine sample sent off for testing in a lab. For others, there's no lab test: they're prescribed antibiotics for a UTI after discussing their symptoms with a GP, and sometimes having a urine dipstick test in the doctors' surgery.

We also think about smaller sub-questions to research. A lab test on a urine sample shows which type of bacteria is causing the UTI. The most common one is E coli. So we can look at whether having E coli changes your risk level compared to a different kind of bug. Another question is: we know diabetes is a risk factor for having UTIs, and it's also a risk factor for heart disease, so how might having diabetes affect your chance of having a heart attack or stroke after having a UTI?



After work I go for a walk with my family or play football with the eldest in the garden. Our dinner is normally something simple like chicken and rice. Then we wind down in front of some television. I can't remember the last time I was up past 9pm – my batteries are normally gone by 8pm.

- Find out more about UTIs and how to treat them on page 40. ●

More research into risk factors for heart disease

The BHF funds research into many things that can increase your chance of having a heart attack or stroke. High blood pressure, high cholesterol, and exposure to air pollution are just a few examples – discover more at bhf.org.uk/risk-research.

5 big questions in heart disease research: how we're helping to answer them

BHF-funded researchers have helped to bring about life-changing innovations, and are continuing to pave the way towards the next breakthroughs. Here are some of the biggest questions we're working to answer

Heart valve replacements – when should they be used?

Heart valve disease is a common heart problem, particularly in older people, where blood can't flow through your heart as well as it should. Thousands of people undergo valve replacement surgery in the UK each year.

One of the very first BHF research grants in the early 1960s was awarded to a pioneer in heart valve replacement surgery, Professor Donald Ross. Since then, BHF-funded researchers have continued to help improve treatment for valve disease. They've been developing a new type of artificial valve, and analysing information about people having valve surgery in the UK. They want to learn more about how best to carry out the surgeries, for example when to use a biological valve (usually

made from pig or cow tissue) or an artificial valve. One important finding so far has been that older patients, in their 80s or even early 90s, can still benefit from valve replacement surgery.

But the decision on when, and if, valve replacement should be carried out can still be a difficult one to make. There are always risks from surgery, so the decision must be balanced against the chances of worsening symptoms, such as developing heart failure.

It's been estimated that around one in three people over 65 in the UK have an abnormal heart valve, but only one in nine develop more severe valve disease, potentially needing treatment. However, it's hard to predict who will develop worsening symptoms.

Professor Saul Myerson at the University of Oxford is now leading a BHF-funded study which will help us better understand how valve disease progresses over time. The study, called OxVALVE, involves around 4,000 people over 65 who have been involved in this research for up to ten years already. The researchers are looking at how the severity of heart disease and its impact on quality of life has changed over time in this group. They are aiming to identify factors that can predict how likely someone is to develop severe valve disease and which people should have earlier treatment, while also learning about the impact of valve disease on individual patients. ▶



How can we tackle vascular dementia?

An estimated 150,000 people in the UK have vascular dementia. It can cause memory problems or difficulty making decisions. It happens when brain cells die due to reduced blood supply. This can be caused by a stroke or transient ischaemic attack ('mini stroke'), or because tiny blood vessels deep inside the brain become narrowed (called small vessel disease). Some treatments are available to help manage the symptoms and slow down progression, but we don't understand enough about it to know how to prevent or cure it.

