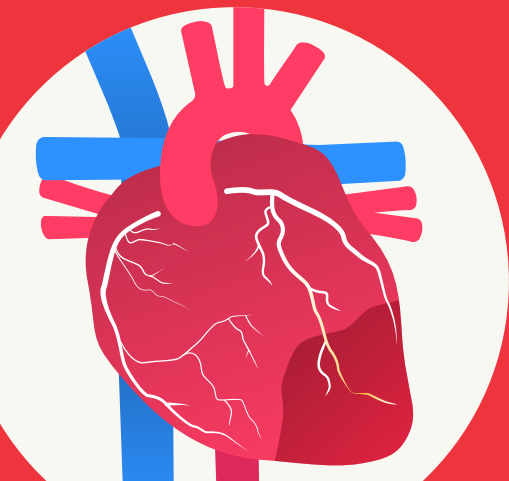


bhf.org.uk



British Heart
Foundation

Understanding a heart attack



Symptoms of a heart attack

Heart attack symptoms vary from person to person. They can include:

- pain or discomfort in your chest that happens suddenly and does not go away
- pain that spreads to either arm, or to your neck, jaw, back or stomach
- feeling sick, sweaty, light-headed or short of breath.

For some people, pain or tightness when having a heart attack is severe, while for others it's uncomfortable. It may feel like heaviness, or a burning pain like indigestion.

Dial 999 if you have any symptoms that could be a heart attack.

A heart attack is a medical emergency. It is important you get medical attention immediately.

You should:

call **999** for an ambulance

sit down and stay calm

take 300mg aspirin if you have it and you're not allergic to it

wait for the ambulance

About this booklet

If you or a loved one has had a heart attack it can be a worrying time. This booklet will help answer some of your questions about:

- what's happened
- the tests and treatments for a heart attack
- how to look after your heart health in the future.

We also let you know where you can get more information, support and help.



Call 0808 802 1234 (freephone)
to speak to a cardiac nurse.
Our helpline is open weekdays
9am to 5pm (excluding bank
holidays).

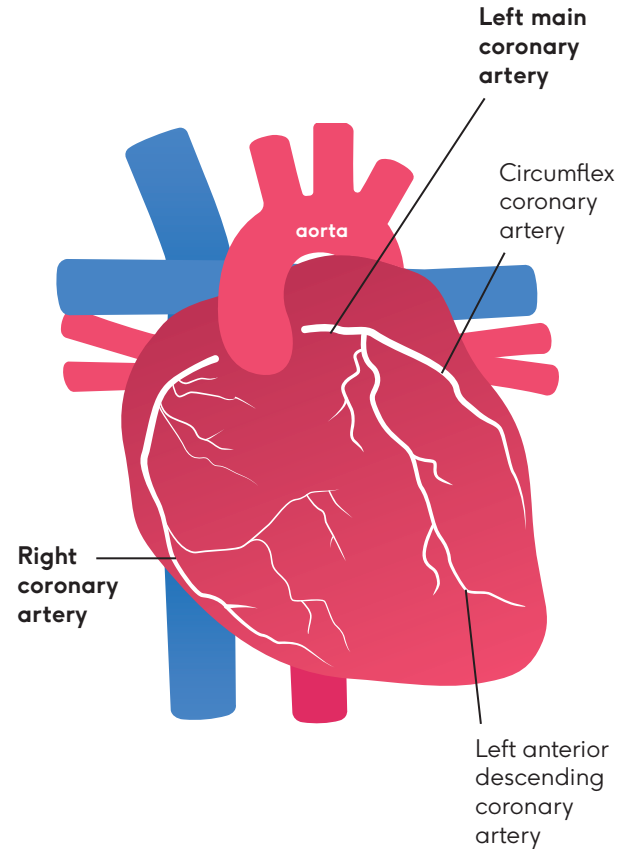
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Understanding a heart attack

