

Heart Matters

Inspiration | Information | Support

Spring 2024

Lower back pain

Our expert-approved exercises can help get you moving

Saving a life

Krystalla gave her husband CPR just weeks before giving birth

Pasta perfected

3 healthy homemade dishes

Planting seeds of change

Joyce shares how she transformed her life after a shock diagnosis

What to eat to lower blood pressure

The best and worst foods revealed

British Heart Foundation



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How reliable are digital devices at tracking your health?



Content you can trust

We put together each issue of Heart Matters with the help of healthcare professionals including doctors, cardiologists, psychologists and specialist nurses.

Every article is triple-checked by our specialist cardiac nurses and dietitians, as well as our research and statistics experts.

We take pride in being editorially independent, meaning our information will never be influenced by BHF's partners or any other third parties.

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

Front cover photography by Frederick Iyeh

Editor's letter



Welcome to the spring edition of Heart Matters.

I like to think changes we make in our lives can have a ripple effect, positively influencing those around us. This issue features inspiring individuals who are not only transforming their own lives, but are also making a meaningful difference in their communities.

In this issue you'll meet Professor Vijay Kunadian, whose time spent caring for older patients inspired her to champion under-represented groups in her research (page 35). Plus, you'll hear how having family members with diabetes led PhD researcher Stanley Buffonge to tackle the impact this condition can have on the heart (page 38).

It's also a pleasure to introduce Joyce, our cover star, who transformed her health following a shock high blood pressure diagnosis. Find out the role gardening played in her health journey and how she inspired her family to embrace a healthier lifestyle (page 24). And if you are on a journey to lower your blood pressure too, then turn to page 16 where we list the best foods to add to your diet.

This edition is packed with practical tips to put a spring in your step. Discover clever ways to sneak exercise into your day (page 27), and how to ease lower back pain (page 28) – if that's what's stopping you getting active. If fatigue is a challenge, flip to page 10 to get tips from an expert and two people living with it.

I hope our spring issue is a source of inspiration for you. Your feedback, stories, or questions are warmly welcomed – you can reach us by email at hmeditor@bhf.org.uk or write to the address on page four.

If this magazine has been helpful for you and you'd like to make a donation, we'd be sincerely grateful. Please visit bhf.org.uk/HMdonate or send a cheque payable to the British Heart Foundation addressed

Rachelle Beaven

Rachelle Beaven, Editor



Proud supporter of Heart Matters



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 Heart Matters at the address on page four. Our latest winner, Tony Horrocks from Felixstowe in Suffolk, said: "What surprising but welcome good news. I wish to donate my survey prize win to BHF, to support the excellent work they are involved in!"

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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**

Great vegetarian gravy recipe?

I read your recipe for vegetarian roast (Autumn 2023, page 21; bhf.org.uk/vegetarian-roast). I've had similar dishes in the past but am always disappointed when there's no gravy. I was wondering if anyone has a tasty veggie gravy recipe?
Dave Trumpess, Shropshire

Victoria Taylor, BHF Senior Dietitian, says: Gravy usually adds salt to our meals, so we try to add moisture in our recipes using other additions, like tomatoes. We do not have our own veggie gravy recipe, but this is something we can consider for future Heart Matters recipes.



Take part in our survey by Thursday 20 June 2024

We'd like your feedback on this issue of the magazine. We have a short survey, which should take about 10 minutes to complete, and will help us make the magazine better for readers. As a thank you, all replies received by 20 June 2024 will be entered into a prize draw to win a £50 gift card to spend at John Lewis or Amazon. Our latest winner, Tony Horrocks from Felixstowe in Suffolk, said: "What surprising but welcome good news. I wish to donate my survey prize win to BHF, to support the excellent work they are involved in!" Take the survey at bhf.org.uk/heartsurvey

Looking for the positives

As your article on laughter (Winter 2023, page 42; bhf.org.uk/laughter) suggested, I always like to look at the positives and the lighter side of things. I've had problems with my health recently. However, when my family came to stay during the holidays, my grandchildren made me laugh so much! It lightened my mood and the next day I genuinely felt much better.
Susan Manley, Devon

Does all bread contain sugar?

I wonder if you have any advice on sugar in bread? I do not add sugar when I make my own wholemeal bread and find it tastes great without it.
Patricia Whorwood, Harrow

Victoria Taylor, BHF Senior Dietitian, says: Most supermarket bread will have some added sugar, but should still be low in sugar. Check the label to find the one with the least sugar.

Back pain, not chest pain

Your 'How to manage chest pain' article (Winter 2023, page 26; bhf.org.uk/chestpain) says it can be a sign of a heart condition. I had upper back pain for years and was referred to orthopaedic specialists. I was finally diagnosed with coronary artery disease and told the pain was a symptom. I was treated with stents and coronary artery bypass surgery. It's about 17 years since surgery and I lead a fairly busy life.
Graham England, Cheshire

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

Tried and tested by you

Ballet in the kitchen

I read your article on exercising with shortness of breath (Autumn 2023, page 10; bhf.org.uk/exercising-with-breathlessness). When I am exercising, I find stretching and holding for 20 to 30 seconds most effective. This helps my muscles, ligaments and posture. I also do ballet movements at the kitchen counter to build strength.
Jean Wolfenden, Derbyshire

Changing up the chorizo

Your baked butternut squash with lentils recipe (bhf.org.uk/squash-with-lentils) is great! Can I suggest swapping the chorizo with a soy chorizo. I find the soy alternative to be really good.
Lesli Williamson, Portland, US

Victoria Taylor, BHF Senior Dietitian says: Vegan or vegetarian meat alternatives can be used as a substitute in this recipe. But use these in the same amounts listed in the ingredients as they will still have added salt and saturated fat. It is a good idea to check labels as well, since the levels of saturated fat and salt can vary widely between different products.

Lovely lentil dinner

I made this lentil stew (Autumn 2023, page 19; bhf.org.uk/lentil-stew) but using courgettes instead of kale. I boiled it for about 10 minutes after adding the lentils, then let it simmer for about 20 minutes. It made heaps more than two portions!
Marylin Bray, Cumbria

Good friends at the gym

I recommend joining an exercise group. I had a heart attack 17 years ago and I was so nervous when my cardiac rehab course ended. But I did as they suggested and joined a local gym. I was 67 at the time and I was so worried that I would be the oldest and heaviest there. But I do an hour's exercise plus weights, and I have made good friends. There are five of us who go for coffee afterwards two or three times a week, so it is a really sociable occasion. It's so important as we age to keep doing what we can and to mix with our friends.
Janet, Shropshire



Laughing lightens our life

I'm a firm believer in the saying 'laughter is the best medicine' (Winter 2023, page 42; bhf.org.uk/laughter). When recovering from my cardiac arrest, my wife and I found things to laugh about, which lightened the tension. Finding humour in situations is my way of dealing with things. It works for me, and I recommend it to everyone.
John Cory, East Lothian

Being silly helps us deal with the serious

My partner has had 7 cardiac arrests and is luckily still with me. I am a paramedic and had seen similar situations. However, I did not realise how mentally challenging the recovery would be for him. Doing silly things to make him laugh has helped him to open up and talk to me. With this approach, we are getting through it.
Sian Griffiths



BHF funds first vascular dementia research centre in UK

BHF has joined forces with the UK Dementia Research Institute to set up the country's first dedicated centre for the study of vascular dementia. They aim to find better treatments to prevent, slow and potentially cure the condition.

Vascular dementia is a common type of dementia that slows your thought processes, making it difficult to concentrate and understand what's going on. It is caused by reduced blood flow to the brain that starves the cells of the oxygen and nutrients they need to work properly.

BHF is investing £7.5 million into the centre over the next five years and the UK Dementia Research Institute is investing £1.5 million.

British Heart Foundation invests £7.5 million

The number of people with vascular dementia in the UK is expected to continue to rise.



The test detects lower levels of troponin in the blood than the old version

New test in emergency departments could reduce heart attacks and deaths

A new test for people going to A&E with suspected heart attacks is better at detecting who needs treatment, leading to fewer deaths and future heart attacks, according to BHF-funded research.

The test measures levels of a protein in the blood called troponin which is released when the heart muscle is injured. This happens when people have a heart attack, but can also happen to those with other heart conditions.

The test is an improved version of one that doctors already use. But it can measure much lower levels of troponin than the original test.

In a UK trial of almost 50,000 people in A&E with shortness of breath and chest pain the new test found 10,360 people with heart muscle injury. One in five of them would not have been detected with the older version.

Most of the people who were only picked up by the new test had heart muscle injury due to a heart condition like heart failure, heart valve conditions and heart arrhythmias, rather than from a heart attack.

After being diagnosed and receiving treatment, these people were around 10 per cent less likely to die or have a heart attack in the five years following the test, compared to those who had the older, less sensitive test.

Lead author, Dr Ken Lee, Clinical Lecturer in Cardiology at the University of Edinburgh, said: "In the past, clinicians could have been falsely

reassured by the less sensitive troponin test, discharging patients that appeared to not have heart disease."

The new test is being rolled out in emergency departments across the UK.

Nearly half of adults lack CPR skills

Almost half the UK's adult population (43 per cent) have never learnt lifesaving CPR skills, according to a new BHF survey.

The results also reveal that of those who say they have not had CPR training, nearly three fifths add that no one in their household knows how to perform CPR.

The findings are alarming because less than 1 in 10 people survive an out-of-hospital cardiac arrest, around 80 per cent of which happen in the home. Quick CPR and defibrillation can more than double the chances of survival.

BHF runs free online training in CPR including how to use a defibrillator.

- Go to bhf.org.uk/revivr to find out more.

AI could help thousands avoid heart attacks

BHF-funded researchers have been trying out an artificial intelligence (AI) tool to see if it can help identify which people coming to hospital with chest pain are most likely to go on to have a heart attack.

Using the AI tool could save the lives of thousands of people with chest pain, said the researchers who are based at the University of Oxford.

Their study shows that applying an AI tool could be better than current heart scans alone at working out who is at risk of heart attack in the 10 years following their chest pain.

The standard scan (called a CT coronary angiogram) looks for narrowing or blockages of the arteries in the heart.

When the new AI tool is applied to this scan, it also looks for changes in the fat around inflamed arteries, as well as other clinical risk factors. This means the AI can find more people at risk of heart attack who would have been missed by the standard scan.

“New AI tool could save the lives of thousands of people with chest pain

A UK trial of 744 people with chest pain who had undergone the standard scan saw almost half have their treatment plans changed after being rechecked using the AI tool.

More men buying, but not donating, preloved clothes

Men love to buy second-hand clothes, but very few donate them, BHF data reveals.