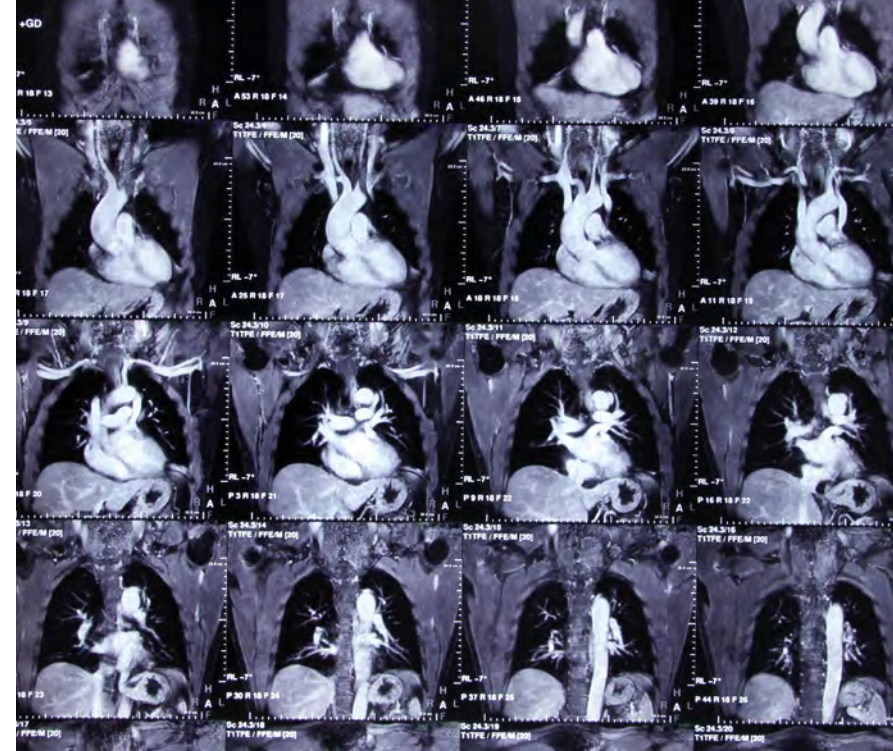
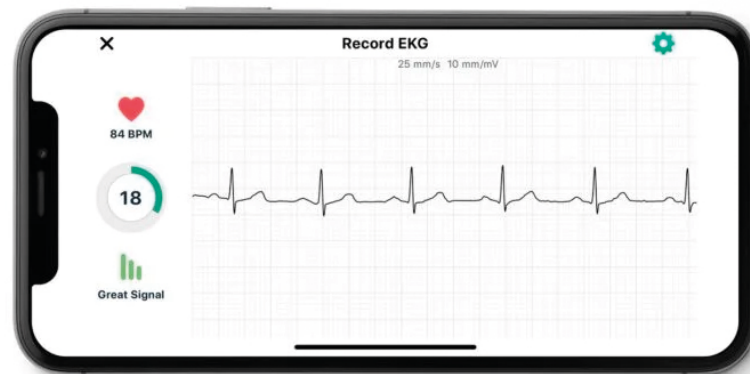
We do know that our genes may be part of the puzzle. Professor Hugh Markus and his team at the University of Cambridge previously uncovered genetic differences that appeared to be linked to an increased risk of stroke, small vessel disease, and vascular dementia. In 2022, they were awarded more BHF funding to build on these findings. By combining genetic data, brain scans and information from blood tests from people with small vessel disease, they aim to build up a biological 'fingerprint' of the disease, which could help predict who is most likely to develop vascular dementia. Improving our understanding of what causes vascular dementia is a vital part of developing treatments to prevent, halt or even reverse it – and this research could bring us one step closer to this goal.

How can we tell the difference between dangerous heart rhythms and harmless palpitations?

Each year in the UK, there are hundreds of thousands of visits to A&E by people who are having palpitations (the sensation that your heart is fluttering or racing) or are feeling faint. These are usually harmless, but in some cases they can be caused by serious heart rhythm problems, which can be life-threatening. Reaching a diagnosis can be difficult – often by the time the patient has got to hospital and is seen in A&E, the symptoms have passed and their heart rhythm (measured using an electrocardiogram, or ECG) is normal.

The BHF previously helped to fund a study led by Dr Matthew Reed at the University of Edinburgh, testing whether a smartphone-based ECG recorder (AliveCor® KardiaMobile) could improve diagnosis in this situation. The study – which took place in 15 A&E departments across the UK – involved 124 people who were given the recorder to take home after experiencing palpitations or feeling faint, so that they could record their own ECG if they developed the symptoms again. They found that using this device increased the likelihood of doctors being able to make a diagnosis, and cut the cost to the NHS of reaching a diagnosis from £1,395 to £474 per person. Dr Reed is now leading a larger BHF-funded trial which will involve 2,000 people who attend A&E due to fainting. He wants to find out whether immediately applying a small, waterproof heart monitoring patch to the chest – worn for 2 weeks – can improve detection of serious heart rhythm problems, speed up diagnosis and treatment, and potentially save lives.

Technologies like this could transform the way we diagnose and treat heart rhythm problems in the future, but we need good evidence that they work well and are safe. Through funding studies like these, the BHF is helping to develop new tools that could save lives.



How can artificial intelligence be used to improve cardiovascular care?

The human brain has an amazing ability to identify patterns in the things happening around us. It's thought that this ability evolved as it helped early humans to better survive – things like being able to recognise footprints or other signs a predator could be nearby, or reading facial expressions to know whether someone is a friend or foe.

Pattern recognition is also a key part of modern medicine. Diagnoses can be made based on whether a person's signs and symptoms fit with a known 'pattern' of a disease, like knowing that chest pain and changes in electrocardiogram (ECG) readings can mean a heart attack.