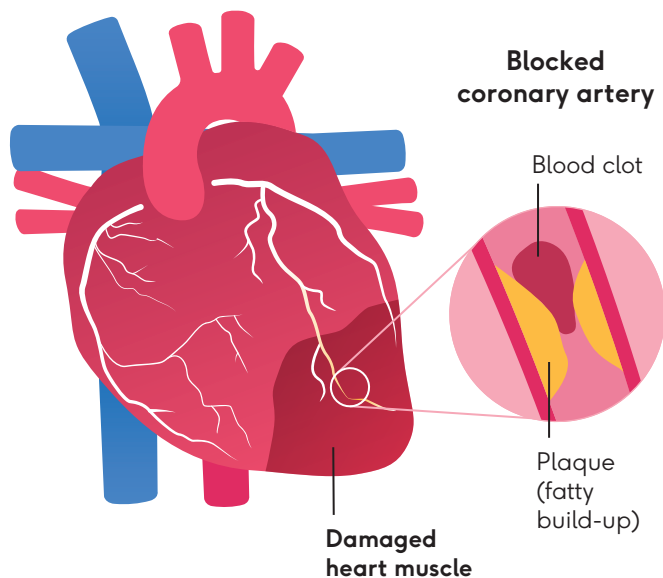
A heart attack is a medical emergency. It happens when the supply of blood to the heart muscle is blocked, usually by a clot (a gel-like clump of blood).

Like any organ inside your body, the heart needs a regular supply of oxygen-rich blood to keep working. The coronary arteries supply blood high in oxygen to the heart muscle, allowing it to keep pumping blood around the body.



When one of the coronary arteries becomes blocked, it causes a heart attack.

A lack of blood and oxygen to the heart may seriously damage the heart muscle and can be life-threatening.



A heart attack is also called:

- acute coronary syndrome
- coronary thrombosis
- myocardial infarction or MI.

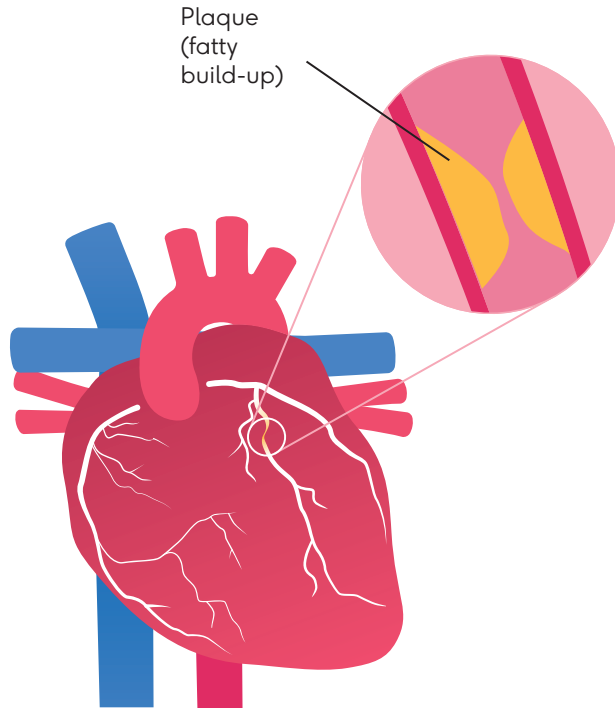
A heart attack is a medical emergency. If you think you or someone else is having a heart attack, **you need to call 999 for an ambulance straight away.**

Causes of a heart attack

Most heart attacks are caused by coronary heart disease (CHD). This is when the coronary arteries become narrowed by a gradual build-up of fatty deposits called plaque. If a piece of plaque breaks off, a blood clot forms around this to try and repair the damage to the artery wall.

This clot can block the coronary artery, causing part of the heart muscle to be starved of blood and oxygen.

Coronary heart disease



Things that could increase the risk of CHD include:

- smoking
- diabetes
- high cholesterol
- high blood pressure (hypertension)
- having excess weight or obesity
- having a family history of CHD.

There are lots of ways to reduce your risk of coronary heart disease and a heart attack.

Find out more at [bhf.org.uk/heartdisease](https://www.bhf.org.uk/heartdisease)

Other less common causes of a heart attack include:

- spontaneous coronary artery dissection (SCAD), when a tear appears in the wall of one of the coronary arteries
- using harmful drugs like cocaine and amphetamines (speed)
- hypoxia, a sudden drop in oxygen levels in the body.

Diagnosing a heart attack

A heart attack is diagnosed with a few different tests. On the way to hospital, the ambulance team will monitor you and do a test called an electrocardiogram (ECG).

This measures the electrical activity of the heart to help diagnose a heart attack.

At the hospital you will have more tests in the accident and emergency department or in a specialist area called the coronary care unit (CCU).

These include:

- More ECGs to monitor the electrical activity of the heart – you may have an ECG for 24 hours a day so doctors can see how well your heart is working.
- An assessment of symptoms and medical and family history.
- Physical examinations, including measuring blood pressure and monitoring the heart rhythm and heart rate.
- Blood tests to see if there has been any damage to the heart muscle, known as a troponin test.
- An ultrasound of the heart called an echocardiogram (echo) to see how well your heart is pumping.