Sales of menswear in BHF shops rose by more than one third (35 per cent) between 2022 and 2023. However, a BHF poll shows a quarter (25 per cent) of UK men have never donated clothes to a charity shop.

Allison Swaine-Hughes, our Retail Director, said: "It's fantastic to see how well menswear is selling throughout our shops, but we need donations to keep our shops stocked and raise money for vital lifesaving research. With a quarter of men never having donated clothes to a charity shop before, we want to encourage them to do so."

- Find out how to donate clothes at bhf.org.uk/shop/donating-goods

Vernon Kay joins 'BHF family'

BBC Radio 2 presenter, Vernon Kay has become a BHF celebrity ambassador.

The much-loved media personality has supported BHF for more than four years, most notably in his role as host of the annual Heart Hero awards, which honour our dedicated supporters, inspirational researchers and remarkable heart patients.

Vernon said: "Every year it is such a privilege to meet so many inspiring people, their stories always bring tears to my eyes. I am very lucky to now be a part of BHF family and look forward to raising awareness and vital funds to support the incredible work that the BHF does in preventing, treating, and ultimately defeating heart and circulatory disease."



Diary dates

18 and 19 May

Action Challenge: The Jurassic Coast. Join 3,000 adventurers of all experience levels and ages to traverse this spectacular World Heritage Site. Find out more at bhf.org.uk/HeartMattersJurassic or call 0300 222 5721 (weekdays, 9am to 5pm).

5 May

Edinburgh Marathon Festival. Scotland's largest running event takes place under the gaze of the city's majestic castle. Find out more at bhf.org.uk/HeartMattersEdinburgh or call 0300 222 5719 (weekdays, 9am to 5pm).

16 June

London to Brighton Bike Ride: This iconic charity bike ride is the oldest in Europe. Sign up at bhf.org.uk/HeartMattersL2B to join thousands on this 54-mile route from the capital to the beach and raise funds for our lifesaving research.

29 June

Bournemouth Pier to Pier Swim. Hundreds of swimmers will be plunging into the English Channel to complete this epic 1.4-mile open-water swim from Bournemouth Pier to Boscombe Pier. See bhf.org.uk/HeartMattersP2P or call 0300 330 3322 (weekdays, 9am to 5pm).

Behind the headlines

The Mirror, 19 November 2023

“Easy breakfast swap could slash your risk of a heart attack”

According to research published in BMC Medicine, switching from meat and dairy to plant-based foods such as whole grains, beans, nuts, olive oil, fruits and vegetables may lower the risk of cardiovascular diseases, type 2 diabetes and death from any cause.



The researchers looked at 37 studies carried out up to March 2023 with generally healthy participants who switched from animal-based to plant-based foods. They found there was a clear, 25 per cent, reduction in the risk of cardiovascular diseases when

processed meats such as ham, bacon, hamburgers and sausages were swapped for nuts or legumes.

There was also a 20 per cent drop in the risk of type 2 diabetes, and of dying from any cause, when daily processed meats were switched for nuts.

This research, a ‘systematic review’ and ‘meta-analysis’ looked at many studies. One of its strengths is that high-quality systematic reviews are more trustworthy than taking each study’s findings alone. However, a limitation is that it is impossible to know if the food swaps directly led to the health improvements, or if they were due to some other factors the studies did not consider.

The research was reported in The Guardian, The Daily Mail and The Mirror and the coverage was broadly accurate. But the headlines in the Daily Mail and The Mirror both mentioned heart attack, when the research focused on coronary heart disease and diabetes risk. Both their headlines mentioned eggs, but the study found swapping processed meats had the greatest impact on heart health and the risk of type 2 diabetes.

The Daily Mail, 11 November 2023
“Reducing salt intake by one teaspoon a day lowers blood pressure the same amount as medication in just one week”

Research published in the Journal of the American Medical Association found that people following a low-salt diet for just one week may experience a significant reduction in blood pressure compared to a high-salt diet.

The researchers studied people aged 50 to 75, most of whom had a history of high blood pressure (hypertension) and who were already eating a diet high in salt, which is also referred to as sodium.

They followed one of two diets for a week, with blood pressure measured before and after. One was high in sodium, with 2.2g (almost a teaspoon of salt) added to their usual diet daily. The second was low in sodium, where the food eaten contained an average of 0.5g a day. Each group switched to the opposite diet after a week. After the first week, systolic blood pressure was on average 6 mmHg lower in people on the low-sodium diet compared to when they followed their usual diet.

A limitation of the research was that it only included a small sample of 213 people from two US cities. The researchers did not follow people for very long, so we cannot tell whether people would manage to follow the low-salt diet for longer.

Coverage in The Daily Mail and Yahoo news was generally balanced, without exaggerated claims.

OUR VERDICT

When it comes to lowering our risk of heart and circulatory diseases, we already know that most of us could benefit from reducing how much red and processed meat we eat. This research supports that. UK government guidelines also recommend choosing plant-based proteins more often. A Mediterranean diet has been linked to a reduced risk of heart and circulatory diseases. This diet includes meat, but in small amounts, with more plant-based proteins such as lentils, nuts and seeds, as well as fish.

OUR VERDICT

Cutting down on salt is one of the best changes you can make to your diet to reduce your risk of high blood pressure. It is encouraging to see that blood pressure can improve when people start cutting back on salt. However, most of the salt we eat is already in the foods we buy, so check labels carefully when shopping.

What we've learned this issue



Every issue of Heart Matters teaches us things we did not know before. Here are a few of the nuggets we found interesting and useful this time

If you have a heart attack in your 70s or older, you are less likely to receive treatments such as stents or coronary bypass surgery.

"It's my mission to champion under-represented groups", page 35



Fitness trackers in your smartphone, or a device worn on your wrist can help monitor your health, but they may also make you feel more anxious.

Fitness trackers: the pros and cons, page 14

Fitness trackers: the pros and cons

Wearable digital devices that can record activity, sleep, and heart rate can give you an important insight into your health. But should you use them?



Strained Greek yogurt is thicker and higher in protein than normal plain yogurt and milk.

Ask the expert, page 23



In the UK, high blood pressure is more common in Black people.

Changing my life after a shock diagnosis, page 24



If you do just one thing...

Eat more fruit and vegetables. These contain nutrients, including nitrates and potassium, that can help lower high blood pressure.

The best and worst foods for high blood pressure, page 16

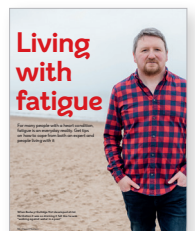
Menopause causes changes that can increase the risk of coronary heart disease, or having a heart attack or stroke.

Menopause and your heart, page 32



Breaking tasks down into small steps that you can tackle one at a time, or spread out over several days, helps make it easier to manage fatigue.

Living with fatigue, page 10



Living with fatigue

For many people with a heart condition, fatigue is an everyday reality. Get tips on how to cope from both an expert and people living with it

When Bedwyr Gullidge first developed atrial fibrillation it was so draining it felt like he was “walking against water in a pool”



If you find yourself lacking energy when you have a heart condition, you are not alone.

Fatigue is very common in people with conditions like heart failure and cardiomyopathy. Certain heart medications can also make you feel tired.

When it comes to defining fatigue, one challenge is that it means different things to different people. “For some people, fatigue is a constant presence, while for others, it comes and goes,” says Professor Julia Newton, a consultant geriatrician with over 20 years’ experience researching and treating people living with fatigue. “It can also be linked to symptoms like brain fog and muscle aches.

“Essentially fatigue is the overwhelming feeling of lacking energy. People often describe it as a battery running out. They might start the day with a full battery, but it runs down too quickly.”

Professor Newton adds: “Another common sign of fatigue is when people wake up feeling just as exhausted as they did yesterday, even after sleeping reasonably well.”

Facing emotional challenges

Professor Newton explains that people with fatigue face several challenges. “Because fatigue levels cannot be tested and you cannot actually see how tired someone feels, other people may doubt the experience of people living with fatigue. As a result, people often battle on in silence rather than admitting they do not feel 100 per cent.”

“Because you cannot see how tired someone feels, others may doubt people living with fatigue

Many people are also forced to give up or scale back on activities they find fulfilling such as work, hobbies and spending time with loved ones. “Many of us feel defined by our roles at work or in the family. Not being able to fulfil those roles can lead to feelings of low self-worth,” Professor Newton says.

It is not unusual for people with fatigue to experience challenging emotions. Professor Newton explains: “People use words like ‘guilt’, ‘frustration’ and ‘anger’. They feel like fatigue is somehow their fault, that they are a burden, that they are not doing enough.

“But dwelling on difficult emotions can become a problem. Anger, for example, uses up precious energy – energy you could put towards something you want to do.”

Learning to pace yourself

Living with fatigue may not be easy, but it is certainly possible to adapt on both a practical and psychological level.

“We all have a ‘pie of energy’ that we use to do things every day,” says Professor Newton. “With fatigue, your pie is smaller. It might be possible to enlarge that pie over time, but in the meantime it is important to manage it so you can get through each day.”

To achieve this, it all comes down to a strategy called pacing, says Professor Newton. “If you use up today’s energy and start borrowing from tomorrow, you are going to crash. Pacing helps you avoid cycles of ‘boom and bust’. It means breaking tasks down into small, manageable steps that you can tackle one at a time.

“For example, could you spread out the spring cleaning over a series of days or weeks? You might need to accept there are certain things you cannot do in the same way as before. But it’s better to achieve something small every day than take on too much and be out of action for the rest of the week.” ▶

Rediscovering rest

Professor Newton also highlights the importance of resting at regular intervals, but points out not all rest is equal.

"In modern society, we've forgotten what rest is. You might think sitting down to check your emails counts, but it does not. However, things like mindfulness and yoga can help you get some energy back."

You can also look for ways to save energy during tasks. "Ask yourself, 'is there a less tiring way to do this?'" says Professor Newton. "I once saw a teacher who believed she always had to stand in front of her class. Initially she found the idea of sitting uncomfortable before realising it would make life easier."

"You do not have to make sweeping changes; simple ones can make a difference. If you work a four-day week, for example, would it be better to take Wednesday off rather than Friday? A mid-week pause could give you more relief than a long weekend."



3 simple tips for managing fatigue

- Learn to read your body. For example, you could fill out an activity diary like the one at bhf.org.uk/fatiguediary to get familiar with your limits and help you plan each day with pacing in mind.
- Stick to a routine. Include not only 'must-do' activities but also enjoyable ones, such as socialising or learning a hobby. But remember to pace fun activities too.
- Stay positive. Living with fatigue can feel demotivating, but try to focus on what you can do rather than what you cannot do.

