

Caring for someone with a heart condition



About the British Heart Foundation

The British Heart Foundation (BHF) is the nation's heart charity, dedicated to saving lives through pioneering research, patient care, campaigning for change, and providing vital information.

We rely on donations of time and money to continue our life-saving work. If you would like to make a donation, please:

- call our donation hotline on 0300 330 3322
- visit bhf.org.uk/give or
- post it to us at the address on the back cover.

For other ways to support our work, and for up-to-date information on heart disease, the BHF and our services, see **bhf.org.uk**

Together we can beat heart disease.

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About this booklet

If you live with, or are caring for, someone who has a heart condition, you may find this booklet helpful. It may also be useful for other members of your family and for friends. It looks at:

- what has happened to the person you are caring for
- how to help them develop a healthy lifestyle, to reduce their risk of further heart problems
- how to help them to get back to normal and encourage them to be independent
- financial help for carers, and carers' assessments
- the emotional aspects of caring for someone and how to cope if things are difficult, and
- who to contact if you need help or support.

Whatever your circumstances, we hope this booklet will give you ideas and information to help you cope with your situation and plan for the future.

This booklet does not replace the advice that health professionals may give you or the person you are caring for, but it should help you to understand what they tell you.

Are you a carer?

You may have just taken on the role of carer, or you may have already been caring for someone with a heart condition for a while. The person you look after may get his or her independence back soon and your role as a carer may be temporary. Other people may need longer-term care.

What has happened to the person you are looking after?

The person you look after may have had a heart attack, or may have been diagnosed with angina. These are both forms of 'coronary heart disease'. Or they may have heart failure, or another type of heart condition.

Angina and heart attacks

Coronary heart disease begins when your coronary arteries (the arteries that supply your heart muscle with oxygen-rich blood) become narrowed by a gradual build-up of fatty material within their walls. This condition is called atherosclerosis and the fatty material is called atheroma.

Over time, your arteries may become so narrow that they cannot deliver enough oxygen-rich blood to your heart muscle. This can cause **angina** (usually pain or discomfort in the chest).

If the narrowed coronary artery suddenly becomes blocked, usually by a blood clot, part of the heart muscle may become permanently damaged. This is called a **heart** attack.

For more information about these conditions, see our

booklets Angina and Heart attack.

Heart failure

Heart failure happens when your heart muscle becomes less efficient at pumping blood around the body. One of the most common reasons for this is heart muscle damage caused by a heart attack.

The symptoms vary from person to person, but the main ones include unusual tiredness, breathlessness, and swollen ankles and feet.

For more information on heart failure, see our booklets Living with heart failure and An everyday guide to living with heart failure.

Other heart conditions and illnesses

The person you look after may have another type of heart condition, or they may have had a stroke. We have a wide range of resources about different conditions. See page 56 for more information on these.

When someone is first diagnosed with a heart condition

Many people feel shocked and frightened when their partner, relative or friend is diagnosed with a heart condition. Whatever type of heart condition they have, it can help to find out as much as you can from the doctor or cardiologist, so that you can prepare for the future.

If someone is admitted to hospital suddenly or as an emergency, they may have to have some tests and treatment very quickly. This whirlwind of activity can be frightening. At this time, the main focus of attention has to be on the patient. As a relative or friend you may feel excluded from what is going on and sometimes you may need to wait a while before you can get much information. Once the person is a bit more stable, you will be able to ask questions and find out about their condition.

Tests and treatment

The person you are caring for may need to have various tests, and perhaps treatments such as medicine or surgery. We explain more about these below. To find out more, talk to the person's doctor or nurse.

Tests

A doctor or nurse may decide to arrange further tests for the person you are looking after, to find out more about the condition of his or her heart. If you don't understand something about a test, ask for an explanation that you find easy to understand. This can help ease your worries.

For more information about tests, see our booklet *Tests* for heart conditions.

If the person needs heart surgery or a procedure

It is natural for anyone needing heart surgery or a procedure such as an angioplasty or having a pacemaker implanted, to feel concerned or anxious. Their carer and family may be worried too. It's important that you both understand what to expect when the person goes into hospital and during the recovery period. If you have any questions or if anything is worrying you, talk to the

doctor or nurse.

Waiting for heart surgery or a procedure

Most people who need to have surgery or a procedure will go on a waiting list. Some waiting lists are shorter than others, so the treatment may be scheduled within a few weeks, but for others the waiting time could be a few months. Some people may need urgent treatment and will be admitted to hospital straight away.

Waiting for an operation or procedure can be a difficult time. Some people find it hard to get on with life and plan for the future, particularly when a date has not yet been set.

The hospital may ask the person to go to a pre-admission clinic before the operation, to have some tests that need to be done before they have the surgery or procedure. This is a good time to find out more about the operation or procedure – such as where it will be performed, and how long it will take - and is a good opportunity to ask any questions. You, the carer, may find it helpful to go along to the pre-admission clinic too. At this clinic, the hospital staff may also assess the person's care needs and organise any extra help the person may need when they go home.

Questions you may want to ask

There may be many thoughts going round in your head. Below are some of the questions that carers often want to ask.