But now more than ever, there can be a huge amount of information to consider when making these decisions. Family history, blood tests, heart scans... the list goes on and on. Artificial intelligence (AI) – using computers to mimic how the human brain solves problems – holds huge potential to help doctors consider all the data available to help make healthcare decisions more efficiently.

Many BHF-funded researchers are helping to make this a reality, including BHF Professor Charalambos Antoniades at the University of Oxford. His team previously developed a way to apply machine learning (a type of AI) to CT scans of the arteries that supply blood to the heart, to identify whether someone is at an increased risk of a heart attack, years before it strikes. This technology means they can be given the right preventative treatment. This technology received CE mark accreditation in 2021, meaning it can be used by doctors across the UK and Europe, and is now used in some NHS hospitals.

With further BHF funding, Professor Antoniades and his team are now working to refine this technology to be able to detect other changes in the coronary arteries that could indicate an increased risk of a heart attack, such as small areas of calcium build-up. They are also working to develop an algorithm (a set of rules for the computer to follow) that takes into account other information about each patient's health when analysing their CT scans, to give an even more accurate prediction of their future heart attack risk.

How can we help prevent heart failure?

Nearly a million people in the UK are living with heart failure – a condition where a person's heart is unable to pump blood around their body efficiently due to changes in the heart muscle. If the heart muscle becomes damaged, for example after a heart attack, it can't repair itself and will over time be replaced by scar tissue.

BHF-funded researchers have been working tirelessly to find ways to prevent or treat the loss of heart muscle cells, to prevent heart failure. In the Autumn 2022 issue, we heard from Professor Sanjay Sinha, whose team at the University of Cambridge is developing beating 'heart patches' made from stem cells. The patches are currently being tested in rats, to see if they can help the heart to function normally if it becomes injured. But stem cells are just one potential solution to this problem.

Platelets are tiny cells found in the blood that are involved in blood clotting. Professor Alistair Poole and his team at the University of Bristol believe platelets are uniquely placed to be able to help repair the injured heart, as they flow through the blood vessels supplying it. With BHF funding, they are working to bioengineer 'designer' platelets which can home in on damaged heart muscle, and release helpful substances to promote heart repair – while also minimising further clots forming.

They will first test these platelets in mice. If successful, it could lead to a new way to reduce the risk of heart failure after a heart attack. ●

The mum and daughter who faced tough times as a team

A heart condition doesn't only affect the person who has it. Loved ones live through the experience too. Our regular series tells the story from both points of view. Mother and daughter Helen and Madeleine Chalker describe how Helen's heart attack and cardiac arrest affected their lives

Helen's story

"I love dancing. When I had a stressful few years – my mum died, I got divorced, and I had problems at the florist's where I worked – I danced through it all. Four years ago, one Friday evening I went out salsa dancing with my pals. It was a happy, relaxed evening and I enjoyed several dances.

I sat down and had this odd feeling. That's when I had a cardiac arrest. I was so lucky the people around me saved my life. They did CPR and used the venue's defibrillator to shock my heart back to a normal rhythm. I woke up on the floor with an oxygen mask on. The moment I woke, my children's names – Thomas and Madeleine – came into my head.

Lots of people were affected: Maddy was doing her A-levels and Tom was taking his final exams at university, so they were both going through major things in their lives. I was taken to hospital and I was there for more than two weeks, so Maddy was at home alone.

I was shocked to the core. I was 53, and I was in denial at first. I kept saying I'd fainted, but my friend Craig, who was with me when it happened, told me: 'No, Helen, you didn't faint; you had a cardiac arrest.' He helped me take on board what had happened.

Inspired by my daughter

In hospital I had lots of tests, and they discovered I'd had a heart attack, which can sometimes cause a cardiac arrest. I had several blocked coronary arteries and I needed bypass surgery. I didn't even know I had anything wrong with my heart so it was a shock, but Maddy was very inspiring and helped me face it positively. As a ▶

baby she'd had a near-miss when there was a problem with her breathing. So she sent me a text when I was in hospital saying: 'If I can do it, Mum, you can too.'

After about ten days I had the operation, and I was home a few days later. Recovery was tough. I felt delicate and vulnerable. In the first few weeks Maddy was making me lunch and dinner and bringing it to me on the sofa. I felt I should be looking after her – she shouldn't have to do this. But we were all so happy that I was home.