Bedwyr's story

"I've learned to listen to my body"

Bedwyr Gullidge, 37, from Pontypridd in Mid Glamorgan, was born with holes between the four chambers of his heart, a condition called atrioventricular septal defect. He now has permanent atrial fibrillation and early symptoms of heart failure. He reflects on the challenges of living with fatigue.

"I had three open-heart surgeries as a child, and it was always tough getting back on my feet after the op.

But being diagnosed with atrial fibrillation in my 20s was a whole new challenge. I started to notice I could not do as much and felt washed out towards the end of each day. I compare it to the feeling of walking against water in a pool, because for me, just walking can be draining. At that time, I was working full-time in a cinema, spending all day on my feet. I was needing to drive there more often because the 30-minute walk would exhaust me before even starting work.

In the years that followed, I learned to listen to my body. In my job as a lecturer in cardiac physiology at Swansea University, I have the option to work from home some days, depending on my lectures. I also plan each day carefully. If I have three lectures, I'll take breaks between and head home early to recover.

It helps to be open with your manager. I might ask, 'I'm getting worn out doing X, Y and Z. Can I just concentrate on X and Y for now?'

The same applies to family and friends. I'll say, 'Can we take a break rather than continuing shopping?' I try to spend time with people who appreciate my limits and my needs.

I still like to challenge myself but I'm mindful of when to stop. On a recent electric mountain biking trip, I became aware that my legs were exhausted and I felt like my heart rate was really high. So I stopped. If I'd pushed on, I would have come off the bike.

When I realise there are things I can no longer do, it can be demoralising. But in those instances, I focus on what I can do, and ask myself: 'How can I build up to that? Can I do something related?' It also helps to know that I'm not alone in this; other people have gotten around the same challenges."

Bedwyr plans each work day carefully, making sure he has breaks between lectures



Sarah's story



Journaling every morning helps Sarah stay positive

"I've found ways to live the best life I possibly can"

Sarah Fisher, 52, from Warwick in Warwickshire, has had three strokes and two heart attacks in the last decade, after which she was diagnosed with heart failure. She describes how she copes with fatigue.

"When I'm fatigued, my body becomes a lead weight and I get brain fog. It's as if I'm constantly getting over the flu. I do not think I'll ever get used to waking up tired every single day. There are times when I feel defeated before even getting out of bed in the morning.

What really helps is pacing myself, which was drummed into me during cardiac rehab. I'll get up, take my medications, rest, have breakfast, rest, do the washing up, and rest again. I factor every activity into my routine, which can feel relentless.

I've also had to learn how to rest. That can be hard, because when I'm feeling good it's so tempting to overdo it. But overdoing it can knock

me out for days, even weeks. My body tells me when I'm approaching my limit. I begin to ache all over, the brain fog kicks in and normal sound levels can be too much to bear. It feels as if the world's volume setting is turned up too high. My husband and I recently chose to make our bedroom free from screens. I like to drift off reading a book or listening to an audiobook. Meditating every morning and evening also helps me stay calm.

Another thing that helps is writing a journal every morning. Looking back

"I do not have a choice about my condition, but I can choose how to respond"



Have you tried any of these tips?

Did any of the tips in this article help you manage your fatigue? Any more to share? Send us your thoughts at hmeditor@bhf.org.uk or write to the address on page four.

at what I achieved yesterday, and planning my day ahead, keeps me positive and focused on realistic goals, such as a daily walk outside for fresh air. But again, pacing is key. At first, I could only walk around the garden patio, but after building up I can get around my local estate.

Keeping my brain active is also good for my energy. I'll do something creative each day like drawing, knitting or photographing the night sky.

I've become kinder to myself and begun to accept my limits. Psychotherapy has been helpful with that. I've come to realise something: I do not have a choice about my condition, but I can choose how to respond.

It's not about pretending I'm over it. It's about finding ways to cope better and live the best life I possibly can." ●

Fitness trackers: the pros and cons

Wearable digital devices that can count calories, steps and heart rate are now an important part of how we look after our health. But should you use them?

Whether they are specialty wrist-worn devices or apps built into smartwatches, fitness trackers are becoming increasingly popular. We look at the pros and cons of these digital technologies and answer some common questions about them.

What can they track?

Also known as 'wearables', fitness trackers can monitor a variety of health information such as heart rate, oxygen levels, steps and sleep. These days, most can be connected to apps to help track progress and trends. Some devices also include blood pressure monitoring and single-lead ECGs (a simple type of electrocardiogram with one electrode sensor) which can read heart rhythms and rates. But these are not as reliable as proper medical tests.

How are they most useful?

They can be useful for tracking physical activity or helping people to get more active. Many people do not realise how little movement they're typically doing in a day until they start using a fitness tracker. They can also help people set and achieve fitness goals, keep motivation high, and make it easier and more fun to move more often.

How accurate are they?

Accuracy can differ depending on which numbers are being monitored, which device is being used and what level of activity you are doing.

For example, step count has generally been found to be the most accurate measure. And numbers, such as heart rate, can vary depending on the tracker and the intensity of activity. One review that looked at the evidence found that the higher the intensity of exercise, the less accurate the heart rate reading was.

You should not pay too much attention to any one-off reading from a fitness tracker. It is the overall trends that are most important. For example, if you notice a heart rate reading that is lower or higher than usual, it is likely nothing to worry about. But if you notice unusual readings regularly, or you see numbers trending up or down in an unusual way, let your doctor know.

Can they detect heart problems?

Fitness trackers are useful when it comes to looking after our health, but it is important to remember they are not medical devices. They cannot replace medical tests and are not designed to give a diagnosis. They are primarily intended to help monitor fitness.

However, they can be helpful for

monitoring health, so if you start to see numbers or trends that worry you, let your doctor or nurse know so they can look into it.

What are the downsides?

One of the biggest pitfalls of fitness trackers is that they can increase health anxiety. It can be easy to become too fixated on the numbers.

Increased anxiety can temporarily raise our heart rate. It can also have a negative effect on lifestyle choices, leading you to eat unhealthy foods, smoke or drink more alcohol. This in turn can increase your risk of heart and circulatory conditions. Anxiety can also have a big impact on our sleep and overall quality of life.

For some people, wearing a fitness tracker could be more harmful to their wellbeing than not wearing one. If this is the case, it may be better to get your numbers checked at your GP or pharmacy instead.

- For tips to deal with health anxiety, see bhf.org.uk/healthanxiety

“It is important to remember they are not medical devices



Can single-lead ECGs detect atrial fibrillation?

Some fitness trackers include a single-lead ECG that measures the electrical activity of the heart, which can help pick up abnormal rhythms such as atrial fibrillation.

However, the result can be affected by the position of the wearable and your movements. They can also detect harmless extra heartbeats. All of which can affect the quality of the ECG reading.

Single lead ECGs are not as accurate or detailed as a 12-lead ECG, which is the type your medical team would use to monitor you.

However, if you see readings that are out of the ordinary, you should get in touch with your doctor or nurse, so

that they can advise on whether you need further tests.

How to choose the best fitness tracker for you

There are so many different kinds of fitness trackers on the market these days it can be hard to know which will best meet your needs.

Some questions to ask yourself before buying one could include:

- What do you want to track? And why?
- Will monitoring be helpful, or will it cause you to worry more?

- How much do you want to spend?
- Would you like it to have an accompanying app?
- Is it user-friendly if you have other health issues, such as visual impairment or poor mobility in your hands?

Still not sure? Our online community (healthunlocked.com/bhf) may be able to help. You can join for free and ask members about their own experiences with fitness trackers and find out which models may suit your needs. ●



Have you got a fitness tracker?

Have you tried using a fitness tracker? How did you find the experience? Let us know at hmeditor@bhf.org.uk or write into the address on page four.

The best and worst foods for high blood pressure

BHF Senior Dietitian Victoria Taylor explains how choosing to eat fruits, vegetables and wholegrains while avoiding salty, sugary treats and alcohol can help keep hypertension in check

If you have high blood pressure (hypertension), one of the tools you can use to help keep it under control is your diet.

In the early 1990s, researchers at the National Heart, Lung and Blood Institute in the USA created a diet especially with this in mind. Called the DASH diet (Dietary Approaches to Stop Hypertension), it's been shown to be helpful by numerous studies. Here we summarise its key points, and look at evidence-based tips from other research.

Foods to eat if you have high blood pressure

Fruit and vegetables

Research, including some funded by British Heart Foundation, has suggested beetroot juice might help

lower blood pressure. Beetroot juice can be a concentrated source of nitrates and it's thought that one of their effects is to lower blood pressure.

However, you can also find nitrates in other fruits and vegetables including spinach, celery, kale, bananas and strawberries. As well as nitrates, all fruit and vegetables provide us with potassium, which can also help lower blood pressure.

“**All fruit and vegetables provide us with potassium, which can help lower blood pressure**

It's best to get the potassium we need through foods, rather than supplements. Too much potassium can be harmful, as it can affect the rhythm of the heart. This is especially dangerous for people with kidney problems and people taking certain kinds of water tablets. Only take potassium supplements if your doctor has prescribed them.

Tip: Instead of focusing on one kind of fruit or vegetable, just try to make sure you eat at least five portions every day. By choosing a variety of different coloured fruit and vegetables, you'll benefit from the wide range of nutrients they provide.

Wholegrains

Wholegrains such as brown rice, wholemeal bread and oats contain ►

more nutrients and fibre than refined starchy carbs such as white bread, pasta and rice. Eating more fibre has been linked to a lower risk of heart and circulatory diseases. Soluble fibre from oats (called beta-glucans) may help in lowering blood pressure. A diet higher in fibre is advised if you are trying to lose weight, which will also help lower your blood pressure.

Tip: Choose high-fibre, starchy carbs at all your meals as an easy way to up your fibre intake. Try including other high-fibre foods, such as beans and lentils, nuts and seeds, and fruit and vegetables.

Lean protein

Lean sources of protein are lower in calories than fattier sources but are still filling. This can help you to manage your weight, which is helpful in lowering blood pressure.

“ Drinking too much alcohol can raise your blood pressure

Tip: Choose chicken, turkey, fish, eggs and beans instead of red and processed meats.

Low-fat dairy

Including milk and dairy foods as part of a healthy, balanced diet could help with lowering blood pressure. Dairy products contain a complex combination of nutrients, including calcium which has been linked to blood pressure reduction.

Tip: Low-fat dairy like semi-skimmed milk and low-fat natural yogurt gives calcium and protein without excess saturated fat.