- Why does the person I care for have a heart condition?
- Will their condition improve or will it get worse?
- Will they need any more tests or treatment?
- What medicines is he or she taking, and what are the possible side effects?
- Is it likely that the person I am looking after will have another heart attack (or more angina)?
- What should I do if I think the person I am looking after is having a heart attack, or is unwell?
- How much physical activity and what sort of activity should they be doing, and how often?
- Can they go back to work?
- Is it OK to go on holiday?
- Is it OK to have sex?
- How often will the person I am looking after need to go for appointments at the hospital or with the GP?
- Will anyone visit us at home?
- What help is available?

You might find it useful to make notes of what the doctors or nurses tell you.

It can sometimes help for you (the carer) to go to a heart support group with the person you care for before they have the treatment or procedure, as you may be able to get some useful information, from other people who have already had the treatment or procedure, about what to expect. For more information about heart support groups, see page 45.

For more information on heart surgery, see our booklet Having heart surgery. For details of other treatments, such as angioplasty or pacemakers, see the booklets in our Heart Information Series. There is a list of booklets on page 56.

Becoming the carer

Becoming a carer may be something that is unexpected and happens suddenly, or it may happen more gradually.

Few of us are trained to be carers, so it can be difficult and stressful at times – both for you as the carer, and for the person you are caring for.

Caring for someone can be not only physically exhausting, but emotionally draining too. Some carers will juggle working, as well as home and family life, with looking after someone. And this can be harder for those carers who may have their own health problems too.

However, caring can also be immensely rewarding. Many carers want to look after their loved ones to try and make their life better and more comfortable. Carers can make a big contribution to the recovery and the life of the person they are looking after. You will also learn a lot about yourself and about your skills and abilities.

Your own life may have changed just as much as the life of the person you care for. You may have had to adjust your routine and change your working arrangements. Your social life or hobbies can also be affected.

A confusing mix of emotions is quite normal. You may feel love and concern, mixed with sadness, anger and guilt.

You may also feel frustrated that life is not the same as it was before, and that it may never be the same again. You may sometimes feel isolated or frightened, and can feel that nobody listens to you or understands how you feel.

Talking can help you to keep your worries in proportion. The key is to make sure that you (the carer) and the person you care for talk to each other about how you feel, as this can be comforting and helpful to you both. You may also find it helps to talk to a friend or other member of the family. For more about the emotional aspects of caring, see page 32.

To continue in your caring role, you also need to take care of yourself, so make sure you take time for yourself too.

Some of us are not always very good at asking for help, or accepting it. But asking for or accepting someone's help is not a sign of weakness. Offering help is one way that other people show their affection and support for you and the person you care for.

Everybody seems to know someone who has a heart condition, and they often want to tell you all about it. Sometimes this can be useful – to see how other patients and carers have coped. However, every person is an individual, so what worked well for one person may not be relevant to you or the person you are caring for.

Here are a few tips.

- Try not to let the person's condition take centre stage all of the time.
- Try to make time for yourself, and keep doing the things you want to do.
- Tell your GP about your caring role, because it is important to look after your health too.
- If you're working, tell your employer that you are now caring for someone, so you can organise leave if necessary.
- If you are feeling down or depressed, make sure you get some help, by talking to someone about it. This could be a friend or family member. Or for professional help, speak to your GP or a counsellor.
- Try to accept help when it's offered.
- Learning more about the person's heart condition can be very reassuring. Just make sure you use a reputable source.
- Get a benefit check to make sure that you, the carer, as well as the person you are caring for, are getting all the financial support that you are entitled to. For more on this, see page 29.
- Think about asking for a carer's assessment from your local authority. We explain more about this on page 30.
- Get support. Find out if there are any carers'

organisations or heart support groups nearby. See pages 58 and 45.

How to help the person you look after to protect their heart

Many carers want to know what they can do to help the person they look after to prevent any future heart problems. This section explains what the person you look after can do, and how you can help and encourage them. If you, the carer, follow this advice yourself, it will help to keep your heart healthy too.

Encourage the person you are looking after to do the following.

- If they smoke, stop smoking.
- Eat a healthy, balanced diet.
- Do regular physical activity.
- Keep to a healthy weight and body shape.
- Drink within the recommended alcohol limits.

It is also important that the person you are caring for has their blood pressure and cholesterol checked by their GP or practice nurse at the doctor's surgery. The GP or nurse will tell you how often this needs to be done.

Stopping smoking

Stopping smoking is the single most important thing a person can do to improve their heart health. If the person you are caring for is a smoker, they can ask their doctor or practice nurse for information, advice and support about ways to help them stop smoking. Or they can try one of the following helplines or websites.

Quitline 0800 00 22 00.

Website: www.quit.org.uk

• NHS Smoking Helpline 0800 022 4 332.

Website: www.smokefree.nhs.uk

For more information, see our booklet Stop smoking.

Eating a healthy, balanced diet

Eating a healthy, balanced diet can help to protect the heart, and following the advice below can help both you and the person you care for to look after your heart health. For more detailed information, see our booklet Eating well.

Fruit and vegetables

Eating a healthy, balanced diet which includes at least five portions of a variety of fruit and vegetables a day, will make sure that you get a combination of vitamins and minerals to help keep you healthy.

Fats

Cutting down on saturated fats and choosing healthier

fats can help to reduce your cholesterol and protect your heart. Saturated fats are found in foods such as butter, cheese, and sausages and fatty meat products. For more information on cholesterol, see our booklet Reducing your blood cholesterol.

