

# Heart Matters

Inspiration | Information | Support

Summer 2024

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## Walking's surprising benefits

Learn easy ways to get more steps in

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## Holidaying with a heart condition

How to stay healthy when you're abroad

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## Beat the heat

5 hacks to stay hydrated  
this summer

# Living well with atrial fibrillation

Get tips from experts and people like Sad who have the condition

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## Zest up your salads

8 delicious summer  
dressings to try

British Heart Foundation



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Walk your way to better health



### Have your say on Heart Matters

As our regular survey prize draw is ending from next issue, why not enter the competition to win a £50 gift card one last time? Go to [bhf.org.uk/heartsurvey](https://bhf.org.uk/heartsurvey) to tell us what you thought of this issue. Or post comments to Heart Matters at the address on page four. Our latest winner, Debbie from York said: "I'm over the moon to win. I'm striving to be healthy for my children after I lost my dad to a heart attack."

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Gini's tips for navigating life with atrial fibrillation



How to stay safe and well when holidaying overseas



## 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.

## Editor's letter



Welcome to this vibrant Heart Matters issue, packed with ideas to help you have a healthy summer.

Get tips for staying hydrated in the heat (page 27), zest up your salads with eight mouth-watering dressings (page 24) and overcome common obstacles to losing weight (page 16).

With summer's longer and warmer days, many of us are drawn to the great outdoors. We delve into the science behind why walking is so good for you and how to fit more steps into your day (page 32).

Planning an adventure overseas this summer? Get useful tips for travelling with a heart condition (page 28). Plus, hear from people who faced heart attacks and hospital stays while on holiday (page 30).

In our recent survey, many readers asked for more information on atrial fibrillation (AF). In this issue, Sad and Gini share their stories of navigating life with AF, alongside tips from an expert (page 10).

We also meet Alice, who shares how she's stayed optimistic after being diagnosed with a rare condition that has led to heart failure (page 38).

I am so inspired by the resilience and bravery of people in our community. I hope these stories offer hope to those facing similar challenges.

Your stories, letters and feedback make this magazine what it is. You can email us at [hmeditor@bhf.org.uk](mailto:hmeditor@bhf.org.uk) or send us a letter to the address on page four.

We want to make sure that Heart Matters is free to everyone who needs it. If you have found this magazine useful and can afford to donate, we'd be grateful. Visit [bhf.org.uk/HMdonate](http://bhf.org.uk/HMdonate) or send a cheque payable to British Heart Foundation addressed to BHF, 2300 The Crescent, Birmingham, B37 7YE.

Rachelle Beaven, Editor

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of Heart Matters**



# 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**

## Knitters take to streets to raise heart funds

For some years my fellow Gillingham resident Margaret Keirle and her friends have been knitting tops for post boxes, which have brightened up our high street. Her creation pictured here was to raise awareness and funds for February's Heart Month. The wool came from my dear late wife, Helen, who left several bags of yarn when she died of a heart condition last September. Margaret has donated the money she raised for the excellent work BHF does for those with heart conditions.

**Paul Hooley, Dorset**

## Rachelle Beaven, Heart Matters Editor, says:

"I am always inspired by the clever and creative ways people fundraise for BHF. I love Margaret's post box topper for Heart Month. A big thank you to Margaret for her generous donation, and what a lovely way to honour Helen's memory. Your support allows us to reach more people with vital health information and helps fund more lifesaving research."



## The ups of Nordic walking

It's six months since I had heart valve surgery and I have atrial fibrillation. I'm not keen on gyms, so my main form of exercise every day is going out Nordic walking. The routes where I live are very hilly! I keep within my limitations, but I feel great, and it really benefits my upper and lower body.

**Peter Hyde, Surrey**

## Fitness tracker gives me comfort

I found the article, Fitness trackers: the pros and cons (Spring 2024, page 14; [bhf.org.uk/fitness trackers](https://bhf.org.uk/fitness trackers)) very interesting. I have atrial fibrillation and got my first fitness tracker soon after my diagnosis. Being a worrier, and prone to anxiety attacks, I thought long and hard about getting one, but it proved to be a good decision. Even if it is elevated I am reassured by being able to see my heart rate.

**Fiona McSorland, Lochaber**

## Take part in our survey by Friday 20 September 2024

We'd like your feedback on this issue of the magazine.

We have a short survey, which takes about 10 minutes to complete, and will help us make the magazine better. We're ending our regular prize draw from next issue, so if you'd like to enter one last time please submit your responses by 20 September 2024. You could win a £50 gift card to spend at John Lewis or Amazon.

Our latest winner, Debbie from York said: "I'm over the moon to win. I strive to be healthy for my children after I lost my dad to a heart attack."

- Go to [bhf.org.uk/heartsurvey](https://bhf.org.uk/heartsurvey) to take the survey.

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



# Tried and tested by you

## Jogging outside when inside

I can't always get out and about. So I've recently been jogging on the spot to videos on YouTube which somebody had kindly recorded with a bodycam when they were out running. Most of these videos are recorded on forest paths or by the sea which makes them even more enjoyable.

**Karen Bushby, Hertfordshire**

## Yoga is a laughing matter

I take part in laughter yoga sessions on Zoom twice a month. They are also available on YouTube. The sessions are hilarious and are comfortable to do in the privacy of your own home.

They also do laughter yoga with Bollywood Dance. You will not realise you've been laughing and exercising gently for 40 minutes with these.

**M Wilson, Shropshire**

## A tasty twist on pasta

When it comes to following recipes I am known as the Queen of Modification, and your low-fat creamy tuna pasta recipe is no exception. (Spring 2024, page 19; [bhf.org.uk/creamy-tuna-pasta](https://bhf.org.uk/creamy-tuna-pasta)). I used mussels and low-fat crème fraiche instead of tuna and cream cheese and added courgette. It worked and was very nice.

**Sylvia McKay, Yorkshire**

## Spice up your coffee

I read your article about spices (Winter 2023/24, page 22; [bhf.org.uk/herbs-spices](https://bhf.org.uk/herbs-spices)). Here in New Zealand, baristas give you the choice of either chocolate or

cinnamon sprinkled on your coffee. I always have cinnamon and love it.

It's a great way to cut down on adding sugar to your coffee.

**Liz Francis, Wellington, New Zealand**

## Sweet treat without the guilt

I'm trying to eat more healthily but I miss treats. So I made your strawberry chocolate roulade recipe ([bhf.org.uk/choc-roulade](https://bhf.org.uk/choc-roulade)).

It was really easy and tasted divine. Made me feel like I'm not missing out without feeling guilty.

**Hayley Darville, Buckinghamshire**



## Always use the upstairs loo!

I regularly sneak exercise into my day by never allowing myself to use the downstairs loo. (Spring 2024, page 27; [bhf.org.uk/sneak-exercise](https://bhf.org.uk/sneak-exercise)). I always go to the toilet upstairs.

**Maggie Simper, Surrey**

## Tea with a side order of press-ups

I like to exercise while boiling the kettle for a drink. I either stretch, do squats or benchtop press-ups. And when I have finished I am rewarded with a nice cup of tea. Win-win.

**John Bentley, Nottinghamshire**

## Sneak exercise into your favourite TV shows

I've made up some flash cards of simple exercises (squats, step-ups, wall sits etc). So when the adverts come on TV, I pick one and do 20 of whatever it is!

**Nicola Savastano, Hampshire**



## Heart attack raises risk of other serious heart conditions

Up to one third of people who have a heart attack go on to develop heart failure, a serious long-term condition, according to new research partly funded by British Heart Foundation (BHF).

In the largest study of its kind, researchers examined the electronic records of millions of adults admitted to hospital in England. The aim was to see who'd had a heart attack and what kinds of long-term conditions they were later hospitalised for over a nine-year period following their heart attack.

Overall, the University of Leeds researchers looked at more than 145 million hospital records that covered 34 million people.

They found among those who'd had a heart attack nearly 30 per cent were later hospitalised for heart failure, 22 per cent for an abnormal heart rhythm condition called atrial fibrillation (AF), 19 per cent for severe bleeding, and around 13 per cent for cerebrovascular disease that includes stroke.

These people experienced these long-term conditions at a significantly higher rate than those of the same age and sex

who'd not had a heart attack, reported the researchers in the journal PLOS Medicine. For example only 10 per cent of those who had not had a heart attack went on to develop heart failure and 17 per cent developed AF.

The study also showed that people from deprived backgrounds were more likely to develop these long-term health conditions after a heart attack than those from more wealthy backgrounds.

Professor Bryan Williams, BHF's Chief Scientific and Medical Officer said: "This study suggests these patients may benefit from additional support and monitoring to help prevent them from developing further health conditions.

"It is vital the NHS has the resource, including staff, infrastructure and equipment, to deliver the care that patients need to help them stay in the best possible health for longer."

The authors concluded that improving the monitoring of people after they'd had a heart attack would help lower the chances of them developing heart failure, AF, stroke and kidney failure.

**Study finds nearly  
30%  
of people in  
England who had a  
heart attack later  
developed heart  
failure**

## 100 designer wedding dresses donated

When 100 brand-new designer wedding dresses turned up at BHF's Sidcup shop in south-east London, the team were "completely shocked", according to shop manager Sally Todd.

The one-of-a-kind dresses by world-famous Malaysian fashion designer Steven Sin were "absolutely stunning", she added.

Steven had been working on his first wedding dress collection when he suddenly passed away from a heart attack in April 2022. He was 54.

His business partner and friend, Adrian Chapman, donated the dresses to BHF in his memory. The pair had shops in Soho and Chelsea in London, and sold Steven's designs in Harrods and internationally too.

"I was very happy to give these to a good cause in memory of Steven," Adrian said.

"They retail at about £700 to £1500 per dress, so I'm hopeful they can go a long way to fund research to prevent sudden deaths like Steven's."

• If you'd like to donate clothes to BHF go to [bhf.org.uk/shop/donating-goods](https://bhf.org.uk/shop/donating-goods) to find out how.



BHF shop manager Sally Todd says staff were "shocked"





## Long waits see surge in calls to BHF helpline

The number of people calling BHF's Heart Helpline rose to record highs over the winter amid long delays for cardiac care, with one caller telling us they're facing a 72-week wait for heart surgery.

Between December 2023 and February this year 7,858 people called, emailed, or made a live chat enquiry to our helpline nurses – a 40 per cent rise on the same time last year. Many people were concerned about not being able to get an appointment for new symptoms or a diagnosis. Others living with heart problems were waiting for appointments too.

NHS England figures show more than 400,000 people were waiting for a heart test, operation, or procedure at the end of January. This is up 75 per cent since February 2020.

Tens of thousands more are estimated to be waiting for GP referrals, regular specialist check-ups, and for aftercare like cardiac rehabilitation.

BHF Helpline Nurse Lead, Chloe MacArthur, said: "It's concerning that so many people are facing stressful and often frightening delays to their time-sensitive heart care. We are here to help anyone who wants answers during these uncertain times."

- Call our Heart Helpline on 0800 802 1234 (weekdays 9am to 5pm) or email [hearthelpline@bhf.org.uk](mailto:hearthelpline@bhf.org.uk)

## Football players and fans trained in CPR

More than 1,500 players and coaches and around 10,000 football supporters in Northern Ireland are set to learn vital lifesaving skills thanks to BHF.

The Northern Ireland Football League is promoting our free online CPR training tool RevivR at 38 men's clubs and 10 women's clubs.

An estimated 1,400 people in Northern Ireland have an out-of-hospital cardiac arrest every year.

- Go to [bhf.org.uk/reviv](https://bhf.org.uk/reviv) to learn CPR for free.

## Blood test may boost heart failure care

A blood test may help doctors find out who with heart failure is most at risk of early death, reports a BHF-funded study.

The test measures levels of neuropeptide Y (NPY) in the blood. A trial of the test in more than 800 people in Scotland, who were at different stages of heart failure, found those with high NPY levels were 56 per cent more likely to have died from a heart condition three years later, compared to those with low levels.