These tests will help doctors:

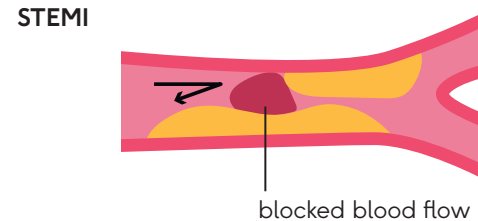
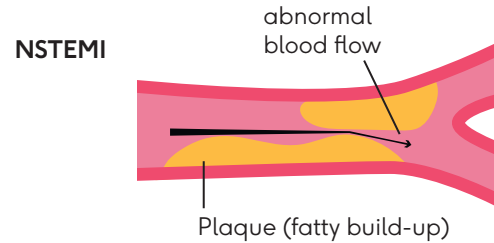
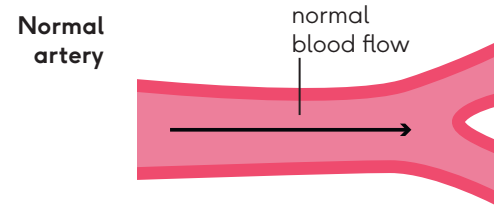
- diagnose a heart attack
- diagnose what type of heart attack you've had
- plan treatments.

Different types of heart attack

There are two main types of heart attack:

- **ST segment elevation myocardial infarction (STEMI)** is a total blockage of the coronary artery. It can cause damage to a large area of the heart muscle.
- **Non-ST segment elevation myocardial infarction (NSTEMI)** is when the supply of blood to the heart may be partly, rather than completely, blocked. A smaller area of the heart muscle may be damaged.

If you have any questions about the type of heart attack you have had, you should ask the doctors and healthcare team.



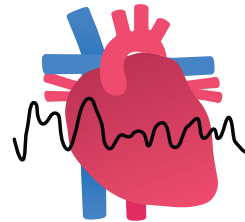
What's the difference between a heart attack and a cardiac arrest?

A heart attack and cardiac arrest are not the same thing.

- A heart attack is when one of the coronary arteries supplying the heart muscle with blood becomes blocked.
- A cardiac arrest is when a person's heart stops pumping blood around their body, and they stop breathing or stop breathing normally.

During a heart attack, there is a risk of developing a dangerous heart rhythm which can be life-threatening and can sometimes lead to a cardiac arrest.

Cardiac arrest
is an electrical
problem



The person
will be
unconscious

A heart attack
is a circulation
problem



The person
will **probably**
be conscious

**Heart attack and cardiac arrest
are medical emergencies.
Call 999 for an ambulance.**

Treatment for a heart attack

Many people need to have emergency surgery or a procedure to get the blood flowing to the heart muscle again.

Fast treatment is important because it can reduce the amount of permanent damage to the heart.

The treatment for a heart attack depends on:

- the type of heart attack
- when the symptoms started
- how soon treatments can begin.

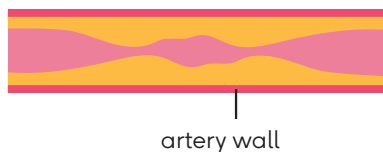
Coronary angioplasty with stenting (or PCI)

If your symptoms started in the last 12 hours you'll usually have a coronary angioplasty with stenting (also called a percutaneous coronary intervention or PCI).

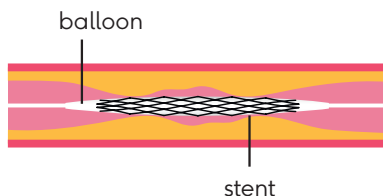
A coronary angioplasty helps widen any blocked coronary arteries. During the procedure:

- You'll be given a local anaesthetic, which means you'll be awake while the procedure is carried out, but you should not feel pain. Let the team know if you feel uncomfortable.
- A tiny tube called a catheter with a balloon at the end is put into the artery from the wrist or top of your leg (groin) and guided to the heart.
- Once it reaches the narrowed part of the coronary artery, the balloon is blown up to widen it.
- A short wire mesh tube, called a stent, is put into the artery during the procedure.
- The balloon is taken out and the stent is left in place permanently to keep the artery open and restore the blood flow to the heart muscle.