I started cardiac rehab, and it was fantastic. The rehab team took this crying mess, who was even scared to walk down a corridor. Six weeks later I was stronger, and felt differently about things. They gave me confidence to get back to doing things for myself.

Normality started to return

The rehab team also gave me lots of help psychologically, which helped me get over the shock of what had happened. I used to study art, and the cardiac rehab nurses used this in my recovery by getting me to start making art again. It kept me occupied and took my mind off what had happened. I also started volunteering at the local primary school, and I set up a reading group for children who needed help. It's important to get back to feeling normal and it brought normality back.

Later that summer Maddy got her A-level results and got her place at university. It was just wonderful. I felt huge relief and absolute admiration for her. When I was in hospital she was not only coping by herself but also checking in on my dad, who was severely disabled. And she just got on

“ I felt absolute admiration for Maddy. She's a survivor.



What I've learned
I found that friends and family keep you going. You have your ups and downs but when push comes to shove, they are there for you.

with it. She's had a few things thrown at her in life, but she's a survivor.

Gradually I just got stronger and stronger. I remember taking my dad to a hospital appointment and I was pushing him in a wheelchair down these long corridors. Being able to breathe, and walk those distances, was brilliant. My surgeon asked me: 'How is your breathing?' And I said: 'It's like breathing mountain air.'

I've got back to my art now – 20 years ago I used to make stained glass and I've got back into it. I'm making three panels inspired by 13th-century Welsh folklore. After what happened to me it's such a wonderful outcome. But I live it every day and every hour. I am determined to live my life."

Maddy's story

"I remember that day we went to visit Grandpa after school. Mum looked pale and said she didn't feel too good, but she powered through and went dancing in the evening.

It was a weekend, so I expected her back late. My brother Tom was at university, and I'd had a nice evening out with my boyfriend. After that I was home alone. My phone was on silent but in the early hours the house phone rang. It was Tom and he said: 'I've been trying to call you; Craig's been trying to call you – Mum's not good.'

Then I looked at my phone and I'd had about five voicemails and ten text messages. It was such a shock. I went to see Mum in hospital the next day and a doctor told us what had happened.

With Mum in hospital I made my own meals and cleaned the house. My grandpa and uncle did the food shopping for me. They were helpful, but weren't getting the right things!

Making the best of things

Mum seemed to be in hospital for ages. She was in there when the Eurovision Song Contest was on, and I was very upset about that, because we always watched it together. We would give the acts star ratings and write funny little descriptions of them. When Mum was in hospital we watched it separately and we discussed it afterwards on the phone. We made the best of it.

I remember one night the whole sixth form went for celebration drinks, and I had a brilliant time. I got on the train to come home, still happy, in this giddy mood and then when I got back home, I thought, wow this is lonely. My friends had gone back home to their families, but I had no one to talk to. So I thought, OK, I'll make my own dinner. And then

What I've learned
I've learned I'm strong and I can cope. I got my A-levels with such massive things happening in the background. It helped me be more emotionally aware and understand myself – what helps me and what doesn't. For example, I write poetry – that's a good emotional outlet for me.



I remember thinking, this is actually a good thing, because I have to learn how to do this before I go to uni.

One person who helped me was my best friend, who I still talk to every day. Her mum had been very ill and died so we had a mutual understanding. Also, other friends were very good at distracting me. So, with them at times I had a total break from the worries about Mum's health and I was able to just be silly and be a teenager.

Understanding each other better

Grandpa used to be a doctor. When we heard Mum needed a heart bypass he said: 'They do it every day; it's a very routine operation.' He helped me feel calmer about it and he was a great support in helping me understand the surgery Mum was going to have.

When Mum came back after her heart operation, I had made her bed, but she wasn't able to get upstairs. So I

made up a bed on the sofa. It was just so upsetting seeing her shuffle around. I laid out food and drink for her and the TV remote so everything was where she could reach it. I continued to make dinners for her while she got stronger. She had a back problem before, so I'm OK with taking on the caring role when she needs it. When I went to university I wasn't that far away, so when she needed help I could go back. But she has a great support bubble around her.

Looking back now I'm amazed that I got through it all. I've finished university and I've been accepted on to a Teach First course, so I'll be doing early years teaching. I'm very proud of my younger self just getting on with it. Mum is so supportive, especially on the academic side. When I called to say I had got my place at Teach First she cried and told me she was so proud of me.

I'm deferring my place for a year to help Mum out in the house and I'm looking forward to cooking together, chatting and watching Eurovision. We understand each other better as a result of it all and there is less of a mother and daughter divide."