The test could help doctors spot those who may benefit from having an implantable cardioverter defibrillator (ICD), said the researchers, adding the test could be available in clinics within five years.

“**One caller told us they're facing a 72-week wait for heart surgery**”

## BHF supports search for 'missing millions'

BHF is backing a national crusade to find an estimated 4.2 million people who have high blood pressure but do not know it. This is often the case because high blood pressure rarely has symptoms.

The NHS campaign will see more free blood pressure checks offered at community pharmacies in England over the next two years, with everyone over 40 urged to have one.

High blood pressure can be easily treated with healthy lifestyle changes and medications. But if left untreated it can lead to heart attacks and strokes.

TV presenter Gloria Hunniford is fronting the campaign, which she described as "being very close to my heart". "Both my husband and my father have had a number of strokes due to high blood pressure, so I know how important it is to get your blood pressure checked," she said.

- Find more on blood pressure at [bhf.org.uk/bloodpressure](https://bhf.org.uk/bloodpressure)



## Diary dates

### 3 August

Action Challenge South West Coast 50 Challenge. Starting in the shadows of the impressive Dunster Castle, pick your distance of 50km, 25km or 10km and enjoy the stunning coastal path. To find out more go to [bhf.org.uk/hmsouthwest50](https://bhf.org.uk/hmsouthwest50) or call 0300 222 5719 (weekdays 9am to 5pm).

### 21 September

London to Brighton Off Road Bike Ride. Conquer Europe's biggest charity mountain bike ride this autumn. Sign up for this bucket list event and pedal 61 miles for a purpose. Go to [bhf.org.uk/hmoffroad](https://bhf.org.uk/hmoffroad) or call 0300 330 3322 (weekdays 9am to 5pm).

### 6 October

AJ Bell Great Scottish Run Half Marathon. Lace up your trainers and join Team BHF as we run through the heart of Glasgow. Go to [bhf.org.uk/hmgreatscottish](https://bhf.org.uk/hmgreatscottish) or call 0300 222 5721 (weekdays 9am to 5pm).

### 20 October

AJ Bell Great South Run. Take on this favourite 10-mile running event and enjoy inspiring history and sea views as you run through Portsmouth. Go to [bhf.org.uk/hmgreatsouth](https://bhf.org.uk/hmgreatsouth) or call 0300 222 5719 (weekdays 9am to 5pm).

# Behind the headlines

**Sky News, 7 March 2024**

**“Microplastics in blood linked with stroke, heart attack and early death, study finds”**

According to research in the New England Journal of Medicine tiny plastic particles, so small they can enter the body by air, food and water, are associated with an increased risk of heart attack and stroke.



The study followed 257 people who'd had fatty material, called plaques, removed from the main arteries in their necks. Researchers examined the material and discovered more than half (58 per cent) of participants had tiny plastic particles known as microplastics in these plaques.

They followed participants for three years and found that those with microplastics in their plaques were

4.5 times more likely to have a heart attack, stroke, or die, than those whose plaques were plastic free.

The researchers stressed the findings did not prove that microplastics in the environment caused heart attacks and strokes, just that there was a link between the two.

They also acknowledged the study was small, but said they'd accounted for this when designing it.

They looked at known risk factors for heart attack and stroke in participants too, reporting that those with plastic in their plaques were more likely to smoke, have high cholesterol, diabetes and heart and circulatory disease, than those who did not.

Many UK media outlets including the Daily Mail, The Guardian, Sky News and The Independent covered the study's findings. Overall, their reporting was accurate, stating that it did not prove microplastics caused heart attacks and stroke.

However, the Sky News headline, “Microplastics in blood linked with stroke, heart attack and early death, study finds” was misleading as it suggested the microplastics were found in the blood rather than in plaques on blood vessel walls.

**The Sun, 18 March 2024**

**“Skipping breakfast could DOUBLE your risk of dying from heart disease, scientists warn”**

The UK's media recently leapt on early research findings into intermittent fasting that suggested a link between not eating for more than 16 hours a day and your risk of dying from heart and circulatory diseases almost doubling.

The data, which go against previous studies into intermittent fasting that say it may offer short-term health benefits, were presented at an American Heart Association (AHA) conference.

The researchers claimed they'd found that people who limited their eating to less than eight hours a day had a 91 per cent (almost double) increased risk of dying from heart and circulatory diseases, compared to those who ate over a period of 12 to 16 hours.

However, the researchers from China presented the study at the conference before it had been published in a journal, and so the results had not been reviewed by other academics.

This meant media coverage was based on the AHA's presentation summary and/or its press release, rather than a full study. Another issue was that the participants were only asked about what they ate over two days, not for the entire eight-year study.

Many UK media accurately reported the findings. But The Sun's headline about “skipping breakfast” was wrong as this was not mentioned anywhere.

## OUR VERDICT

We already knew that microplastics could enter the body, but this is the first study to show they're present in the fatty plaques of the arteries in the neck, meaning they potentially pose a risk to heart and circulatory health. Avoiding all invisible plastics in the environment may not be possible. But there are many things you can do to reduce your risk of heart attack and stroke. These include keeping active, maintaining a healthy weight, limiting alcohol, stopping smoking, and controlling high blood pressure and high cholesterol.

## OUR VERDICT

More research is needed into 'when we eat' before we can draw firm conclusions about the health benefits or risks of intermittent fasting. But, we do know 'what we eat' affects our risk of heart and circulatory diseases, and eating a well-balanced diet reduces this risk. You should speak to your GP before starting any diet.



# 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

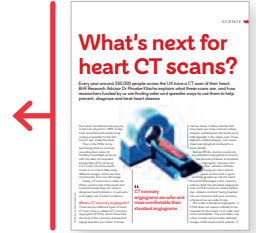
You tend to lose more weight at the start of a diet. This is because as your body uses up energy stores, it also loses water. If your weight plateaus, small changes can help you to keep shedding pounds.

**Ask the expert, page 20**



A clinical trial supported by BHF helped change UK guidelines on when people with chest pain should have a heart CT scan.

**What's next for heart CT scans, page 41**



High-water foods like watermelon, lettuce and strawberries will help hydrate you and also provide fibre, vitamins and minerals.

**5 hydration hacks to beat the heat, page 27**



Just 11 minutes a day of moderate physical activity, such as brisk walking, lowers the risk of an early death, according to research.

**Why walking is so good for you, page 32**



**If you do just one thing...**

Eat foods high in omega-3s as part of a balanced diet to support your heart health. For example, oily fish, flaxseed, chia seeds and walnuts.

**Omega-3s and your heart, page 18**

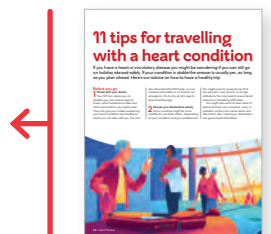
The symptoms of a mini stroke or transient ischaemic attack (TIA) are short-lived, but a more severe stroke may follow, so it's vital to call 999.

**Ask the expert, page 14**



Going on holiday soon? Get a Global Health Insurance Card (GHIC) to access free healthcare in countries that have a shared agreement with the UK.

**11 tips on travelling overseas with a heart condition, page 28**



# Living with atrial fibrillation

Adapting to life with this long-term condition can be a challenge, but there are steps you can take that will help

Sad Husain had always been sporty – with a love of yoga, running and cycling, even competing in triathlons. He exercised four or five times a week and described himself as “super fit”.

But when he fainted after a half marathon eight years ago, he worried he could have a heart condition. This thought had been at the back of his mind ever since his dad died of a heart attack aged 49, when Sad was just 19.

A year after the fainting incident, Sad went for a check-up at his GP surgery and tests revealed he had atrial fibrillation (AF) – a condition where the top chambers of the heart (the atria) quiver or twitch causing it to beat irregularly.

“I had no symptoms at all. I was shocked to be diagnosed,” says Sad.

## No warning signs

It’s not unusual to have no obvious AF symptoms like Sad, says BHF Cardiac Nurse Shona Holding. “As many as 30 per cent of people do not have any symptoms at all,” she says. However, others feel like their heart is fluttering or racing (palpitations) or may have breathlessness or dizziness.

AF affects more than 1.5 million people in the UK, and the risk increases as you get older, with around five per cent of 45s and over diagnosed with it.

Ms Holding explains: “AF can happen on its own, with the cause unknown. This is called idiopathic AF. Or conditions like high blood pressure, coronary artery disease, heart valve problems, heart muscle issues, and inherited heart conditions can trigger it. Once you’ve got AF, you usually have it for life.”

## Higher risk of stroke

If left untreated AF can cause life changing conditions like heart failure, or create blood clots that may lead to a stroke. The risk of stroke is five times higher for anyone with AF and increases with age and other health conditions, such as high blood pressure or diabetes.

To diagnose AF, your medical team will use an electrocardiogram (ECG) to record your heart’s rate, rhythm and electrical activity. After this, they will work out your risk of stroke and decide if you need treating with a blood thinner.

They will also look at how your AF is behaving. Does it come and go

(paroxysmal) or is it permanent? How is it impacting the way your heart works? How severe your symptoms are?

Treatments range from medicines to heart procedures, such as electrical cardioversion and catheter ablation. Devices called pacemakers, which are put in the chest region to regulate the heart rate, are also sometimes used if a person’s heart rate cannot be controlled with other treatments.

There is no cure for AF, but Ms Holding says people with the condition can lead healthy lives. “Healthcare professionals can usually treat it, control the symptoms, reduce the heart risks linked with it and support people to manage AF themselves.”

## Having a healthy lifestyle

Research shows that a healthy lifestyle is key to reducing the impact of AF on your life. This means eating healthily, limiting alcohol, not smoking and maintaining a healthy weight. It’s also recommended to do 150 minutes of moderate intensity exercise, such as brisk walking or riding a bike, a week.

“It’s generally safe to exercise if you are in permanent AF if you feel well,” Ms Holding confirms. “But rather than looking at your heart rate on your fitness tracker or smartwatch, exercise to a point where you are pushing yourself

“**A healthy lifestyle is key to reducing the impact of AF on your life**





Sad became health conscious after his father died of a heart attack aged 49

but can still have a conversation. For those whose AF comes and goes, it's recommended to only exercise when your heart is in a normal rhythm."

She does not advise using fitness trackers and watches to track your heart rate because the irregular heart rhythm of AF makes the readings inaccurate.

Being diagnosed with AF did not stop Sad exercising at first. But as his AF worsened, he got more tired when exercising. This led to more medical tests, which revealed he also had hypertrophic cardiomyopathy, where the heart muscle becomes thickened, stopping it pumping blood properly. It is usually an inherited condition.

His medical team advised a Maze Cox IV procedure—where doctors

“

## Yoga naturally slows down your breathing and heart rate

cut the heart muscle to create scar tissue that blocks the abnormal heartbeat signals.

Sad had the open-heart surgery in April 2021, and says his lifestyle has since returned to about 90 per cent of what it was before his AF diagnosis.

"It's important to keep exercising. I do not push myself too far, but I will go for a brisk walk, or cycle. I avoid taking the car if I can. If it's a short journey, I'll always walk.

"I also work exercise into my daily routine. I jog to the train station and

my office," says Sad, who works as a lecturer in business law at Liverpool John Moores University.

The 64-year-old has also changed his diet. "I eat much healthier food now: lots of fresh greens, fruits, fish, and I've cut down a lot on red meat."

## Knowing your triggers

Working out what triggers your AF is another important part of self-management, says Ms Holding. Common triggers include alcohol, dehydration, caffeine, spicy food, smoking and stress.

Gini Dellow was diagnosed with AF 11 years ago. She has another heart condition too, for which she has a pacemaker that tracks her heart rate.

During the Covid-19 pandemic ►



Gini's dog Quin is a great motivator for getting out and enjoying the countryside



lockdowns, Gini noticed from the pacemaker report her clinic sent her that alcohol was triggering her AF.