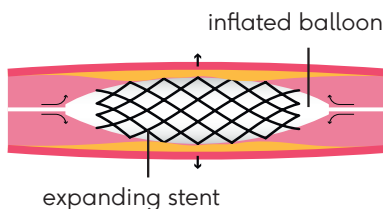
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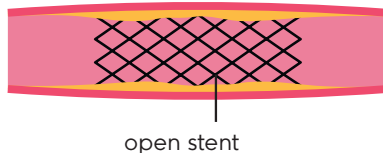
Step 2



Step 3



Step 4



PCI is a treatment carried out by specialists. It can be a planned or urgent treatment.

If you cannot access PCI quickly, or stenting is not suitable for you, doctors will offer you medicine to break down blood clots.

Doctors will decide the best treatment after an angiogram, which is a type of X-ray that lets them look at the arteries in your heart.

Medicines

Aspirin can be given as an emergency treatment in the ambulance. It's a medicine that helps thin the blood to improve blood flow. Tell the ambulance team if you have already taken aspirin.

You may be given medicine in hospital to stop further clots forming.

There are two types, both given as a tablet, called:

- antiplatelets (to slow down platelets sticking together and causing clots)
- anticoagulants (to slow down clotting).

You may hear antiplatelet medicines such as clopidogrel or ticagrelor called 'blood-thinning medicines', but they do not make your blood thinner. They work by changing how your blood clots to help blood flow more easily.

Medicines that break down blood clots are called:

- thrombolytics
- fibrinolytics.

They are usually given directly into your vein, through a small tube (called a cannula).

Heart surgery

Having a stent is not suitable for some people, for example if there are too many narrowed arteries. In this case, doctors may suggest surgery.

Coronary artery bypass graft (CABG) is also known as heart bypass surgery. It might sound like people are calling it 'a cabbage'.

During surgery a vein or artery is taken from another part of the body, usually from the leg, arm or chest.

This new blood vessel is called a graft.

One end of graft is attached to the aorta (the main artery leaving the heart) and the other end to the coronary artery below the narrow or blocked section to improve blood flow.

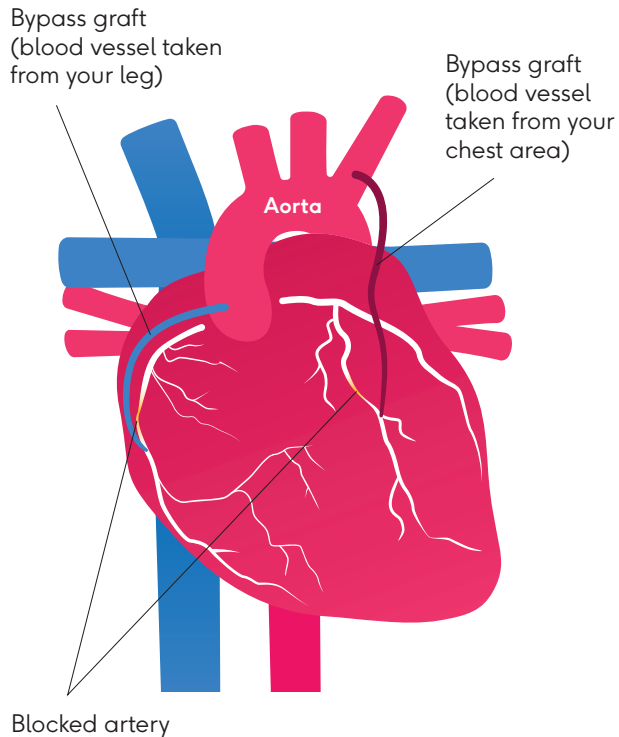
CABG can treat one or more blocked arteries in the heart. This type of surgery is also known by the number of bypasses.

You might hear this called:

- **Single bypass** meaning one artery is blocked.
- **Double bypass** meaning two arteries are blocked.
- **Triple bypass** meaning three arteries are blocked.
- **Quadruple bypass** meaning four arteries are blocked.

See page 25 for a diagram of two types of coronary artery bypass grafts.

Heart bypass surgery



Getting support

A heart attack can be a frightening experience and it can take time to come to terms with what's happened. If you or a loved one have had a heart attack, it's natural to feel worried, scared, sad, frustrated or isolated.

There is no right or wrong way to feel after a heart attack and it's important to do what feels right for you.

It might help to know you are not alone and there is support available. You can ask the healthcare team any questions you have. It can be hard to ask questions that may feel embarrassing or uncomfortable to talk about, but many people find they feel much better once they do.