Foods to avoid if you have high blood pressure

You do not necessarily need to completely exclude these foods but be mindful about how much you eat.

Salty foods

We should have no more than 6g of salt a day, which is about a teaspoon. But many of us eat more than this.

Tip: Most of the salt we eat is already in the food we buy. For example olives, crisps, sauces and pickles. It is also in processed meats like ham, bacon and sausages, as well as staples like bread and breakfast cereals.

Tip: Check food labels to look for low-salt options and cut back on high-salt foods. Try to cut down on eating out and takeaways. See [bhf.org.uk/fakeaways](https://www.bhf.org.uk/fakeaways) to make your own lower-salt versions at home.

Sugary and fatty foods

Sugar and fat may not directly affect your blood pressure, but foods that are high in fat and sugar are high-calorie foods. Eating too much of them can lead to weight gain, which is linked to raised blood pressure.

Tip: Plan to have healthy snacks like fruit or plain yogurt if you get hungry between meals. Take something with you like a handful of nuts and dried fruit for when you are out and about.

Alcohol

If you drink alcohol, do so in moderation. Too much can raise blood pressure and lead to weight gain over time.

Tip: Keep well within government guidelines of no more than 14 units per week. Space out any days that you drink alcohol and have some alcohol-free days as well. ●

What else can help lower my blood pressure?

Diet is not the only factor when it comes to reducing blood pressure. It is also important to take any medicines that you have been prescribed and consider other changes that could help such as being more physically active, stopping smoking and maintaining a healthy weight.



Pasta perfected

Why not channel your inner Italian this spring with our colourful trio of healthy pasta dishes

Low-fat creamy tuna pasta



Preparation time: 10 mins

Cooking time: 20 mins

Serves: 2

Not suitable for freezing

Each portion contains

Energy 2553kJ 606kcal 30%	Carbo- hydrate 74.6g	Fibre 14.6g 49%	Sugars 9.7g Low 11%	Fat 12.1g Low 17%	Saturates 3.3g Low 17%	Salt 1.05g Low 18%
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% = of an adult's reference intake (traffic light colours are based on per 100g)

Ingredients

1 tbsp olive oil

1 onion, finely chopped

200g (7oz) wholewheat pasta (such as fusilli)

3 cloves garlic

½ tsp dried mixed herbs

75g (3oz) frozen peas

150ml (5fl oz) low-fat cream cheese

145g (5oz) can tuna in water, drained

1 courgette, coarsely grated

Finely grated zest and juice of ½ lemon

2 tbsp fresh parsley, chopped

until softened but not browned. It's important to cook the onion until really soft to get maximum flavour.

2 While the onions are softening in the pan, cook the pasta in boiling water for 10-12 minutes, adding 1 whole clove of garlic, ½ tsp dried herbs and plenty of black pepper to the water. Add the peas for the last 2 minutes of cooking time. Drain the pasta and peas.

3 By this point, the onions in the pan should have softened. Crush and add the remaining 2 cloves of garlic to the onions and fry for another minute. Then stir in the low-fat cream cheese and the tuna.

4 Combine the creamy tuna sauce with the drained pasta and peas. Mix in the grated courgette, lemon zest and juice. Serve sprinkled with the parsley. ▶



How we made it healthier

The low-fat cream cheese instead of cream means this dish has less saturated fat but is still comfortingly creamy. Adding garlic, dried herbs and pepper to the cooking water means you don't have to add salt for flavour.

Method

1 Heat the oil in a medium pan and cook the onion over a low heat for 10-15 minutes, stirring occasionally

Roasted tomato and red pepper pasta

Preparation time: 5 mins

Cooking time: 30 mins

Serves: 2

Suitable for home freezing

Each portion contains

Energy 2276kJ 542kcal 27%	Carbo- hydrate 82.7g	Fibre 17.8g 59%	Sugars 16.9g Low 19%	Fat 13.6g Low 19%	Saturates 1.7g Low 9%	Salt 0.27g Low 5%
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% = of an adult's reference intake (traffic light colours are based on per 100g)

- Ingredients
- 2 red peppers
- 1 small red onion, peeled and cut into thick slices
- 2 cloves garlic, peeled
- ½ tsp thyme leaves
- 2 tsp olive oil
- 300g (10½ oz) cherry tomatoes
- 200g (7oz) wholewheat pasta (such as penne)
- 2 tbsp sundried tomato puree (sundried gives extra richness but you can use regular tomato puree too)

- Method
- 1

Preheat the oven to 180°C/160°C fan/gas mark 4.
- 2

Cut the peppers in half and remove the seeds. Place on a roasting tray with the onion, garlic and thyme. Drizzle with the olive oil.
- 3

Roast in the oven for 20 minutes, then add the tomatoes and cook for a further 10 minutes. Meanwhile cook the pasta in a pot of boiling water for 10-12 minutes.
- 4

In a food processor blend the



roasted veggies with the tomato puree and chilli flakes (if using) until smooth. Combine with the drained pasta.

Cook's tip

This sauce also makes a great

How we made it healthier

The sweetness of the cherry tomatoes and rich flavours of the tomato paste, garlic and thyme mean we did not have to add any salt or sugar.

base. Turn it into Bolognese or add prawns or sardines. You could also spread the sauce on a pizza base. To freeze, store in a plastic container for up to 3 months. Defrost and reheat thoroughly.

Green pesto pasta

Preparation time: 10 mins

Cooking time: 12 mins

Serves: 2

Not suitable for home freezing

Each portion contains

Energy 2367kJ 563kcal 28%	Carbo- hydrate 70g	Fibre 14.7g 49%	Sugars 6.7g Low 7%	Fat 15.8g Med 23%	Saturates 3.9g Low 20%	Salt 0.31g Low 5%
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% = of an adult's reference intake (traffic light colours are based on per 100g)

- Ingredients
- 200g (7oz) wholewheat spaghetti
- 150g (5oz) frozen peas
- 75g (3oz) spinach
- 25g (1oz) walnuts
- 25g (1oz) grated Parmesan
- 75g (3oz) fat-free fromage frais
- 2 tsp lemon juice
- Small bunch fresh basil

- Method
- 1

Cook the spaghetti in boiling water for 11 minutes or according to the packet instructions until tender.
- 2

Meanwhile boil the peas for 2-3 minutes and drain well. Place half the peas in a food processor with the spinach, nuts, Parmesan, fromage frais, lemon juice and most of the basil. Blitz until almost smooth.
- 3

Drain the spaghetti and toss with the sauce and the remaining peas. Serve topped with a few basil leaves.

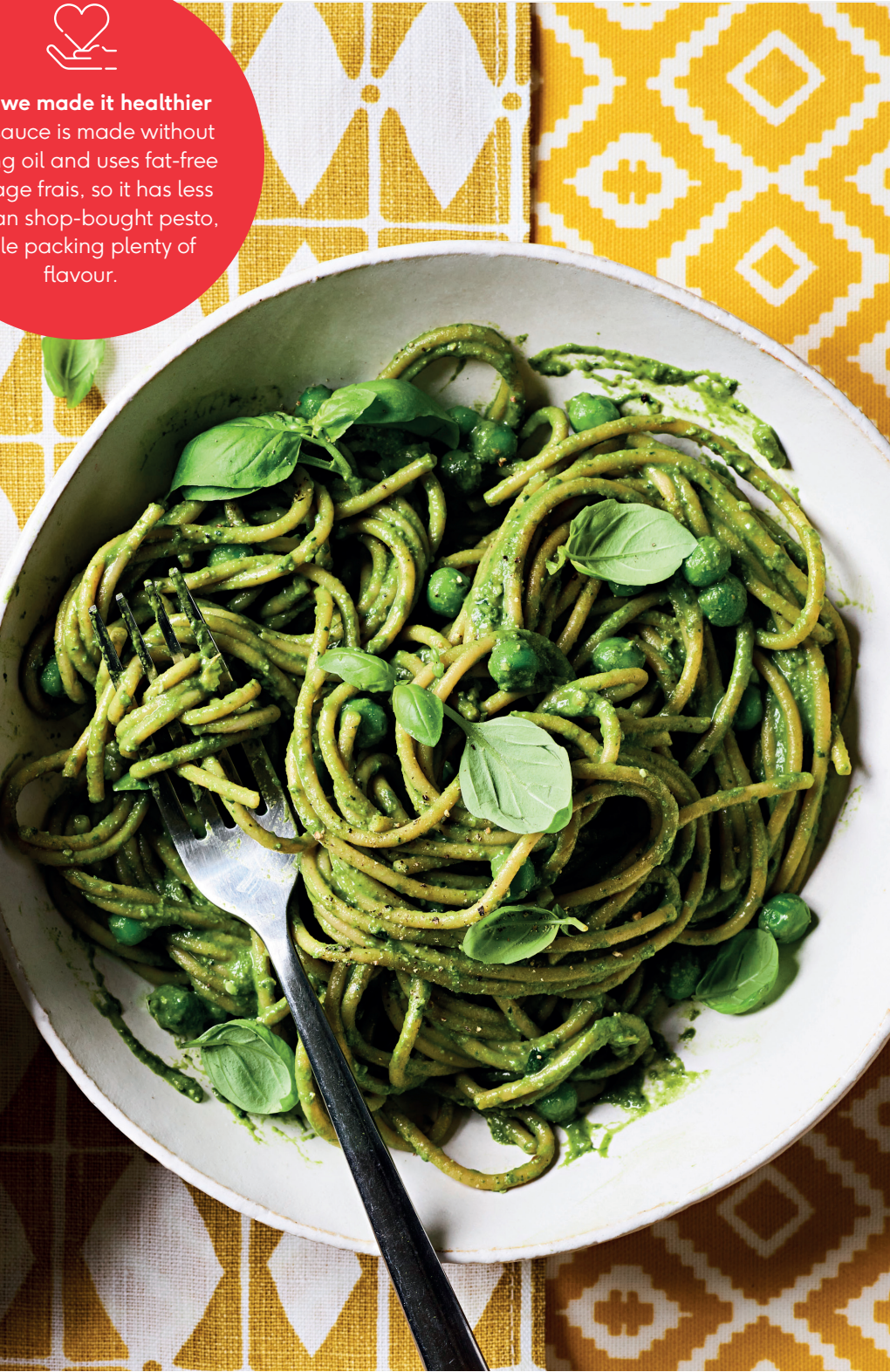
Cook's tip

This sauce will keep in the fridge for 2-3 days and will be just as delicious stirred through cooked and cooled brown rice or eaten as a dip. ●



How we made it healthier

This sauce is made without adding oil and uses fat-free fromage frais, so it has less fat than shop-bought pesto, while packing plenty of flavour.