- Have a story to share? Email HMeditor@bhf.org.uk or write into the address on page five. ●

Information and help

If you or your family are affected by a heart or circulatory condition, our cardiac nurses can help you with your questions or concerns. Call us on 0300 330 3311 (weekdays 9am-5pm), or email hearthelpline@bhf.org.uk. Read more:

- about coronary bypass surgery at [bhf.org.uk/bypass](https://www.bhf.org.uk/bypass)
- about cardiac arrest at [bhf.org.uk/cardiacarrest](https://www.bhf.org.uk/cardiacarrest)
- about cardiac rehab at [bhf.org.uk/rehab](https://www.bhf.org.uk/rehab).

Ask the expert



Dr Harry Ahmed
Practising GP and Senior Lecturer at Cardiff University

Q I think I have a UTI. How can I get rid of it?

A Dr Harry Ahmed says:

A UTI stands for urinary tract infection, also called a water infection. Cystitis, which means bladder infection, is the most common type, but you can also have a UTI in your kidneys or urethra. UTIs are caused by bacteria and are relatively common. They're more common in women than men, and as you get older.

If you have a UTI, you might have one or more of the following symptoms:

- needing to pee more often than usual
- feeling a burning or irritating sensation when peeing
- having pee that looks cloudy or has a strong smell
- having pain or discomfort in your back or lower tummy
- having a temperature
- feeling tired, sick or losing your appetite.

Send in your medical questions

Email: hearthelpline@bhf.org.uk

Call our Heart Helpline: 0300 330 3311

Write to: **Heart Matters, British Heart Foundation, 180 Hampstead Road, London NW1 7AW**

Sometimes a UTI will go away on its own but most people will need antibiotics. Some people may be prescribed a 'delayed antibiotic', meaning they'll be asked only to use it if their symptoms don't go away after a certain amount of time. If you think you have UTI symptoms, you should speak to your GP to discuss treatment options. If your symptoms continue after treatment, you should seek medical advice to rule out anything else that might be causing the problem.

If you keep getting UTIs, your GP might recommend you having a low dose of antibiotics over a long period of time, or refer you to a specialist for more tests and treatments. For women who have gone through the menopause, there is evidence that vaginal oestrogen creams can reduce UTI symptoms.

There are some things you can do yourself that may help prevent a UTI returning. These include:

- going to the toilet regularly during the day
- trying to completely empty your bladder when you go
- wiping from front to back, not the other way round
- going for a pee as soon as possible after sex.

Very few home remedies for UTIs have been proven by scientific evidence to be helpful. You might have heard that cranberry juice helps with UTIs, but the research on cranberry juice and cranberry pills doesn't show a clear benefit. Clinical trials have shown that drinking more liquid than you normally do may help prevent recurrent UTIs.

- **For more support with dealing with long-term (chronic) UTIs, see cutic.co.uk/patients.**
- **Dr Ahmed talks about his research into the link between UTIs and heart attacks and strokes on page 30.**

Q Should I be worried about vitamins and other supplements interfering with my heart medication?

A Chloe MacArthur says:

It's easy to think that vitamins and other supplements are harmless, especially if they are billed as "natural". But they can be very powerful and sometimes interact with prescribed medication, stopping it from working properly.

If you're thinking of taking a vitamin or supplement, or you already take one and have been prescribed a new medication, it's important that you discuss this with your doctor or pharmacist, so they can check that it's safe to take alongside your medications.

If you're taking warfarin, even a simple multivitamin may need extra thought, as these often contain vitamin K, which can decrease the effects of warfarin.

St John's wort, which some people take

to help with low mood, is an example of a "natural" remedy which can affect your medications. It interacts with many drugs used to treat heart and circulatory conditions, such as blood pressure medicines like amlodipine, some statins, and blood thinners like apixaban.

Many people take supplements that they don't really need. A vitamin D supplement can be useful in autumn and winter, but apart from that, for most of us a healthy balanced diet should be enough to provide the vitamins and minerals that we need.

Some people may benefit from a supplement if their doctor recommends it. If that's you, check with your doctor if you need to worry about interference with your heart medication.



Q I have a pacemaker with a home monitor that is plugged in all the time, and I'm worried about the energy costs. Is it safe to turn it off when I'm out, to save energy?

A Vicki Gurney says:

Many people with a pacemaker or ICD (implantable cardioverter defibrillator) have a home monitor. This is a device plugged in at home, usually next to your bed, that sends information from the device in your chest to your cardiac centre. Home monitoring allows your specialist to see how your device is behaving, check the battery status and monitor any changes in your heart rhythm. This helps to keep you safe and allows your specialist to act early to address any issues that might need medical attention, or a review of your medication.