Here are some of the ways British Heart Foundation can help you.

Find an online community

Our community on **HealthUnlocked** is a free online space for people with heart and circulatory conditions to share experiences and get support from one another.

Visit **healthunlocked.com**

Call the Heart Helpline

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 **0808 802 1234** for free weekdays 9am to 5pm excluding bank holidays.

You can also speak to our nurses using the live chat feature. Find out more at **bhf.org.uk/helpline**

Get information in another format

We have information on heart attacks, angina and other topics in audio, easy read, braille and other languages.

Read or listen to our information online at **bhf.org.uk/infoforall**

Join Heart Matters

Discover the benefits of Heart Matters, your free heart-health membership.

Join to receive our free magazine or email newsletter, featuring expert tips, heart-healthy recipes, inspiring stories, and the latest updates backed by BHF-funded science.

Guided by our team of experts, Heart Matters helps you to make small changes for a healthier heart.

Sign up at **bhf.org.uk/heartmatters**

Recovering from a heart attack

After treatment for a heart attack, you may stay in hospital for a few days. Most people will go to the coronary care unit (CCU). This is for people with serious heart issues who need special care.

What happens in hospital?

Getting better after a heart attack starts in hospital. This is called your recovery. The team looking after you will do tests to check how your heart has been affected. For example, electrocardiograms (ECGs) can check for any problems with your heart rhythm.

Other tests will look more closely at your heart and how it is working, and to help decide the best treatment.

These can include:

- blood tests
- ECGs over a few days
- blood glucose levels
- regular testing of your blood pressure, heart rate, breathing rate and blood oxygen levels
- echocardiograms
- X-rays.

When doctors feel sure you are making good progress, you may be moved to a cardiac ward. This is a ward that gives specialist care, but people are encouraged to do more for themselves. For example, walking to a bathroom and around the ward.

You should be seen by the cardiac rehabilitation team (you may hear it called cardiac rehab). They are specialists who will support people to get better after a heart attack.

They will talk about what to expect from rehab, when you can expect to start classes and why they are an important part of your recovery.

The cardiac rehabilitation team are there to support you. You can ask them where to find information about the things that are important to you including:



Getting
active



Your
medicines



Healthy food
choices

Healthcare professionals talk to people every day. Whatever your question is, you will not be the first or last person to ask.

Further information on cardiac rehabilitation can be seen on pages 40 to 42.

How long will I stay in hospital?

It depends on your treatment and how well you are.

- Coronary angioplasty with or without a stent. You'll usually be in hospital for at least two or three days.
- Coronary bypass surgery. You'll usually be in hospital for at least one week after your surgery.
- Medicine – will usually depend on how well you are.

Some people find staying in hospital upsetting or worrying. It's normal to find it difficult to be away from home especially if you have caring or other responsibilities.

You can speak to your healthcare professional about the support available to you.

Doctors, nurses, other healthcare professionals and sometimes a social worker, will work together to decide when you can go home (be discharged).

They will take into account:

- the results of your tests
- assessments to see if you are fit enough to do things like climb up stairs
- talking to you and your loved ones about care needs.

A doctor will not discharge anyone from hospital until they are well enough to go home.

If you cannot go home, you may need temporary care to help you get back to normal and be independent. Your healthcare team will involve local services to see what support is available for you.

The hospital will give you a discharge letter for you to give to your GP. They may send it directly to your GP and give you a copy.

This letter has details about:

- your diagnosis
- the hospital treatment you had
- your medicines
- follow-up appointments.

You should also be referred to a cardiac rehabilitation service. Ask your doctor if this information is not given to you.

Could I have another heart attack?

Many people wonder if a heart attack will happen again. It's normal to feel scared or worried about this.

Having one heart attack does increase the risk of having another, but the risk goes down with the right treatments.

This includes:

- taking the medicines doctors prescribe
- following a healthy lifestyle
- going to cardiac rehab.

Many people find that going to cardiac rehab (see page 40) gives them confidence and helps them to make the changes needed to lead a healthier life.

What else can happen after a heart attack?

The risk of developing more health problems or complications after a heart attack is different for everyone.

Some people have a heart attack with no further complications. Other people may have further problems and complications meaning they need more treatment.

The doctors will talk to you about any possible further heart problems. You can find examples of these on the next pages.