Tried this at home?

We'd love to hear what you thought of our recipes, and any tweaks you made to them. Email your thoughts and photos to hmeditor@bhf.org.uk or write to the address on page four.

Who can I speak to between appointments?



For all your heart health
questions, big or small.

Call our Cardiac Nurses on 0808 802 1234*
or visit bhf.org.uk/helpline

*Monday to Friday 9am to 5pm (excluding bank holidays)

Ask the expert

Send in your health questions

Email: hearthelpline@bhf.org.uk

Call our Heart Helpline: 0808 802 1234

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

Q Do I need supplements for better heart health?

A Many different supplements are available in the shops and on the internet, some of which make claims about improving general health and specific conditions like heart disease.

But these claims are not always true. Taking a supplement cannot undo the negative effects of an unhealthy diet. Research also shows that supplements do not help to stop or improve heart and circulatory diseases. In some cases, supplements can even be harmful.

You may think supplements are healthier than food because they

contain high levels of vitamins and minerals. But more is not always better. Having too much of some vitamins and minerals can be bad for your health.

It is a good idea to avoid any supplements that include a mix of antioxidant vitamins such as vitamin A, vitamin E and beta-carotene. This is because research shows these supplements do not improve cardiovascular disease and are linked to a raised risk of death.

Some supplements can also affect the medicines you are taking, causing side effects. For example, vitamin K, omega-3

and St John's wort all interact with the blood-thinning drug warfarin.

Talk to your doctor before spending money on supplements. If you need them they will prescribe or recommend them.

The exception to this is that it is recommended we all take 10 micrograms a day of vitamin D supplement in the autumn and winter. This is because vitamin D is mainly made in our bodies with the help of sunlight – just a little comes from food. Apart from this, a healthy, varied, balanced diet provides all the energy, vitamins and minerals you need.



Victoria Taylor
Senior Dietitian
at British Heart
Foundation

Q Is Greek yogurt good for you?

A Yogurt can be a healthy addition to your diet. It's a fermented food and a good source of protein and calcium.

Research also suggests that the special mix of nutrients in dairy foods like yogurt and milk helps reduce the risk of heart and circulatory disease.

Strained Greek yogurt is thicker and higher in protein than normal plain yogurt and milk. Adding 200g Greek yogurt to muesli instead of 200ml milk can double the protein you get. This increase can make Greek yogurt more filling, which is helpful if

you're trying to lose weight.

But some Greek yogurts are less healthy. Some are sweetened, making them high in sugar. In fact, sugar-sweetened yogurts are one of the biggest sources of added sugars in our diets. And some are made with cream as well as milk, making them high in saturated fats.

However, others containing live bacteria (cultures) may be good for gut health. But research is needed to know the full benefit.

To choose the healthiest option, look for 'no added sugar' and '100% milk' on the tub. Check

that the only ingredients are 'milk' and 'live cultures'.

You will also see yogurt with 'low-fat' or '0% fat' labels. Whether these are healthier than full-fat milk yogurt is being looked at by scientists.

For now the UK government advises choosing low-fat. This is because it has less saturated fat in it than full-fat yogurt, which helps keep your cholesterol levels down. It also has fewer calories, which can help with weight loss. But watch out for low-fat fruit yogurts as they often have a lot of sugar in them. ●



Changing my life after a shock diagnosis

From growing her own vegetables to adapting her traditional Ghanaian cooking, Joyce chose to face being told she had high blood pressure head-on

For many people, being told you have a risk factor for heart and circulatory disease, such as high blood pressure or raised cholesterol, can be a turning point. Joyce from British Heart Foundation's health content team talks about facing her diagnosis:

"I always thought I was healthy, until a routine visit to a health clinic about 15 years ago. When the nurse told me I had high blood pressure I thought something must be wrong with the machine. Or maybe it was because I'd been rushing to get there from work. She told me to see my GP, but I was in denial and just carried on with life.

A few months later I had to go for a procedure at the dentist, for which he had to take my blood pressure. He took several readings and each time it was high. He said he would not do the procedure until I'd seen my GP. I burst into tears. Both my parents, back in Ghana, had high blood pressure but they had been diagnosed in their 60s. I was in my 30s, my children were six and eight, and I thought, 'I'm too young for this'.

My father had two strokes in his 60s which left him with limited mobility in one leg. I had memories of his bags of medication. All that was playing on my mind when I was diagnosed. I was scared and thought, 'I'm not going to live a normal life anymore'.

Facing my fear

My husband, who was a doctor, pushed me to see the GP, who put me on medication to lower my blood pressure. It was hard because I've always hated taking pills. But within a week of taking the medication, my blood pressure had dropped to mostly normal levels.

It took time to find the right medication for me, with my GP's help. The first three I tried gave me side effects: headaches, dizziness and swelling in my feet. I finally found a fourth one that worked for me, with no side effects. For the last few years I've been careful to take it every day. I also check my blood pressure at home.

The GP also did a blood test that showed I had high cholesterol. The doctor suggested changes I could make to my lifestyle to help improve this. Looking back, I see how lucky I was that my high blood pressure and cholesterol, which are risk factors for heart attacks and strokes, were caught early. I have since started working at

“I was lucky my high blood pressure and cholesterol were caught early

BHF and have educated myself by reading a lot of BHF booklets and online information.

There are some things that put you more at risk that you cannot change: for example, high blood pressure is more common in Black people in the UK. But the good news is there are things you can do to reduce your risk.

Making healthy food tasty

To help lower my blood pressure, I've cut back on the salt in my diet. I stopped adding salt at the table and use low-salt stock cubes instead of regular ones.

In Ghana, we eat a lot of salted dried fish. Now, I soak the fish in water first to wash off some of the salt, and I just use a little to add traditional flavour, instead of using the whole fish.

To make up for the reduced salt, I use more spices. I grind my own spice mix with cumin, cloves, fennel seeds, rosemary and African nutmeg, or make a spice paste with fresh ginger and onions.

I was used to my culture's way of cooking, which is deep-frying with a lot of red palm oil. That's high in saturated fat, which can increase cholesterol levels. It might have made sense in the past when people in Ghana would have been on their feet all day; farming, walking or doing ▶

chores, and they needed a diet high in energy. But now we're living much less active lives.

I got rid of my deep fryer and started using the oven, and later an air fryer, to grill food instead. When I started grilling meat and chicken, I'd see the fat come off. I'd think: 'Goodness, that's what I had been putting into myself'. Now I remove the skin from chicken and mostly use unsaturated fats such as sunflower oil.

It did not take long for me to get used to this new way of eating. When I visited my family in Ghana, I'd cook for them and they'd rave over my food, asking me to show them how I did it.

Positive steps to better health

Within a few months of first visiting my GP, I'd been able to bring my cholesterol levels back within the normal range. I did this through exercise as well as making changes to my diet. I got myself a home exercise bike and I signed up to a 10,000-steps-a-day challenge.

“It's such a joy eating something you've grown from seed

More recently, I've found a good way to keep up my step count is through gardening. Sometimes I'll be out in the garden for an hour, I'll look at my wearable step counter and I'm already at 6,000 steps.

I started gardening after my husband passed away, the year before the Covid pandemic began. He loved the garden and so I did it in his memory. I decided to try growing my own fruit and vegetables, like we had when I was a child.

I first tried tomatoes and soon went crazy growing dozens of things. It's got me eating a lot more fruit and



Joyce has encouraged her children Samuel and Nana to be healthier too

vegetables than before. It's such a joy eating something you've grown from a tiny seed, and to me they taste better fresh from the garden.

Making healthy changes to my life has not just helped me keep my blood pressure and cholesterol under control. It's given me the chance to influence my friends and family. My son is studying to be a physiotherapist and goes to the gym regularly. My daughter is always

showing me healthy recipes she's found and exercising in her room with online videos. Hopefully they'll carry on leading healthy lives."

- See bhf.org.uk/bloodpressure and bhf.org.uk/cholesterol to find out more about these risk factors.
- Turn to page 16 for foods to help lower your blood pressure.
- Have your own story to share? Email hmeditor@bhf.org.uk or write to the address on page four. ●

Joyce's tips for growing your own fruit and veg

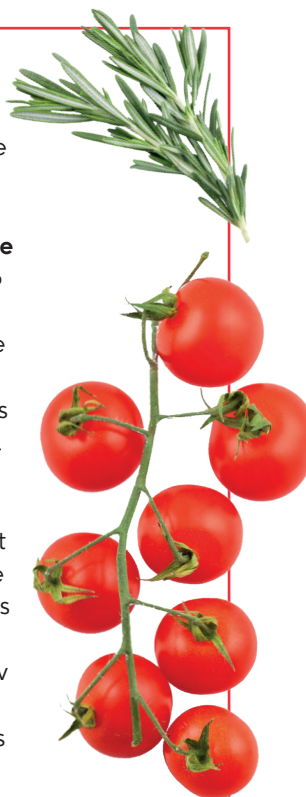
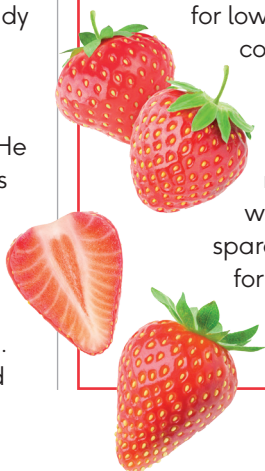
If you do not have a garden, can you use your windowsills?

"Start off with pots of easy-to-grow herbs that last through the year such as rosemary or thyme. Use these to add flavour to food instead of salt."

Grow what you enjoy eating and choose plants that produce a lot of veg or fruit.

"An individual carrot takes a long time to grow, but I love growing tomatoes as one plant gives lots of tomatoes over several weeks. I get so many that I freeze some to blend into sauces later. Spinach is good too because I can cut some leaves from the plant and it will grow back more. It's also high in nitrates and potassium—which can be helpful for lowering blood pressure. And strawberry plants come back year after year."

Think 'location, location, location'. "Find out if your plant needs a lot or less sunshine. I like to grow my vegetables in raised planter boxes right beside my kitchen. This means I'll notice weeds and do some weeding when I have a few spare minutes. And it's easy to grab some spinach for my stews or omelettes. If you have a spot that's warm and sunny, you can even grow some plants like dwarf tomatoes inside."



5 ways to sneak exercise into your day

Staying active can keep you happier and healthier. But it can be a challenge to find the time or the motivation to add exercise to your routine. Here are five simple tips to help you sneak more movement into your day

1 Get into the garden

Gardening is a great exercise which will help keep you mobile and manage your weight. Studies have shown it can also help you cope with stress and boost your mood. So think about getting into the garden regularly to cut the grass, do some weeding, or plant up flowers or veg. If you do not have a green space of your own, you could offer to help look after a neighbour's garden or join a local community gardening group.