Fish and fish oils

Eating oily fish regularly can help reduce the risk of coronary heart disease and stroke, and help protect your heart. Oily fish provides a rich source of a particular type of omega-3 polyunsaturated fat. This type of fat is found mainly in fresh and canned oily fish such as herring, mackerel, pilchards, sardines, trout and salmon, and in fresh tuna (but not canned tuna).

Aim to eat at least two portions of fish a week. One of the portions should be oily fish. (One portion of fish is 140 grams or 5 ounces of fish.) People who have had a heart attack should have between 2 and 4 portions of oily fish a week.

Salt

People who have a lot of salt in their diet are more likely to have high blood pressure. Most people eat far more salt than they need. It is recommended that adults have no more than 6 grams of salt a day - that's about

one teaspoonful.

Cut down on salt by not adding salt to your food, and using alternatives such as herbs and spices when cooking. And use food labels to help choose foods that are low in salt.

Physical activity

Regular physical activity has many benefits, both for the heart and for general wellbeing. If the person you look after has recently been in hospital, physical activity can also help with their recovery.

It is recommended that adults aim to do a total of at least 150 minutes (two and a half hours) of moderateintensity physical activity a week. One way of doing this is to do 30 minutes' activity on five days each week. 'Moderate-intensity' means that the activity should make you feel warm and breathe more heavily than usual, but you should still be able to talk. Examples include brisk walking or cycling.

Some people with a heart condition may not be able to do as much as 30 minutes a day, and some people may be limited due to mobility problems or difficulty walking. However, it is still important that they try to be as active as possible. Even a small amount of activity can help, and is better than doing none at all.

It is important that the person you care for speaks to their nurse, doctor or other health professional about what types of activity are suitable and safe for them to do, how much activity they can do, and how to increase their level of activity to build up their fitness. Some activities may not be suitable for people with particular heart conditions.

If the person you look after isn't used to doing activity, or hasn't been active for a while, or is recovering from a heart attack or heart surgery, it's important that they build up their activity level gradually.

For more information on physical activity for people with a heart condition, see our booklets Physical activity and your heart or Get active, stay active.

Physical activity – safety tips

The following advice applies both to the person you are caring for, and to you, the carer.

- Build up your physical activity level gradually.
- Make sure you warm up before and cool down after each period of exercise. That means starting slowly for the first few minutes and building up gradually, and at the end, spending some time slowing down gradually.
- Avoid doing activities after a large meal, or in very hot or very cold temperatures, or at high altitudes.
- If you have any long-term illness, or have high blood pressure, or are taking medicine, or if you're not sure about the level of exercise you should be doing, speak to your GP before you start exercising.
- Stop exercising if you feel tired, breathless or dizzy, or if you have pain or feel unwell, and contact your GP.

Keeping to a healthy weight and body shape

People who are overweight or obese, and in particular those who carry too much weight around their middle, have an increased risk of developing coronary heart disease or of having a stroke.

Keeping to a healthy weight and body shape can help to protect against diabetes and high blood pressure, and also helps to control cholesterol levels.

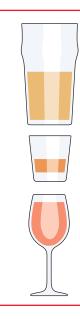
If someone is overweight, the best way to lose weight is through a combination of physical activity and eating a healthy diet.

For more information on how to lose weight, see our booklet So you want to lose weight...for good. Or, if you're very overweight, see our booklet Take control of your weight.

Alcohol

If the person you look after drinks alcohol, or if you do, make sure you drink within the recommended limits and avoid binge-drinking. It is better to have just a small amount regularly rather than large amounts in one go.

- Men should not regularly drink more than 3 to 4 units of alcohol a day.
- Women should not regularly drink more than 2 to 3 units of alcohol a day.



1 unit of alcohol =

- a small glass (100ml) of wine (10% ABV [alcohol by volume])
- or half a pint (about 300ml) of normal-strength lager, cider or beer (for example, 3.5% ABV)
- or a pub measure (25ml) of spirits.

These guidelines apply whether you drink every day, once or twice a week, or just occasionally.

If the person you care for has recently been unwell or has been in hospital, or takes any medicines, and if they drink alcohol, they should ask their doctor what is a safe amount of alcohol for them to have. There may be some benefits to your heart health from moderate drinking (1 or 2 units a day). However, there are healthier ways to look after your heart. Drinking more than the recommended limit can lead to heart muscle damage, high blood pressure, stroke and some cancers.

Alcohol is high in calories too, so it can lead to weight gain.

Cardiac rehabilitation programme

If the person you care for has recently had a heart attack or heart surgery, or has been diagnosed with a heart condition, he or she may be invited to go to a cardiac rehabilitation programme. This may be held either at your local hospital or at a centre near you. Programmes vary, but they usually include exercise sessions, advice on lifestyle including healthy eating, and some relaxation.

Cardiac rehabilitation aims to help the person recover and get back to as full a life as possible, and to promote health and prevent further heart problems. It also aims to help improve fitness, and confidence for everyday life.

The exercise sessions involve having an assessment by a member of the rehabilitation team, to work out safe exercise levels for the person, especially if he or she has quite limited mobility. The staff will work out a programme and encourage the person to start off slowly and gently, and gradually build up over time. For more information, see our booklet Cardiac rehabilitation.