Arrhythmia

An arrhythmia is an abnormal heartbeat. It includes:

- beating irregularly (such as atrial fibrillation)
- beating too slowly (bradycardia)
- beating too quickly (tachycardia).

Arrhythmias can develop after a heart attack because of damage to the heart muscle. Damaged muscles disrupt the electrical signals that control the heart.

Heart failure

Heart failure is a condition where the heart cannot pump blood around the body as well as it should. It can develop after a heart attack if the heart muscle is damaged.

Angina

This is the name for chest pain or uncomfortable feelings that happen when the blood flow to your heart muscle is reduced. This happens because your coronary arteries have become so narrow that your heart muscle does not get enough blood.

Cardiogenic shock

Cardiogenic shock can happen quickly. It develops when the heart muscle has been damaged so much it can no longer pump enough blood the body needs.

Heart rupture

A heart rupture is where the heart's muscles, walls or valves split apart (rupture). It's a serious but rare complication of a heart attack.

It can happen if the heart is very damaged during a heart attack and usually happens one to five days afterwards.

You can find more information on these conditions on our website

bhf.org.uk/conditions

It's normal to feel worried or scared about another heart attack happening or to feel anxious that someone you love may develop further problems.

Our experienced nurses are here to help answer your questions or concerns about heart and circulatory diseases.



Call 0808 802 1234 (freephone)
to speak to a cardiac nurse.
Our helpline is open weekdays
9am to 5pm (excluding bank
holidays).

What does recovery from a heart attack involve?

Recovering from a heart attack can take several months. It's very important not to rush it. Everyone is different.

Recovery usually happens in stages. It starts in hospital with the help and support from healthcare professionals, which may include:

- nurses
- physiotherapists
- dietitians
- pharmacists
- exercise specialists.




Recovery in hospital and at home is about:

- over time bringing back physical fitness (known as cardiac rehabilitation)
- reducing the risk of another heart attack with medicine and lifestyle changes.

Cardiac rehabilitation

Cardiac rehabilitation (or cardiac rehab) is a programme of education and exercise sessions. It helps you to recover and get back to as full a life as possible after a heart attack, heart surgery or treatment. It's a vital part of your recovery process.

Research has shown that cardiac rehab can:

-  reduce the risk of having another heart attack
-  reduce the risk of going back to hospital
-  have a positive impact on wellbeing and quality of life.

Think of it as just as important as taking medicine.

Cardiac rehab programmes usually start four to six weeks after leaving hospital. Different programmes vary, but they usually involve going along to a session once or twice a week for up to 12 weeks.

They are usually run in group sessions in a local hospital, community centre or leisure centre, or you can do a cardiac rehab programme from home. Many people take part in online exercise classes, video or telephone calls with a support team for example.

Cardiac rehab should be offered by the hospital, but this does not always happen. Speak to the doctors or nurses about how to join a cardiac rehab programme that's right for you.

Cardiac rehab provides all kinds of information and support including:

- reducing your risk factors
- improving your lifestyle such as diet and stopping smoking
- information on treatments and medicines
- sex and relationships.

There will be sessions on practical issues such as:

- driving
- returning to work
- holidays.

Many people get lots of positive things out of attending cardiac rehab such as realising you are not alone and meeting other people in a similar situation. Partners and carers can find support too.

Read about cardiac rehab and what to expect in our free booklet. Order **Understanding cardiac rehabilitation** at bhf.org.uk/publications

Medicine

Reducing the risk of having another heart attack involves making lifestyle changes and taking different medicines long-term.

After a heart attack you'll usually need to take medicine every day. This is because it helps to stop further damage to the coronary arteries, and it helps to reduce the risk of another heart attack.

It may feel strange at first to be taking medicines daily, but it's essential to take any medicine that's been prescribed even if you feel well.

Medicines may include:

- **Antiplatelets** like clopidogrel or ticagrelor are prescribed for one year to reduce the chance of having another heart attack. Most people are prescribed lifelong aspirin too.

- **ACE inhibitors** (angiotensin-converting enzyme) such as ramipril are prescribed to treat heart failure and high blood pressure.
- **Beta blockers** like bisoprolol help control the heart rate and can also help lower blood pressure. This helps to reduce the workload of the heart.
- **Statins** like atorvastatin reduce the level of cholesterol in the blood and protect the insides of the arteries.
- **Glyceryl trinitrate (GTN)** spray helps reduce chest pain and discomfort (angina) which can happen after a heart attack.

If you have any questions about your medicine, you can talk to your GP or speak to a local pharmacist.