- Find a community group through the gardening charity The Royal Horticultural Society, by searching online for 'RHS find a group'.



2 Have a spring clean

Household chores often mean bending, reaching and stretching, and you could get even more active with a serious spring clean. Hoovering, dusting or tidying involve repeated movements which can help to improve balance and tone muscles. To get more out of your chores try adding some lunges when using the Hoover or mop.

3 Move in a spare minute

The couple of minutes that it takes for the kettle to boil, the washing machine to finish, or even to brush your teeth, are perfect opportunities to sneak in extra movement. Try standing on one leg or doing a wall sit.

- Watch our video on exercising with everyday objects at tinyurl.com/everyday-objects

4 Stay on your feet

You use more calories standing than sitting and you will improve your balance too. Try standing while you talk on the phone, or marching on the spot as you watch a favourite TV show. You could even walk to do an errand instead of driving.

5 Dance doing the laundry

Dancing while you carry out a repetitive task like ironing or folding the laundry can help to improve your mood and increase your overall activity. Put on some music and move to the beat in any way that feels good. Or, add in a simple movement, like side-stepping or marching on the spot. ●



Tried this at home?

Let us know if you tried any of these tips and managed to add more exercise to your week. Have other recommendations? Let us know at hmeditor@bhf.org.uk or write to us at the address on page four.

Simple exercises to ease lower back pain

Staying active is important for your heart health. If you have lower back pain, these expert-approved exercises can help you move more comfortably

Andrew Scard, cardiac rehabilitation specialist for Aneurin Bevan University Health Board in Gwent, says that gentle exercises can help ease back pain and stiffness, while also increasing your strength and stamina so you are less likely to experience back pain in future.

For most people, back pain is not a serious problem and will improve within a few weeks. If you're unsure if it is safe for you to exercise, or if the pain is severe or does not improve, make an appointment with your doctor.

Start slowly and build up exercises gradually

Begin by doing the seated cat-cow and good mornings exercises (pictured right) 10 times, once or twice a week. If you're unable to do one of the exercises, then focus on the one that you can do.

As the exercises become easier, gradually increase how often you do them and how many times you repeat them in each session.

“Gentle exercises can help ease back pain and stiffness, while also increasing your strength

Getting started with a warm-up

To prevent injury, it's important to warm up before doing the exercises shown on the right-hand page. Do these stretches slowly and follow the steps carefully:



Seated trunk rotation

- Find a firm chair, such as a dining table chair.
- Sit slightly forward so your back is not resting on the back of the chair, with your legs bent 90 degrees at the knee and shoulder-width apart.
- Cross your arms across your chest.
- Keep your hips facing forward at all times.
- Slowly rotate to the right (as far as it's comfortable to move), then return to facing the front.
- Slowly rotate to the left (as far as it's comfortable to move), then return to facing the front.
- Repeat the movement 10 times on each side.

High knees

- If you struggle with balance, hold onto the back of a chair or a worktop. Consider asking a friend or relative to be nearby in case you need extra help.
- Stand up straight with your legs slightly apart.
- Slowly raise your right knee to 90 degrees (or as high as you can), then slowly lower it back down to the floor.
- Slowly raise your left knee to 90 degrees (or as high as you can), then slowly lower it back down to the floor.
- Repeat the movement 10 times with each leg.



How should I feel while exercising?

When doing the exercises, do not hold your breath. Take the movement to the point where you can feel a light pull on the muscles. If you experience any pain, immediately stop what you're doing. Sharp pain is a sign that you have moved too far or that something is wrong.

While doing the exercises, it's important to engage your core. To do this you need to pull your belly button up and in towards your spine. You should feel the muscles tighten between your hips and be able to breathe normally. During the exercises, you may feel your muscles begin to tire. This is a sign they are being worked well. It's common to feel some muscle soreness the next day. Allow yourself time to recover before doing the exercises again. But if the exercises are making your pain worse, contact your doctor.

Seated cat-cow (stretch)

- Find a firm chair with no arms, such as a dining table chair.
- Sit up straight, 10 to 15 cm (4 to 6 inches) away from the back of the chair, with your legs bent at 90 degrees, your feet placed on the floor, slightly apart, and your hands placed on your thighs.
- While breathing out, slowly round your back by bending forwards. Pull your stomach inwards, dropping your chin down to your chest and moving your hands towards and past your knees.
- Hold for one to two seconds, then reverse the movement.
- While breathing in, slowly return to sitting up straight and then arch your back backwards, pushing your stomach out and looking up towards the ceiling. Your hands should move up your thighs closer to your body.
- Hold for one to two seconds, then repeat from the beginning.



Good mornings (strengthening)

- Stand up straight with your feet shoulder-width apart.
- Place your fingers against your temples and stick your elbows out.
- Engage your core (by pulling your belly button up and in towards your back).
- Slightly bend at your knees while you hinge at the hips and lower your upper body forward, keeping your back straight at all times.
- Lower as far as you feel comfortable while keeping your back straight, aiming for a horizontal back (so your body runs parallel with the floor).
- Slowly lift back up to standing while keeping your back straight.
- Breathe in while lowering and breathe out on the way back up to standing. ●



Visit [bhf.org.uk/backexercises](https://www.bhf.org.uk/backexercises) for more simple exercises to ease lower back pain, including a seated version of good mornings.



Tried these at home?

Did these exercises help you ease your lower back pain? Let us know (and, if you like, send pictures of you trying them out) by emailing hmeditor@bhf.org or writing to the address on page four.

Ask the expert

Send in your health questions

Email: hearthelpline@bhf.org.uk

Call our Heart Helpline: **0808 802 1234**

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



Chloe MacArthur
Senior Cardiac Nurse at British Heart Foundation

Q Why do I get heart palpitations at night when I am lying down?

A Chloe MacArthur says:

Palpitations are a sensation in your chest which can feel like your heart is fluttering, racing or pounding. It may feel like your heart skips a beat. Sometimes they're caused by a heart condition but they can also be caused by other things such as caffeine, anxiety or some medications.

Palpitations are very common and usually harmless, but they can be unpleasant to experience. They can happen at any time of day. However, some people notice them more at night-time once they are relaxed or in bed.

For most people, this is simply because we are less distracted at night and there is less noise, so we are more aware of sensations in our bodies.

Night-time can also be when we are more likely to start thinking about stressful or worrying things that may be going on in our lives.

Anxiety and stress can make palpitations feel

worse, so this may also be a reason for noticing them more at night.

Sometimes the position we are lying in can also have an impact. Some experts say people who sleep on their backs may be more likely to feel palpitations because of pressure changes in the body. They also think that left-sided sleepers could feel palpitations more often because of the shorter distance between the heart and the chest wall.

If you are worried about your palpitations, speak to your doctor. It can help to keep a symptom diary so they can understand what you've been experiencing. Write down when you get palpitations, what you were doing at the time, and any other symptoms you may have noticed.

Your doctor can help you to manage your symptoms, and they may send you for tests to check your heart health.

- Find more tips at bhf.org.uk/palpitations

Q Is the latest weight-loss drug Wegovy suitable for me?

A Dr Mihir Sanghvi says:
What is Wegovy?

Wegovy is the brand name for a medicine called semaglutide. It is approved for use in the NHS alongside diet and physical activity to manage excess weight and obesity in some people.

Wegovy comes as a pre-filled injector pen. You can use it to inject yourself weekly, under the skin in the upper arms, stomach, thighs or buttocks. Wegovy is one of two weight-loss injections available on the NHS, the other is called liraglutide and has the brand name Saxenda.

Wegovy is only available through specialist weight management clinics. Your GP can refer you to a clinic if Wegovy could be suitable for you.

How does it work?

Wegovy acts on areas of the brain which are involved in regulating appetite. It increases feelings of fullness, lowers feelings of hunger and reduces the preference for high-fat foods.

It also reduces blood sugar by promoting the release of insulin when blood sugar levels are high. Another name for semaglutide is Ozempic, which is used to treat type 2 diabetes because of its ability to reduce high blood sugar.

Can I be treated with Wegovy on the NHS?

Yes, you can be treated with Wegovy in a specialist weight management service if you have:

- a weight-related health condition, including high blood pressure, high cholesterol or cardiovascular disease
- obesity, classed as a body mass index (BMI) of 35 or more
- tried to lose weight through conventional treatment, which has not worked.

You may also be prescribed Wegovy if you have a BMI of 30 to 34.9 and have been referred to a specialist weight management clinic. If you are from an Asian, Chinese, Middle Eastern, Black African or African-Caribbean background, you may qualify for Wegovy with a lower BMI.

You can see the full guidelines for prescribing Wegovy by visiting tinyurl.com/WegovyGuidelines

How effective is it?

A study of almost 2,000 adults, funded by Wegovy's

makers Novo Nordisk, showed that when Wegovy was used for 15 months, with lifestyle support from a health professional to follow a calorie-reduced diet and to get more active, people lost on average 15 per cent of their body weight.

This compared to people in the study who had the same lifestyle support but dummy (placebo) injections, who only lost 2.4 per cent of their body weight on average. The study also found that taking the drug led to a smaller waistline and lower blood pressure.

There is also evidence to suggest that Wegovy may decrease the risk of developing cardiovascular disease. Researchers are now studying this to find out more.



Dr Mihir Sanghvi
Specialty Registrar in Cardiology, St Bartholomew's Hospital



Do I still need to diet and exercise?

Yes, it is important to follow a reduced-calorie diet and take part in regular exercise when taking Wegovy.

Are there any side effects or long-term risks?

As with all drugs, Wegovy can cause side effects. The most common are feeling bloated, tummy pain, feeling or being sick and diarrhoea. Serious problems are rarer. If you experience any issues, contact your medical team.

Treatment with Wegovy is limited to two years and its long-term risks are still being studied. ●

Menopause and your heart

Going through menopause can be difficult and you might worry about the effect it has on your heart. We explore how falling oestrogen levels impact your heart health and offer tips on managing menopausal symptoms

How does menopause affect your heart health?

Oestrogen has a protective effect on your heart. It helps to control cholesterol levels and reduces the risk of fat building up in arteries, including the coronary arteries.

In the lead-up to menopause (perimenopause) and after menopause, the level of oestrogen in the body decreases. This means fatty substances can build up in arteries, causing them to become narrower, and increasing the risk of developing coronary heart disease, or having a heart attack or stroke.