To find out where your nearest cardiac rehabilitation programme is, ask the person's GP, or visit www.cardiac-rehabilitation.net. Or call our Heart Helpline on **0300 330 3311**.

Most cardiac rehabilitation centres are happy for a carer, partner, relative or friend to join the programme too, but check with your rehabilitation team first. If you, the carer, go along to the programme, it can help reassure you about the recovery of the person you look after. It can also give you a chance to meet other carers.

Getting back to normal and encouraging independence

An important part of caring is encouraging the person you care for to get back to a normal routine and let life continue as usual.

Regaining independence is an important factor in recovering from, or living with, a heart condition. Try to encourage the person you are caring for to be as independent as possible, and offer support so they can gradually do more things on their own.

Try to let the person you care for be the judge of what their limits are. Being overprotective can sometimes hamper the person becoming independent. However, if you are concerned about certain activities, speak to them about it and remind them about the advice their health professionals have given them.

Noticing changes in the person you care for

When someone has been diagnosed with a heart condition, they can often experience a mixture of feelings and emotions. For example, they may feel relieved that they are alive, sad about the life they have left behind, and worried about the future. The person you care for

may also have good days and bad days, and may find it difficult to take responsibility for certain things – such as taking their medicines. They may become frustrated, angry or irritable, or unable to share their feelings with you, or they may deny that anything has happened. Feeling low and mood swings are common in people who have been unwell. Having heart surgery can sometimes cause some loss of memory, so you may notice this in the person you are caring for.

It can be very hard to deal with and accept these changes in the person you are caring for, particularly as you may also be going through a difficult time yourself. Fortunately, in many cases these changes are only temporary and things eventually return to normal. If the problems continue and you think the person you are caring for is not coping well or not getting any better, encourage them to speak to their GP.

Financial help and carers' assessments

Financial worries can put a strain on you as a carer, as well as the person you are caring for, but there are various benefits you may be able to claim.

Carer's Allowance

If you are caring for someone, you may be able to get a benefit called Carer's Allowance. To be eligible to receive this benefit, you have to be providing care for at least 35 hours a week, and the person you are caring for should already be getting certain benefits such as Disability Living Allowance. There are certain other criteria which apply too, so for more information about Carer's Allowance and how to claim it, visit www.gov.uk and see their 'Carer's Allowance' page, or contact the Benefit Enquiry Line on 0800 88 22 00, or textphone 0800 24 33 55 (for people with speech or hearing difficulties). Or contact:

Carer's Allowance Unit

Palatine House, Lancaster Road, Preston PR1 1HB.

Phone: 0845 608 4321 (a local rate number)

Textphone: 0845 604 5 312

Email: cau.customer-services@dwp.gsi.gov.uk

Other benefits

You or the person you care for may be entitled to other benefits too. The website www.gov.uk provides advice on the benefits you may be able to claim, and gives information about National Insurance credits which can help you build up your state pension entitlement. Or you can call the Benefit Enquiry Line on 0800 88 22 00, or textphone 0800 24 33 55.

For more information and help with finding out about the benefits you can claim, contact one of the carers' organisations on page 58, or your nearest Citizens Advice office. Their details are in your local phone book.

Getting a carer's assessment

To find out if you are entitled to extra support and services to help you look after the person you are caring for, you will need to have a carer's assessment. All carers have a legal right to an assessment of their needs.

The assessment usually involves you, the carer, filling in a form and then having a follow-up visit at home from a social worker, or sometimes another health professional. A carer's assessment looks at how being a carer affects you, how much caring you can realistically do in your normal daily life, and any help you may need.

After you've had a carer's assessment, you should be sent a written care plan outlining the support and services that can be provided for you. This might include:

- practical help at home, such as helping the person you care for with washing and dressing, or help with preparing meals
- financial help for example, for taxi fares
- information about local support groups for carers, and
- counselling for you, the carer.

If there is something in particular that you think will help you to continue in your caring role, ask about this at your assessment.

To ask for a carer's assessment, contact your local authority's or council's social services department. If the person you care for has a social worker, it is best to contact the social worker directly. Or, you can contact one of the carers' organisations on page 58 and ask them for advice and information.

The emotional aspects of being a carer

Each person reacts to their role as a carer in very different ways. Some carers may be frightened to show how they feel and put on a brave face, always appearing cheerful and optimistic. However, bottling up feelings doesn't help, and may lead to anxiety and depression. Talking about your feelings - to a friend or relative, or maybe even to someone who doesn't know the person you care for – can be a great help.

Resentment

It is quite natural for carers to feel resentful about the changes to their own lives. If you are looking after your partner and it feels like he or she has changed, you may resent this too – for example, if they can't do the things they used to do around the house, and you end up taking on some of those tasks yourself. Or, if they are irritable, or seem ungrateful or moody, you might feel unappreciated. The most important thing is to talk about any resentment you are feeling, and try and clear the air. If you feel you can't talk to your partner about this, it can help to speak to a friend or relative, or even another carer, or your GP.

Worry

You may feel worried about the health of the person you are caring for, or about the financial issues and the future. If the person you care for is also anxious, it can be hard for you not to share their anxiety too. Try to think about what is really worrying you. It may be a good idea to speak to a member of the health care team looking after the person you are caring for. Having more information may help to ease your worries and help you to prepare for the future.