"I had 'Gin with Gini' on Friday evenings, which was just getting together with friends over a video call. I'd have a couple of gins. And later, I noticed a pattern in my pacemaker report which showed I'd been tripping into AF," Gini remembers. "I chose alcohol-free gin after that!"

The trigger for Sad is certain kinds of exercise: "If I go for a long walk, I'm okay. But going uphill and downhill causes problems."

### Managing mental wellbeing

AF can lead to emotional issues too, says Gini, who has a background

in health psychology and has done research into self-managing AF.

The initial diagnosis can lead to high levels of anxiety. "Many people I've spoken to for my research have told me they feared having a cardiac arrest when they were first diagnosed with AF.

"AF can lead to low mood too," she says. "For example, people can feel they're to blame for their AF. This can make them feel down and less motivated to make healthy lifestyle

choices. It may also lead to stress, anxiety and depression," Gini adds.

The 57-year-old knows the mental toll of AF well. She spent 30 years trying to find out the cause of her ill health. Four years before doctors discovered Gini had AF, she was diagnosed with postural orthostatic tachycardia syndrome (PoTS), which means her heart rate increases abnormally when she stands up, but can drop suddenly too, causing her to faint.

Gini lives with the effects of PoTS and AF, which since October last year appears to have become permanent. She is often breathless and fatigued, making exercise difficult. This has led her to gain weight which she describes as "frustrating".

**“Ask yourself, what can I do to make a difference to my AF?”**



"I've accepted this is the way my heart works. What I do not want is for my mental health to go pear-shaped," Gini says.

Research suggests the risks of anxiety and depression increase if you have severe AF, if you have had AF for a long time, if you do not feel informed about your health, and if you have a poor relationship with your healthcare team.

You can contact your GP or the NHS free talking therapy service (see box below right) if your AF is making you feel down, anxious, stressed or depressed.

## Feeling in control

Another way to boost your psychological wellbeing, and your physical wellbeing as a result, is to feel more in control of your AF, Gini says.

"Ask yourself, what can I do that might make a difference to my AF and wellbeing? Finding ways of living with AF helps you manage the condition yourself, with support from your medical team," she adds.

There are three elements to feeling more in control:

- Understand what helps your AF and what makes it worse.
- Build a network of people who can support you.
- Partner with your medical team and make joint decisions.

## Understanding your AF

Research shows that having a healthy lifestyle improves your physical and mental wellbeing when you have AF. Knowing this can help you find ways to motivate yourself to make the suggested lifestyle changes.

Gini says: "Breathlessness and tiredness stop me wanting to be active. But I know if I exercise regularly, keep my weight down, and take care of my mental health, the burden of AF will be lighter. I just say to myself 'I've got to do this'.

"Thankfully, I have my dog, Quin,

“

## Work with your medical team to make joint decisions on your care

to get out in the fresh air with, and I'm lucky to live in south Northamptonshire where the countryside is beautiful. I feel better mentally when I get out and that's what I latch on to."

Sad has discovered that yoga helps him cope both physically and mentally with his AF. He's been practising for more than 20 years and teaching for 10 years, holding regular classes in his hometown of West Kirby in Merseyside.

"After my AF diagnosis my medical team encouraged me to carry on with yoga. It naturally slows down your breathing and heart rate, and helps with relaxation, making you feel less anxious and stressed."

## Building a support network

Gathering people around you who can support you is also important. This could include healthcare professionals, friends, family, and others with AF who

you can find at in-person groups or online forums (see box below).

"I'm very lucky that I've got some good friends," says Gini. "But many people feel lonely and isolated. That's where online support groups can help. But do not expect to form relationships immediately. It takes a while to build a network."

Having the support of your healthcare team is important too, she adds. "Knowing they're there, that they understand my condition, and me as a person, really helps."

## Partnering with doctors

Working with your medical team to make joint decisions on your care – rather than your doctors telling you what to do – is also helpful.

"I think of it this way," Gini explains. "It's my heart, but they have the knowledge and expertise. This partnership is crucial to living well with AF."

Feeling in control in this way is empowering, she adds. "You're going to be more motivated to make lifestyle changes and have a much greater level of wellbeing." ●



## Support for living with atrial fibrillation

- Get BHF information on atrial fibrillation at [bhf.org.uk/afib](http://bhf.org.uk/afib)
- Talk to a BHF nurse by calling the Heart Helpline on 0808 802 1234 (weekdays 9am to 5pm), or email [hearthelpline@bhf.org.uk](mailto:hearthelpline@bhf.org.uk) or chat live at [bhf.org.uk/helpline](http://bhf.org.uk/helpline)
- Visit BHF emotional support hub at [bhf.org.uk/wellbeing](http://bhf.org.uk/wellbeing)
- Join BHF online forum for heart conditions at [healthunlocked.com/bhf](http://healthunlocked.com/bhf)
- Learn about NHS talking therapies at [tinyurl.com/NHStalkingtherapy](http://tinyurl.com/NHStalkingtherapy)
- Find local support groups through Arrhythmia Alliance, a network of charities and healthcare groups at [tinyurl.com/ArrhythmiaSupport](http://tinyurl.com/ArrhythmiaSupport)



## Have you tried any of these tips?

Did the tips in this article help you manage your AF? Do you have any to share? Send your thoughts to [hmeditor@bhf.org.uk](mailto:hmeditor@bhf.org.uk) or write to the address on page four.

# Ask the expert

## Send in your health questions

Email: [hearthelpline@bhf.org.uk](mailto:hearthelpline@bhf.org.uk)

Call our Heart Helpline: 0808 802 1234

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



**Professor Rustam Al-Shahi Salman**  
Honorary Consultant Neurologist, NHS Lothian

## Q What is a mini stroke?

**A** Professor Rustam Al-Shahi Salman says:  
A transient ischaemic attack (TIA), also known as a mini stroke, is a medical emergency. You should call 999 if you think you or someone else is having one.

A TIA happens when a blood clot briefly blocks a blood vessel, disrupting the blood supply to part of the brain.

This is the same way a stroke caused by a blood clot (ischaemic stroke) happens, but the symptoms are short-lived, usually only lasting between several minutes to an hour or so.

The symptoms of a TIA include:

- weakness or loss of feeling on one side of the body e.g. in the face, arm or leg
- difficulty speaking or finding words
- loss of vision
- unsteadiness or dizziness.

TIAs can be a warning sign that a more severe stroke may be coming.

The risk of stroke is highest in the first few weeks after a TIA. This is why it's important to seek medical attention as soon as possible, even if you feel fine

afterwards. Treatment for a TIA typically includes blood-thinning medicines, such as aspirin and/or clopidogrel.

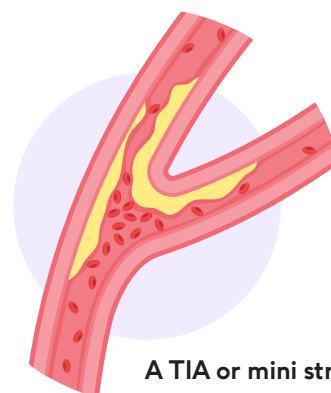
If your doctors think an irregular heartbeat might be responsible for creating the blood clot that caused the TIA, they may give you anticoagulant medicines.

In some cases, surgery may be necessary to clear a narrowed blood vessel in the neck, which can cause a TIA or stroke.

Your doctors will also suggest important lifestyle changes that can help reduce your risk of having a stroke in the future such as quitting smoking, eating a healthy diet and keeping physically active.

A TIA can leave people feeling tired and worried about the future, but you are not alone:

- Call the Stroke Association helpline on 0303 3033 100 (weekdays 9am to 5pm; Saturday 10am to 1pm).
- Chat with a BHF cardiac nurse for free by calling 0808 802 1234 (weekdays, except bank holidays, 9am to 5pm) or visiting [bhf.org.uk/helpline](http://bhf.org.uk/helpline)
- Talk to your GP.



**A TIA or mini stroke happens when a blood clot temporarily blocks a blood vessel**



## What is troponin?

### Ruth Goss says:

Troponin is a protein found in your muscles, including your heart. When your heart is injured or damaged, troponin is released into your blood.

There are many things that can cause your heart to be injured, such as heart surgery, but one of the most common is a heart attack. A heart attack occurs when one of the arteries supplying blood to the heart is blocked, which damages the heart muscle because of lack of oxygen.

If you go to hospital with chest pain or a suspected heart attack, doctors may do a blood test to find your troponin levels, also known as cardiac enzymes. If they find higher than normal levels, this can be a sign that your heart has been damaged. This test, along with others, helps your

doctors make a diagnosis and give you the right treatment as soon as possible.

They may recheck your blood several times to see if your troponin levels are still rising.

There are no set numbers on what is a high level of troponin because different hospitals use different testing machines. There may also be differences in levels between biological sexes. In 2020, the UK's National Institute for Clinical Excellence (NICE) approved a new test that picks up lower levels of troponin to help diagnose some types of heart attack in women.

Conditions such as heart failure and heart surgery can also cause higher troponin levels.

If you have questions or concerns about your troponin levels, speak to your medical team.



**Ruth Goss**  
Senior Cardiac  
Nurse at British  
Heart  
Foundation

## My GP is still offering telephone appointments, what can I do if I want to see them in person?

### Dr Andrew Maurice says:

It's no secret that the NHS is struggling not only to provide timely heart specialist appointments, but also to make sure everyone can see their GP in

good time. With health services under strain, it's more important than ever that you know how to access care, and that you can see your GP face to face when you need to.

If you need to be seen about your heart condition, let your GP know without delay. We offer telephone or video appointments as a way of managing the increased demand. GPs will sometimes follow up with an in-person appointment if they think that's necessary. It's worth remembering that despite incredibly high demand, two-thirds of GP appointments are still delivered face to face.

If you feel you need to see your GP in person, let the receptionist know. Or if you go online to request an appointment, state that you'd prefer to be seen face to face. If you find out that a telephone appointment is the only timely option, it's a good idea to accept the slot.

You can ask the receptionist to include on the booking appointment notes that your preference was for an in-person appointment. Then when you speak to the doctor, let them know that you prefer to be seen in the surgery and explain why. That way you can work in partnership with your GP to get the appropriate care. ●



**Dr Andrew Maurice**  
GP at The  
Middlewood  
Partnership,  
Cheshire

## 1 Restricting your diet too much

Be wary of any eating plan that does not include all the main food groups. This is a sign that it might not be giving you all the nutrients you need. An unbalanced diet can leave you feeling unsatisfied after your meals, making you more likely to snack later.

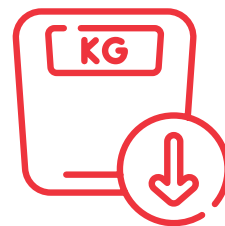
**Tip** Including a little bit of the foods you love as part of a balanced meal is a healthy approach. It can help you balance out your diet and stop you from feeling like you're missing out.



## 2 Expecting too much too soon

You may have gained weight over time. It can also take time to unlearn habits and lose weight. It can feel frustratingly slow when you want to lose weight quickly. But, to keep the weight from coming back you need to make changes you can keep doing in the long run.

**Tip** Healthy weight loss is around 0.5 to 1kg (1 to 2lb) per week. But even smaller amounts add up over time. Stick with it and if the dial is going in the right direction, however slowly, you'll get there.



# 8 reasons you might not be losing weight

BHF Senior Dietitian Victoria Taylor explains why you might not be shedding pounds as quickly as you'd like – and what to do about it

Reaching and keeping to a healthy weight cuts your risk of heart and circulatory diseases. But it can be tricky to do. This article can help you understand what might be

holding you back. Keep going with healthy changes to your diet and lifestyle, and even if you're not losing weight as quickly as you'd like, you'll still improve your health.

## 3 Focusing on exercise

To lose weight, you need a calorie deficit. This means using up more energy than you get from eating and drinking. It's possible to do enough exercise to achieve this. However, it's hard to keep this up. More exercise can also increase your appetite, making it harder to reach this goal. Guidelines from the National Institute for Health and Care Excellence (NICE) recommend changing your diet as well as increasing your physical activity.