People sometimes find they have problems or questions when starting a new medicine.

If you live in England and you're prescribed a medicine for the first time to treat a long-term condition, you may be able to get help from a local pharmacist through a free scheme called the New Medicine Service.

When you take your new prescription to your local pharmacy, ask if you can take part in the New Medicine Service.

If you live outside of England, speak to your pharmacist about your medicines. They can help answer any questions you have.

You can find out more information about medicines on our website
bhf.org.uk/medication

Do medicines cause side effects?

All medicines can sometimes cause side effects. They can range from mild to something more serious.

If you have any questions, concerns, or worries about side effects from medicine do not stop taking it, but talk to a doctor, nurse or pharmacist. If symptoms are serious call NHS 111 or your GP for help and support.

How much do prescriptions cost?

Medical prescriptions are free in Northern Ireland, Scotland and Wales. Most adults in England must pay prescriptions charges. They are free for people who meet certain criteria.

If you know you'll have to pay for a lot of NHS prescriptions, it may be cheaper to buy a prescription prepayment certificate (PPC). You can search '**NHS prescriptions charges**' for more information.

Many people find it hard at first to take medicine every day. But there are simple steps to make it easier:



Get into a routine



Give your body time to get used to medicine



Be mindful of your mental wellbeing



Speak to your pharmacist or GP before taking other medicines or supplements as they can interact with your medicine



Plan your medicine if you go away

What happens when it's time to leave hospital?

Before you go home, the hospital team will assess your care needs and make a plan to support you. This includes doctors, nurses, other healthcare professionals and sometimes a social worker.

If you cannot go home, you may need temporary care to help you get back to normal and stay independent.

Hospital staff will help you decide if you need further help to recover. Extra care can be arranged before leaving hospital if it's needed.

You should also be referred to a cardiac rehabilitation service. Ask your doctor if this information is not given to you.

You can find out more information about cardiac rehabilitation on page 40.

What will the first few days at home be like?

It's good to be back home after being in hospital, but many people feel worried after leaving the safe hospital environment.

Having someone with you at home for the first few days or weeks, will help to build your confidence.

Take it easy for the first few days and make sure you have enough rest. Many people find it helps them to:



get up



wash



get dressed

Doing light household activities can help such as:

- making drinks and snacks
- walking around the house or garden
- very light chores such as washing up.

Do not try to do too much too soon and listen to your body. If any of these activities make you feel unwell, contact your GP. If you're already in contact with a cardiac rehab team, you could speak to one of the healthcare professionals there.

Get into a routine for taking medicines and following the instructions about how and when to take them. All the medicines will be listed in the discharge letter given by the healthcare team when you left the hospital.

If you've been asked to give your discharge letter to your GP, then you or a relative or friend should do this as soon as possible.

You'll need to make an appointment to see a GP within the first couple of weeks after you return home. A GP will want to make sure your heart is recovering properly and working as well as it can.

A GP can:

- monitor your ongoing care
- give repeat prescriptions
- change the doses of your medicine.

How do I come to terms with what happened?

A heart attack can be a frightening experience. It's normal to worry about being left alone, leaving someone alone, or what to do if any pain or symptoms come back.

Many people have good days and bad days. Having a heart attack is stressful and it's normal to feel anxious, panicky or have a low mood afterwards.

Some people worry about having another heart attack, that they will not be able to do as much as before, or the impact it will have on loved ones.

If these feelings continue and you find that anxiety or depression is affecting your quality of life then talk to your GP, practice nurse or one of the cardiac rehab team.

Reducing your risk of another heart attack

There are lots of things you can do to reduce your risk of having another heart attack.

This includes:

- Keeping active to boost energy, sleep and quality of life.
- Maintaining a healthy weight and diet.
- Limit how much alcohol you drink (less than the recommended 14 units per week).
- Stop smoking and using other tobacco products.
- Control high blood pressure, cholesterol levels and blood sugar levels (if you have diabetes).

You can find lots of easy swaps and helpful tips to live a healthier life in our booklet, **Understanding your heart health**. Order your free copy at [bhf.org.uk/publications](https://www.bhf.org.uk/publications)

Stress and your heart

Many people manage stress with unhealthy habits like smoking or eating foods high in saturated fat or sugar that may increase your risk of developing heart disease.

Alongside making some changes to your lifestyle, you could also try new things to help you cope with stress. For example:

- mindfulness
- spending time with pets
- sewing or knitting
- chatting to friends or family
- making lists to organise your thoughts.