Stress

Caring for someone can be stressful for many reasons. You have the extra pressures of the caring role, as well as juggling the rest of your home and work life.

Some people cope well with stressful situations, while others may not cope so well. When the stress becomes too much, it can often lead to exhaustion, and feeling unwell yourself. It is important to recognise this and take steps to look after your health.

The following can be signs of stress:

- difficulty getting to sleep, waking early, or disturbed sleep
- feeling tired and having no energy

- weight changes either gaining or losing weight
- poor concentration
- feeling angry and irritable
- feeling unhappy and low in mood.

Try to work out the triggers that may be causing your stress. It can be useful to keep a 'stress diary'. Any time you feel stressed, record in the diary what you think may have caused the stress, and how you felt at the time. Knowing the causes of your stress can help in addressing and dealing with it.

For more information on dealing with stress, see our booklet Coping with stress.

Depression

Life may seem very up and down at times. You might feel very positive and reassured one day and then very low the next. It is natural for people and their carers to feel low after any illness or health problem, but things should get easier as life starts to get back to normal. However, if you or the person you care for feel low a lot of the time, or have feelings of despair, speak to your GP.

Anger

Feeling angry that the person you care for has a heart problem is quite normal. You may be angry at the

unfairness of this happening, and wonder why it has happened at all. If you're caring for your partner, you may feel angry because you feel this could have been prevented – for example, if they had stopped smoking or taken more exercise. It is important to find a way of dealing with your anger before it builds up. Speaking about your feelings to a friend or relative or relative, or to another carer or counsellor, may help you to feel less angry.

Isolation

You may feel like you are on your own and that nobody else can possibly understand what you are going through. Caring can become your main focus, and may cause other parts of your life to be neglected. Once you get into this habit, it can be hard to break it. Try not to make caring the only focus of your life all the time. Even if the person you are caring for is waiting for more tests or treatment, life should not stop. Joining a heart support group or getting in touch with a carers' organisation may help you to feel less isolated. See page 58 for details of organisations that might be able to help.

Guilt

At times we all feel that we could have done more, or done something differently. Some people may feel guilty

because they didn't identify the symptoms of the person's heart condition. Talking about these feelings can help.

How to cope Identify yourself as a carer

Many carers don't see themselves as a carer. They are just looking after their partner, parent or friend and are just getting on with it. Some carers are reluctant to talk about it, but this can often mean that they may struggle on their own even more. Actually identifying yourself as a carer and acknowledging this can be a positive step that may help you to feel more valued and get more help and support.

Don't try to solve everything at once

Some carers feel they must try to find a solution to every problem for the person they are caring for. Setting realistic goals, rather than trying to achieve everything at once, can help to make things clearer and make it easier to plan ahead.

Look after yourself

Taking care of yourself is just as important as your role of caring for someone else. Eating healthily, doing regular physical activity, and getting a good night's sleep will

help you to look after your health and to cope with being a carer.

Make sure you try and do something that you enjoy on a regular basis, to help maintain your health and wellbeing.

Try to put things into perspective

Problems can sometimes seem huge, particularly if you are worrying at night, but in the morning they may not seem quite so overwhelming after all. Concentrate on the main issues you need to face, and try not to worry about smaller problems that can be put on hold for now.

Get a benefit check

You or the person you look after may be entitled to financial benefits. For more on this, see page 29.

Get a carer's assessment

To find out if you are entitled to extra support and services to help you care for the person you are looking after, you will need to have a carer's assessment. For more on this, see page 30.

Have a break

Caring can be not only physically exhausting, but mentally tiring too, so it is important to make sure you

have regular breaks to give yourself some time off. Having regular breaks from caring is vital for your wellbeing and quality of life. It's normal to feel that you want to spend some time apart from the person you care for, and doing this can help you to feel better able to cope and deal with your caring role. It can also give the person you are caring for a break in the normal routine and a chance to meet some new people, learn some new things and maybe experience a different environment too.

There are many different options for arranging cover while you are having a break, including the following. (This is sometimes called **respite care**.)

- You may be able to have someone come into the person's home and take over caring for the person for a while (for a few hours or sometimes overnight), so that you can go out or have some time to yourself.
- Many areas run day centres which the person you look after can go to for a few hours on one or more days a week, or just occasionally. This is a good chance for them to socialise and they may be able to have a meal there too. Contact your local social services for more information about the day care facilities in your area.
- Residential care homes and nursing homes can also provide short-term care for the person you look after,

so that you can get a break. This could be for a weekend or longer.

Some of the services listed above will be free. Others may charge, but social services can sometimes cover some of the costs to help out.

During your carer's assessment you can ask for information about local services that would allow you to take some time off. Or contact one of the organisations on page 58.

Share the job

It can often help to share the caring with other people. This will give you a bit of a break and help to recharge your batteries, so that you are able to offer the best care possible. Accept help when it is offered. Don't feel you are not coping if someone offers help.

Relaxation

Some people find relaxation, meditation or yoga sessions very helpful. You may want to ask at your local library, community leisure centre or gym for more information about classes.

Any activity that helps you to relax – such as going for a walk or listening to music – can be helpful. It's also important to try to do these things regularly.

Talking it over with someone

Try and share your feelings with the person you are looking after.