Menopause can cause other changes that increase this risk too:

- weight gain, especially at the waist
- high cholesterol
- high blood pressure
- the body cannot control sugar levels (glucose) as well, which can increase your risk of type 2 diabetes.

Are symptoms due to menopause or a sign of your heart condition?

If you have a heart condition you may worry that menopause symptoms could be a sign there is something wrong with your heart. Lots of people going

through menopause experience heart palpitations, a feeling of your heart racing, pounding or fluttering.

Palpitations are usually harmless, and the symptoms are likely to be caused by changing hormone levels. But if they're happening a lot and you also have chest discomfort or dizziness at the same time, it's a good idea to talk to your GP.

What therapies and lifestyle changes can help menopausal symptoms?

Hormone replacement therapy (HRT) can help relieve symptoms of menopause, which can have a big impact on daily life. However, for some people HRT may not be an option.

There are other ways to reduce menopausal symptoms and look after your heart health at the same time.

It may feel difficult to know where to start, but small changes can make a

big difference. The following tips can help it to feel more manageable.

Manage your weight with a healthy diet

A healthy, balanced diet can improve your menopausal symptoms while also looking after your heart.

By eating more fruit and vegetables and cutting back on foods that are high in saturated fat, sugar and salt you can help maintain or lower your blood pressure and cholesterol levels.

Making small swaps to your diet can also help maintain a healthy weight, reduce your waistline and improve menopausal symptoms like tiredness.

Try these simple food swaps:

- Swap butter for spreads made from olive, rapeseed or sunflower oils.
- Add fruit to cereal rather than sugar.
- Eat wholemeal bread instead of white bread.
- Have a vegetarian meal once a week instead of meat.
- Make sauces from scratch rather than buying ready-made.
- Eat more fish and less red and processed meat.

Try our delicious, heart-healthy recipes on page 19. ▶

“**Making small swaps in your diet can improve menopausal symptoms**”

Keep moving

Staying active is important to help maintain a healthy weight, improve your heart health, reduce feelings of anxiety and boost your mood. But it does not have to mean going for a run or to a gym.

You could build exercise into your daily routine, for example:

- Get off the bus one stop early and walk the rest of the way.
- Use the stairs instead of a lift.
- Try exercises while sitting or use a chair for support.
- Speak to your doctor about joining local exercise schemes.

Visit [nhs.uk/live-well/exercise](https://www.nhs.uk/live-well/exercise) to find helpful exercises, including chair-based ones.

See page 27 for ways to sneak exercise into your day.

Boost your mood

Cognitive behavioural therapy (CBT) is a talking therapy that has been shown to help with heart palpitations, hot flushes and night sweats.

You may also find yoga or meditation helpful to reduce anxiety and improve your wellbeing. You can ask your GP to refer you for talking therapies or refer yourself via the NHS UK website, search 'NHS talking therapies'.

Other helpful tips for managing menopausal symptoms

To cope with hot flushes, night sweats and heart palpitations you could try:

- avoiding spicy foods and other food triggers
- cutting down or quitting smoking
- reducing the amount of alcohol you drink
- carrying a small fan with you
- wearing thin layers that you can easily take off
- having less caffeine
- a cooling pillow or lighter duvet at night.

Courtney's story

"I'm determined to stay healthy"

Following the menopause, Courtney Bickerdike, from Poulton-Le-Fylde in Lancashire, was invited to a health check and found out she had high cholesterol. She describes this as a wake-up call to improve her lifestyle and her health.

"I went through being hot all the time, day and night for a year or two. I have a little fan I keep in my top pocket, and I whip it out when I need to cool down.

Looking back, I realise that I had other symptoms that affected my confidence. I would cry once or twice a week over nothing, and I had started gaining weight.

I had a blood test as part of a health check and the nurse rang me up to tell me my cholesterol was too high.

It was an absolute lightbulb moment for me. I bought a healthy eating for low cholesterol book and cut out red meat, butter and sugar. I look on the BHF website often for recipes, and when I go shopping I check the labels for foods low in saturated fats.

A month later I had another blood test and my cholesterol had fallen. I'm really proud of that. I do not class myself as on a diet, I'm on a Mediterranean diet yes, but it's my lifestyle now.

I also started exercising every week. I got an exercise DVD and built it up gradually. It took time but now I've lost two stone.

When out and about I'll take the stairs instead of the escalator. Over time you get fitter and healthier and getting up the stairs gets easier.

At my age I want to be healthy and now I feel better and have more energy. I would suggest making small changes over the weeks until it becomes the norm." ●



Photography by Dave Phillips

Information and help

Find more information on menopause and your heart on our website bhf.org.uk/menopause

If symptoms are having an impact on your daily life, speak to your doctor. Find more on managing menopause at balance-menopause.com

A portrait of Professor Vijay Kunadian, a woman with long dark hair, smiling. She is wearing a black jacket over a bright orange top with a large bow at the neck. The background is a blurred architectural structure with white columns.

"It's my mission to champion under-represented groups"

Professor Vijay Kunadian is determined to make sure that everyone who has a heart attack receives the best available treatment. She says that starts with making sure traditionally marginalised groups, such as older people and women, are included in research

Decades of research funded by British Heart Foundation (BHF) and others mean there are now excellent treatments for people who have had a heart attack. But if you're in your

70s, 80s, 90s or even older, you are less likely to receive invasive treatment, such as stents or coronary bypass surgery.

Professor Vijay Kunadian, Consultant Interventional Cardiologist at Freeman

Hospital, Newcastle upon Tyne Hospitals NHS Foundation Trust, is relentless in her drive to improve healthcare for groups of people she says are not being treated equally. ►

For several years she has been leading a pioneering BHF-funded clinical trial, called SENIOR-RITA, which she hopes will revolutionise treatment for older people. She set up the trial because she spotted a glaring inequality in heart attack care.

Heart attacks are usually caused by a blockage in an artery supplying blood to the heart, but it's not always a complete blockage. Heart attacks caused by partial artery blockages are called NSTEMI (non-ST-elevation myocardial infarction).

Several studies have shown that people aged over 75 who had an NSTEMI are less likely to be offered an invasive angiogram, a test to look for blockages in their coronary arteries.

Older people missing out on life-saving treatments

The test uses a thin tube called a catheter, which is guided through blood vessels to the heart to diagnose coronary heart disease. It is the standard care for people who have had a suspected heart attack, and helps to decide whether stents or bypass surgery to restore blood flow to the heart muscle is the best option for a patient. Without an angiogram, a patient cannot be offered these potentially life-saving treatments.

Professor Kunadian says that, given the poor representation of older people in research, it is not clear whether angiograms are beneficial in older adults who have had a NSTEMI.

Doctors treating patients who have had a NSTEMI have to balance the potential benefits of an invasive angiogram with the possible risks. The test can sometimes cause bleeding or damage to blood vessels, and for older people these risks are greater.

But, Professor Kunadian says: "Research on the benefits of these procedures has been done with younger people. If we do not do research with older people, we cannot

weigh up the benefits and risks, and make sure people get the best possible treatment for them."

'Massive' evidence gap

Professor Kunadian has been performing invasive angiograms on her patients for many years. The idea for the trial was sparked 10 years ago when she noticed many of her patients were in their 80s or older.

She explains: "I went and looked for research and I found a massive evidence gap. There was hardly any evidence on the best care for older people with NSTEMI heart attacks.

"I am driven by the patients. You can have years of life after a heart attack. Some of my patients who were in their 80s when I first saw them have come back in their 90s. One 98-year-old was telling me about all the activities she does.

"It matters so much to her great-granddaughter that she is alive and well. It's a treatable condition and so we cannot discriminate by age any longer. Older patients deserve to be

“Older patients deserve to be looked after the same way we would look after a 60-year-old

looked after the same way we would look after a 60-year-old."

SENIOR-RITA involved 1,518 people over 75 in the UK who experienced NSTEMI heart attack across 52 hospitals. It is the biggest trial of its kind in the world. Patients taking part were randomly put into one of two groups. One group received the latest medications recommended for a NSTEMI heart attack. The second

group had an angiogram, as well as medication, to decide whether they needed stents or surgery. Patients taking part were followed up for at least a year after their heart attack to compare survival rates, quality of life, and the risk of complications from invasive angiograms and treatment, between the two groups.

The participants were aged 75 to 103 and included patients who were fit and others who were in frail health. Professor Kunadian says this meant the trial involved people who are not typically included in research, providing valuable knowledge on how best to treat them.

"This will give us the evidence we need to know what treatment is best and most effective for older people, and those with other health conditions, including dementia," she says. "They have been largely absent from research, so as doctors we do not have the information we need. But this is filling that gap in the evidence and in our knowledge."

The results of SENIOR-RITA are to be announced at the European Society of Cardiology Congress in London in August 2024. Professor Kunadian hopes the evidence will eventually influence every doctor who treats an older heart-attack patient.

Battling gender bias

Age discrimination is not the only inequality Professor Kunadian is battling. She is equally passionate about tackling gender differences in heart attack care which cost women's lives. In 2019, she was a key supporter of a BHF-led campaign, Bias and Biology, to banish gender bias in awareness, diagnosis and treatment of heart attack.

Twice as many women each year die of coronary heart disease than breast cancer in the UK. Yet women are not always aware of the risk, meaning they can delay seeking urgent medical

help. And those who do, are more likely than men to be given the wrong initial diagnosis, and less likely to be prescribed treatment to prevent a further heart attack.

Thinking big to transform care

Professor Kunadian is determined that women should receive equal heart attack care. "Heart disease is

the leading cause of death in women worldwide. But we do not have enough evidence to manage and prevent heart disease in women. Not enough women are involved in clinical research, and the trials we have done in the past have generally involved more men than women. We need women-only studies.

"I want to devote the next 10 years of work to transforming cardiovascular

care for women. Women have worse heart attack survival rates than men. I would like to change those statistics, so the outcomes for women are the same as men. That's my goal, and it's achievable.

"We need to think big. If in my lifetime we can transform the way older people and women are managed that would be amazing."

Championing women in cardiology care

Professor Kunadian is a leading cardiologist and the first female Professor of Interventional Cardiology in the UK with her post at Newcastle University.

As a cardiologist and an academic she says she is often the only woman in a senior role. She puts her success down to her own determination and encouragement from her (mainly male) mentors.

She says: "I grew up with three brothers and as the only girl in the family you learn how to handle yourself in a male world.

"When I was appointed as a professor two years ago I was told I was the first woman. It took a little while for me to understand that.

"I see the challenges women face. My female medical students are being told cardiology is not for you because you cannot have a family. When someone eminent or prominent tells you that you are put off. And if female medical students feel they cannot combine their career in cardiology with a choice to have a family, we will lose a lot of talent.