There are some things that increase the risk of another heart attack you cannot control:

- Having a previous heart attack does mean you're more likely to have another.
- If family members have heart or circulatory disease, you might have a higher risk of getting conditions that can lead to heart attack or stroke.
- Getting older, your ethnic background and your assigned sex at birth all affect your chances of getting a heart condition.

Find out more about your risk at [bhf.org.uk/heartdisease](https://www.bhf.org.uk/heartdisease)

You may want to find reasons for why it has happened to you. Sometimes, it's hard to know the exact cause. By making positive lifestyle changes, you can help protect your heart from further problems.

Do trans people have a higher risk of heart attack?

Being transgender (trans) means having a gender identity or expression that is different from the biological sex that was assigned to you at birth.

Research shows trans people are at higher risk of heart attacks and strokes, but the reason is not clear.

There is some concern about a link between gender-affirming hormone therapy and the risk of heart and circulatory problems. But there's not enough research in this area to say for sure.

Stigma and stress can be common for trans people, and this can also affect heart and circulatory health.

This is because stress makes positive lifestyle changes harder, and that can increase your risk of developing heart and circulatory diseases.

If you are transgender, here are some ways you can reduce your risk:

- Make sure your GP is regularly checking your hormone levels.
- If you know of any relevant family history, tell your GP so they can better assess your risk.
- Get a health check, including a blood pressure measurement and blood cholesterol. You might be recommended for a regular health check depending on the findings and what treatment you are on.
- If you have a family history of heart problems, ask at your GP surgery for a cholesterol test.

- Smoking can clog your arteries and could lead to a heart attack or stroke. You can learn more about smoking and your heart at **bhf.org.uk/smoking**
- Think about how much alcohol you drink and how you could take control of your drinking. Even cutting down can make a difference. If you think you may have a problem with alcohol, speak to your GP, who can tell you about addiction support services in your area.

You can get help for issues that are causing you stress, such as discrimination, or your rights as a trans person.

You can get support through Stonewall's online information service or by calling **0800 050 2020**.

If you're worried about your risk you can also speak to our cardiac nurses (see page 27).

Life after a heart attack

Holidays and travel

Most people with a heart or circulatory condition can go on holiday. If your condition is stable, well controlled and you feel well, it should be ok.

Check with a doctor if you want to travel, especially if you've:

- recently had a heart attack or heart surgery
- had a pacemaker or ICD fitted
- been in hospital due to your heart condition.

If you've had a heart attack you need to tell your life and travel insurance company.

Find out more about travel insurance and holidays at **bhf.org.uk/practicalsupport**

Driving

If you've had a heart attack you'll usually be asked to stop driving for at least one week.

You may need to stop driving for longer if:

- you've had coronary artery bypass graft surgery or you're waiting for surgery
- you have symptoms that affect your ability to drive
- you drive a larger vehicle, like a bus or lorry.

Your doctor can tell you when it's safe to drive again after a heart attack and answer any questions you have about driving.

Find out more about driving after a heart attack at **bhf.org.uk/driving**

Sex

You can enjoy a healthy sex life if you have a heart condition.

It's normal to worry, but sex is no more likely to trigger a heart attack than any physical activity.

GPs, nurses, and cardiac rehab specialist talk to people all the time about sex and relationships. They will be understanding and can offer you information and support.

Read about sex after a heart attack at **bhf.org.uk/sex**

Exercise

Most people can exercise after a heart attack and will feel the benefits of staying active.

Exercise helps everyone live a happier and healthier life. It can help manage a condition and get you feeling better.

It's normal to worry if you should exercise. Speak to your doctor if you're thinking of starting a new exercise after your heart attack. They can:

- answer any questions you may have
- tell you about exercising with a condition to help you safely get active.

You can find lots of tips and ideas for getting active at **bhf.org.uk/activity**

For more information from BHF on heart attacks, scan here or visit **bhf.org.uk/heartattack**



We are British Heart Foundation



Through research, information and support we're here for everyone affected by heart and circulatory conditions.

Get help

Speak to one of our experienced cardiac nurses for more information and support. They can help answer your questions, big or small.

You can call **0808 802 1234** (freephone).
Our helpline is open weekdays, 9am to 5pm
(excluding bank holidays).

Support our work

If you've found this information helpful and would like to support our work, please scan the QR code or visit bhf.org.uk/support-us



Scan here with
the camera
on your phone

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