Some carers who are finding it hard to cope may find it helpful to talk things over with someone else. You may want to share your feelings with the person you are caring for, or may choose to talk to a close friend or work colleague, or a member of your family. It can also help to speak to a health professional or a trained counsellor. (See below.)

Sometimes speaking to another carer who is in the same situation as you can be really helpful as he or she can offer support, understanding and advice, as well as coping strategies. It can also be reassuring to know that you are not the only one. Your local heart support group (see page 45), or one of the organisations on page 58, may be able to put you in contact with someone who is also a carer.

Online support is another valuable tool which allows you to share views, information and tips online with other carers. For more information visit www.carers.org/carers-chat.

Talking to a counsellor can be helpful for many people. This gives you the chance to talk in confidence with

someone who will listen carefully and try to help you understand and make sense of your feelings. The counsellor can help you to come to terms with the condition of the person you are caring for, and support you to find your own way forward.

To find a counsellor:

- Ask your GP to refer you to one. They may refer you to a counsellor attached to their practice, or to another local NHS service.
- Ask the British Association for Counselling and Psychotherapy to give you a list of private counsellors in your area. (Their contact details are on page 58.)

If you want to talk about relationship problems, you may want to contact the organisation Relate to find out about the services they can offer. (Their contact details are on page 60.)

If the person you care for is disabled

Caring for someone with a disability, or someone who is very limited in their daily activities, can be particularly challenging.

Getting a carer's assessment will help to decide on the type of support and services you are entitled to (see page 30). The person's social worker or healthcare professional

will be able to discuss different ways of offering you support – such as home-care services, meals, a day centre, or temporary care in a residential home. They can also discuss any equipment or adaptations you need for your home to help you look after the person you are caring for. Make sure that you find out about the benefits that you and the person that you care for may be entitled to (see page 29).

Stay in touch with your local social and disability services, and your GP too. For more advice and information see page 55.

Sexual activity

If the person you are caring for is your partner, you may have concerns about your sex life. Many people with a heart condition, or who have had treatment for a heart condition, are able to continue to enjoy a healthy sex life.

People with heart disease and their partners are often understandably anxious about how sex may affect the heart. Like any other physical activity, having sex can temporarily increase the heart rate and blood pressure. This increases the work of the heart and, in people with coronary heart disease, may occasionally lead to breathlessness or chest pain. However, sex is just as safe as other equally energetic forms of physical activity or exercise.

If the person you care for is your partner and has had a heart attack, it's important to remember that most people can return to having sex after a heart attack.

There are no strict rules about when you can start having sex again, but you should wait until your partner feels well enough. If you don't yet feel ready to start having sex again and are not sure how long you should wait, get advice from your partner's doctor or cardiac rehabilitation team.

If your partner has had heart surgery, you can have sex as soon as he or she feels they have recovered. For most people this is within a few weeks, but some people prefer to wait a bit longer. Be careful not to put the chest wound under too much pressure.

If you are not sure whether it is safe for your partner to have sex, get them to talk to their GP or cardiac rehabilitation team about this.

Loss of sex drive is not uncommon after illness. Some men may experience impotence (when they are unable to get or maintain an erection). This may be the result of the emotional stress, or the effect of the heart disease on the relationship. Sometimes it can also be the result of taking certain medicines, including beta-blockers, which can affect sex drive, especially in men. Or it may be the result of diabetes or a disease of the circulation. If you, the carer, or your partner is having difficulties, speak to the doctor or cardiac rehabilitation team about it.

People who have a heart condition and who take GTN or nitrate medicines should be cautious about taking PDE-5 inhibitors such as Viagra. So it is important always to check with a doctor before taking them.

For more information, see our DVD Sex and heart disease. (See page 55 for how to order a copy.)

Heart support groups

Many people with heart conditions – and their carers – can benefit from meeting other people who have had similar experiences. Heart support group activities vary from group to group, and may include:

- sessions where you can talk about your own experience with other heart patients and their carers
- exercise classes
- talks by guest speakers.

The BHF has resources and holds networking events to help new and existing heart support groups. For more details, or to find out about your local support group, contact the Heart Helpline on 0300 330 3311.

How your support can help

Over recent decades, research funded by the BHF has made a substantial contribution in the fight against heart disease.

The number of people dying from heart and circulatory disease each year in the UK is falling. But this means that more people are living with the disease, so there is still a great deal to be done.

Our next big challenge is to discover how to help the heart muscle repair itself, and find a cure for heart failure. Visit our website **bhf.org.uk/findthecure** to find out about our Mending Broken Hearts Appeal and see how your support can help make a difference.

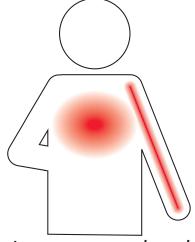
Heart attack? Know the symptoms ... and what to do

A heart attack is when a part of the heart muscle suddenly loses its blood supply. This is usually due to coronary heart disease.

The symptoms of a heart attack



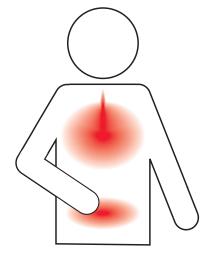
Pain or discomfort in the chest that doesn't go away.



The pain may spread to the left or right arm ...



... or may spread to the neck and jaw.



You may feel sick or short of breath.