Most home monitors are of the bedside transmitter type, and need to be plugged in and switched on all the time. There are a couple of exceptions: a few home monitors are portable, and only need to be plugged in periodically for charging. And some more modern devices have the option to be monitored via an app downloaded onto a smartphone, rather than a bedside monitor. With these, the smartphone Bluetooth feature and the app must be on and open, running in the background all the time, to allow information to be sent to the cardiac centre when required.

If you have a home monitor, keeping it plugged

in and switched on is essential for several reasons. If your pacemaker or ICD detects a problem with its function or with your heartbeat (which could happen without you even being aware of the issue) this information can only be sent to your cardiac centre if the home monitoring system is switched on. It also needs to be kept switched on for software updates and the monitor's self-checking systems.

Turning your home monitor off and on repeatedly can damage the delicate circuitry within the monitor. Some monitors will automatically disable the ability to send information if turned off for a set period of time, and some monitors will prompt patients to send a transmission to your specialist every time it's turned on, which can overburden the staff receiving them.

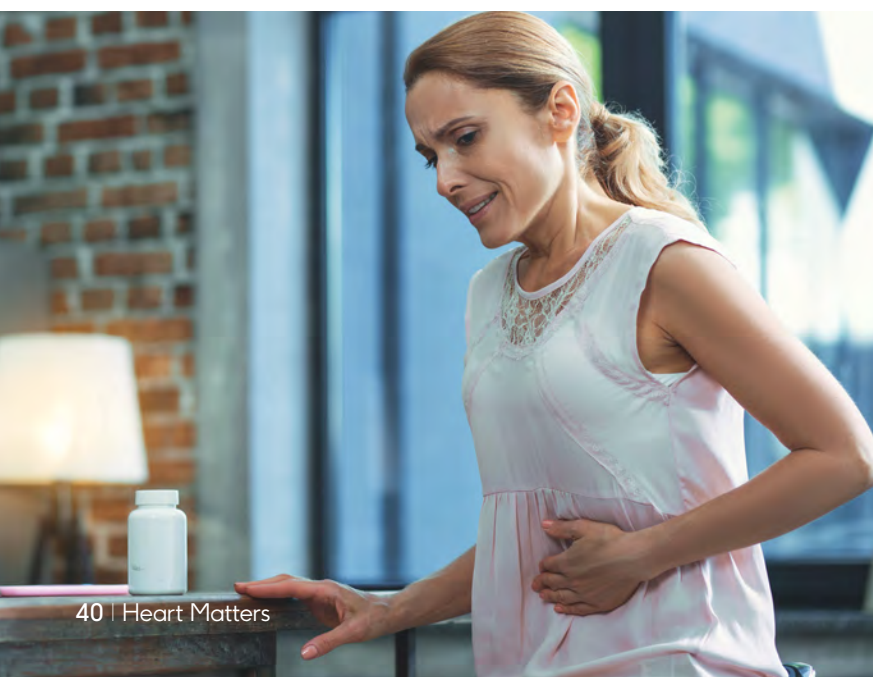
Running the monitor is extremely low cost despite it being plugged in and switched on 24/7. The current estimated cost of running a bedside home monitor is 2.5p per day, which is approximately £9-10 a year – significantly less than the cost of travelling to and from hospital for checks. So try not to worry about the energy cost of your monitor, and try to focus on the fact that it is helping you look after your health. ●



Chloe MacArthur
Senior Cardiac Nurse at the British Heart Foundation



Vicki Gurney
Chief Cardiac Physiologist, University Hospitals Plymouth NHS Trust





Keep fit indoors

Stay active during the winter months without braving the elements

As the nights draw in, it can be tempting to put exercise aside. Fewer daylight hours and colder weather might make the thought of going outdoors seem less appealing. But some creative approaches can help you stay active close to home (or without even leaving the house).

Build more movement into your current lifestyle

Things you're already doing in your

everyday life can probably be adapted to help you keep fit indoors. This can be particularly useful as an introduction to exercise if you're new to it, or if you have

“Things you're already doing in your everyday life can be adapted.

health or mobility problems, like arthritis or a bad back.

Heather Probert, consultant physiotherapist at Royal Brompton and Harefield Hospitals, says: “Exercise has to fit into people’s lifestyles and be meaningful to them.”

She suggests: “You can try to make existing household tasks a bit more of a challenge. For example, you can do some bending or gentle squats while you fill the washing machine – if you

put the clothes in bit by bit, you can do even more squats.