"We need to support younger female colleagues in cardiology, and I want to be a role model for them. My message is work hard and get support from the right people and you will thrive." ●



“If female medical students feel they cannot combine their career in cardiology with a choice to have a family, we will lose a lot of talent



A day in the life

“Maybe one day we’ll be able to stop the damage diabetes can do to the heart”



BHF-funded scientist, Stanley Buffonge, tells us about his PhD research at the University of Bristol on a heart condition that can affect people with diabetes

Photography by Frederick Iyeh



For breakfast I eat something like porridge and blueberries. Then I walk 40 minutes or so to the lab. Bristol is very hilly, so I often work up a bit of a sweat. Working in health research has encouraged me to live more healthily.

My research is focused on diabetic cardiomyopathy. This is when diabetes causes the heart muscle not to work as well as it should. It can impact people’s daily lives – they can feel tired and breathless, and it can lead to heart failure.

I have friends and family with diabetes and have seen the harm it has done them, so this work is important to me.



I start my day putting cells from a human heart’s small blood vessels under diabetic conditions to see how diabetes changes the way they look and work.

An important structure called the glycocalyx lines the inside of blood vessels. The glycocalyx is made up of different sugars – “glyco” means sugar and “calyx” means husk.

The glycocalyx controls how easily things such as water and larger molecules go in and out of the blood vessels. Imagine it as a gatekeeper. The heart is extremely sensitive to changes in the level of water in our blood, so if this gatekeeper is damaged it can cause problems.



Our weekly team meeting is a good chance to present any findings from successful experiments or to troubleshoot anything that has not worked.

After that, I might grab lunch from my favourite pitta stand.



My project focuses on how to protect the glycocalyx. There are enzymes (substances that kickstart

chemical reactions) in the blood called matrix metalloproteinases (MMPs) which breakdown the glycocalyx.

Scientists have found that if someone has diabetes, they tend to have more MMPs, which causes the glycocalyx to breakdown too quickly. We think this might be one way the heart muscle is damaged in people with diabetic cardiomyopathy. But we need to understand more about how this happens.

After lunch, I’ll look at how diabetes affects the genes which tells people’s bodies to make MMPs. The way I do this involves using a pipette to put very small amounts of liquid into 96 little wells. I find the process of doing this almost meditative.

“**I have friends and family with diabetes, so this work is important to me**”



One of the things I’m looking into is what happens if you inhibit (stop or decrease) the MMPs. When I looked at this in mice, I can see that when we use an inhibitor, the glycocalyx is protected and the heart works better again.

I analyse echocardiogram images to see how well hearts work with and without damage from diabetes. And I look at how the hearts work before

and after the inhibitor treatment. I do not know which images are which when studying them. I get someone to rearrange the names, so that I’m doing the experiment ‘blind’ and the analysis will be fair.



I also look at stained images of thin sections taken from the heart’s blood vessels. The glycocalyx shows up green when stained. I painstakingly go through and measure the thickness of the glycocalyx on several images.

You’d expect the glycocalyx to be thinner in the mice with diabetes, compared to those without it. This is because their higher number of MMPs has been breaking down their glycocalyx. But in the group with diabetes that’s been treated with an inhibitor, we see the glycocalyx is thicker than in those with diabetes that have not received treatment.

The hope is this research will lead to treatments for humans that can reduce the amount of MMPs breaking down the glycocalyx, and so prevent diabetic cardiomyopathy from getting worse.

Maybe one day we’ll be able to stop the damage diabetes can do to the heart.



It’s important to find time to relax and live a life outside the lab, so sometimes I’ll finish the day by going to a local bar with friends. A lot of us are living away from our families, so it’s a way to develop a stand-in family, while we’re away from home. ●



- Scan the QR code or visit bhf.org.uk/stanley to watch a behind-the-scenes video of Stanley in the lab.
- Discover more about other BHF-funded researchers at bhf.org.uk/dayinthelife
- Support our life-saving research by donating at bhf.org.uk/hmdonate



"Lee is so grateful he lived to see our baby daughter"

A heart condition does not only affect the person who has it. Loved ones live through the experience too. In our regular series, we hear how Krystalla Panayi-Davidson helped save husband Lee's life after a cardiac arrest when she was only weeks away from giving birth

Krystalla's story

"Lee and I met on a dating site and it just worked out between us. We lived together through lockdown, and we figured if we survived that time as a couple we should get married. A week before we did, we found out that I was expecting, which was a lovely surprise.

But the next year our lives took a turn neither of us could have expected. It was 11 July 2021, the first day of my maternity leave. Up to that day Lee had been really fit and healthy and his family had no history of heart problems.

We spent a lovely day with friends and went to bed around midnight. I was woken by an almighty crash. I thought it was Lee knocking over a plant in the bathroom. But our dog ran upstairs, and something made me get up and check if Lee was OK.

I knocked on the door but there was no answer. I tried to push the door open

and I could not get in, so I really started to panic. So I just ran at the door and elbowed it. Lee's feet were up against the bathroom door and he was lying against the shower in a really contorted position. I knew immediately something was really wrong.

Lee was struggling to breathe

I managed to roll Lee over as he was on his side with his head wedged under the bath. God knows how I managed that as I was eight months pregnant, but adrenaline just kicked in. When I turned him over, I could see he was struggling to breathe.

“
I knew I had to start CPR immediately

I bolted downstairs to get my phone, ran back to Lee and rang 999. By that time he was not breathing so in that moment I just went into autopilot and knew I needed to start CPR immediately. Luckily with my job as a primary school teacher I'd had training at work a few times.

The emergency call handler talked me through CPR. She told me I needed to keep going and she'd let me know when the paramedics arrived at the house so I could run down and let them in.

When they arrived, I ran to open the door and shouted: 'He's upstairs'. They took over CPR so I just sat on the landing holding his feet. Then they told me I'd have to let go because they were going to shock him with a defibrillator.

After three shocks Lee started breathing again. ▶

Our daughter Martha was born a few weeks later

Lee was taken to hospital, where they put him into an induced coma. After three days they were able to wake him up. We'd already decided to call our daughter Martha and the first thing he said to me after waking up was: 'Where's Martha?'. He did not remember that she had not been born yet.

Lee came home from hospital after three weeks and I had about seven days with him before Martha was born. When I

came home with her, Lee could not really lift anything. I had Lee and Martha to look after, and there was no one to look after me. The Olympic

Games were on at the time and all we could do was watch that and hold Martha. We were just in survival mode for a few months.

Later I was diagnosed with post-traumatic stress disorder and I had some incredible therapy, which really helped. Thanks to that I was able to go back to work. Lee also had therapy. It helped give us the tools

What I've learned
I appreciate the smaller and quieter moments of our lives. Seeing Lee playing with Martha in the park and days out seem so much more special because we were so close to never being able to do them.

to be able to deal with what we had been through.

I take so many photos of Martha and Lee together, because this is something I might never have seen. It's the little moments that make me emotional, like seeing Lee read or sing to Martha. I think he's an amazing person and the thought that he almost did not get to meet this incredible little human being is heartbreaking. Thankfully, I knew how to do CPR and was able to jump into action in that moment."

“We were just in survival mode for a few months

Lee's story

I do not remember anything of that day, but Krystalla has told me it had been a really nice, chilled day. It was four weeks before our baby daughter was due, and we had friends over and played some board games.

I've had to rely on Krystalla to tell me what happened that night. In the early hours I had got up to go to the bathroom and Krystalla was woken by an almighty crash – apparently that was me collapsing into the shower screen.

I was so lucky that Krystalla knew how to do CPR. She dialled 999 and did chest compressions on me until the paramedics arrived and took over.

I was fitted with an ICD

The next thing I remember is recovering in intensive care. At first I did not realise the gravity of what I'd been through and brushed it off a bit. I was moved to critical care for 16 days and it took me that entire time to understand what Krystalla had done to save my life. I felt very emotional and proud.

Martha was born a few weeks after my cardiac arrest. I am so grateful to be here to be a dad to Martha. The most distressing thing was thinking that she could have been left without a dad before she was even born. I was so close to not meeting her at all.

In hospital they fitted me with an ICD (implantable cardioverter defibrillator). If my heart goes into a dangerous rhythm, the ICD will kick in and shock it back to a normal rhythm. Unfortunately, in March the next year I had an episode where my ICD had to give me a shock. I'd got up to use the bathroom in the middle of the night, and I'd collapsed; almost exactly like I had done before, but thankfully the ICD kicked in.

I had counselling for anxiety

After that I was put on beta blockers, which are used to treat some heart rhythm disorders, and flecainide, a medicine to prevent and treat abnormally fast heart rhythms. I had one more episode of an abnormal heart rhythm in 2022 when we were at my mother-in-law's for Christmas and I forgot to take my evening dose of flecainide. That was the first one Martha had seen. She was only 16 months and she thought I was playing hide and seek because I fell down behind the couch. Thankfully, I've had no episodes since then.

The ICD captured information about these episodes, and after that I was diagnosed with an electrical problem in my heart that can trigger a cardiac arrest.

Psychologically it has been quite tough for me to deal with. I had some counselling, which gave me an opportunity to talk through what had happened. I've also experienced anxiety and depression and so I've had some cognitive behavioural therapy (CBT) to help me cope with those difficult feelings.

I decided to nominate Krystalla for a CPR Hero Award in the BHF Heart Hero Awards 2023 to show my gratitude to

her for saving my life. She does not like being the centre of attention, but I just wanted to shine a spotlight on her and show people how amazing she is."

Many of us will witness a cardiac arrest in our lifetime. To learn CPR in 15 minutes with our free, online course, RevivR, scan the QR code or visit bhf.org.uk/revivr



Information and help

If you need help with anxiety and depression, make an appointment with your GP. They may refer you for CBT or talk about other options like medication. Or you can refer yourself for CBT through the NHS. Find your nearest psychological therapy service at tinyurl.com/NHStalkingtherapy. If you or your family are affected by a heart condition, our cardiac nurses can help you with your questions. Call us on 0800 802 1234 (weekdays, except bank holidays, 9am to 5pm), or email hearthelpline@bhf.org.uk, or chat live online at bhf.org.uk/helpline

What I've learned
I've learned how important it is to know CPR. What my wife did for me still leaves me in disbelief. I can never thank her enough for that gift.

At the root of your prescriptions

When it comes to managing medicines to treat or prevent heart disease, we never miss a beat. Supporting over 125,000 patients who rely on these prescriptions, we provide easy ordering, free delivery and dosage reminders. Let's get growing.

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