**Tip** Find an activity you enjoy rather than the one that uses the most energy. This means you'll be more likely to stick with it. Spinning, running and aerobics classes are great if you enjoy them, but you could also try other activities like gardening, walking or dancing.

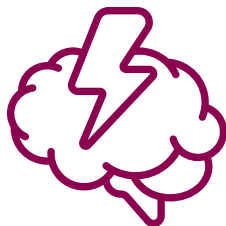




## 4 Feeling stressed

Stress can lead us to eat more, or change the types of foods we eat. You might find that you snack more or that you're eating more than you normally would because you're not as mindful at mealtimes.

**Tip** If you find stress affects you this way, try to change the way you react to stress. Maybe you could do something with your hands, such as writing, drawing or doing a crossword, as an alternative to snacking.



## 7 Medical reasons

There can be medical reasons as to why you have gained weight or are finding it hard to lose weight. If you have been consistent with your changes but are still struggling, talk to your GP. They can see if you need any further tests or if there could be other options that can help you.

**Tip** Keep a food and activity diary to confirm that you're consistently doing what you need to do to lose weight. You can take this with you when you talk to your GP.



## 5 Living differently

Our lifestyles change over time and weight loss methods that worked for you in the past may not be as helpful now. For example, you might have caring responsibilities that cut back your free time. Or you may be cooking food for other people, not just yourself, or you cannot be as physically active as you used to be.

**Tip** Instead of relying on old methods, think realistically about what changes you can make that will fit into your life now.



## 6 Lacking sleep

We tend to reach for foods higher in sugar and fat when we're tired. So if you're often tired, this can lead to weight gain. Being tired can also make it harder to stick to a healthy eating plan.

**Tip** Boost your chances of a good night's sleep by having a wind down routine that will help you to relax. Try dimming the lights, reading a book instead of looking at screens in bed, and avoiding caffeine in the evening.



“

**Keep a food and activity diary to confirm that you are consistently doing what you need to do**

## 8 Drinking too many calories

When changing our diet it's easy to focus on food and forget about drinks. But across a day the sugar in drinks like soft drinks, fruit juices, and in tea or coffee can easily add up to the equivalent of three extra chocolate biscuits.

**Tip** Choose drinks that are sugar-free to avoid adding extra calories to your diet. Instead of drinking juice, have a piece of fruit to finish your meals. This contains less free sugars and adds more fibre to your diet, making you to feel fuller and helping you snack less. ●



## Hit a weight loss plateau?

If you had been losing weight steadily and are now hardly doing so, you might have hit what some people call a 'weight loss plateau'. Find out more on page 20.



# Omega-3 foods and your heart

You may have heard that omega-3s are good for your health. BHF Senior Dietitian Victoria Taylor explains what they are, how they help keep your heart healthy and the best way to get them from your diet





## What are omega-3s?

We used to think of fats as just a source of calories, but now we know they play a vital role in the body.

Nearly 100 years ago, husband and wife team George and Mildred Burr identified fats that are critical to health and coined the term essential fatty acids for them.

Some omega-3s are essential fatty acids, building blocks of the fats that your body needs to work properly. Your body cannot make them, so you have to get them from your diet.

This article looks at which foods to include in your diet to make sure you're getting omega-3s.

Three omega-3 fatty acids are most important for our health:

- Alpha-linolenic acid (ALA) is in some nuts and seeds, and the oils made from them.
- Eicosapentaenoic acid (EPA) is mainly in oily fish but also white fish and seafood.
- Docosahexaenoic acid (DHA) is, like EPA, mainly in oily fish but also in white fish and seafood.

ALA is an essential fatty acid. Although, EPA and DHA are not essential fatty acids, they have important health benefits. Our bodies can convert some of the ALA we eat to EPA and DHA, but only in small amounts. So, it's helpful to include sources of EPA and DHA in our diet too.

## How do omega-3s help keep our hearts healthy?

EPA and DHA have been linked to a reduction in the risk of coronary heart disease. It's thought that they could do this in several ways, by:

- reducing a type of fat in your blood called triglycerides, high levels of which are linked to a greater risk of heart attack and stroke
- improving circulation
- preventing blood clots
- lowering blood pressure
- maintaining a healthy heart rhythm.

Omega-3s have other important roles for health as well. They are in the membranes of every cell in the body, and are vital for the development of the brain and retinas of growing babies.

## Which foods contain the most omega-3s?

Oily fish is the best source of EPA and DHA. This includes mackerel, salmon, trout, sardines and anchovies. Oily fish that's fresh, frozen or tinned are all suitable. But try to limit smoked and salted fish, or fish tinned in brine which has added salt.

If you do not eat fish, you can get omega-3s from flaxseed, chia seeds, walnuts, rapeseed, soyabean and the oils made from them.

## How can I include omega-3s in my diet?

It's simple to include fish, vegetarian or vegan sources of omega-3s in your diet. Ways to include oily fish could be: tinned sardines on toast with sliced tomato, tinned salmon on a salad, baked salmon with a jacket potato and peas, or grilled mackerel with pasta and a vegetable sauce.

Ways to add vegetarian sources of omega-3s to your diet include adding walnuts to your morning porridge or having a mix of sunflower, pumpkin, chia and flaxseed with yogurt and fruit. For cooking you could use a rapeseed oil (which is often labelled as vegetable oil) and choose a sunflower spread.

## How much do I need to eat?

There is no UK government recommendation for how much omega-3 we need. But government dietary advice says we should eat two 140g (cooked weight) portions of fish a week, with one of these an oily fish.

Oily fish are the best source of EPA and DHA omega-3 fats but there are also small amounts in white fish and shellfish. It's worth remembering that white and oily fish are also healthy

choices, being good sources of protein as well as vitamins and minerals.

## Should I take supplements?

You do not need to take omega-3 supplements unless your doctor has prescribed them. Research suggests that the health benefits come from eating foods that contain omega-3s rather than taking supplements.

However, if you do want to take a supplement there are a few things to look out for. Choose ones that contain

## “It's simple to include fish, vegetarian or vegan sources of omega-3s in your diet”

DHA and EPA omega-3s, not just fish liver oil, and check to see how much. Aim for 450mg per day, which is the equivalent that you'd get from eating the recommended amounts of fish.

Vegan or vegetarian products made from microalgae oil that contain EPA and DHA are also available. Microalgae are tiny single-cell plants that grow in water. Make sure to check the amount of omega-3 they contain as this varies between products.

As with any supplements, you should discuss these with your doctor before taking them to avoid any interactions with medicines you've been prescribed. When it comes to fish oil supplements this is especially important if you're taking medicines that affect how well your blood clots.

Also, if the supplement includes vitamin A, make sure that you are not getting too much of it from the supplement and your diet combined. Too much vitamin A can increase the risk of osteoporosis. A maximum of 1.5mg a day is recommended. ●

# Ask the expert

## Send in your health questions

Email: [hearthelpline@bhf.org.uk](mailto: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 Why was I losing weight to begin with and now I'm not?

**A** When you start losing weight, you can lose a lot in the first few weeks because your body is using up the energy it has stored for fuel, which triggers the loss of water from the body too. After this, weight loss tends to stabilise at a slower rate.

A healthy weight loss following this initial stage is usually a maximum of around 0.5kg to 1kg, or 1lb to 2lb, per week.

This might feel disappointing compared to the amount of weight you lost in the first week or two. But if you lose 0.5kg per

week for a year you'll be 26kg, or about 4 stone, lighter the same time the following year.

We imagine weight loss to happen steadily. But in reality holidays, life events or religious festivals halt progress. If you can maintain the weight loss you've already achieved through these situations, and start losing weight again afterwards, you are doing well.

When you lose weight, you need less energy (fewer calories) to maintain a smaller body mass. This is another reason

you may stop losing weight. To start losing weight again you'll need to consider making further changes to the types or amounts of food you eat.

This could include having more filling foods that are high in fibre and protein, and reducing the portions of foods on your plate. You could also increase your levels of activity which can help to maintain weight loss.

Consider keeping a food and activity diary for a few days. Use this to identify small, sustainable changes that work for you.



**Victoria Taylor**  
Senior Dietitian  
at British Heart  
Foundation

### Q Can beetroot juice lower blood pressure?

**A** There's a lot of marketing about the benefits of beetroot juice, but there's not enough scientific evidence yet to give specific dietary recommendations. While studies have linked beetroot juice to reduced blood pressure, these studies so far have only included small numbers of people.

We know nitrates in beetroot can help keep blood pressure in check. But other fruit and vegetables, such as spinach, celery, kale, bananas and strawberries, are also sources of nitrates. Beetroot, like other fruit and veg, contains other nutrients too, such as potassium, which

could help lower blood pressure. From research done so far, we do not know if there is something special about beetroot or whether other fruit and veg would have the same effect.

The best way to manage high blood pressure is to take medication prescribed by your doctor, keep physically active and eat healthily.

While it's not a magic bullet to reduce blood pressure, beetroot can be enjoyed as part of a healthy diet, a third of which should come from fruit and veg.

Eating beetroot whole will give you more fibre than if it's juiced. Ideally, cook it yourself or buy it

prepared with nothing added.

The amount of sugar and salt in pickled beetroot varies, so check labels and choose one that's low in salt and sugar. If you drink beetroot juice, remember a 150ml portion only counts once daily towards your 5-a-day and contains around 10g of sugar. We should limit sugar, including from juices, to 30g per day.


If you take blood-pressure lowering medications, check with your doctor before regularly drinking beetroot juice. If your blood pressure drops too low, this can also affect your health.

• For tasty beetroot recipes see [bhf.org.uk/beetroot](http://bhf.org.uk/beetroot)





## Fish tacos

 **Preparation time:** 15 mins  
**Cooking time:** 5 mins  
**Serves:** 2  
**Not suitable for freezing**

Each portion contains

Energy	Carbo- hydrate	Fibre	Sugars	Fat	Saturates	Salt
1713kJ 406kcal	39.2g	7.0g	12.4g	7.5g	2.1g	0.98g
20%		23%	Low 14%	Low 11%	Low 11%	Low 16%

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

### Ingredients

250g (9oz) cod fillet

½ tsp ground cumin

½ tsp ground coriander

¼ tsp chilli powder

Juice of 1 lime

2 tsp vegetable oil

1 small red onion, thinly sliced

2 tomatoes, chopped

1 avocado, sliced

1 little gem lettuce, shredded

6 tbsp 0%-fat Greek yogurt

1 red chilli, finely diced

1 clove garlic, crushed

2 wholemeal flour tortillas

Coriander leaves (optional)

### Method

**1** Cut the cod into finger-size strips. Mix the spices with half the lime juice and 1 tsp of the vegetable oil. Drizzle over the fish and mix until well coated. Set aside while you prepare the other ingredients.

**2** Mix the remaining lime juice with the thinly sliced red onion and set aside. Chop the tomatoes, slice the avocado, and shred the lettuce.

**3** Mix the yogurt with a little chilli, garlic and black pepper (to taste).

**4** Heat the remaining 1 tsp of oil in a frying pan, then fry the fish

for 3 to 4 minutes until it flakes easily. Flip the fish over halfway through.

**5** Spread the tortillas with the yogurt, top with the onions, tomatoes, avocado and lettuce, then add the fish and serve immediately topped with the coriander leaves (if you like this herb). ▶




#### How we made it healthier

Our recipe uses 0%-fat Greek yogurt instead of sour cream to keep the saturated fat content down. Wholemeal tortillas bring the benefit of added fibre, while the spices in the marinade mean there's no need to add salt to the fish.