“Walking more quickly – even marching – while doing light housework such as Hoovering or dusting works well, too.”

Use free home workouts

There are lots of free exercise resources available online.

The pandemic has brought changes that mean more people can enjoy exercise at home, Ms Probert says. “There’s a lot more focus generally on what people can do from home now. When it comes to exercise, doing an exercise video at home offers a lot more flexibility – you can do a day’s work and still find time for fitness.”

You don’t necessarily need special equipment – even if you’re following a workout video that uses it. “For strength and resistance exercises, you can use cans of soup or bottles of water as weights – it doesn’t really matter what it is,” says Ms Probert. “Just be sure not to overdo it.” Walls can be used for standing push-ups, and a bottom step can work for some step aerobics.

If you’re recovering from a cardiac event such as a heart attack, heart surgery or stent procedure, try the BHF’s Cardiac Rehabilitation at Home. Sign up at bhf.org.uk/cardiacrehabathome to receive a weekly email for eight weeks, including recovery tips and safe indoor exercises to keep fit, with a range of levels from low-impact seated activity to higher-intensity workouts.

Find a class nearby you

You might have already done a cardiac rehab course if you’ve had a heart attack or other heart event. This is called phase 3 cardiac rehab. Exercise classes that are tailored for people with heart conditions, which you can keep going to long-term, are sometimes called phase 4 cardiac rehab. If you’re in touch with your cardiac rehab team or another health professional, you

“For strength and resistance exercises, you can use cans of soup or bottles of water as weights – it doesn't really matter what it is.

can ask if they have a list of phase 4 classes in the area, or you can look on cardiac-rehabilitation.net.

“Independent instructors might run local cardiac classes, often in places like church halls or community centres to keep costs low,” says Ms Probert. “These are a great cost-effective alternative to a gym membership.”

It’s also worth checking out what classes are at your local leisure centre – you’ll often find everything from swimming to aerobics to dancing.

They are a great place to try something new – and you’ll usually get a discount if you’re over 65 (sometimes 60). If you have a health condition, check with your doctor first before taking up a new activity, and make sure to let the instructor know about any health issues you have.

A weekly class can encourage you to keep active between classes too. “When someone knows they’re coming to rehab regularly they know they’re going to be asked, ‘What activity have you done this week?’” says Ms Probert. “By the time they finish the course, they are often a bit more self-motivated.”

Doing exercise with friends or family can be a great way to make it a regular appointment you don’t want to miss. “You might go for the social aspect of an activity but get the added bonus of some heart-healthy exercise,” she points out. “That’s often how people start to plan exercise into their day – as if it’s an appointment like any other social event or meeting.” ●

Free ways to get active from home

- **NHS Better Health** 10-minute cardio and strengthening videos, plus warm-down stretching: tinyurl.com/NHSexercisevideo.
- **We Are Undefeatable** Fitness videos for all ages, from 15 major health and social care charities, including the BHF: youtube.com/WeAreUndefeatable.
- **Parasport** Exercise routines for people with reduced mobility or disabilities: tinyurl.com/parasportworkout.
- **Stronger My Way** Strengthening exercises from the Chartered Society of Physiotherapy: tinyurl.com/CSPstrength.
- **Body Project** Home workout videos for a range of abilities: youtube.com/BodyProjectchallenge.



Tried this at home?

Have you tried any of the tips in this article? Email your thoughts (and perhaps send a photo of you trying out the exercise, if you can) to HMeditor@bhf.org.uk or write to the address on page five.

Learning to let go

Sometimes a heart condition means you have to give up your passion – whether that’s a hobby, sport, or your job. We have tips on how to adjust from experts and people who’ve been through it

Sometimes a diagnosis, or a change in your health, means you have to give up something you love. It can be hard to come to terms with, and you may need time to adjust, but it doesn’t have to be the end of life as you know it.

Dr Venetia Leonidaki, Consultant Clinical Psychologist at Spiral Psychology, says: “Dropping habits can be really hard, and sometimes doctors are telling you the change is vital for your survival. But there are ways you can try to ease this transition, manage your anxiety, and increase your motivation.”

Dr Carla Croft, Consultant Clinical Psychologist at Barts Health NHS Trust, says: “I would never want to minimise what people are going through, but sometimes it helps to reframe it by thinking of it as making a change. As we go through life, we all make changes that will benefit our health, so thinking about it like that can help.”

Recognise and accept feelings of loss

When we give up a treasured hobby, activity, or job, we can experience a deep sense of loss, and it’s important to notice and accept these feelings.