Think quick ... act fast. Call 999 immediately.

What to do if you think someone is having a heart attack

- Send someone to call 999 for an ambulance immediately.
- If you are alone, go and call 999 immediately and 2 then come straight back to the person.
- Get the person to sit in a comfortable position, stay 3 with them and keep them calm.
- If the person is not allergic to aspirin, give them an 4 adult aspirin tablet (300mg) to chew if there is one easily available. If you don't have an aspirin next to you, or if you don't know if the person is allergic to aspirin, just get him or her to stay resting until the ambulance arrives.

What is a cardiac arrest?

A cardiac arrest is when a person's heart stops pumping blood round their body and they stop breathing normally.

A person who is having a heart attack may develop a dangerously fast heart rhythm which can cause a cardiac arrest and be fatal.

It is sometimes possible to shock the heart back into a normal heart rhythm by giving defibrillation. This means giving the heart an electrical shock using a defibrillator. For every minute that a person is in cardiac arrest before defibrillation, their chances of survival are reduced by about 10%. However, by doing CPR (cardiopulmonary resuscitation) you can double someone's chance of survival. We explain how to do this on page 52.

What to do if someone has collapsed and is not responding, and may be in cardiac arrest

Think DRS, ABC.

D = Danger

Check for danger. Approach with care, making sure that you, the person and anybody nearby are safe.

\mathbf{R} = Response

Check for response. To find out if the person is conscious, gently shake him or her, and shout loudly, 'Are you all right?'

S = Shout

If there is no response, shout for help.

You will need to assess the person and take suitable action. Now, remember ABC - airway, breathing, CPR.

$\mathbf{A} = Airway$

Open the person's airway by tilting their head back and



\mathbf{B} = Breathing

Look, listen and feel for signs of normal breathing. Only do this for up to 10 seconds. Don't confuse gasps with normal breathing. If you're not sure if their breathing is normal, act as if it is not normal.

C = CPR

If the person is unconscious and is not breathing normally, they are in cardiac arrest.

Call 999 immediately.

- Send someone else to call 999 for an ambulance while you start CPR.
- Or, if you are alone with the person, call 999 before you start CPR.



How to do CPR

If you have not been trained to do CPR, or if you're not able, or not willing, to give rescue breaths, do hands-only CPR. This is described in step 1 on the next page. Keep doing the chest compressions – at a rate of about 100 to 120 times a minute – until:

- the ambulance crew arrives and takes over, or
- the person starts to show signs of regaining consciousness, such as coughing, opening their eyes, speaking, or moving purposefully and starts to breathe normally, or
- you become exhausted.

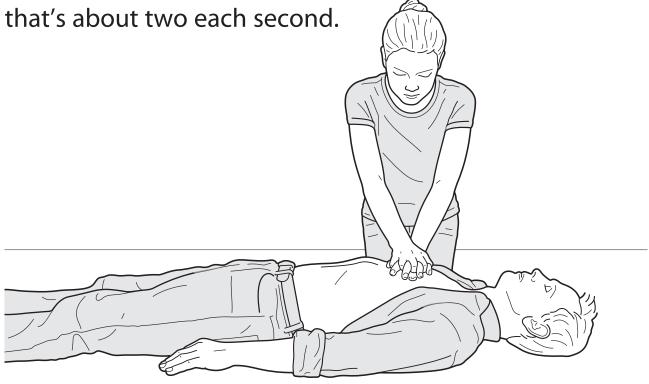
CPR

1 Chest compressions

Start chest compressions.

Place the heel of one hand in the centre of the person's chest. Place the heel of your other hand on top of your first hand and interlock your fingers. Press down firmly and smoothly on the chest 30 times, so that the chest is pressed down between 5 and 6 centimetres each time.

Do this at a rate of about 100 to 120 times a minute –

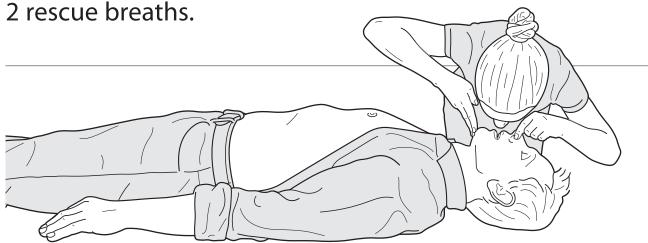


2 Rescue breaths

After 30 compressions, open the airway again by tilting the head back and lifting the chin, and give two of your own breaths to the person. These are called rescue breaths.

To do this, pinch the soft parts of the person's nose closed. Take a normal breath, make a seal around their mouth with your mouth, and then breathe out steadily. The person's chest should rise and fall with each breath. It should take no more than 5 seconds to give the two rescue breaths.

Then give another 30 chest compressions and then



3 Continue CPR

Keep doing the 30 chest compressions followed by 2 rescue breaths until:

- the ambulance crew arrives and takes over, or
- the person starts to show signs of regaining consciousness, such as coughing, opening their eyes, speaking, or moving purposefully and starts to breathe normally, or
- you become exhausted.

For more information

British Heart Foundation website

bhf.org.uk

For up-to-date information on heart disease, the BHF and its services.

Heart Helpline

0300 330 3311 (a similar cost to 01 or 02 numbers)

For information and support on anything heart-related.