## Chicken shish kebabs

 **Preparation time:** 30-45 mins, including marinating time.  
**Cooking time:** 15 mins  
**Serves:** 2  
**Not suitable for home freezing**

Each portion contains

Energy	Carbo- hydrate	Fibre	Sugars	Fat	Saturates	Salt
2120kJ 502kcal 25%	52.0g	5.3g 18%	13.5g Low 15%	9.6g Low 14%	2.0g Low 10%	1.11g Low 19%

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

### Ingredients

- 2 skinless chicken breasts
- 2 cloves garlic, crushed
- 2 tbsp lemon juice
- 1 pinch ground allspice
- 1 pinch ground cinnamon
- ½ tsp paprika
- ½ tsp dried oregano
- 1 red onion, quartered and divided into leaves
- 1 small red pepper, cut into large chunks
- 1 tbsp olive oil

### For the tzatziki

- ¼ cucumber
- 150ml (5fl oz) low-fat yogurt
- A few mint leaves, finely chopped
- 1 clove garlic, crushed
- 2 wholemeal flat breads and green salad to serve

### Method

- 1** Cut the chicken into even-sized chunks and place in a bowl with 1 crushed garlic clove, the lemon juice, spices and herbs.
- 2** Leave to marinate for 15 to 30



#### How we made it healthier

Using low-fat yogurt for the tzatziki means it's lower in saturated fat than traditional tzatziki which uses full-fat yogurt. It still has plenty of flavour coming from fresh mint and garlic.

minutes then thread on metal skewers, alternating the chicken with the onion leaves and red pepper pieces.


- 3** Grill for 10 to 12 minutes, turning the kebabs until the chicken is tender and not pink in the centre.

- 4** To make the tzatziki, coarsely grate the cucumber, then place in a sieve and squeeze out all the juice. Tip into a bowl with the yogurt, mint and garlic.

- 5** Serve with wholemeal flat breads and green salad leaves.



# Shakshuka

 **Preparation time:** 5 mins  
**Cooking time:** 25 mins  
**Serves:** 2  
**Not suitable for home freezing**

## Each portion contains

Energy	Carbo- hydrate	Fibre	Sugars	Fat	Saturates	Salt
1142kj 273kcal	15.3g	5.3g	14.4g	13.2g	3.4g	0.55g
14%		18%	Low 16%	Med 19%	Low 17%	Low 9%

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

## Ingredients

- 1 tsp olive oil
- ½ onion, chopped
- 1 red pepper, deseeded and thinly sliced
- 1 clove garlic, crushed
- ½ red chilli, deseeded and finely chopped
- ½ tsp smoked or sweet paprika
- Good pinch ground cumin
- 1 tsp dried mixed herbs
- 400g (14oz) can tomatoes
- 1 tbsp tomato puree
- 2 handfuls baby spinach leaves, washed
- 4 eggs

## Method

- Heat the oil in a deep frying pan. Add the onion and red pepper, and cook for 10 minutes over a medium heat until tender.
- Add the garlic and chilli to your taste, and the paprika, cumin and herbs and cook for a further minute.
- Add the can of tomatoes and tomato puree to the pan. Season well with freshly ground black pepper and a pinch of sugar if needed. Simmer gently for 5 minutes.



**How we made it healthier**  
 The herbs and spices create plenty of flavour without the need for salt, and the tomatoes and spinach count towards your 5-a-day.

## Cook's tips

You can use 2 to 3 blocks of frozen spinach instead of fresh. Be careful with the chilli – it's better to start with a little as you can always add more, but you cannot take it away. ●

- Place the spinach on the top of the sauce and cook for 2 to 3 minutes until wilted.
- Make hollows in the sauce with a spoon and crack in the eggs. Cover with a lid and leave for 5 to 6 minutes or until the whites of the eggs are set. Serve with crusty wholemeal bread.



## Tried this at home?

We'd love to hear what you thought of these recipes, and any tweaks you made to them. Email your feedback and photos to [hmeditor@bhf.org.uk](mailto:hmeditor@bhf.org.uk) or write to the address on page four.



# Zest and zing

## 8 healthy salad dressings

Find salads a little tasteless? With a few simple ingredients you can make fresh and flavourful dressings at home, in minutes

Salads are a healthy meal option that can help us towards our 5-a-day. Adding a dressing can turn a simple combination into a tasty dish. But shop-bought dressings often contain added salt and sugar. So why not try making your own salad dressings, with ingredients you probably already have in the cupboard? Each recipe makes about four servings and can be stored in the fridge for up to three days.

### 1 Herb dressing

Herbs can add a fresh or fragrant flavour to meals and are an easy way to increase the variety of plants in your diet. This dressing mixes fresh herbs with a simple oil and can be adapted to create different flavours. It's also a good way to use up any leftover fresh herbs.

- 6 tbsp olive or peanut or sesame oil
- 2 tbsp lemon or lime or orange juice
- 2 tsp chopped fresh herbs



### 2 Tahini dressing

Tahini is a thick paste made from blended sesame seeds. It has a light nutty flavour and a smooth, creamy quality. A small amount of tahini goes a long way, but as different products can vary you may need to adjust the amount of water you add to get the consistency you prefer. This creamy, lemony dressing goes well with Mediterranean vegetables like grilled aubergine and courgettes, and leafy salads.

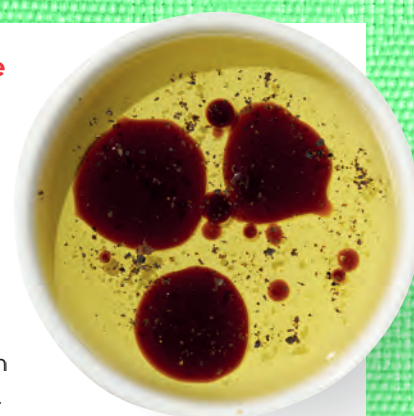
- 2 tbsp tahini paste
- Juice of 1 lemon
- 6 tbsp water
- Freshly ground black pepper to taste



### 3 Balsamic vinaigrette

This is one of the simplest dressings to make. It only has two main ingredients, and the classic balance of sweet and sharp flavours means it goes well with many salads. Try it with sliced fresh tomatoes, or on your favourite green salad.

- 6 tbsp olive oil
- 2 tbsp balsamic vinegar
- Freshly ground black pepper to taste





#### 4 French dressing

Adding mustard gives this dressing a punchy flavour. Our healthy version uses three simple ingredients and avoids the added sugar often found in shop-bought French dressing. It's easy to make and will liven up any type of leafy salad.

- 6 tbsp olive oil
- 2 tbsp white wine vinegar
- 1 tsp Dijon mustard
- Freshly ground black pepper to taste



#### 5 Greek dressing

This recipe uses garlic and dried herbs to add depth of flavour to the dressing. It goes well with a classic Greek salad made with tomato, cucumber, a little crumbled feta and fresh mint leaves, or mixed with your favourite green leaves.

- 6 tbsp olive oil
- 2 tbsp red wine vinegar
- 1 tsp dried oregano (or dried mixed herbs)
- ½ garlic clove, finely chopped (or ½ tsp powdered garlic)
- Freshly ground black pepper



#### 6 Lemon vinaigrette

For a twist on a simple dressing, this is a great option. The fresh, citrus flavour brightens up any salad. For a true taste of summer, try it stirred into a pasta or couscous salad.

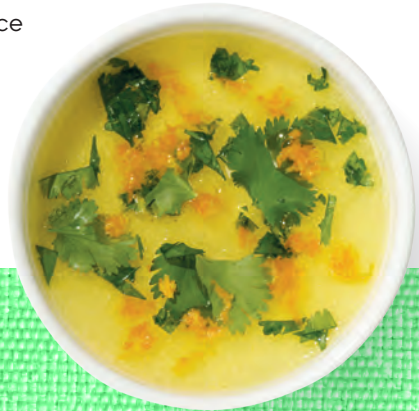
- 6 tbsp olive oil
- 3 tbsp lemon juice
- Zest of ½ lemon (if using waxed lemons wash thoroughly first)
- 1 tsp fresh or dried thyme
- Freshly ground black pepper to taste



#### 7 Orange vinaigrette

Using orange instead of lemon juice in a vinaigrette gives it a slightly sweeter flavour, while keeping the zesty sharpness. Try it with roasted squash and fruity salads, as well as dishes like couscous.

- 6 tbsp olive oil
- 3 tbsp orange juice
- Zest of ½ orange
- 1 tbsp white wine vinegar or apple cider vinegar
- 1 tsp fresh or dried herbs



#### 8 Caesar dressing

This velvety smooth dressing uses low-fat yogurt to give it a creamy texture without adding saturated fat. Adding flavour with lemon juice, mustard and garlic avoids the higher levels of salt from cheese and anchovies often found in store-bought bottles. Try using it to make a healthier Caesar salad, drizzled on roasted vegetables, or even as a dressing for potato salad.

- 85g plain low-fat yogurt (natural, live and Greek style are all fine)
- 1 tbsp olive oil
- 1 tbsp lemon juice
- 1 tsp mustard
- ½ garlic clove, finely chopped (or ½ tsp powdered garlic)
- Freshly ground black pepper to taste ●



### Tried this at home?

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



**Sudden cardiac  
death kills**

**12**

**people under  
35 every week  
in the UK**

**Find out how BHF funded research can  
help end this tragic reality.  
Scan the code to learn more.**





# 5 hydration hacks to beat the heat

It's easy to become dehydrated without realising it, especially in hot weather. Here are five smart ways to make sure you get the recommended six to eight glasses of fluid every day

## 1 Eat watery foods

Celery, lettuce, watermelon, strawberries and tomatoes are loaded with water that can help you stay hydrated. They're often packed with nutritional goodies too such as fibre, vitamins and minerals.



## 2 Make it sociable

Make a habit of drinking whenever you're with people, such as always having a jug of water or a pot of tea on the table when guests come over. At work, you could encourage colleagues to take regular water breaks with you.

## 3 Set a reminder

Make sure you drink regularly by setting an alarm on your phone or app. You can also create a habit by linking having a drink to certain activities. For instance, drink a glass of water when you wake up, before each meal, or while watching TV.

## 4 Make it enjoyable

Some people find water plain and prefer flavoured drinks. If this is the case, there are many ways to infuse water with natural flavour, such as adding slices of lemon or cucumber. You could also invest in a nice water bottle. If you enjoy using it, you're more likely to keep it beside you and take regular sips.

## 5 Be proactive

When you sweat in hot weather, or have diarrhoea or vomiting, you can lose more fluid than you take in. In these situations, it's important to start rehydrating as soon as you can. Keep drinking until your pee is pale and clear, which shows you are well hydrated. If you still feel sick, try taking small sips of water.

### Is it safe to drink more water if I'm on fluid restriction?

If your doctor has advised you to restrict your fluid intake, because you have heart failure for example, the usual goal of six to eight glasses per day may not apply. It's still very important to stay hydrated, but the challenge is finding the right balance. If you're on fluid restriction, speak to your healthcare team before trying these tips. Visit [bhf.org.uk/fluidrestriction](https://www.bhf.org.uk/fluidrestriction) for more tips on how to manage fluid intake in hot weather. ●

# 11 tips for travelling with a heart condition

If you have a heart or circulatory disease you might be wondering if you can still go on holiday abroad safely. If your condition is stable the answer is usually yes, as long as you plan ahead. Here's our advice on how to have a healthy trip

## Before you go

### 1 Check with your doctor

Your GP can advise you on whether you are well enough to travel, what medicines to take and what vaccinations you might need. They can give you a letter explaining your heart condition and treatment, which you can take with you. You can

also download the NHS app, so your medical information is on hand in an emergency. Go to [nhs.uk/nhs-app](https://nhs.uk/nhs-app) to download the app.

### 2 Choose your destination wisely

Some countries might be more suitable for you than others, depending on your condition and your preferences.

You might want to avoid places that are very hot, cold, humid, or at high altitude as this may lead to lower blood pressure or breathing difficulties.

You might also want to steer clear of places that are very crowded, noisy, or polluted, as they can cause stress and discomfort. Also, check your destination has good medical facilities.





**3 Get travel insurance**

Travel insurance is essential if you have a heart condition. It can cover the cost of medical care, emergency transport, or cancellation fees if something goes wrong. Make sure you declare your heart condition and any other pre-existing health issues. And read the policy carefully to see what's covered and what's not.