Dr Leonidaki says: “Changing habits requires motivation, so if you are feeling forced to give up something it’s

harder. Your habits can become part of who you are – part of your identity. It’s like saying goodbye to your old self, moving on from your memories and experiences. Feelings of grief and sadness may kick in. Some people may feel anxious, ashamed, or angry. It’s important to acknowledge this, and not brush these difficult feelings under the carpet.”

Dr Croft adds that, despite real feelings of loss, “you won’t necessarily get the same level of support from the people around you as when you’ve lost a loved one or friend. So, rather than saying: ‘It’s fine, I don’t mind giving up this activity’, it’s important to be honest with yourself and accept that it’s hard. Think about how you would try to help someone else in your situation, and what you would say to them to encourage them. Be the best coach that you can be. A compassionate coach believes in you and says: ‘You can get through this’.” ▶

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Explore whether you can be connected to the thing you loved in a different way in future.

Find ways to express how you feel

Dr Leonidaki says finding an outlet to express feelings of grief and sadness can help. "If you don't have anyone in your network you can have these sorts of conversations with, then you might consider writing your feelings down and expressing how you really feel. You may decide to do it every day, or at certain times of the week or spontaneously, when you really feel like it. The important thing is not to bottle your feelings or feel you have to carry on with a brave face as if nothing has changed.

"You may know someone who has a heart condition or a long-term condition and has had to give up something they loved. It could improve your confidence to know that someone has been through it and come out the other side." Find out more about joining a local support group or online community bhf.org.uk/support.

Dr Leonidaki adds: "Therapy is another way to express your feelings. It's been shown that cognitive behavioural therapy (CBT) can help ease the adjustment to a long-term condition. Talk to your doctor and ask to be referred." In England you can also contact your nearest psychological therapies service directly and refer yourself through the Improving Access to Psychological Therapy (IAPT) programme. Search online for IAPT.

Lesley Jackson, 60, from London, had to give up a lot of the socialising she used to do, and the administrative job

she loved, when she was diagnosed with vascular dementia. She says: "I loved my job. I loved socialising and entertaining – all that just stopped, and I became a homebody. I was really struggling with losing all that from my life, and it was difficult to discuss with family members, but I saw a psychotherapist, who helped me talk about how I felt and helped me deal with my feelings."

Find something else that gives you similar benefits

Think about what benefits that activity brought you and find a replacement that gives you similar benefits. Dr Croft says: "If I've given up Zumba, for example, it might not just be about exercise. The Zumba community is a fun, tight-knit community, where people socialise together. And so, if I am losing the benefits of my social group, I need to think about how I can replace them, perhaps with a different social activity. Or maybe you can be connected to the thing you loved doing in a different way in future. For example, if you loved the excitement of running events, but can't run any more, you may be able to steward them instead."

Reader Kim Metson told us that she had to give up the yoga and other exercises classes she loved because of her heart condition and asthma. But she was able to find a seated exercise class run by her local council, and she also joined the University of the Third Age (u3a.org.uk).

William Swift, 74, from Burnley, used to be a keen competitive runner, until he was diagnosed with aortic stenosis (a narrowed heart valve). He says: "I was advised by my cardiologist that I can run but not race. But even when I

“Noticing any benefits change brings can help you adjust.”

stopped racing, I found my heart rate would shoot up extremely high, just going for a normal run. So I stopped running and now I power walk with Nordic poles. I get the fitness benefits without the very high heart rate."

Think about the benefits to your health

Depending on your heart condition, you may be asked to give up something overnight, for example vigorous exercise. Dr Croft says this sudden change can be especially hard because you haven't had time to prepare and motivate yourself. One approach that can help you adjust is to start noticing the benefits that change brings you. She explains: "You could start reading to inform yourself about your condition, speak to your cardiologist and think about the benefits to your health. When you're really invested in it, it will feel easier."

Lisa Thomas had to give up travelling around the world on motorbikes with her husband Simon when she needed to return to the UK for urgent treatment for an abnormal heartbeat. She says that understanding the benefits helped her accept the change. "I can feel down and depressed if I feel restricted," she says. "However, after treatment I am feeling really well – the best I have felt for 25 years. We've given up our world adventures, but I do understand there are pluses." ●

“Think about how you would try to help someone else in your situation, and what you would say to them to encourage them.”



Tried this at home?

Have you tried any of the tips in this article to help you learn to let go? What's helped you in the past to adapt to change? Share your thoughts (and any photos) to HMeditor@bhf.org.uk.



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