Genetic Information Service

0300 456 8383 (a similar cost to 01 or 02 numbers) For information and support on inherited heart conditions.

Booklets and DVDs

To order our booklets or DVDs:

- call the BHF Orderline on 0870 600 6566, or
- email orderline@bhf.org.uk or
- visit bhf.org.uk/publications

You can also download many of our publications from our website. For a list of resources available from the BHF, ask for a copy of Our heart health catalogue. Our booklets are free of charge, but we would welcome a donation. (See page 2 for how to make a donation.)

Heart Information Series

This booklet is one of the booklets in the *Heart Information* Series. The other titles in the series are as follows.

Angina

Atrial fibrillation

Blood pressure

Cardiac rehabilitation

Caring for someone with a heart condition

Coronary angioplasty

Diabetes and your heart

Having heart surgery

Heart attack

Heart rhythms

Heart transplantation

Heart valve disease

Implantable cardioverter defibrillators (ICDs)

Keep your heart healthy

Living with heart failure

Medicines for your heart

Pacemakers

Peripheral arterial disease

Physical activity and your heart

Primary angioplasty for a heart attack

Reducing your blood cholesterol

Returning to work with a heart condition

Tests for heart conditions

Our services

For more information about any of our services, contact the Heart Helpline on 0300 330 3311 or visit bhf.org.uk

Emergency life support skills

For information about Heartstart – a free, two-hour course in emergency life support skills, including what to do if someone seems to be having a heart attack – call the BHF Helpline on 0300 330 3311 or visit bhf.org.uk

Heart Matters

Heart Matters is the BHF's **free**, personalised service that provides support and information for people who want to improve their heart health. Join today and enjoy the benefits, including *heart matters* magazine and an online members' area. Call the Heart Helpline on 0300 330 3311, or join online at bhf.org.uk/heartmatters

Make yourself heard – Hearty Voices

Hearty Voices gives you the skills, confidence and knowledge you'll need to influence health services for the benefit of heart patients and their families across the UK. It aims to develop a nationwide network of representatives to speak out on behalf of heart patients and their carers, and to provide them with training and

opportunities to have their say and get involved.

Useful organisations

There are many organisations that can offer support to carers. Also, talk to the staff at the hospital and doctor's surgery, to find out what help and back-up they can provide.

British Association for Counselling and Psychotherapy

Helpline: 01455 883300

Website: www.bacp.co.uk

Can tell you about accredited counsellors in your area.

British Cardiac Patients Association

Helpline: 01223 846845

Website: www.bcpa.co.uk

Provides support, reassurance and advice to heart

patients, and to their families and carers.

Carers Direct

Phone: 0808 802 0202. Website: www.nhs.uk/carersdirect

Provides information, advice and support for carers.

Carers Trust

Phone: 0844 800 4361

Websites: www.carers.org *or* www.youngcarers.net

Provides information, advice, and practical support and

services to carers of all ages.

London office: 0844 800 4361

Cardiff office: 0292 009 0087

Glasgow office: 0141 221 5066 (In Scotland the Carers

Trust is known as The Princess Royal Trust for Carers.)

Carers UK

Advice line: 0808 808 7777. Website: www.carersuk.org Provides information for carers about caring, support, looking after yourself, money matters, time out from caring, employment, and carers' rights.

Caring with Confidence

Websites:

www.nhs.uk/CarersDirect/carers-learning-online www.caringwithconfidenceonline.co.uk

The Caring with Confidence programme aims to improve support for carers. Carers can access free online sessions, and use free self-study books in their own time. You can also take part in group sessions if there are any available near you. For more information call Carers Direct on 0808 802 0202.

Crossroads Caring Scotland

Phone: 0141 226 3793

Website: www.crossroads-scotland.co.uk

Provides practical support to give carers within their own

homes the opportunity to have short breaks, or time to themselves within their own home.

Gov.uk

Website: www.gov.uk

Provides information on Carer's Allowance and other

benefits.

Relate

Phone: 0300 100 1234

Website: www.relate.org.uk

Offers advice, relationship counselling and a range of other relationship support services, face-to-face, by phone or through their website.

Samaritans

Phone: 08457 90 90 90

Website: www.samaritans.org

Provides confidential, emotional support, 24 hours a day, for people who are experiencing feelings of distress or despair.

Stroke Association

Phone: 0303 3033 100

Website: www.stroke.org.uk

Offers information and support for stroke survivors to help them make the best recovery they can.

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Have your say

We would welcome your comments to help us produce the best information for you. Why not let us know what you think? Contact us through our website **bhf.org.uk/contact**. Or, write to us at the address on the back cover.

Acknowledgements

The British Heart Foundation would like to thank all the GPs, cardiologists, nurses and other health professionals who helped to develop the booklets in the *Heart Information Series*, and all the patients who commented on the text and design.



Coronary heart disease is the UK's single biggest killer.

For over 50 years we've pioneered research that's transformed the lives of people living with heart and circulatory conditions. Our work has been central to the discoveries of vital treatments that are changing the fight against heart disease.

But so many people still need our help.

From babies born with life-threatening heart problems to the many Mums, Dads and Grandparents who survive a heart attack and endure the daily battles of heart failure.

Join our fight for every heartbeat in the UK. Every pound raised, minute of your time and donation to our shops will help make a difference to people's lives.