**4 Get a GHIC card**

A Global Health Insurance Card or GHIC allows UK citizens to get free or cheaper healthcare in countries with shared agreements. Search for 'GHIC' on the [nhs.uk](https://www.nhs.uk) website for information.

**What to pack****5 Medicines and devices**

Get your prescriptions before you travel. You should have enough of every medicine for the duration of your trip,

plus some extra in case of travel delays or emergencies.

If you use a medical device such as a blood pressure monitor, you should take it with you, along with batteries, chargers and adapters. Bring the card or bracelet that goes with any device, such as a pacemaker, for when you go through security scanners. Pack your medicines, devices and copies of your prescriptions in your hand luggage so they're always with you.

**“GHIC cards allow UK citizens to get free or cheaper healthcare in countries with shared agreements**

**6 Compression stockings**

Your doctor will advise you if you need to wear compression stockings when you fly. They reduce the risk of blood clots in your legs called deep vein thromboses (DVTs), which can move through the body and cause a heart attack or stroke.

Doing regular leg stretches and circling your ankles when seated is advised, as is moving around the plane whenever possible to help blood circulate around your body.

**When you arrive****7 Check your hotel or guesthouse**

Make sure your room is comfortable, clean and quiet. You might want to ask for a room that's close to the lift, reception, or emergency exit, in case you need help. You might also want to check where the nearest pharmacy and hospital are. ▶



## 8 Drink plenty of water

It's easy to become dehydrated when you're not in your usual surroundings. Dehydration happens when you lose more water through sweating than you take in. This can increase your heart rate and lower your blood pressure.

So, make sure to drink lots of water, and avoid alcohol and sugary drinks. If your doctor has put you on fluid restriction because

of your heart condition, check the maximum amount of fluid you can drink over 24 hours while you're abroad.

## 9 Be active

Holidays are a great time to enjoy physical activity like walking, swimming and cycling. But be careful not to overdo it, especially in hot or dry weather. Stick to exercising in line with your fitness levels and your doctor's advice.

“

**You may be having a fantastic time, but do not ignore any chest pain, shortness of breath, dizziness or palpitations**

# How it felt to have a heart attack overseas

## Sandra's story

### “There was conflict between the consultant and the insurance company”

Sandra Pocock's bucket-list dream to cuddle a koala had to be put on hold when she had a heart attack in the last days of her four-week trip to Australasia. It took the 68-year-old another six weeks to get back to her home in New Romney, Kent.

“My husband and I were at my daughter Natalie's in Brisbane. We had started packing because we were going out the next day to see the koalas, which was going to be our last trip. I was very hot, even though the aircon was on. And I felt really tired. I started getting a pain under my left breast. It felt like somebody had put a bullet in my chest. And my back was burning. It was like indigestion.

I went to bed, but in the middle of the night I got up. The pain was not going away and in the morning we decided to go to The Prince Charles Hospital, which is one of Australia's leading cardiac centres. They took me in quickly and I had an angiogram. Afterwards, the consultant came out and said, ‘you need a triple heart-bypass, you've had a heart attack’.

I was numb. It was like watching a film – it wasn't happening to me. I had the operation five days later. But they said don't worry you don't have to pay as Australia's agreement with the UK means the cost is covered.

The care was exceptional, the nurses were so kind. I had insurance, but that was a lot of hassle. The problem was that the consultant did not want me to go home to the UK for six weeks. But the insurance company wanted me to go home after 10 days. So, there was conflict between them and I was in the middle. It was very stressful.



After a heart attack you get very emotional. I think it suddenly hits you what's happened. I'd been on blood pressure tablets for a good few years. And up until Covid-19, I'd had tests about once a year. But I was not contacted for about 20 months during the pandemic. I just thought I'd hear from them once they could fit me in. I did not feel unwell before we left. It's a long trip, but we've been before and have been fine.

Now, I just count my blessings because it could have been worse. I could have been on the plane coming home when it happened. Luckily, I was even able to go and see the koalas before we flew home. I adore animals. Holding that beautiful creature was just amazing.

I was really worried about going abroad again. But in December it's our 50th wedding anniversary. So, we want to go away for that. But we're not going to do such a long, long holiday – not so far away. It's not going to stop me going abroad. I'll just be extra careful.”



## What to avoid

### 10 Try not to get stressed

Travelling can be stressful and tiring. Planning your trip using these tips will help reduce your stress levels. But, even with careful preparation, holidays can come with unexpected frustrations.

If you find yourself in a stressful situation, try to relax by:

- practising deep breathing or meditation
- doing gentle exercise – your hotel or guesthouse may offer yoga

- talking to friends or family
- making a list to organise your thoughts.

### 11 Do not ignore heart symptoms

You may be having a fantastic time and feeling great, but do not ignore any chest pain, shortness of breath, dizziness, or palpitations. If you have any of these symptoms you should seek medical attention immediately. ●



## Did you try these tips?

We'd love to hear how this advice helped you plan your overseas holiday, or if you have other tips to share. Please email us your thoughts and photographs at [hmeditor@bhf.org.uk](mailto:hmeditor@bhf.org.uk) or write to the address on page four.

## Andy's story

### "They would not let me out the hospital until the bill was paid"

Andy Hayes, 51, from Cleckheaton in West Yorkshire, had his fifth heart attack while on a romantic holiday in Greece with his now fiancée Sam Scholey.

"I was planning to propose to Sam while we were on holiday. And in the hotel, they told me I had to propose in the Greek way, with the ring in a champagne flute. So, I did, and it was really nice.

But the next morning, I had a heart attack. I knew it was coming on because I've had four heart attacks already. For me, a heart attack comes as a really sharp pressure in my chest that feels like I've swallowed a load of ice. And I get a feeling of dread that goes down either arm. It feels like a dead weight.

“

### I just had a feeling I was going to die abroad

We called an ambulance, but the hotel was quite out of the way, and I sat in the foyer waiting for 40 to 45 minutes. I was really concerned because I've had so many heart attacks already. I just had a feeling that I was going to die abroad.

I was taken to Rhodes General Hospital and went into the intensive care unit (ICU). They said I needed three stents. But after the procedure they told me two of the stents could not be fitted as the arteries were totally blocked.

They're still blocked now, and basically, it's down to medication to keep me going.

I was in ICU for three days and then went to the ward for three days. There were just two nurses for about 50 patients. The hospital kept asking for a 'GHIC card' but we did not know what that was. It's the Global Health Insurance Card – which means our NHS covers the costs

if you're treated abroad in a country the UK has a shared healthcare agreement with.

Sam found out we could apply for it there, but she needed help from the British Consulate. It covered all the hospital costs, which were just over £10,000. If we had not got that card, we would have had to pay that then claim it back on insurance. They would not let me out of the hospital until the bill was paid.

The hotel staff was fantastic. They made sure we were okay, that Sam was looked after, and that we had a room in the hotel when I was discharged.

I'm 100 per cent more cautious about going on holiday abroad now.

But I do not want to stop going away because the years are precious. Sam and I have only been together for five years so there's memories to be made.

We're hoping to get married in the same hotel near Rhodes in September. It'll be a really quiet affair, with just a couple of friends, in the private chapel of the family who own the hotel." ●



# Why walking is so good for you





## Discover walking's many health benefits and seven easy ways to up your daily step count

Exercise does not have to be intense to make a difference to your health. Easy to fit into your day and free, walking can be a great way to get active.

Here are some science-proven ways it can boost your health and happiness.

### Enjoy a longer healthier life

Just 11 minutes a day of moderate physical activity, such as brisk walking, lowers the risk of an early death, according to researchers from the University of Cambridge.

The researchers looked at more than 196 peer-reviewed studies, covering over 30 million people, and found it also reduced the risk of developing heart and circulatory diseases and cancer.

### Make your body feel better

Moving regularly benefits your whole body. It helps ease muscle pain and stiffness, particularly in your lower back, hips and legs. It can also help your balance, which can prevent you from falling and injuring yourself.

## “Walking releases natural chemicals that make you feel happy

Unlike cycling or swimming, walking is a weight-bearing exercise, which means your legs support your weight. This type of exercise is important for slowing bone loss as you age, which can reduce your risk of osteoporosis.

### Boost your energy and mood

Walking increases your blood flow, helping oxygen and nutrients move around your body, making you feel

more alert and refreshed. It can also release natural chemicals that make you feel happy and positive, like serotonin, dopamine and endorphins.

A review of 17 studies by researchers at the University of Edinburgh found that walking in nature improved people's moods, helping them to feel positive and less stressed and anxious.

### Get better sleep

A morning walk outside, where you're exposed to natural light, helps maintain your natural body clock. Walking can also help you relax and reduce stress, which can disrupt your sleep. One small trial of 59 people, published in *Sleep Health* journal, found that on the days people took more steps, they reported sleeping better and for longer.

### Keep your mind sharp

When you walk, there's an increased flow of blood, oxygen and nutrients to your brain. A protein called brain-derived neurotrophic factor (or BDNF) is also released, which stimulates the growth of new brain cells and connections. This can help your memory and brain to work better.

In a trial with 120 people aged 55 to 80, researchers at the University of Illinois compared the effects of walking for 40 minutes, three times a week, with stretching exercises. Over a year, the part of the brain responsible for memory, called the hippocampus, decreased by one per cent in the stretching group but increased by two per cent in the walking group.

### Improve your immune system

Several studies have shown that walking at a brisk pace can increase the white blood cells in your blood, which are your body's natural defence against germs and diseases. ▶



## 7 ways to walk more

Walking is one of the easiest ways to look after your health, but sometimes it's hard to find the time or motivation. Here are some helpful tips to make walking a more regular habit.

### 1 Look at what you already do

Most of us could be moving more, so knowing what you do now can help you set realistic goals. Try spending a week noting down every time you walk and how far. Some people find it helpful to use a pedometer, smartphone app or wearable device to see how many steps they take.

### 2 Build up slowly in small chunks

If you push yourself too hard, and too fast, too soon, you're unlikely to keep it up and may injure yourself. Instead, start by doing a little more than you currently do. Gradually increase how often you walk, the distance and, if possible, your speed.

Remember, you do not have to do all your walking in one go. You could, for example, space out three 10-minute sessions through the day.

### 3 Work it into your daily routine

Walking is not just long rambles in the countryside. Can you build walking into your regular day by ditching the car or getting off the bus or train a stop early?

Some people find 'habit stacking' helpful. This means taking something you already do regularly and 'pinning' the new habit to it. For example, can you go for a 10-minute walk every day after lunch? Or, if you have a regular call with a friend or family member, can you make a habit of walking while you're on the phone?

### 4 Walk with friends, colleagues

Strolling with friends or family turns exercise into an enjoyable social occasion. Next time someone wants to see you, suggest a walk instead, or as well as, your usual meal or drink together. You could also make some work meetings into walking meetings.

Having a regular weekly or daily walk with someone will mean you're more likely to stick with it. Or you could join a walking club and make some new friends.

Owning a dog is another great way to force yourself out of the house every day. Not planning on getting one? You could offer to walk a neighbour's dog or join a friend on their dog walks.

### 5 Make it comfortable

There's no quicker way to lose motivation than to be caught out wearing the wrong thing. Avoid blisters and leg pain by choosing well-fitted,

comfortable shoes. Wear light clothing and choose cooler times of day in the summer to walk, and have warm and waterproof layers in winter.

Try to gently stretch after your walk, so you feel less achy later.

### 6 Have fun

If walking feels boring, jazz it up. Listen to music or a podcast through your phone or a portable music player. If you walk on a treadmill, watch your favourite TV show while getting in your steps.

Some people turn walking into a game by using apps on their phones such as Pokémon GO, Walkr and geocaching.com.

Enjoy nature? You could mix up your walks by going out at different times of day and noticing how the nature around you changes.

### 7 Find a cause you care about

Signing up to a charity walk could give you the push you need to go for regular walks to help you build stamina for the big event.

Other ways to get moving for a good cause could be litter picks in your local park or beach cleans.

- Find out about charity walking challenges at [bhf.org.uk/walks-and-treks](http://bhf.org.uk/walks-and-treks)





## The surprising science behind 10,000 steps

How many steps a day is the 'right' amount to stay healthy? You might have come across the idea that 10,000 steps a day is the magic number. Many smartphone and wearable step counters are automatically set to this target. But the story behind this figure might surprise you.

The idea of 10,000 steps a day traces back to a marketing campaign launched by a step counter company during the 1964 Olympics in Japan. This number was picked because the Japanese character for 10,000 (万) looks like a person walking.

Despite its marketing origins, the idea caught on and many scientific studies have looked at the health benefits of walking 10,000 steps a day. This research has linked it to a reduced risk of dementia, cancer and heart and circulatory diseases, and it has mental health benefits too.

So how far is 10,000 steps? Depending on the length of your stride, 10,000 steps is almost five miles or eight kilometres. It would take most people between one to two hours to walk 10,000 steps, if they did it in one go. Walking 10,000 steps burns between 300 to 800 calories, depending on your weight and height.

Should we all be aiming for this? The most comprehensive research to date, published last year in the European Journal of Preventative Cardiology looked at 17 previous studies involving over 200,000 people.

It found that as few as 2,337 steps a day started to lessen the risk of dying from heart and circulatory diseases, while at least 3,867 steps reduced the risk of dying from any cause.

Above this amount, the researchers found that every extra 1,000 steps a day was linked with a 15 per cent reduction in the risk of dying.

For people aged 60 and over, the biggest improvement in health was seen in people taking 6,000 to 10,000

steps, after which the benefits tailed off. For younger ages, it was between 7,000 and 13,000 steps.

Another recent large-scale study suggested that how fast you walk could be just as important as how far.

So, what should we take away from the research?

Everyone is different and the amount of physical activity needed for good health will vary. If 10,000 steps a day is well above what you typically do, which is the case for most of us, you're better off starting with a more realistic target, such as 1,000 steps more than you're currently doing.

That way you're more likely to stick with it and build from there.

After all, the science shows even small gains in step count make a big difference.

To boost the health benefits, aim to walk at a brisk pace, meaning you can talk comfortably but would be too out of breath to sing. ●

“  
**Start with a realistic target, such as 1,000 steps more than you currently do**



### What gets you walking?

Has walking been an important part of your journey to better health? Or has this article inspired you to walk more? Send us your thoughts, and perhaps photos of you on your favourite walk, to [hmeditor@bhf.co.uk](mailto:hmeditor@bhf.co.uk) or write to the address on page four.

# Strength exercises you can do at home

Keeping your muscles strong can help to reduce your risk of heart and circulatory diseases. Try these four strength exercises in the comfort of your own home

You may have heard the expressions 'strength training' or 'resistance training' and are wondering what they mean. They're simply a type of exercise that focuses on increasing your muscles' strength, size, power and endurance.

"It's any activity that makes your muscles work harder than usual," says Jack Heseltine (pictured), a clinical exercise physiologist at Nuffield Health at St Bartholomew's Hospital in London. He helps people with long-term conditions manage their health through exercise.

Strength exercises are easy to do at home. You can use resistance bands or weights such as dumbbells, or household items like water bottles. Or simply use your own bodyweight.

## Why strength training matters

Making muscles stronger through strength exercises helps us to do everyday tasks, like carrying heavy shopping, more easily. It helps slow down bone and muscle loss as we age. And it improves our balance, reducing the risk of falls. Keeping our muscles strong can also help lower the risk of heart and circulatory diseases and improve mental wellbeing.

## Build your strength up slowly

NHS guidelines recommend doing strength-based exercise at least twice a week. Spread the sessions out, allowing at least a full day's recovery between them. Strength exercises should be

done alongside the recommended 150 minutes a week of moderate intensity aerobic activity, such as brisk walking.

If you're new to exercise you might want to check with your doctor before starting. Begin slowly and build up gradually. As the exercises become easier, steadily increase how many you do, how often you do them, and how many times you repeat them per session. Aim to repeat each exercise eight to 15 times.

## No need to go to the gym

You can do the following four exercises at home with no equipment. Want to make them more challenging? Add

weights by using household items like water bottles or unopened food cans.

## When exercising, remember:

- Do not hold your breath, as this can increase your blood pressure.
- Breathe out with the effort of each exercise.
- Take a break if you cannot talk normally when doing the exercises.
- Make sure your movements are slow and controlled.
- Count for two seconds for the 'lift' or 'push' of each exercise.
- Count for two seconds for the 'release' of each exercise.
- Rest between exercises as needed.

## Glute bridges

Only attempt this exercise if you feel confident getting up and down from the floor. Alternatively, you can do this exercise lying on a firm bed.

- Lie on your back with your knees bent up, your feet flat on the floor (or bed) and your arms by your side.
- Push down through your feet, keeping your shoulder blades in contact with the floor and push your hips up, lifting your bottom off the ground.
- Slowly lower back down to the ground.
- Repeat the exercise eight to 15 times.

**Tip:** When you first start this exercise, just try lifting your bottom an inch or two off the floor. As you get stronger, try to lift your bottom higher so that there is a straight line from your shoulders to your knees.





### Seated biceps curls

- Sit up straight on a firm chair (without using the back for support) with your feet shoulder-width apart, feet flat on the floor.
- Put your hands on your thighs.
- Bend your elbows to take your hands towards your shoulders, then lower your hands back down and return to the starting position.
- Repeat eight to 15 times using either one arm at a time or both together.

**Next step:** Hold an unopened food can or small water bottle in each hand when doing this exercise. Then try doing these bicep curls while standing up.



### Sit to stand

- Find a firm upright chair like a dining table chair.
- Sit slightly forward on the chair so you're not resting on the back of the chair.
- Bend your legs 90 degrees at the knee and have them shoulder-width apart with your feet flat on the floor.
- From sitting, stand up slowly, then gradually sit back down.
- Repeat the exercise eight to 15 times.

**Tip:** Put your hands on the chair arms or on the top of your thighs to assist you, if you need some support. As you get stronger try to do the exercise without the use of your hands.

**Next step:** From standing, lower yourself towards the chair then stand up again without sitting down on the chair (this is called a squat).



### Heel raises

- Stand up straight with your legs slightly apart, toes facing forward and with equal weight in both feet.
- Hold onto a firm surface like a kitchen worktop or table for support, if needed.
- Keeping your knees and back straight, slowly lift both your heels off the floor so that your weight goes forward onto your toes.
- Slowly lower your heels back down to the floor.
- Repeat the exercise eight to 15 times.

**Tip:** You can do this exercise sitting down to make it easier. With your feet flat on the floor, lift your heels off the floor, raising and lowering your knees.

**Next step:** Try doing this exercise with one leg at a time. Stand on one leg, bend your other leg at the knee and hold your foot off the floor. While holding onto something for support, raise and lower the heel of the leg you are standing on.



For more exercises  
you can do at  
home visit  
[bhf.org.uk/  
strengthexercises](https://bhf.org.uk/strengthexercises)



### Tried these at home?

Did you try doing these strength exercises at home? Let us know, and, if you like, please send us pictures of you trying them out. You can email us at [hmeditor@bhf.org](mailto:hmeditor@bhf.org) or write to the address on page four.







# "My future's uncertain, but my glass is half full"

Alice Odeke's world was turned upside down when she was diagnosed with cardiac amyloidosis, a rare condition which has led to heart failure. The 58-year-old from Bromley, Kent, talks about how she learned to cope with an uncertain future and got her life back on track

"In spring 2021, after the third Covid-19 lockdown, I noticed I was getting breathless. My niece commented that I was puffing and panting when going up stairs. Before this, I had enjoyed years of good health. I cycled from London to Paris, London to Amsterdam and even walked from London to Brighton for charity.

I was putting on weight and my joints were uncomfortable or painful. I went to see my GP, which started months of tests and long stays in hospital, as doctors tried to find out what was wrong with me.

I was initially prescribed beta blockers but at that point doctors did not know what they were treating. From April to August, I was in and out of different hospitals. It went on so long that I worked from my hospital bed – I'm an architect. Then one day, in August – I will always remember this – the consultant cardiologist came, shook my hand, and said, 'I think we know what is wrong with you. You've got cardiac amyloidosis'.

## Amyloidosis is little understood but it can damage the heart

I had never heard of amyloidosis. I looked it up and the outlook did not look good. Not much is known about it, except that it is a rare condition where proteins in your body start to build up

as sticky deposits that can damage tissues and organs. Treatment has improved, but there is no cure. By then, I was more breathless and weaker, and Covid-19 hospital restrictions meant my family could not visit. I shared my news with a kind lady who I'd met on the ward, but she was leaving that day. Trying to take it all in while I was alone was very hard. I started wondering, 'How long do I have to live?'

In my case amyloidosis had affected my heart. Abnormal amyloid proteins are produced in the bone marrow and for the type I have, called AL amyloidosis, treatment is normally

**"I wondered how long I had left to live"**

chemotherapy to stop more abnormal proteins being produced. I had several rounds of chemotherapy over seven months. I was so unwell; sick, tired and weak, and was still in and out of hospital. When at home, I had to crawl up and down the stairs on my hands and knees.

## My family rallied round

I was born in Uganda and lived there until about the age of 10, when the whole family came to Europe. My father's job first took us to Belgium and later I came to boarding school in the UK. I had to adapt to a new continent, cultures and education systems. I put my ability to adapt to becoming ill down to that time.

I immediately told my family and friends. Culturally we accept life and ▶

## What is amyloidosis?

Amyloidosis is caused by the abnormal build-up of a protein called amyloid in the body. Amyloid deposits form when proteins that would normally be broken down in the body clump together and remain in the tissues.

Two main examples of amyloidosis are AL and AA. AL is caused by a problem in the bone marrow and AA is usually due to long-term inflammatory conditions, such as rheumatoid arthritis or Crohn's disease.

When these deposits build up in organs, they damage their structure and can affect the way they work. The heart is one of the organs that can be affected. The amyloid causes stiffening, meaning the heart cannot pump blood around the body well enough, and can lead to heart failure.

death are close: you cannot have one without the other. It meant we were able to discuss openly the impact of the condition on my life.

My oldest sister moved in with me to help with cooking and cleaning, and she came to hospital appointments with me. She is very practical and thought of all the things I needed to get sorted out. She studied environmental change and disaster management – my six siblings and I call her our ‘disaster management coordinator’. My youngest sister, her husband and all my brothers visited from abroad and helped.

Basically, everybody rallied round, including friends who had clinical knowledge and that really helped me to interpret, understand and accept my situation.

### I had to learn to live differently

My chemotherapy ended in February 2022. Tests showed it had worked well, and the amyloids were starting to clear from my body. But the build-up of amyloids that had already happened in my heart means that one of my



heart valves does not close properly, meaning my heart has to work harder. This has caused heart failure where my heart does not pump enough blood around my body, and I get very tired and breathless.

Now, my biggest struggle is walking. I often stride out from my house and within a few metres I slow down completely. I now give myself permission to do things differently. If

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### I now allow myself to do things differently

I’m tired, I rest and take things easy. For work, I took a philosophical view of how to do architecture differently. I minimised site inspection visits, which are physically tiring, and reimagined my career. Now I feel inspired by my variety of jobs as a freelance architect, consultant, mentor and lecturer at the University of Westminster.

I may not know how long I have to live but I want to live as well as I can. I enjoy being here, being alive, and my glass is always half full. There are things I used to take for granted that matter more now. It could just be sitting by a window watching the weather, or simple sounds. Walking through London recently, I heard a magpie’s song for the first time. Little things in life have become more meaningful. I have a great life.” ●

### British Heart Foundation-funded researchers focus on amyloidosis

Professor Marianna Fontana is a cardiologist based at the National Amyloidosis Centre (NAC), the only specialist centre for amyloidosis in the UK.

She is a BHF-funded researcher aiming to find better treatments for cardiac amyloidosis, including the AL type. The standard treatment is chemotherapy to suppress the production in the bone marrow of this abnormal protein.

Professor Fontana says that better treatments are urgently needed. “We have an effective way – chemotherapy – to switch off amyloid production. But we do not have a good way to remove existing deposits, which damage organs, including the heart.

“So even if the chemotherapy works well, the person is still left with the current deposits and the damage they can do,” she explains.

“Through imaging techniques we developed at the NAC, we now know that some people’s own immune systems can clear amyloid deposits from the body. But this happens very slowly over several years.

“However, we found three patients who developed antibodies to the amyloid and were able to clear it completely and rapidly from their body.

“We want to recreate the natural process that happened in these patients. If we can find the right antibodies it could change everything – it could completely cure this disease.”

### Information and support

- For information and support groups, visit [amyloidosis.org.uk](https://amyloidosis.org.uk)



# What's next for heart CT scans?

Every year around 350,000 people across the UK have a CT scan of their heart. BHF Research Advisor Dr Phoebe Kitscha explains what these scans are, and how researchers funded by us are finding safer and speedier ways to use them to help prevent, diagnose and treat heart disease

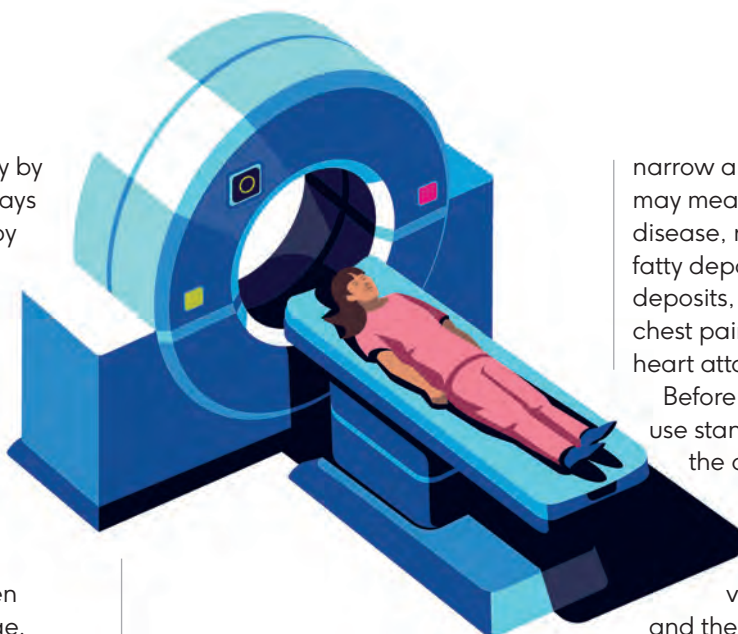
Since their accidental discovery by a German physicist in 1895, X-rays have revolutionised medicine by making it possible for the first time to 'see' inside the body.

Then in the 1970s, X-ray technology took on a whole new dimension when Sir Godfrey Hounsfield came up with the idea of computed tomography (CT) scanning. In CT scans, the X-ray beam moves in a circle to take many different images, which are then combined to form one 3D image.

Today, CT scans are in wide use. When used to look at the heart and its blood vessels they can help to diagnose heart problems, or spot who is at higher risk of heart conditions.

## What's CT coronary angiogram?

There are two different types of heart CT scan. One is called a CT coronary angiogram (CTCA), which shows the structure of the coronary arteries that supply blood to your heart. It shows



narrow areas in these arteries that may mean you have coronary artery disease, resulting from the build-up of fatty deposits in the artery wall. These deposits, called plaques, can cause chest pain (angina) and lead to a heart attack.

Before CTCAs, doctors could only use standard angiograms to look at the coronary arteries. A standard angiogram involves a thin tube, called a catheter, being put into a blood vessel via the wrist or groin, and then guided up into the heart to look for blockages in the coronary arteries. Both the standard angiogram and a CTCA involve an iodine-based dye, called a contrast, being injected into your blood so that your coronary arteries show up under X-rays.

But unlike a standard angiogram, a CTCA does not need a catheter to be inserted into the heart, so it's safer and more comfortable. The scan takes only a few minutes and provides detailed images of the heart and its arteries. ►

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**CT coronary angiograms are safer and more comfortable than standard angiograms**

Since 2016, UK guidelines have recommended CTCA as one of the first tests for someone experiencing new chest pain that may be caused by coronary artery disease.

The results of a trial funded by the Chief Scientist Office of Scotland and supported by British Heart Foundation (BHF), fed into these guidelines. The trial called SCOT-HEART was led by BHF Professor David Newby from the

University of Edinburgh. It involved over 4,000 people with suspected angina who were referred to rapid access chest pain clinics in Scotland.

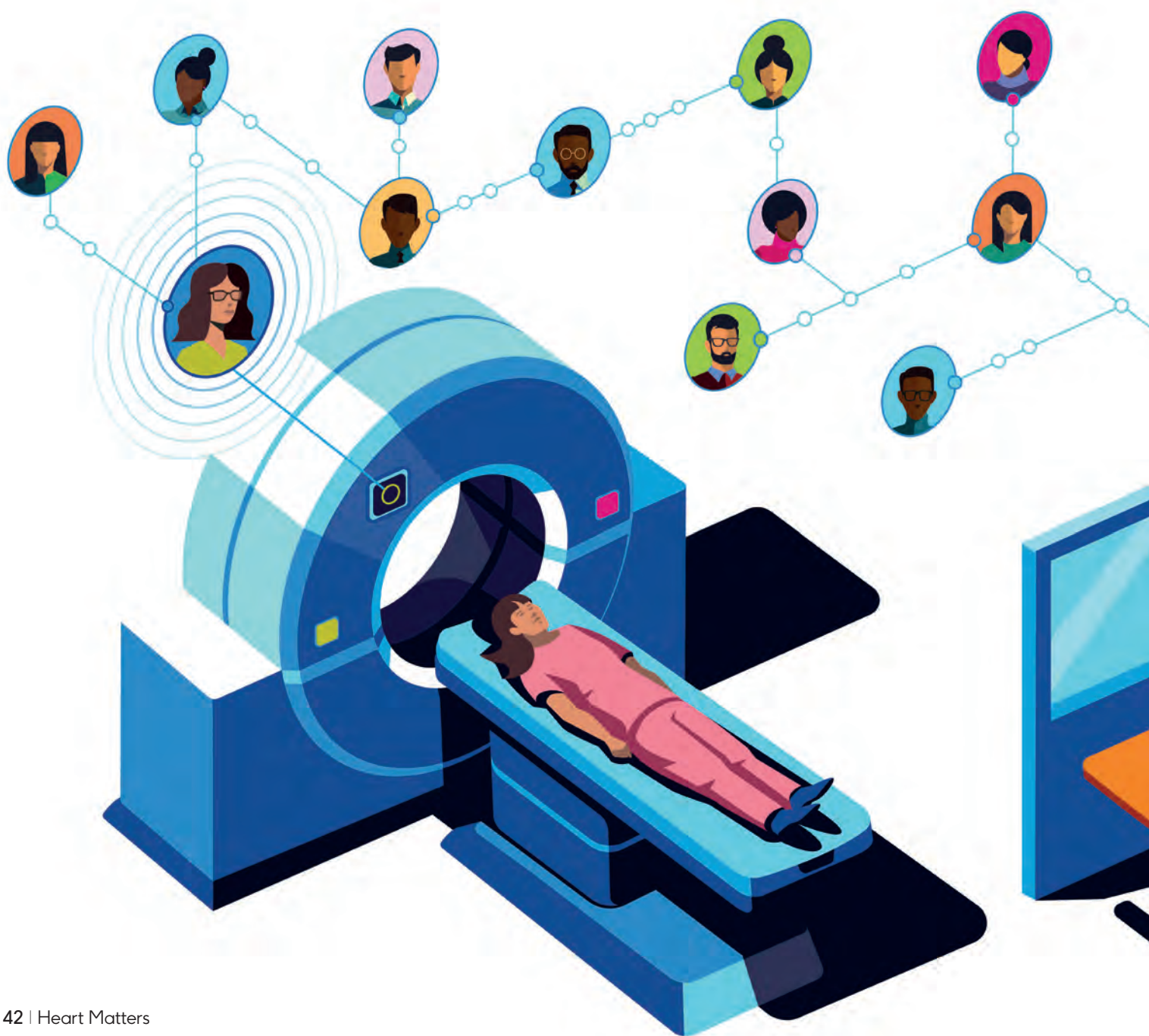
Participants were randomly split into two groups: one group had standard care, and the other had standard care, plus a CTCA. The researchers found that the rate of future heart attacks was almost halved in the group that had a CTCA. They think this is

probably because people in this group were started earlier on preventive treatments, such as statins.

### What's CT calcium scoring?

CT calcium scoring is a simpler CT scan that does not require any contrast dye. It measures the amount of hardened (calcified) plaques in the arteries.

A higher calcium score indicates a higher number of plaques, and,





therefore, a greater risk of having a heart attack.

BHF-funded researchers have helped to show that CT calcium scoring can also be used to assess the severity of narrowing of the aortic heart valve (aortic stenosis).

A study found that using different calcium score thresholds for men and women with aortic stenosis more accurately identified who had severe disease, and so would benefit most from surgery to replace the aortic valve.

### How could heart CT scans be used in the future?

BHF is funding research into how heart CT scans can be used to improve the prevention, diagnosis and treatment of heart issues, including using them to:

#### Rule out serious heart problems after chest pain

Most people attending A&E with chest

pain have a blood test to measure troponin, a protein released into the blood when the heart muscle is damaged. If this rules out a heart attack, many people will be discharged without further tests or treatment.

However, even if the troponin levels do not indicate a heart attack, some people may have coronary artery disease that could lead to a heart attack in the future. It's not currently clear how these people should best be treated and care varies widely.

BHF Professor Nick Mills at the University of Edinburgh is leading a BHF-funded clinical trial that aims to address this uncertainty.

The trial called TARGET-CTCA is looking at whether using a highly sensitive troponin test to identify people who should have a CTCA scan could help diagnose coronary artery disease earlier and prevent future heart attacks.

The trial has enrolled 3,170 people

## “BHF-funded researchers want to discover whether scans are better at predicting heart attacks

who went to hospital with chest pain and had moderate levels of troponin in their blood – not high enough to indicate a heart attack, but enough to suggest possible damage to the heart.

Half the people taking part received standard care, where their GP decided on further treatment based on current guidelines. The other half were referred for a CTCA to look for any blockages in their coronary arteries.

The research team reviewed the scan results and based on these they sent a report to the patient's GP recommending whether any treatment

was needed. This could be a statin to reduce their cholesterol levels, or an antiplatelet agent such as aspirin to help prevent clots forming in the coronary arteries.

Participants in the trial are now being followed up for an average of three years to see whether using troponin testing and CTCAs together in this way helps to prevent future heart attacks or deaths from heart-related issues. The results are expected in 2025 and could improve care for people who attend hospital with chest pain.

#### Better predict heart attacks

Doctors currently estimate a person's risk of a future heart attack based on their age, gender and risk factors.

This is called a risk score: if it's high, they may suggest lifestyle changes or statins to help lower the risk of future heart problems.

BHF's Professor Newby is now leading a new trial, which is called SCOT-HEART 2, to test whether CT heart scans could be used to better identify people who are most at risk of coronary heart disease and would benefit from preventative measures.

The research team are aiming to enrol 6,000 people aged 40 to 70 in Scotland, who do not currently have heart problems but are at risk. For example, people with high blood pressure or diabetes, which are both risk factors for heart disease.

Participants will have their risk score calculated and will then be randomly split into two groups. Half will have the current standard risk score-based treatment, and the other half will have a CT heart scan (including a CTCA and a CT calcium score) that will be used to help doctors decide their treatment.

Participants will be tracked for up to 10 years to monitor the number of people who go on to have a heart attack. ●



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